

WOMEN, GENDER AND EXTRACTIVISM IN AFRICA
A COLLECTION OF PAPERS

PAPER FOUR

WOMEN'S UNSEEN CONTRIBUTION TO THE EXTRACTIVES INDUSTRIES THEIR UNPAID LABOUR





THE WoMin COLLECTION OF PAPERS ON WOMEN, GENDER AND EXTRACTIVISM: A BRIEF NOTE

In this *starter* collection of six papers, which focuses on Sub-Saharan Africa, WoMin begins to explore some of the themes and questions that are raised by extractivism, and industrial mining¹ in particular, and its impacts upon, and 'relationship to' peasant and working-class women. By 'relationship', WoMin refers to the myriad ways – within the home, in the fields and in the workplace – in which women, in mainly invisible and unremunerated ways, participate in, shape and contribute to the ambitions and profits of the extractivist industries. The papers aim to make a modest contribution to supporting peasant women and their allies to counter the growing social and ecological crisis linked to the extractives industries in the region. Each paper has been written by a different set of authors, supported by various respondents who are specialists in the specific 'question/s' addressed by the paper, or have a general interest in the work of WoMin. WoMin is a programme of activism and research related to women, gender and extractivism in the Africa region and is housed in the International Alliance on Natural Resources in Africa (IANRA), a global alliance of organisations working on natural resource questions.

¹ See Background Note for a fuller discussion of the concept of 'extractivism'. The major focus of this collection of papers is industrial mining, which is one form of extraction.

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ABOVE: Women's burden – the search for safe, adequate water supplies, Jiwa, Nigeria. **Photo:** ActionAid

1. INTRODUCTION

This paper explores the impact of mining on women's unpaid care¹, a largely invisible question in the analysis of mining and its societal consequences. Unpaid care describes work, often domestic or care-oriented, performed mostly by women in the home. The concept of unpaid care draws our attention away from the dominant focus to the productive sphere, where work is visible, measured, valued and paid, to the sphere of the home where household members labour to produce a wide range of goods and services that are critical to the well-being of their fellow household members and the reproduction of the workforce. Yet, despite the value of the labour embedded in these goods and services, and their social and economic value, this work is not recognised, counted, remunerated or valued. Men are typically associated with the workplace, the public arena, while women spend more of their time labouring in the home, the private arena. Section 2 of this paper discusses in depth the concept of unpaid care, whilst section 3 locates this question more specifically in the Sub-Saharan African context, exploring some of the dimensions of poverty and women's poverty that gives rise to unpaid care.

This paper will elaborate on how mining capital in Sub-Saharan Africa has, for close to a century, carefully extracted and managed women's unpaid care to support its labour and social reproduction² agenda, which varies depending on the mineral and the labour requirements for its extraction, competition with other industries for labour, and the level of industrialisation and its associated capital demands. By way of example, the asbestos mines in South Africa provided family accommodation and permitted women's presence on the mines because their labour was cheaper and could subsidise for the increased costs of labour, as the industry mechanised. Section 4 addresses four experiences that relate to the theme of unpaid care and the mining sector – the asbestos industry touched on above; the effect of mine retrenchments and closure on the informal sector and women's unpaid care in the Zambian Copperbelt; mine control of the social interactions between men and women, and the reproduction of the new generation of workers also in the Zambian Copperbelt; and the externalisation of costs related to the reproduction of the workforce to working-class women in the underserved and marginal frontier mining settlements around Marikana in South Africa.

Sections 5 to 7 address the broad question 'what is to be done', with section 5 touching on a regional class action suit against gold mining corporations for the unpaid care impacts of silicosis³, a disease of the lungs afflicting mineworkers; section 6 focusing more generally on how to recognise, count and support unpaid care; and section 7 concluding with some general recommendations for action through this regional programme of work on women, gender and extractivism, WoMin.

1 Refer to Glossary for a definition of this term.

2 Refer to Glossary for a definition of this term.

3 Refer to Glossary for a definition of this term.

2. WHAT IS UNPAID CARE?

Unpaid care, mainly performed by women in most of the global South, and fractionally less so in parts of the global North, has been rendered quite invisible by the overriding focus of mainstream (mainly male) economists and policy-makers to the productive, as opposed to the household, sphere of work. What is measured and monitored, as an indicator of national development and well-being, is the total value of officially recognised goods produced and services provided in a country during one year. This is referred to as the gross domestic product (GDP)⁴. GDP per capita, the aggregate income or production per head, proxies for well-being of individual citizens, with changes in this measured by a corresponding rate of growth in the GDP. The GDP measure⁵ excludes the wide range of goods and services produced in and by households, mainly through women's unpaid labour, and therefore ignores a very significant area of economic activity. Joseph Stiglitz, a former chief economist and senior vice-president of the World Bank, has argued that the neglect of this unpaid household labour underestimates women's important contributions to the economy. Stiglitz and Maurice Weinrobe express a worry that GDP and GDP per capita may be highly inadequate measures for human well-being if they mask significant quantities of unpaid work, and/or if growth occurs *because* paid hours of work are being substituted for women's unpaid care. "Ignoring [women's unpaid work in the household] may lead to incorrect inferences about levels and changes in well-being" (Miranda, 2011: 6).

Unpaid care forms an essential part of social reproduction, which refers to:

the processes involved in maintaining and reproducing people, specifically the labouring population, and their labour power on a daily and generational basis. It involves the provision of food, clothing, shelter, basic safety and health care, along with the development and transmission of knowledge, social values and cultural practices and the construction of individual and collective identities.
(Bezanson & Luxton, 2006: 3)

Social reproduction, in simple terms, embraces the activities required to ensure the basic, day-to-day survival of individuals and families. While social reproduction can include domestic and care-oriented services provided by paid workers or the state, this paper will focus on those services that are unpaid. Within the household, unpaid work produces goods and services that are consumed by the members, or sometimes by people outside of the household, but are not sold on the market (Miranda, 2011). The work is also not remunerated, meaning that the labour through which the goods and services are produced is not paid for. For the purposes of this paper we will use the term 'unpaid care' to refer to traditional domestic tasks, such as cooking and cleaning, and care work (such as caring for the sick and the elderly). While subsistence agriculture is a critical area of unpaid work, demanding vast quantities of peasant women's time in the global South and Sub-Saharan Africa specifically (FAO, n.d.), we do not bring this into focus here.⁶

The "third-person rule" (Budlender, 2002: 28; Budlender, 2004: 30; Miranda, 2011) is a very helpful criterion to distinguish those activities that are productive and should come under the rubric of unpaid work and those which are very specifically leisure activities. If a third person could hypothetically be paid to perform an activity – such as cooking, cleaning, child care and laundry – then these activities are deemed productive and are unpaid work. Those activities, such as sleeping, or watching a film, or reading a book, in which benefits accrue to the person undertaking the activity and not to the 'hirer' are considered leisure activities (Arboleda, n.d.; Ironmonger, 1996 in Miranda, 2011).

Who is mainly responsible for unpaid work? A 2011 Organisation for Economic Cooperation and Development

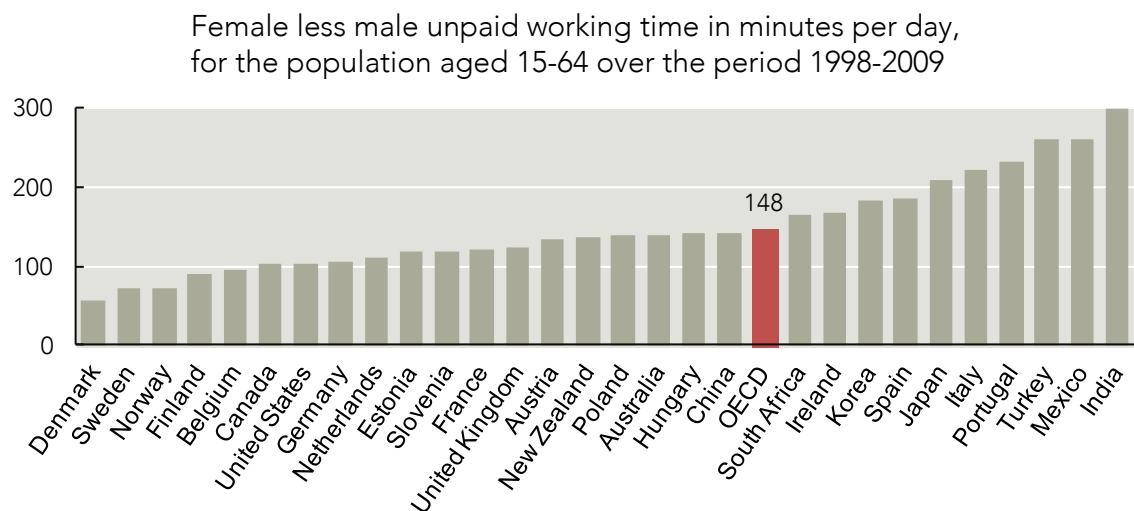
4 Refer to Glossary for a definition of this term.

5 The GDP measure has *inter alia* also been criticised for its failure to account for damages to the environment caused by development, as well as wealth depletion through, for example, the exploitation of non-renewable natural resources. GDP as a general measure of development cannot apprise about the spread of wealth between citizens and therefore may conceal significant inequalities characterising development processes.

6 See Paper 3, which focuses on the land and livelihoods impacts of the extractives industries – there we address the unpaid labour impacts of the loss of labour through male migration, and the subsidisation of the extractives industries by women's work in subsistence agriculture.

(OECD) study titled “Cooking, caring and volunteering: unpaid work around the world” draws the conclusion that, in the 29 countries studied, women spend more time on unpaid work than men. The gender gap is on average two hours and 28 minutes per 24-hour day, but there is a significant difference between countries. For instance, the research finds that Turkish, Mexican and Indian women spend an additional 4.3 to five hours per day on unpaid work than their male counterparts, while in the Nordic countries, the difference between men and women per day is small – one hour (Miranda, 2011). The research has unfortunate limitations in its focus on 23 OECD countries and three emerging economies, with only one country – South Africa – falling in Sub-Saharan Africa.

Figure 1: Women do more unpaid work than men in all countries

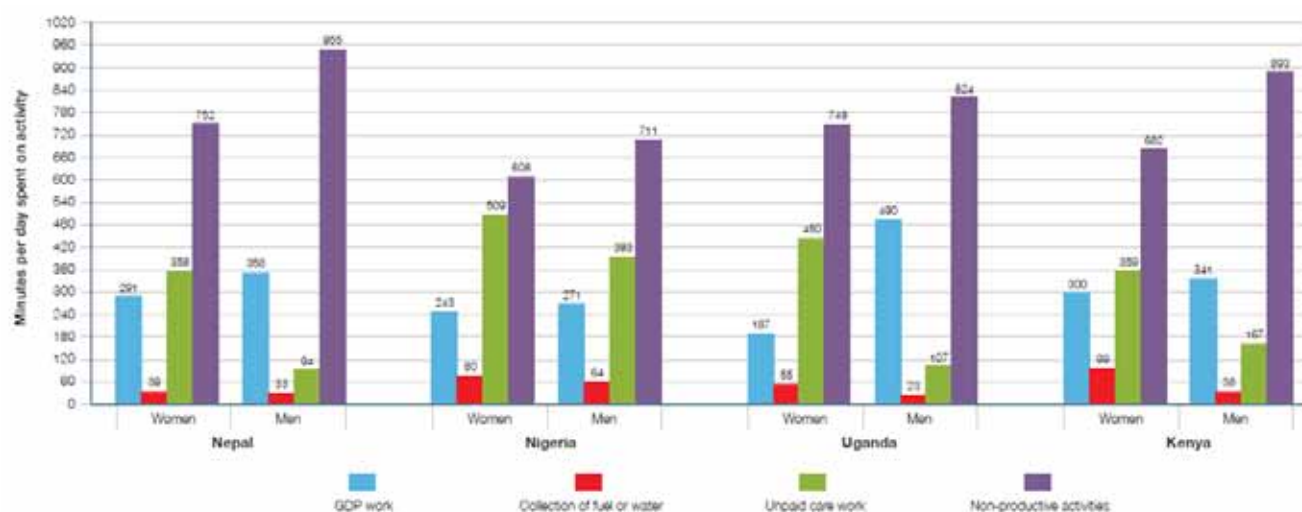


Source: Miranda, 2011: 12

In 2012, ActionAid International undertook time-use studies in four countries – Nepal, Uganda, Kenya and Nigeria, which whilst neither definitive nor generalizable to all women in these countries finds that housework, after sleeping, is the second most time-demanding activity for women. By contrast, the second most demanding activity for men (after sleep) is GDP work⁷, which includes waged work, work in own/family business, small-scale trading, and subsistence agriculture. The research finds that the gap between women's and men's unpaid care work is greater than the gap in the amount of time they spend on unpaid or paid GDP work. Further, women's working time across all forms of work exceeds that of men, with women in Nepal working 1.4 hours for every hour worked by men (ActionAid, 2013).

⁷ Refer to Glossary for a definition of this term.

Figure 2:
Broad time-use patterns of women and men by country

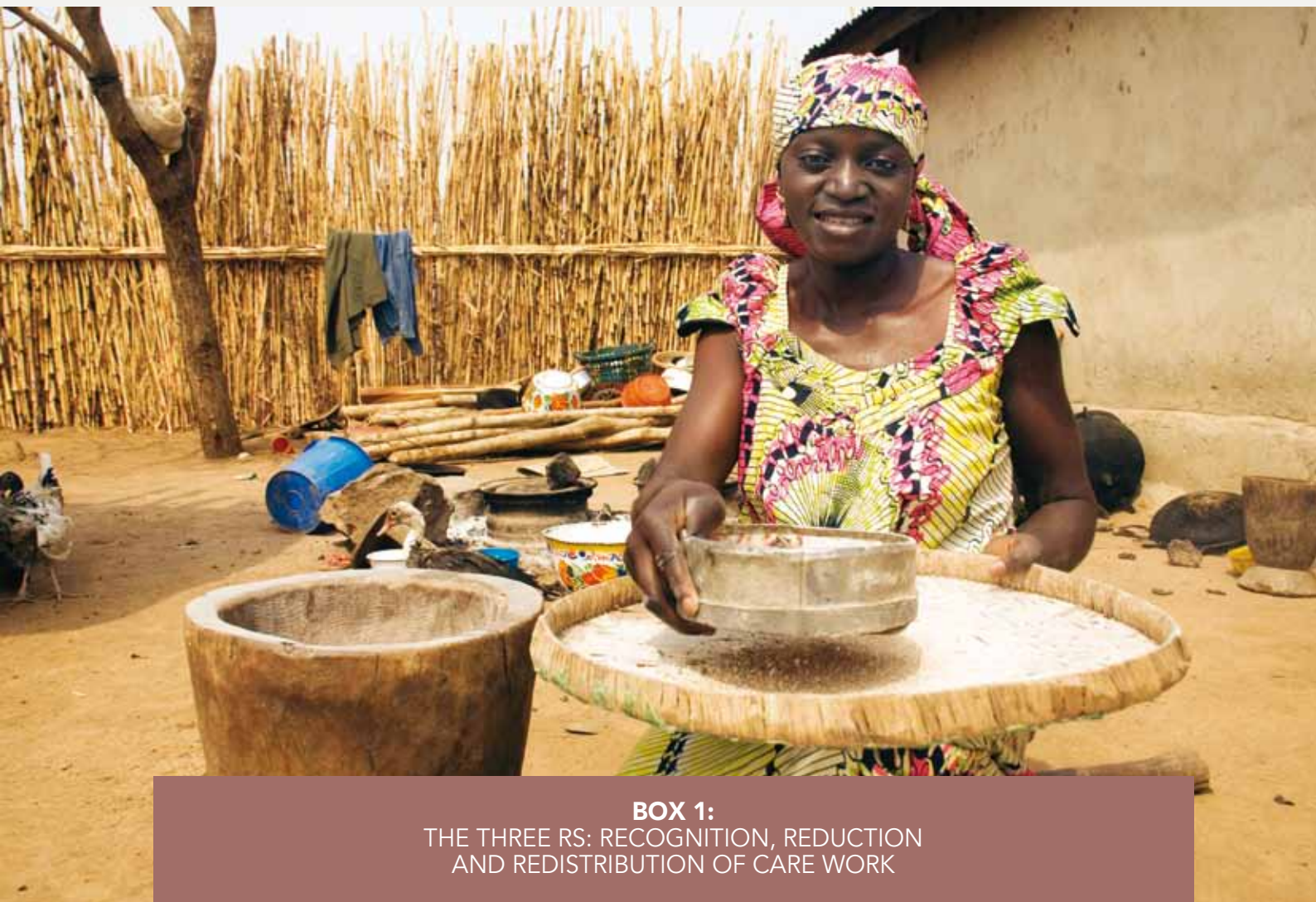


Source: Drawn from ActionAid, 2013

Unpaid care is not remunerated and this is crucial in determining how broader society understands and responds to this work. In societies that link money and value, an activity that is not paid for is inevitably understood as valueless. That women are assumed to be naturally or intrinsically better at caring, cooking and nurturing and thus do not need to be compensated for performing this work, is an important aspect of how their labour is devalued. Unpaid care, while perceived and treated as work without value, is essential to the functioning of all economies and to human sustenance and development. Without the replenishment of current workers and the preparation of future generations for the workplace, capitalist economies would not survive. Even when this work is remunerated, as in the case of domestic workers, the wages paid are low and still mainly performed by (black working-class) women.

It is important to emphasise that unpaid care is **work**. Despite the fact that it is not remunerated, unpaid care still involves physical and/or emotional effort and time to accomplish a task or goal. Unpaid care is relentless; there is no distinction between work time and non-work time and no organised breaks for the women who perform this vital labour. The societal expectations that construct unpaid care as non-work also contribute to the relentless nature of it. If there is no clear understanding of the physical and emotional effort required to perform unpaid care and it is understood as merely an expression of woman's innate capabilities, it becomes difficult for women to draw the line at the end of a workday.

A key focus of women's rights struggles historically has been for the valorisation (recognition and remuneration) of care work. The "commercialisation of domestic work ... is [however] not sufficient to put an end to the devaluation of this work" (Barbagallo & Federici, 2012: 9). The trend has been towards the "ethnicisation and marketization of domestic tasks" (Barbagallo & Federici, 2012: 6) meaning that domestic work services can now be bought on the market but are typically provided by black women and women of colour, usually migrants from the global South, who are poorly paid. In addition, women's growing participation in work that is recognised according to the GDP measure has not automatically led to women's liberation. This is because women continue to carry primary responsibility for unpaid work in the context of the household, leading to a 'double work burden'. As Camille Barbagallo and Silvia Federici argue "promoting paid labour participation reduces the supply for unpaid caregiving work even when the demand for unpaid care remains unchanged" (in Friedemann-Sanchez & Griffin, 2011: 512). Advocating for women's entrance to the paid workforce must be accompanied by significant state and corporate investment to social reproduction (water, energy provision, child care, education and health-care services) and significant societal transformation (in households, families and communities related to the unequal division of labour and the devaluation of 'women's work') if productive work is to be a liberating experience for women.



BOX 1: THE THREE RS: RECOGNITION, REDUCTION AND REDISTRIBUTION OF CARE WORK

ActionAid International, in its 2013 publication *Making Care Visible* (ActionAid, 2013) provides a very useful framework for conceptualising potential solutions to the dilemma of unpaid care. The three Rs can be understood as follows:

Recognition of unpaid care work requires that this work (mainly done by women) is made visible and acknowledged. Part of this recognition should entail acknowledging that unpaid care is work and it is productive and hence valuable. "Recognition can take several forms, including provision of compensation for the work, recognising it when determining other benefits, such as pension payments, or measuring unpaid care work in national statistics."

Reduction of unpaid care work for individual women and for society as a whole. A service usually provided at household level could be rendered differently, for example by government or through collectives of community members financially supported by the state. Similarly, unpaid care work would be reduced if basic services, such as health care or education were provided, or provided closer to where people live and work to reduce travel or walking time.

Redistribution of unpaid care so that the overall amount of work remains the same, but it is more equally shared amongst household members. "One example of this is where male household members take on a greater share of housework and childcare. Another example is where government takes on a greater share of healthcare provision by setting up an effective public healthcare system."

ABOVE: Women are responsible for 60-80% of food consumed in rural households in sub-Saharan Africa. Woman smallholder, Gaube, Nigeria. **Photo:** ActionAid

3. RURAL WOMEN'S STATUS AND UNPAID CARE WORK IN SUB-SAHARAN AFRICA

Unpaid caregiving cannot be properly understood without examining poverty, women's poverty specifically, and its key and context-specific drivers. This analysis must be nuanced and intersectional, addressing how the social factors of class, race, sexual orientation, religion and so on interplay to shape the experiences and choices of different groups of women. For our purposes here, we will touch on general indicators of poverty and well-being, land and food rights, violence against women and HIV/Aids at the Sub-Saharan African level.

Sub-Saharan Africa has the highest incidence of rural poverty (87%) anywhere in the world. While Africa is enjoying impressive growth rates in recent years averaging 5% annually, the World Bank admits that this 'growth' has "been less poverty-reducing than elsewhere in the world; and despite the faster growth in resource-rich countries, levels of poverty are falling at a slower rate" (eNCA, 2013). The Bank estimates that more than a third of the world's extreme poor still live in Sub-Saharan Africa and this is still the only region in the world where the number of poor people rose "steadily and dramatically" between 1981 and 2010 (eNCA, 2013). With respect to the rural context, whilst the percentage of all rural people who are considered poor has dropped, the number of rural people living in extreme poverty (less than US\$1.25 a day) has risen (IANRA, 2013). This poverty has a women's face, what commentators often refer to as the feminisation of poverty, a trend in which women are found to be disproportionately represented amongst the poor. By way of example, a rather dated 1992 United Nations (UN) report finds that "the number of rural women living in poverty in developing countries has increased by almost 50% over the past 20 years to an awesome 565 million – 374 million of them in Asia, and 129 million in Sub-Saharan Africa" (cited in Power, 1993: 5).

Turning to land and food, rural households in Sub-Saharan Africa have a high dependency on agriculture, with 40% to 70% of rural households (and 64% of the entire Sub-Saharan African population) at the national level deriving three-quarters of their income from on-farm sources (IFAD, 2011). Women subsistence farmers are responsible for 60% to 80% of domestic food production in Sub-Saharan Africa and provide on average 46% of the agricultural labour, but perversely have limited rights to land, credit, extension support and production inputs (Dixon, 1982: 558–9; Gladwin, 2002). In Kenya, for example, women are 5% of registered landowners but 80% of the agricultural labour force (McFerson, 2010).

The World Health Organization (WHO) (2009) estimates that 10% to 60% of women (ages 15 to 49 years) across the world experience violence against women (physical, sexual and emotional) (WHO, 2009, 2013). Gender-based violence (GBV) estimates range from 30% in Malawi, Rwanda, and Zimbabwe to 50% in Cameroon, Kenya, and Zambia, and up to 60% in Uganda (Borwanker et al in McFerson, 2010). Violence against women increases women's vulnerability to HIV either because of exposure to the virus through rape, or because women struggle to negotiate safe sex in abusive relationships.⁸

According to UNAIDS (2011), an estimated 23.5-million people are HIV-infected in Sub-Saharan Africa, representing 69% of the global HIV burden. This translates into nearly one in every 20 adults living with HIV. And women in Sub-Saharan Africa remain disproportionately impacted by the HIV epidemic, accounting for 58% of all people living with HIV in the region in 2011 (UNAIDS, 2012a, 2012b). Women are not only most vulnerable to infection, but have had to carry the greatest burden of care as already inadequate health-care services have been stripped down and user fees introduced by governments over the last two to three decades (Budlender, 2004: v), usually at the behest of the World Bank, the International Monetary Fund (IMF) and other financial institutions.

There are many explanations for women's poverty – in the rural context, women are poor because they do not have secure access to and control over the key resources (land, water, tools and other inputs) required for production, and this, coupled with limited investments in the education of girl children, poorer nutrition, and other forms of social discrimination, leave women poorer than their male counterparts. In addition, from a labour market perspective, women are poor because they "tend to be concentrated in economic activities with low earnings, where earnings are irregular and insecure" (Budlender, 2002: 6–7). The ILO's 2012 *Global Employment Trends*

8 See Paper 5 focusing on extractivism and women's bodies, which addresses the multiple dimensions of violence as they relate to women living in and impacted upon by the extractivist industries.



ABOVE: Land grabbed by Geita Gold Mine – an evictee from Mtakuja village finds a space to prepare food for her family in the Internally Displaced Persons' camp in Geita District, Tanzania. **Photo:** Evans Rubara

for Women indicates that the global financial crisis appears to have worsened gender gaps in unemployment across all regions, and that Sub-Saharan Africa's already very high and rising female labour force participation rates seem to be related to a "negative factor: persistent and pervasive poverty, which make economic activity a necessity rather than an option" (ILO, 2012: 21).

In order to both recognise women's contribution to national economies through care, domestic and reproductive work, and provide adequate policy and programme responses, it is important that we understand the many factors that give rise to unpaid care work. Very importantly, women's unpaid care is shaped by structural exclusions and inequalities of, amongst others, gender, race, class, and ethnicity in their families, their communities, the economy and the wider society. In addition, the power women exercise in these different institutional spheres is determined by their ability (or inability) to negotiate the redistribution of unpaid care, find individual solutions (such as the buying in of household goods and services), and advocate for changes in policy and law. Organised movements of women, which bridge the global South and global North, will need to seriously assert the political question of unpaid care against governments, multilateral bodies, communities and families.

BOX 2: THE BURDEN OF CARE – INSIGHTS FROM THE HOME-BASED CARE OF PLWHA

A focus on the home-based care of people living with HIV/AIDS (PLWHA) offers rich insights to the nature of care work, and the numerous impacts on caregivers, from which we can extrapolate understanding beyond the HIV/Aids sector.

Who cares?

Olagoke Akintola's survey of home-based care in Southern Africa finds that home-based caregiving is gendered and that the majority of caregivers are women. A few quantitative studies have reached similar conclusions – a 2001 study in Malawi found that 94% of caregivers were women (Zimba & McInerney, 2001), while a 2004 South African study found a rate of 78% (Homan et al, 2005). Studies have also found that mothers and sisters of the sick person form the majority of family caregivers. Most caregivers are in the same generation as those they care for, which Akintola argues means that their "caring competes with labour force participation" (Akintola, 2008: 121). This means that most caregivers provide care instead of earning income through wage employment or investing in subsistence agriculture, which compromises the food security of households.

Debbie Budlender (2002,2004) draws attention to documented evidence of child caregivers who are usually hidden from public view, not acknowledged by government officials and excluded by home-based care organisations who seek to avoid support for child labour. The education of these children is compromised by their caring activities. Finally, older people also form a significant number of caregivers. These caregivers are already vulnerable to illness because of their age and this is further compromised by their caregiving.

Most caregivers have no formal employment. Akintola's study found that, "over half of the HIV/Aids-affected households ... had no employed person" (Akintola, 2008). Many households rely on government grants to survive, with another study finding that between 34% and 40% of HIV/Aids-affected families derived their income from old-age pensions.

What care is provided?

Caregivers engage in many different activities from the 'basic nursing care' of bedridden patients to the provision of spiritual and moral support. Men often provide a different kind of care because they are less experienced in the 'nurturing' commonly associated with women. There is also a fear that they will be seen to be doing 'unmanly work'. Due to cultural constraints, men are less likely to provide certain care (bathing, for example), especially if the patient is a woman. Men are perceived as less compassionate and less capable of performing caregiving work, particularly the nursing care discussed above. Women caregivers are also burdened by maintaining normal household duties such as cleaning and cooking and, in addition, may also be the breadwinner of their households (Akintola, 2008: 124).

Effects of providing home-based care

One study in Tanzania (HelpAge International, 2004) found that the cost of care provided to a person living with HIV/Aids was five times the amount the average older person could earn in petty trading, selling food or alcohol or other income-generating activities. That these families are already poor exacerbates the financial impact. Though the financial implications of volunteer-caregiving ought to be easier to identify, there has also been limited research on this topic. Studies that have touched on this question, find that volunteer caregivers sometimes spend their own money to provide food or medication to their patients, extending the financial burden beyond family caregivers (Akintola, 2008).

Opportunity costs describe the time and earning potential lost when providing home-based care. A number of general conclusions can be reached based on the limited research: many caregivers report losing opportunities to earn an income (in a variety of occupations from self-employment such as hairdressing to subsistence farming) when they performed caregiving work. Further, because the households in which this caregiving takes place are usually poor, the opportunity costs they experience are disguised by their unemployment. The assumption is that if the caregiver is unemployed, they are not losing anything in performing caregiving. However, this ignores the loss of social time or time spent on other household chores (Akintola, 2008).

There has also been limited research on the opportunity costs of caregiving for child caregivers. Young girls are particularly vulnerable because they have been socialised into this role from a young age. Many child caregivers begin caring as secondary caregivers, to provide a reprieve to the adults in their family who are primary caregivers. Caregiving can also have a negative impact on children's education: this may take the form of withdrawal from the education system or negative impacts on performance owing to tiredness and time constraints of the care burden. This is particularly dangerous for girls who have limited access to education in the first place (Akintola, 2008).

The physical costs to caregivers include body aches, headaches and increased vulnerability to tuberculosis and HIV. They also experience emotional costs as they emotionally attach to patients who suffer pain and ill-health, and/or die. There may also be a social cost to caring for a person with HIV/Aids, which relates to stigma and possible discrimination (Akintola, 2008).



ABOVE: A home-based care giver prepares food for her friend and patient, Malawi. **Photo:** ActionAid

4. MINING AND UNPAID CARE

The crucial contribution of women's unpaid care to the growth and development of the global capitalist economy is demonstrated in the example of the mining industry, in which South Africa has held a dominant place regionally for well over a century. As discussed in other papers in this WoMin series, the South African mining industry has been historically reliant on cheap intra-national and cross-border migrant labour. While some shifts occurred in the patterns of labour sourcing in the 1980s towards a more localised and settled labour force, the platinum and gold mines retained a predominantly foreign migrant workforce. Restructurings and retrenchments in the 1990s re-established a majority foreign workforce of about 60% across the mining sector by 2005 (Crush et al, 2005). South African mines, with the exception of the asbestos mines which required women's cheap labour prior to and in the early phases of the sector's industrialisation (explored in Paper 2 of this series), discouraged men from bringing their wives and children with them by providing single-sex hostel accommodation. Family accommodation was typically limited to white-collar workers, mainly white workers, in the apartheid period. Apartheid-era pass laws and influx control legislation dating from the early 1920s, and the 1960 Group Areas Act regulated the inflow of labour and supported the mines' quest for cheap labour.

The families of the migrant miners typically remained in their rural localities, in South Africa or in the labour-contributing states of Mozambique, Malawi, Swaziland and Lesotho, supplementing meagre mineworker remittances with subsistence farming to sustain their households. Harold Wolpe (1972) argues that this racialised system of migration helped the mine bosses in two ways – it eliminated the need to pay a family wage (with wage calculations made on the basis of a single male worker) and further, enabled an even lower wage because these men were subsidised by their families' subsistence farming activities in distant rural villages. This system of migrancy also displaced the cost of caring for ill workers from the mining company and apartheid government to the rural family. Instead of providing and maintaining health services for workers, sick workers were repatriated to their home villages (Marks, 2006: 569–9) to be taken care of by their mothers, wives and/or other female relatives. Wolpe concludes that apartheid capitalism was able to thrive by paying black workers a wage “below [their] cost of reproduction” (1972: 425) with the balance of these costs sustained through the unpaid care of black peasant and working-class women, a practice that continues to this day.⁹

There has been limited research on women's performance of unpaid care in mining settlements and labour-sending communities. This section of the paper will address four relevant studies. The first focuses on the Zambian Copperbelt and the impact of the economic crisis on the informal sector, with its ripple effects into care work in the home; the second is a South African research study and focuses on asbestosis¹⁰ (a lung disease arising from the mining of asbestos), from which we extrapolate implications for women's unpaid care; the third focuses on social reproduction in the Zambian Copperbelt; and the fourth addresses social reproduction and women's unpaid care in a frontier mining settlement, called Marikana, the site of the massacre of 34 striking workers by police in August 2012.

⁹ See section 5 of this paper.

¹⁰ Refer to the Glossary for a definition of this term.



ABOVE: *Wives of miners, Bleskop informal settlement, Rustenburg, North-West province, South Africa. Photo: Bobby Marie*

4.1 Economic crisis, erosion of essential services and women's unpaid care, Zambian Copperbelt

Regina Namatovu and Cristina Espinosa, in their research on the Zambian Copperbelt, argue that households whose members predominate in the informal sector are equally if not more negatively impacted upon by public sector cuts brought on by the global economic crisis, than those in the formal sector. Women predominate in the informal sector because of their greater reproductive and domestic work burden and their limited access to formal education, one of requirements for employment in the formal sector. Women's concentration in the informal sector makes them more vulnerable to the effects of this economic crisis.

The mining sector is the backbone of Zambia's economy. It supplies 3.2-million jobs and provides minimal social services (such as medical care, housing and education) to workers and their families (Namatovu & Espinosa, 2011: 68). The global economic crisis had a severe impact on the Zambian copper mining industry, as copper prices plunged, and mines responded by scaling back or even halting production on some of the mines. Thousands of male workers were retrenched, and mining companies shut down or scaled back their operations. Women 'absorbed the impact' firstly, by mobilising to generate additional household income to compensate for lost income; and secondly, by increasing their domestic responsibilities as social services (such as public health) were cut, negatively impacting their income-earning abilities (Namatovu & Espinosa, 2011: 68).

These gendered impacts and responses have largely remained invisible in gender-neutral analyses of the social impacts of the global economic crisis. Working-class women traditionally perform three roles – "productive, domestic reproductive and social reproductive" – that men, due to entrenched gender roles and ideology, are not obliged to take on (Namatovu & Espinosa, 2011: 73). This triple work burden deepens during times of economic crises as women work longer and harder, under more arduous circumstances, to reproduce their families.

The informal sector, the area in which women's labour predominates, was impacted by the "contraction in the demand for informal services" that followed the global economic crisis (Namatovu & Espinosa, 2011: 69). Women informal sector workers were also negatively impacted by increased competition from men who entered the informal sector in large numbers after losing their formal sector jobs.

The risky coping strategies adopted by poor households in times of economic crises also disproportionately affect women. In Zambia, this includes:

prostitution, early marriage of adolescents to much older adults, increased use of child labour resulting in school desertion and reduction in number and quality of daily meals which affect the health of children and women due to cultural norms that favour male nutrition. (Namatovu & Espinosa, 2011: 74)

Though both boys and girls are involved in the increasing rate of child labour in Zambian small-scale copper mines (which have mushroomed on the closure of the formal mines), girls face the additional vulnerability of sexual exploitation. Children orphaned by HIV/Aids who are being cared for by guardians are also vulnerable to child labour. Prostitution and adolescent-adult marriages also lead to increased exposure to sexually transmitted infections including HIV/Aids. Young women in Zambia are also more likely to contract HIV than their male counterparts.¹¹ In the midst of public spending cuts that affect the provision of state health-care services, these 'coping strategies' are especially dangerous and likely lead to an increase in women's care responsibilities.

Other public health crises, such as the largely invisible crisis brought on by asbestosis in South Africa, also have a disproportionate effect on women, as discussed in the section to follow.

11 This is explored in greater detail in Paper 5 addressing women's bodies, sexuality, and autonomy.



ABOVE: Young wife of a migrant mineworker in the shack they call home, Bleskop informal settlement, Rustenburg, South Africa. **Photo:** Bobby Marie

4.2 Asbestosis and its impacts upon women and their unpaid labour, South Africa

While Lundy Braun's and Sophia Kisting's work on the impact of asbestos-related illness in South Africa does not specifically address unpaid care, its description of the neglectful behaviour of mining corporations, particularly their efforts to "externalise the cost of compensation to government, workers and communities" provides insight into how women and their unpaid care is affected by asbestosis and its numerous social and economic impacts (Braun & Kisting, 2006: 1392).

Asbestos mining has a long history in South Africa, spanning its initiation in the late 1890s to "the industry's twilight in the 1980s" (McCulloch, 2003: 414). The industry, unlike other mining sectors such as gold, diamonds and platinum, historically encouraged family migration enabling the mining companies to reduce costs by drawing on the cheap or unpaid care of family members, but also as a method of shirking their responsibilities for asbestosis, which by 1929 was in widespread evidence (Braun & Kisting, 2006: 1388). This occurred through what is called a 'freelance tributor system'¹² in which the mine company purchases asbestos from a self-employed miner, who would work with the rest of his family as a production unit – the typical division of labour was for men to blast the holes and dig the asbestos, while the women and children would use hand tools to 'cob'¹³ the fibre. This system of informal production worked well for smaller undercapitalised companies, allowing them to escape responsibility for the payment of services, such as medical care and worker rations, and avoid regulation from both a labour and health and safety standards perspective.¹⁴

There are a number of other practices that mining companies adopted to avoid or hide the effects of asbestosis. Among migrant miners, this was made easier by their circumstances:

when the contracts expired, the majority returned to their country of origin, and their disease experiences were not included in ... South African statistics. (Braun & Kisting, 2006: 1390)

In respect of South African employees, if a worker became ill the company would typically repatriate the worker to a rural area where health care was limited and an autopsy was unlikely to be performed. Through this tactic, companies were able to keep the official record of asbestosis among workers low. However, as this particular study on asbestosis points out, this placed a great burden on the rural communities where these men were dumped: "communities in rural reserves, where there was almost no access to healthcare, bore the full burden of undiagnosed disease" (Braun & Kisting, 2006: 1390).

Braun and Kisting argue that the "informal organization of the asbestos industry" and the appalling living conditions of asbestos workers in South Africa set up patterns of exposure and disease that differed greatly from North America or western Europe. Because men, women and children worked together, the entire family was at risk of disease. Exposure to the fibre was higher and occurred at a younger age than elsewhere in the world. Miners also lived immediately adjacent to the mines, often in houses constructed of asbestos materials, resulting in occupational and ongoing environmental exposure to asbestos. They also note that the exposure of women and children to asbestos was greater because the women were concentrated in cobbing, the process of sorting the ore and separating the asbestos fibre from the rock all by hand. Women, in the absence of child-care support and adequate schooling facilities, would often perform this work alongside their children, with one researcher describing women cobbing "with their babies lying on soft asbestos fibres as they worked" (Hocking in Braun & Kisting, 2006).

The racialised nature of the occupational health system in the apartheid-era asbestos mining industry also had a deleterious effect on black miners' health. Hard-won concessions such as medical check-ups and compensation were in practice limited to white workers. Black workers were required to see doctors employed by the mine, a significant conflict of interest given the potential costs of compensation for occupational disease. Black workers were also less likely to receive the requisite six-monthly check-ups. These failures in the health service inevitably

12 Refer to the Glossary for a definition of this term.

13 Refer to the Glossary for a definition of this term.

14 See http://www.brown.edu/Departments/Africana_Studies/Asbestos/4_0.html for further information.

contributed to a greater burden for caregivers who might be forced to care, on a long-term basis, for a person with no real knowledge of his or her illness.

The lack of data on male mineworkers and asbestosis is “noteworthy because of [and as compared with] the South African government’s intensive program of surveillance and control of the movement of black people” (Braun & Kisting, 2006: 1393). This demonstrates the state’s complicity in the abuses enacted upon black mine-workers and their families. Black women workers were further concealed by the tributor system, which aimed to secure women’s cheap and unpaid care by circumventing mining law that formally excluded women. Women’s work was not registered and their long history of work in this industry has thus been effectively ‘invisibilised’ in formal records and much of the research on the subject of asbestos and its health and environmental impacts. Sophia Kisting and Fred Gona concur, noting that there are:

large numbers of women and those who were exposed as children ... suffering from [Asbestos Related Diseases (ARDs)] who have no proof that they have a legitimate claim for compensation either under the Occupational Diseases in Mines and Works Act (ODMWA) or should they wish to go the litigation route. (Kisting et al, n.d.)

Women’s unpaid care of sick men and children on the mines, and in particular, their care of asbestosis-infected men who were ‘disappeared’ by the mining companies back into their rural communities, is a question that is not researched and well understood. An important question that has been touched on by at least one researcher (Felix, 1998) is the health impacts of the asbestos tailing dumps left by asbestos mine owners. Her study points to the impacts of asbestos mining on surrounding communities, where more than 40% of villagers were found to suffer from ARDs, with women constituting the majority of those affected. Women’s unpaid care work – harvesting of water, the time they spend in homes (often built with materials having asbestos content) and their subsistence production – increase their risk of exposure to fibres and hence their likelihood of developing asbestosis and other ARDs.





ABOVE: *The demands of reproductive work start early in life for women – young girl harvesting firewood, near Barrick's North Mara Mine, Tanzania.* **Photo:** Tamara Herman

4.3 The management of social reproduction by mining corporations, *Zambian Copperbelt*

George Chauncey Jnr's (1981) article on social reproduction in the *Zambian Copperbelt* between 1927 and 1953 follows after Wolpe's seminal discussion of migrancy and cheap labour in the South African mining industry. Chauncey describes how copper mining companies, unlike those in South Africa, chose to locate social reproduction "under company domain and on company property" (Chauncey, 1981: 135). This had several benefits, including mining companies' ability to control the social interactions between men and women, and the reproduction of the new generation of workers (Chauncey, 1981: 136). This practice of encouraging the migration of entire families to mining compounds also grew out of a need for *Zambian copper mining companies* to compete with the higher paying gold and diamond mines of South Africa and their labour recruitment patterns in the sub-region (Chauncey, 1981: 136):

The companies quite explicitly saw the sexual, domestic and other services women provided men in their compounds as non-monetary inducements for men to work in the Copperbelt despite the low wages obtaining there. (Chauncey, 1981: 137)

Though, in theory, the decision to accommodate women and children in mining compounds could lead to greater expense for the mining companies (the most obvious being the cost of housing married workers), in practice, the burden of reproducing workers remained the responsibility of the women. Chauncey demonstrates this transfer of cost in the example of food rationing. Married workers only received a small supplement to provide for their wives, thus forcing women living in the mining compounds to continue the subsistence agriculture they would have performed in their places of origin. Chauncey describes the assigning of unused company land to miners' wives to encourage the establishment of gardens. These companies made a further saving by buying vegetables and other produce from these same women at a lower price than the company would pay a commercial farmer (Chauncey, 1981: 139).

Married workers consistently proved to be cheaper for the mining company than single workers. In yet another food-related example, Chauncey describes how single men, who were too tired to prepare and cook the uncooked rations usually provided by the mining company, were provided with more expensive cooked rations, while married workers continued to be provided with uncooked rations. Mining companies also used women to keep the turnover rate low, with workers more likely to stay in employment longer if women were present at the compounds.

As suggested earlier, mining companies' practice of encouraging workers to bring wives and families to the mine compounds had the benefit of giving companies' direct access to the next generation of workers, allowing these companies to:

[introduce children] at an early age to the industrial discipline management found... so difficult to inculcate in older workers. (Chauncey, 1981: 142)

While encouraging workers to bring their families to the mines, the companies simultaneously worked to ensure that the workers did not sever their connection to their villages and towns of origin. This allowed them to escape their responsibilities to workers on retirement, illness and death (Chauncey, 1981: 142).

Though mining companies sought to keep women in the mine compounds economically dependent on their husbands, evidence suggests that women in these burgeoning urban areas engaged in informal economic activity to support their husbands' low wages. Beer-brewing was the principal economic activity of women on these mine compounds. This activity often led to substantial earnings for women, but also attracted mine management's attention. Mining companies were particularly concerned with the effects of alcohol consumption on labour efficiency and tried a number of measures to reduce the brewing of beer in homes. This included the construction of beer halls and the banning of home brewing (Chauncey, 1981).

Though some of these women were (poorly and not completely) remunerated for their reproductive activities, their experiences and the lengths mining companies would go to encourage their presence in mine compounds demonstrates the value of women's social reproduction, similarly emphasised in the Latin American experience of mine mechanisations in the early 20th century, where women workers were valued for their contributions to the stability of the workforce (see Gier & Mercier, 2006: 14).



ABOVE: *Living conditions in Wonderkop, the informal settlement immediately adjacent to the site of the August 2012 massacre of 34 striking workers at the Lonmin Platinum mine, Marikana, North-West province, South Africa.*
Photo: Dipika Nath, Marikana Women Unite!

4.4 State and corporates externalise social reproduction costs to workers, Marikana South Africa

Initial explorations by Samantha Hargreaves (2013) on the theme of social reproduction and women's unpaid care in Marikana, the site of the 2013 massacre of 34 striking workers by police in the North-West province of South Africa, adds a complimentary perspective to other dimensions addressed in the above-mentioned research. Her article makes the argument that, in the dense informal settlements surrounding the Lonmin mine in Marikana, it is women's unpaid care that ensures the reproduction of the predominantly male workforce and guarantees super-profits to Lonmin, the world's third largest platinum producer, whose earnings in 2011 were US\$226-million.¹⁵

In spite of significant profits accruing to the mine over more than a decade, generously distributed to shareholders and its leading executives, the workers live in what can only be described as deep misery and squalor. To the workers and their families, the mine offers minimal social services, in the form of a clinic (and a hospital for the workers) at Wonderkop, and some water distribution points. Most workers and their families live in shacks built of tin and wood and use hand-dug pit toilets or defecate in the open veld or local streets. For those with the finances to spare, a borehole can be drilled for a fee of just over US\$80; for the rest, water can only be accessed

¹⁵ While Lonmin's fortunes fell in 2012 due to a depressed market in platinum group metal prices, this was followed by a quick recovery with Lonmin enjoying tremendous profits in the last quarter of 2012.

by standing in long early-morning queues “as the water in the shared taps is finished by midday”.¹⁶ The nearest hospitals are more than 20km away, and schools are overcrowded, and distant, with parents having to pay high transport costs. There is no formal electricity provision in the settlement, resulting in dangerous ‘illegal’ connections or reliance on other hazardous alternatives, such as candles or paraffin. In the words of one mineworker:

People live in very unreasonable conditions. It makes me feel terrible when I look at the mining company and how big it is. It is a world-class group that makes so much money, but look at our community. Look at how we must live. (De Waal, 2012)

The burdens that arise from poor living conditions fall principally to women, and to older children who, on an unpaid basis, take care of the household by provisioning safe water, caring for the sick, sourcing and preparing food and so on. For many women, this represents hours of work beyond their productive work outside of the home, which may be paid or of an informal nature.

The mining companies have substantially absconded from their responsibility to house and service workers, aided by the 2002 South African Mining Charter (Department of Mineral Resources, 2010) which provided for a “living out allowance” to mineworkers of US\$200 in 2012. The allowances were introduced as part of a strategy to gradually eliminate hostels and phase out the migrant labour system by assisting the families of mineworkers to live with them. The living-out allowance effectively devolves responsibility for the delivery of housing and services to individual workers, an unrealistic expectation given the high cost of credit and housing, and the impossibility of individuals self-managing such a process. Local government is obliged in terms of the constitution and relevant municipal policies and laws¹⁷ to meet the housing and service needs of populations within its jurisdiction. The Rustenburg municipality, under which the Marikana town and the Wonderkop settlement fall, has been riven with corruption for many years, and has substantially failed in its constitutional mandate (see Corruption Watch, 2013; Dube & Sole, 2011; Molatlhwa, 2012). A genuine housing strategy must and can only be met by responsible institutions with the necessary capital and capacity: the mining company, working in partnership with the local municipality, with adequate national state subsidy.

In October 2012, the Lonmin workers won a 22% increase in their salaries, representing a significant victory after one of the deadliest strikes in South Africa's history. Yet, both the new trade union that most actively supported the strike, the Association of Mineworkers and Construction Union (AMCU), and the emergent worker formations (called strike, and now worker committees) focused almost exclusively on the demand for a higher minimum wage. Despite the miserable living conditions that workers and their families endure, and the patent failures of local government and Lonmin, demands related to labour reproduction did not feature in the month-long strike. Neither did the deep indebtedness of the mineworkers, driven by a largely unregulated and profit-driven financial services sector (see Steyn, 2013; Bond, 2012; Rees & Volker, 2013; Wild et al, 2013).

This focus on wages, to the exclusion of other critical social and economic challenges, reflects a narrow economic or workerist position, which is deeply masculine. In September 2011, the majority of Lonmin workers were men, with women representing 7.6% of the workforce (Lonmin plc, 2011). If women's voices demanding housing and social services were listened to, the traditional trade unions and even new democratic worker controlled formations would have to extend their focus to address the crisis of reproduction. The demands on corporations and the state to fulfil their obligations would allow a much broader and richer debate about social policy. Hargreaves concludes by arguing that the best prospects for a sustained radical challenge to an extractivist, profit-oriented and migrancy-dependent maldevelopment model now destroying the very basis for life and its reproduction, lies in unifying these struggles and foregrounding women's perspectives and solutions.

16 Marikana Women Unite workshop with Sikhala Sonke women's group, Wonderkop, November 2012.

17 The White Paper on Local Government (1998) provides an overarching policy framework for local government, whilst the Municipal Structures Act of 1998 describes the roles and responsibilities of the different tiers of local government.

BOX 3: THE MIDDLE-CLASS 'MINING WIFE' IN AUSTRALIA

We will now consider a very different perspective of the 'mining wife' from the global North by briefly outlining the experience of middle-class mining wives and their unpaid care contributions, which benefit in the first instance their mining husbands; and in the second instance, the mining corporations for whom they work. In Australia, wives' contributions are essential to the success of a mining engineer in the industry. Linda Rhodes expresses this in the idea of the "two-person career", a career in which both members of a couple have to perform certain tasks for the benefit of one member of the couple's career (Rhodes, 2003: 149). In heterocentric*, patriarchal society, this usually takes the form of a wife performing unpaid care in aid of her husband's career, labour which is often "taken for granted as essential to enable the husband to progress along his chosen career path" (Rhodes, 2003: 150). This arrangement is common in many occupations, but is particularly poignant in the mining industry due to the historical exclusion of women from the industry and the isolated environment that usually characterises mining employment in Australia.

That mining engineers must relocate or commute to distant and isolated mining sites forces a difficult position upon miners' wives. These women bear the greater burden of either giving up family, friends and employment to relocate to an isolated mining community or becoming intermittent single parents, solely responsible for household and child-care tasks for long stretches of time (Rhodes, 2003: 150). These women's contributions are taken for granted by both their husbands and their managers in the mining corporations. The mining engineers' workplace promotion is dependent on their wives' performance of these tasks (such as managing relocation or maintaining the household in the husband's absence) without pay or recognition. This echoes the situation of women in the global South whose husbands migrate far from rural homes to secure poorly paid work on the mines. In contrast, however, the standard of living offered by mining corporations operating in Australia and the more generous wages enjoyed by Australian miners' eases the burden of unpaid care for wives.

Male miners and their corporate managers are complicit in the creation of the 'mining wife', an "unpaid but important position that insidiously requires them to extend their domestic, maternal and public relations skills, along with their good will, from the domestic context into the corporate world" (Rhodes, 2003: 149). One of the activities that wives perform in aid of the mining companies for whom their husbands work is entertainment. Because some women enjoy this activity, they are less likely to describe it as 'work' and consider being remunerated for it. The practice of failing to remunerate mining wives for their labour because they 'enjoy' it builds on the idea that these kinds of activities (cleaning, cooking and entertaining) are part of women's natural capabilities and the role they should 'naturally' perform. The women in the study described the assumption (held by both their husbands and the company) that entertaining additional guests at short notice was only a little extra work and did not require recognition. The idea that women would be undertaking a slight expansion of their usual domestic tasks justified the companies' failure to recognise and compensate their work. Women ought to be cleaning and cooking and so asking them to cook for extra guests was not 'work' nor should it be recognised or compensated for.

While the Australian middle-class miners' wife may have access to the financial resources (albeit not always her own, a source of common oppression with global South women) to buy in household services, and may have access to a wider range of public services, the invisibility and undervaluation of much of her daily work is an oppression she shares with her global South sisters.

* Refer to the Glossary for a definition of this term.

Extractives industries' impacts on women's unpaid care are also explored in other papers in this series:

- **Paper 3**, on the effects of industrial-scale mining on peasant women's land and food rights, addresses the effects of land grabs, land degradation and environmental pollution on women's social reproduction responsibilities, mainly performed through unpaid care. The paper also touches on the loss of male labour through migration to distant mining sites and the impacts of this on women's labour contributions mainly to subsistence production.
- **Paper 6**, focusing on artisanal mining, touches on its environmental impacts (the pollution of water supplies and soil, and the deforestation of lands) and health impacts, both on themselves and their families, and the results for women's workload in the family.



5. CLAIMING COMPENSATION FOR WOMEN'S UNPAID CARE: A LEGAL CASE IN SOUTHERN AFRICA

The IANRA, together with the Women's Legal Centre (WLC) in South Africa, are currently working in partnership to build a regional legal case and political strategy for the recognition and compensation of women's unpaid care of male mineworkers afflicted with silicosis.¹⁸ The IANRA/WLC collaboration links to other individual and class action compensation suits that have been brought by male mineworkers and some of their widows against gold mining corporations for damages related to silicosis.

There is a critical dimension that is missing from the current flawed system of compensation, and from the existing legal suits against corporations and this is the 'externalisation' of the costs of silicosis and the linked health problem of tuberculosis (TB) from the responsible corporations to poor rural labour-sending households, and to poor rural women in these households in particular. Women (supported by children) will have given quite substantially of their time and labour to nurse a miner through his illness and/or to his death, possibly over many years. This paper has addressed the effects of this in **Box 2** on the burden of caregiving: the sacrifice of paid work or livelihoods generation; the compromising of educational opportunities; the negative impacts upon the health and emotional well-being of the caregiver and so on. This transposition of social liability from the responsible mining corporation to poor families and communities entrenches poverty and impedes gender equality. Even in the limited manner in which mining companies acknowledge their obligation to their employees, through the Occupational Diseases in Mines and Works Act of 1973, women's unpaid care work is not acknowledged.

The problem lies in achieving this recognition. The work will need to identify, measure and attach a value to the unpaid care work that women in a social relationship of care with men infected with silicosis have/had to undertake. The valuation of unpaid care work is a yet unsettled issue. In addition, this proposed legal intervention must also consider what form of compensation is appropriate for unpaid caregivers. This question will be explored with women claimants regionally, but should at the minimum ensure industry funding or co-funding (with the state) of health and other social services that lift the burden of unpaid care work off women where they live. Cash forms of compensation and subsidy should also be explored where women can exercise effective control over these benefits.

A successful unpaid care work legal precedent, if accompanied by widespread organising amongst rural and women's movements, could force legal reform, the overhaul of the compensation system, and further reforms, for example, in the area of taxation. It could also trigger changes related to wider state social protection programmes, and inform the struggles of women within their communities and in wider society for recognition and support to social reproduction.

18 Refer to the Glossary for a definition of this term.



ABOVE: A young woman caring for her HIV-positive father, Lesotho. Photo: ©Eva-Lotta Jansson/IRIN

6. RECOGNISING AND COUNTING UNPAID CARE WORK

Recognising unpaid care work is the most common recommendation made by researchers and activists on this topic, but exactly how to go about achieving this is where many diverge. *Counting unpaid care* is one of the crucial ways to get it recognised in social and political terms. If individuals (and the work they do) are not counted, it is left invisible and misunderstood, and makes it very difficult to develop policy to address their specific needs. As touched upon in section 2 of this paper, how work is calculated to determine the GDP still excludes the household production of services, which proponents argue is very difficult to measure (Budlender, 2002, 2004). While it is true that unpaid care is difficult to measure, time-use surveys have begun to substantively address this challenge. These surveys, often used in unpaid care work studies ask participants how they spend their time on a daily basis. Methods used can include a time diary, which involves the participant keeping a diary and noting down activities as they occur, or a stylised activity list in which participants determine how much time is spent on each of a pre-generated list of activities (Esplen, 2009; Budlender, 2002, 2004). Other methods for collecting data about unpaid care work include observation, an activity log, and interviews using stylised questions.

The answer to the question of how to count unpaid care inevitably leads to an effort to determine an hourly wage. There are a number of methods to achieve this, including relying on the wage paid to domestic workers or determining the wage the unpaid worker would have earned if she had the opportunity to work outside the home (which is called the potential wage argument). However, all have their problems. Domestic work is poorly paid because of its associations with the household and with women, as well as the idea that the work is unskilled. Assigning the average domestic worker wage to unpaid care will not greatly alleviate the poverty many unpaid carers and their households experience. The potential wage argument is also problematic because it would result

in valuing the labour provided by a university graduate higher than that provided by a person who may not have completed high school, but has a wealth of expertise and experience that they bring to bear on their work. It would benefit those middle- to upper-class women who perform less (and less strenuous) unpaid care and disadvantage poor women. The assigning of value to an activity that is not paid already occurs for subsistence agriculture: applying this same action to unpaid care is an important first step.

Budlender justifies counting unpaid care work because of the “positive externalities” it provides to third parties, in particular employers (Budlender, 2004: 37). Child care, cooking, cleaning and other unpaid care activities improve and replenish the labour force, which in turn benefits employers. However, the people who perform this work are not compensated for the contribution they make to the success of the economy. If unpaid care is counted and acknowledged, then the economic cost to the people who perform this work will also be recognised. Failure to recognise this work leads to the incorrect assumption that women can provide an “inexhaustible supply of unpaid care” for the economy, which will eventually lead to its depletion (Makina, 2009: 316). If women are simply performing their ‘natural’ duties by providing unpaid care, there will always be women to perform this labour and it can never be depleted.

There are a number of countries – Tanzania, Canada, the United Kingdom, Norway and South Africa – where governments have sought to understand women’s unpaid care burden, mainly through time-use surveys, and have put in place initiatives to alleviate or compensate women for this work. For example, in Norway, the government put in place a system of ‘care credits’ for social security entitlements. These credits were intended to compensate for the paid work time lost by individuals who cared for family members. And in Canada, their national pension plan includes a provision to ensure that parents are not penalised when they step out of the paid workforce for a time to care for young children. However, the majority of these countries are ‘developed’ with substantive public income and many of the initiatives enacted target women or parents working in the formal sector. There are serious limitations to transferring this experience to countries of the global South.

The above examples once again demonstrate the importance of an intersectional approach addressing the multiple social factors of, amongst others, race, class, sexual orientation and religion. Without acknowledging the different ways and conditions under which women perform and experience unpaid care work, policy changes will be difficult to advocate. Budlender also recommends that research on unpaid care work consider men (allowing for a deeper comparative gender analysis), and address the unpaid care work done by children.

Akintola (2008) calls for more quantitative and representative studies. She stresses the need to appreciate the social benefits provided by home-based care, particularly in skills development. Anesu Makina recommends that more state resources be spent on caregiving and that the cost of home-based care for the (mostly) women caregivers be recognised. This includes protecting their right to education and paid work and providing support to them in the form of medical supplies and food subsidies. She also suggests the professionalisation of caregiving to give women the opportunity to enjoy adequate remuneration and to draw more men into caregiving.

BELOW: Externalised costs – when children play in polluted waters and slimes waste dams it is women’s unpaid labours that nurture them back to health. **Photo:** ActionAid



7. CONCLUSION AND SPECIFIC RECOMMENDATIONS FOR WoMin

The idea that women are naturally better at domestic and other reproductive work than men permeates all discussions of unpaid care in both the global North and the global South. It is on this basis that women's lack of (or low) compensation for this work is justified. The link between women's performance of unpaid care, the assumption that women's performance of unpaid care is an expression of their innate abilities and the fact that the work is low paid has been demonstrated repeatedly throughout this paper. The reality is that "care work impoverishes women and ... perpetuates existing gender inequalities" (Makina, 2009: 315).

Unpaid care has also been discussed in the context of neoliberal policies that advocate a cut in public spending. This affects the provision of basic services like water, electricity, housing, roads and social services, particularly state health services which transfer the cost of caring for sick people from the state to the family (which really means women and girl children). Mining companies also transfer responsibility by limiting their legal and moral responsibility to provide housing, basic and social services to workers and their families, and diverting resources to small-scale corporate social responsibility schemes that reinforce government's failures and assert corporations' moral authority.¹⁹ The research upon which this paper has drawn has clearly illustrated the way in which the mining corporations have cynically planned, sometimes with state collusion, how best to reduce costs related to, or to better control, the reproduction of workers, by either encouraging family migration or forcing families apart, extracting women's labour under extremely exploitative conditions or banning their work on the mines altogether.

The mining corporations have profited greatly for over a century from the cheap labour of men and, separately or in combination, the cheap labour and unpaid care work of women, much of which has been rendered invisible by corporations and governments. This paper has aimed to make a small contribution to creating visibility and drawing attention to the mining industries' exploitation of women's unpaid care. The recommendations that follow will inform some of the work of WoMin in the years ahead, and may inspire research and action on the part of other agencies.

19 See Dinah Rajak's (2010) critique of corporate social responsibility, which examines Anglo Platinum's decision to provide anti-retroviral therapy to its employees in South Africa.

7.1 Specific recommendations for WoMin

1. More research (both qualitative and quantitative) in specific sites across the region examining the ways in which women's unpaid care is inserted into and benefits the extractives industries. Some of this work should be longitudinal to examine how women's structural location evolves over time in response to shifts in the economic fortunes of corporations; changing labour needs, including in response to modernisation; and worker and women's demands upon the system. The research should also bridge geographies, an absolutely essential requirement in the context of regional and intra-national labour migration patterns. Deeper knowledge is essential to support social struggles on this question and inform the development of appropriate policies, including alternatives to be advanced through organising and advocacy.
2. Expand support to the silicosis compensation claim against gold mining corporations for women's unpaid care work, bringing in women claimants from other labour contributing states in the region, and working to build a strong 'winnable' case. In addition, encourage and support the pursuit of other similar claims against extractives industries across the region.
3. There may be space to work with carefully selected progressive arms of the labour movement in different countries and through regional or global federations to raise this question of the corporate abuse of women's unpaid care, especially where the abuse is 'transmitted' through the calculation of male wages in ways that incorporate assumptions about women's unpaid care contributions to the reproduction of workers and other members of households. A most unusual July 2013 demand of striking South African Eskom Medupi²⁰ workers for an 'in transit' allowance covering the time workers spend in transport to and from work represents a real advance in traditional 'workerist' claims, and is a short step away from demands related to social reproduction.
4. Recommendation 1 has argued for more in-depth research which, when combined with support to women's organising, should allow for the formulation of policy positions to advance to continental bodies such as the Pan African Parliament and its African Commission on Human and Peoples' Rights (ACHPR) Working Group on Extractive Industries, as well as the African Union Working Group on Extractive Industries, Environment and Human Rights Violations in Africa. Other international bodies such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) committee and the Committee on Economic, Social and Cultural Rights (CESC) should also be targeted. For further information on key global and regional human rights and policy frameworks, how to use these to advance claims, and recommendations for which institutions to engage, see Paper 1.

Through national and regional movements of rural women, peasant farmers and communities impacted by extractivism, WoMin must work to deepen thinking and knowledge about the exploitation of women's unpaid care by the extractives and other industries, and advance support for real alternatives that will liberate women through the recognition, redistribution and reduction of women's unpaid care. The most significant political work is to raise these questions in women's organisations and movements, and find ways of linking women's unpaid care to concerns about violence against women, economic justice for women, women's sexuality and control over their bodies and so on. Women's unpaid care, one of the most important political questions for women's rights, has been substantively knocked off the agenda until very recently, and it is time to reassert this agenda as a crucial component of the struggle for women's rights and gender equality.

²⁰ A greenfields coal-fired **power plant** project situated in Lephalale, Limpopo.

ACRONYMS

ACHPR	African Commission on Human and Peoples' Rights
AMCU	Association of Mineworkers and Construction Union
ARD	asbestos related diseases
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CESC	Committee on Economic, Social and Cultural Rights
GBV	gender-based violence
GDP	gross domestic product
IANRA	International Alliance on Natural Resources in Africa
ILO	International Labour Organization
IMF	International Monetary Fund
OECD	Organisation for Economic Cooperation and Development
PLWHA	people living with HIV/Aids
TB	tuberculosis
UN	United Nations
WHO	World Health Organization
WLC	Women's Legal Centre

GLOSSARY

Asbestosis

Asbestosis is an incurable lung disease arising from the inhalation of very fine silica dust, which causes inflammation of the lungs. The disease causes shortness of breath, chest pain, coughing and persistent fatigue, and makes people extremely susceptible to tuberculosis – see <<http://en.wikipedia.org/wiki/Silicosis>> for further information.

Cobbing

Cobbing is the breaking down of asbestos rock into ore by hand.

Extractivism

The term 'extractivism' refers to the extraction of minerals, oil and gas, and in the understanding of the writers, water, forest products, new forms of energy such as solar and hydro, and industrial forms of agriculture, which grab land and extract vast quantities of water in the production process.²¹ But extractivism also importantly refers to the conditions under which these resources are extracted and whose interests they serve, speaking to a dominant and highly unequal model of development which "organizes – on the basis of the exploitation and marketing of resources for export – the political, socio-economic and cultural relations within the respective country or region: the economy and class structures, gender relations, the state and public discourse."²²

Freelance tributor system

A system of mobilising cheap and unpaid labour in terms of which the mine company would purchase asbestos from a self-employed miner, who would in turn work with the rest of his family as a production unit.

²¹ The value of natural resources, such as water and land and mineral resources are 'embedded' in the agricultural outputs, but are not valued and acknowledged in the setting of market prices. We refer to this as 'embedded value'.

²² Ulrich Brand, Austria & Germany: Energy policy and resource extractivism: resistances and alternatives, RLF reader for WSF, Tunis

Gross Domestic Product (GDP)

The total value of officially recognised goods produced and services provided in a country during one year. GDP per capita, the aggregate income or production per head, proxies for well-being of individual citizens, with changes in this measured by a corresponding rate of growth in the GDP.

GDP work

GDP work is paid (salaried work, work in own/family business, small-scale trading) or unpaid (subsistence agriculture, home based carers) work recognised in GDP calculations.

Heterosexism

Heterosexism is a term that applies to a system of bias, and discrimination in favour of heterosexual (or opposite-sex sexuality) as opposed to homosexual (or same-sex sexuality) orientations. See <<http://en.wikipedia.org/wiki/Heterocentric>> for further information.

Silicosis

Silicosis is an incurable lung disease resulting from the inhalation of very fine silica dust, which causes inflammation of the lungs. See <<http://en.wikipedia.org/wiki/Silicosis>> for further information.

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