



## BIROn - Birkbeck Institutional Research Online

Vera-Sanso, Penny and Hlabana, T. (2023) Situating masculinity, labour migration and care over the life course in Lesotho: foregrounding survivor bias in researching care. *International Journal of Care and Caring* , ISSN 2397-883X.

Downloaded from: <https://eprints.bbk.ac.uk/id/eprint/50613/>

*Usage Guidelines:*

Please refer to usage guidelines at <https://eprints.bbk.ac.uk/policies.html>  
contact [lib-eprints@bbk.ac.uk](mailto:lib-eprints@bbk.ac.uk).

or alternatively

## **Situating masculinity, labour migration and care over the life course in Lesotho: foregrounding survivor bias in researching care**

### **Introduction**

This article fills gaps in the literature on later life care derived from the overwhelming focus on women as carers and older people as receivers, not providers, of care as well as the analytical disembedding of care from wider social processes. These foci are driven by perspectives that position later life as a social welfare problem. No matter how well meaning, they objectify older people, obscuring their involvement in the production of care. Most problematic is the pushing of the wider economic determinants of care and caring outside the analytical frame, leaving few explanatory options other than the assumption of later life frailty and the failure of younger generations (family or the State) to address the consequences of age-engendered physical and cognitive deficits. Such approaches often call for greater formal care provision, irrespective of its applicability in the context studied.

We propose a historical and phenomenological approach to counter paternalistic and stigmatizing perspectives on care. Using the example of Lesotho's former mineworkers in South Africa, we focus on masculinity and men's participation in care from a life course perspective. The latter demands the tying of men's experiences to social, economic and demographic dynamics. This approach not only fills the many silences on men's participation in the production of care, particularly that of older men, it demonstrates that concepts of care and caring are historically specific, responding to class-specific contexts (Locke, 2017). In resource poor contexts, such as rural Lesotho, a labour migrant's regular remitting is critical to care provision. We argue for a tripartite conceptualisation of care production: anchoring care via resource provision, direct care work and accepting care.

We undertook in-depth, semi-structured interviews with nine former miners, aged 58 to 80, living in Lesotho, a small country encircled by the Republic of South Africa (RSA), for which Lesotho served as a labour reserve. We situate older men's experiences of care within an extended discussion of shifting economic contexts in order to demonstrate how these impact masculine ideals and gendered and intergenerational relations. Taking a phenomenological approach reveals the way that extant literature understands care, caring and carers is not universal. Nor is it necessarily effective for framing policy on later life if the policy objective sits anywhere along the trajectory of deprivation reduction, widespread wellbeing or social equity. We raise an inescapable, but universally disregarded methodological issue: that while research on the 'problem of later life care' posits this as the crux of the population ageing conundrum, all work on later life care is subject to survivor bias: it investigates the lives of the people who survived to age 60 or 65. In contexts where a large proportion of the population depend on family care, yet family networks are devastated by morbidity and excess mortality, policies on later life care, wellbeing and social equity cannot separate care needs from cutting early mortality.

## **Conceptualising care and masculinity**

The conceptualization of care in policy-orientated research is dominated by a European/North American sociological model that presents highly specific social arrangements as the norm, despite the discrepancies between practice and norm (Moen, 2013; Hareven, 1994). The model is rooted in a heteronormative, bread-winner vision of family-based gender roles where men earn cash incomes while women undertake 'non-productive' family care work. This model generalizes practice established in Europe where better off women did no paid work. A strategy of accumulation by dispossession, first applied to rural populations in Europe between the 12<sup>th</sup> and 19<sup>th</sup> centuries, drove families off the land, driving women and children into waged labour, factory-production and mining. This strategy of accumulation was applied to most of the globe between the 18<sup>th</sup> and 20<sup>th</sup> centuries. The resulting restructuring and re-valorising of social organization and social relations privileged production for the market over production for use. This artificial division of a unified system of production marginalised economically essential unmarketised care work, needed to produce a labour force, from the heavy weight constructs of 'the economy' and the Gross Domestic Product (GDP).

This distorted conceptualization of the economy underpins policies promoting women's education and 'productive' economic participation (Luci, 2009). Rather than challenging the association of women with caring, policies attempt to reduce women's care role utilising 'empowerment' as the pathway to lowered fertility (Halfon, 2007). This places the care of older people, imagined as inevitably infirm, as an imminent policy issue. The conundrum of who will care for older people is contested in multilateral institutions and national legislatures: do older people have a right to care, and who is responsible – the individual through life-time savings, the state, family or estate beneficiaries? At policy level two concepts of later life care are evident. A concept of 'care' that is expanded from a needs-based to a rights-based perspective: from bodily maintenance, to meeting emotional and psychological needs, to the right to social participation and self-direction, as can be seen in United Nations policies. This expansion of the conceptualization of later life care sits in contra-distinction with the economic view of later life under capitalist production: where older people are positioned as no longer able to generate an economic surplus, as a brake on women's labour-force participation and as a burden on the public purse. UN policies call for a multi-institutional collaboration to promote healthy ageing (WHO, 2020). This positions older people as a burgeoning new market for private sector services or relegates them to unpaid family care if they cannot access state or marketised care. These approaches overwhelm the emerging literature on the extent to which older women are themselves carers (Cantillon et al, 2021) and the paucity of literature on older male carers (Block, 2016).

This study stepped back from a preconceived model of what 'care' is and who does it. In broadening our understanding of care we wondered how men would understand and relate to care having spent much of their lives away from home as boys and men. This spurred us to theorise what makes care possible and how

migrant men would be positioned in that making. We conceptualized care as involving three dimensions: 1) anchoring care, 2) direct care work and 3) receiving care. We see each as an active engagement in care. Anchoring enables care, ranging from funding care to sharing workloads thereby enabling someone to do direct care work, which might range from bodily care to companionship. The recipient of care does not just receive care but allows care to happen; they allow a carer to care, which maybe as socially and psychologically significant for the carer as it is for the person receiving care. Finally, the person being cared for may be funding or enabling care for themselves, and for others, while doing direct care work for someone else. Any person could be involved in all these roles and activities across their life course, and in relation to a range of people.

We thought this conceptualisation would overcome the limitations of the way care has been approached from a gendered (read women-centered) perspective. It was not enough. Our research participants made it clear that our approach remained too closely tied to the reductive view of care to be found in bodies of literature unable to grasp both more encompassing motivations and more nuanced manifestations of care. What is needed is an approach that prioritises what participants count as care and caring in the specific contexts that they face. We found that for Lesotho's older mine workers, foundational to care was caring, that is being attentive to the wellbeing of others, be that of people, animals or the land and attending to that wellbeing. This approach reveals the causes of later life inequalities without resorting to stigmatizing accounts of neglect and changing values.

There is little research on how the majority of men, particularly in the Global South, are disadvantaged in complex ways over the life course and the repercussions these disadvantages have for family and kin (Vera-Sanso, 2005). By taking a life course perspective that ties life experience to wider social and economic histories (Bengtson et al, 2005), the research demonstrates how particular generations of men responded to institutional arrangements between South Africa's mines and the government of Lesotho, in order to anchor care in a labour reserve economy, were denied the resources and protections that their labour should have afforded them and their families. This raises the question of the extent to which masculinity theory, such as Connell's hegemonic masculinity (Connell and Messerschmidt, 2005), can produce a critically valid analysis of gendered identities and relations in a labour reserve long subordinated to its neighbouring capitalist economy.

### **Why Lesotho?**

The scale of male labour migration to South Africa raises questions about how the three dimensions of care (anchoring, care work, accepting care) are negotiated with family and relatives during long-term absence, irregular return and mid and later life reunion.

#### *Lesotho's economic history*

Lesotho is a small mountainous kingdom surrounded by the RSA. The late 19<sup>th</sup> Century British administration gave the fertile valleys surrounding the

mountains, now known as the Lost Territory, to the colonizing Boers. This left Lesotho with half its territory, of which only a quarter is suitable for cultivation. No longer able to support its population, Lesotho became a labour reserve for South Africa. It was mainly men who migrated. Women also fled the economic and social insecurity of the migrant labour system, often in search of migrant husbands (Bonner, 1990). Many migrated permanently, subsisting on the trades available to them: beer-brewing and sex work (Bonner, 1990). By 1963 both countries expanded barriers to female labour migration (Gay, 1980). At Independence, in 1966, Lesotho inherited a bifurcated economy. Forty-eight percent of men were subsistence farmers, working small plots and herding animals on communally-held uplands (Savage, 1972). Men ploughed the fields, women planted and harvested, men and boys herded and women kept vegetable gardens. Older men and women used local materials to produce essentials from dwellings to agricultural equipment and household utensils (Obioha and T'soeunyane, 2012). Under customary law women access land through men, as wives or kin, and first-born sons inherit over other sons, thereby creating expectations for the former to help a larger kin network than their own marital household. Forty-five percent of men migrated to South Africa's gold mines to earn the cash needed for imported *basic* necessities: maize, blankets and clothing (Savage, 1972). Families needed to 'export' at least one male migrant to meet subsistence needs. As a result, Lesotho was always vulnerable to 'economically and socially disastrous fall(s) in employment... linked to the falling world (gold) price' (Harrington et al, 2004:69). In 1990 employment in RSA's gold mines was at its height, yet within four years it dropped by 20% as RSA cut its reliance on migrant labour (Sparreboom and Sparreboom-Burger, undated).

Lesotho remains an economically dependent lower middle-income country, importing the inputs needed to produce its main exports: garments, diamonds and migrant labour (food, fuel, medicine, etc.) to RSA. In 2017, 50% of the population lived below the national poverty line, 80% of them in rural areas, making Lesotho among the world's most unequal countries (Sulla et al, 2019); 80% of its people were engaged in subsistence agriculture and 28% were unemployed, including 43% of youths aged 15-24. Forty-three percent of households depend on at least one family member engaged in internal or external labour migration (Botea et al, 2018). There has been a sharp increase in female distress migration to RSA or to Lesotho's export garment factories, to cover job losses, deaths and bad crops (Botea et al, 2018).

The dependence on external labour markets to fund Lesotho's subsistence needs underpins its health care challenges. By 2008, Lesotho had among the highest incidence of TB in the world [since halved (World Bank, undated a)]; it also has one of the world's highest adult HIV infection rates (25%) (Makatiane et al, 2016). The high incidence of both diseases has been attributed to labour migration to South Africa's mines (Harrington et al, 2004). Reflecting the excess mortality that these diseases caused, plus that caused by silicosis and asbestosis contracted while mining gold and platinum, male life expectancy at birth fell from 55 years in 1988 to a low of 40 years in 2006 (World Bank, undated b). Male life expectancy is now back at the 1980 level (World Bank, undated b). Beneath these population statistics lie data that reveal the harms that men,

especially older men face. In 2016 Lesotho had the world's highest suicide rate. The rate rose sharply from 2001's 43.7 per 100,000 males, to a peak rate of 147.8 in 2014 (World Bank, undated c), as against the 2014 peak of 39.5 per 100,000 females (World Bank, undated d). In 2016, the suicide rate for people aged 50-69 was 67.84 per 100,000, the highest rate for this age group in the world (Grigoryev and Popovets, 2019).

Lesotho's health service is focused on HIV/AIDS and TB. Access to health care for the 80% of the population living in rural areas, where poverty is concentrated, is determined by the capacity to walk miles in difficult terrain: making care effectively inaccessible for acute and debilitating conditions (Murman and Sullivan, 2008). Dufe Turkson and Ngounda's (2022) cross-sectional survey of the nutritional status of people aged over 65 found that 80% of people were either at risk of malnutrition or malnourished, and that this is associated with poverty, stress and poor health. The impact of the Old Age Pension on malnutrition is limited by the need to share the benefit with other family members (Tanga, 2015). Even so having a pension to share has social and psychological benefits for pensioners (Tanga, 2015) that, as will be seen below, resonates with how masculinity is understood by older miners.

The consequence of poverty and excess mortality, particularly excess male mortality, is, first, the likelihood of older people raising children and, second, the need for older people to keep working as long as they are able. In contexts, such as this one, where people are unable to hold off the mortality effects of acute, chronic and non-communicable diseases, research orientated towards the long-term care of frail, ill or vulnerable older people misses the point: impoverished, mal-nourished people with limited access to health care die early and swiftly. In such contexts the focus of people's care is inevitably on protecting the means of survival: on caring for family, land and animals.

### *Male labour migration to South Africa*

With negligible opportunities to ensure family subsistence and limited sources of cash even to buy the means to farm, Lesotho's young men migrated to South Africa for mine work in the expectation of sending remittances home to their families. There, most stayed until they could work no more: 77% working between the ages of 25-44 and a further 22% to age 64 (McGlashan et al, 2003). After this, they either returned to Lesotho or remained in South Africa. While Lesotho and families benefited from miners' wages, 70% was paid directly to the Lesotho government by the mining companies for families to collect, miners themselves often returned home with disabilities and serious, chronic ailments that resulted in early mortality. Securing payments due from the mines for provident funds and disability compensation was difficult. Having limited education most returned to subsistence agriculture, low skilled formal and informal work or unemployment. In addition, due to prolonged absence, mineworkers returned to a social network and economic base mediated by family in their absence. For some this absence started in their childhood as herders. With families' continuing need for remittances, internal and external migration can leave former miners caring for their wives and young children.

With male life trajectories in Lesotho being defined by the need to provide for others, particularly the need to earn cash, this paper examines how older men are positioned within and experience care and caring.

## Methodology

Between November 2021 and January 2022, Thandie Hlabana, who was born and brought up in Lesotho, interviewed nine former mineworkers aged 58-80.<sup>i</sup> We sought participants who had returned to Lesotho at different stages in their career as mineworkers (young, mid-life and later) to understand how their career in the mines affected their positioning within care production and acceptance. One-to-one semi-structured interviews were conducted in Sesotho, and translated into English in Lesotho, the objective being to understand how older men's experiences of care and caring varies, and to do so through a constant comparative analysis (Glaser, 1965), using participants' conceptual categories. This objective required a small number of participants with varied experiences of care and caring. The participants were identified through a purposeful snowballing technique, with the help of Thandie Hlabana's acquaintances in a semi-urban area on the outskirts of Lesotho's capital, Maseru. These acquaintances were interviewed by Hlabana; they introduced her to two others in the same suburban area and to five former miners in two remote mountain villages in Leribe District and Maseru's Hoek District. The interviews covered early life, migration history, family and community relations. The study was described to participants as a study of care, using the Sesotho term *tlhokomelo*. This is a widely used term with the central meaning of 'to care' and 'to take care'. It connotes a range of attitudes and activities necessary to taking care including: 'being aware', as in being attentive and empathetic, supervision and maintenance. The interviews were lightly guided in order to reveal older people's conceptualisations of care and relations of care. Participants were asked 'who do you care for?', and thereafter, 'who cares for you?' in relation to their lives before, during and after migration. No definition of care was suggested. The objective here was not to impose a definition that may mean little in a context where large swathes of the population face the interlocking economic and health insults described above. The analysis was driven from a phenomenological approach where an analytical framework emerged through the key themes that participants raised in response to the research questions – who do you care for and who cares for you?

Underpinning the participants' responses was a philosophy not dissimilar to that discussed by Harry Frankfurt (1982) whereby people make things important to themselves by caring about them. 'Caring about something [somebody] connects[s] us actively to our lives in ways which are creative of ourselves' (1982:271). Frankfurt argues that caring is not just creative of ourselves, it demands an object of care that a person can care about. The chosen object of care 'is not irrelevant or arbitrary' (Frankfurt, 1982:271). This suggests that caring both shapes us and how we are seen by others, which moves caring from a private or personal activity to a public, socially-regarded activity that may become subject to institutional (state and disciplinary) oversight. It necessarily

implies that being chosen as the object of care is also creative of identity. In this way the interviews revealed much more than how older men are positioned within the tripartite model of anchoring care, care work and receiving care. Going beyond the context of gendered care and family relations, participants chose to situate caring within the wider social processes of self-society relations, economic relations, citizen-state relations and national identity.

Table 1 sets out key information about the research participants. The oldest was born in 1942, the youngest in 1964, all had children prior to the introduction of free primary education in 2000. Participants with no or little education came from families that relied on boys herding to help support the family. The longest serving miner, P9, was born in 1944, having started mine-work at the age of 15 in 1959 and left at age 60 in 2003. The shortest serving miner (P7) was too traumatised by *'people...trying to kill me'* to return to the mine after burying his mother, aged 18. His period in the mines coincided with the violent miner clashes of the early 1970s (Horner and Kooy, 1976). In RSA, Provident Funds were introduced for black miners in 1989, yet many miners received neither their Provident Fund nor disability compensation (Ehrlich et al, 2021) which compromised their capacity to establish livelihoods for the extended period between the end of their mining career and the age 70 threshold of Lesotho's Old Age Pension. This, alongside widespread retrenchment in the 1990s, forced households to be reliant on another person to raise a cash income, a son going to the mines or an older miner's wife to South Africa to join the informal workforce on South Africa's farms or in domestic service (Ulicki and Crush, 2000). Educated daughters and sons migrate to the city (Maseru) for work. Internal and external migration plus the impacts of HIV/AIDS and TB and other mining induced non-communicable diseases can leave older men caring for a range of children, including sibling's children. Analysing the commonalities and differences in mine worker's experience of care and caring requires a life *course* approach that ties lived experience to real world social, economic and political histories (Bengtson et al, 2005).

**Table 1: Key information about research participants**

Participant Identifier	Marital Status	Age	Years of Education	Current livelihood source	Age went to the Mine	Number of years of mine work	Currently caring for children and why
P1	Married	64	0	Cleaning company employee	22	20	Own grandchildren (Parents are labour migrants.)
P2	Married	78	0	Fix student umbrellas; Subsistence agriculture; Old Age Pension	15	44	Own grandchildren (Parents have died.)



P3	Married	60	0	Farming in his yard; Rental income	26	23	no
P4	Married	58	9	Rental income; Mining son's income	23	21	Own grandchild (Son has migrated.)
P5	Widower	69	10	Married children's families provide	24	34	no*
P6	Married	72	10	Subsistence agriculture (despite amputated leg)	24	35	no
P7	Single	65	6	Village Cobbler	18	6 months	no
P8	Married	61	5	Subsistence Agriculture; Herding	20	25	His deceased younger brother's children.
P9	Married	80	0	Old Age Pension and children buy groceries	20	10	no

\*This participant joined his daughter's multi-generational household and has no role in caring for great grandchildren.

### **Responsibility versus masculine care and caring across the life course**

In order to generate a framework for understanding contingent real life relations, researchers pursue a sorting process, who is responsible for what, in order to produce a model of society that they and policy makers can utilize. Policy-orientated research that wishes to apply a masculinity lens frequently heads down the 'responsibility' route to generate an impersonalized consensual narrative (eg Tseole and Vermaak, 2020). The difficulty with a gender role lens is that it accepts first order principles as reflecting the social order, rather than seeing them as politicised discourses that people mobilise in order to shape and justify social relations and to control access to resources. Such accounts work to produce that which they claim to find, through the effects of authorized knowledge and policy development.

Yet normative models of social relations do not capture how research participants, P1-P9, viewed their own lives. Instead of describing their motivation as driven by responsibility, they emphasised caring. Their markers of care were caring enough to risk their lives in the mines and to live in difficult conditions in order to provide the basics for their families. They cared enough to send the majority of their income to a range of relatives (grandparents, parents, wife, siblings). They cared enough to return home to Lesotho and to still be with their wife. In their narratives men who did not care enough did not return and

men who had not cared enough in prime age reaped the consequences in later life.

Care and caring required attention to and empathy with the needs of the object of care. In defining care P4 stated:

*'We live in a world where money is more important than anything. People need money to eat and clothe. Therefore, if one is able to provide for such (by earning cash), then that is indeed care. But for children, care would mean being able to go to school, having nothing to worry about, having school uniform and food at all times.'*

P3, on mining to earn cash:

*'The working conditions differ from place to place. But it is not an easy job especially where I worked. We used to collect gold from underground and it was a matter of life or death: going down the pit did not assure one's return. However, I managed to survive those conditions.'*

These quotes demonstrate four things: first, the difficulty of securing the basic necessities; second, children should be free of worry; third, care spurs and demonstrates a masculinity rooted in the capacity to endure for the sake of others and, fourth, for these men masculinity is not competitive. Rather, care was about meeting *litlhoko tsa mantlha* (basic needs), a term used by all participants, which was elaborated as sufficient food, clean, untorn clothing and education in such statements as:

*'I had to start working from a very tender age... I really wanted my children to be educated because I was unable to get educated.'* (P3)

and

*'I saw how my sisters would feel uncomfortable being among their peers by not having as decent clothes'* (P6).

Throughout the interviews the goal of care was securing a basic standard of dignity and an avoidance of falling below that standard – an achievement in the extremely constrained circumstances that this generation faced. P4 summarised the goals and achievement:

*'In life the most important things are to have your own home and educate your children. These are the most important things a man would feel really proud to have achieved.'*

Care and caring is not limited to relations based on kinship but provides a framework for discussing employer/employee relations (discussed below) and human/land/animal relations. As herders, boys and men cared for their own and other people's cattle and sheep – this was both work and an attachment. Basotho men define themselves by their love of their animals (P1, P2, P3) and express sadness at not being able to keep animals in urban areas (P3). One 61 year old, who described himself as 'not working' cares for 105 sheep, 2 horses, 8 cattle, 3 donkeys (P8). They care for their farms (P2, P6, P8). Wives care for their vegetable gardens with the help of older men (P3). Older men and women together build and care for houses to rent out (P3, P4). P3, whose wife broke her leg, cares for her by taking on the care work that she did for him. Older men whose sons, daughters-in-law or younger brother had died, migrated, or who travel long distances for work within Lesotho, cared for their grandchildren:

checking that they were eating, that their school uniform was neat, clean and repaired, that they were studying (P1, P2, P4, P8) and, when needed, would do the cooking and clothes washing although generally that was rarely needed (P1). They paid for their parents', siblings', wife's and children's basic needs including food, clothing and education (all barring P7). As the eldest son, they cared for married sisters by sending them maize and other crops (P2). They paid for their siblings' children's education (P1, P8, P9). As a chief, they cared for their whole village (P1). In all this, older men identified caring as the motivating reason for work: for herding when young, for working in the mines, for working in later life and for participating in direct care work. Throughout, their goal was, and continues to be, meeting the 'basic needs' of their family: enough to eat, education, simple clothes - that which would be called basic rights in development circles.

These men were caught in the long-term pincer movement of economic and political forces that demanded cash while providing the people with no reliable means of sourcing it except through migration, or attaching themselves to other away-from-home work like herding. Cash was needed to buy basic goods and the means of subsistence, including seeds and fertilizer, which were not securable within a nation stripped of most of its fertile land. To care men (once they reached the stipulated weight threshold of 70kg) had little choice but to leave for the mines. The marker of masculine adulthood, getting married and having a house of their own, required proof of the capacity to care for a family - that is, through the payment of bridewealth (*mahali*). Barring P7 and P3, all participants saved over two years in the mines to raise cash-based *mahali*. All participants, barring P7 but including P3, who managed to save for *mahali* through herding for eleven years, were driven to the mines to anchor the families' care needs. This is why P7 never married, traumatised by the experiences in the minefields he did not return to build up the savings to marry. The tragic irony of being born a man in this generation is that adult masculinity was predicated on establishing and caring for a marital family yet, for the vast majority, this could only be achieved by leaving their family for 9-12 months at a time. Miners could expect to live like this for 20-44 years. Early return was due to family or own ill-health, both mental (P7) and physical (P4). P9's experience of returning home to nurse his brother, which lost him his job and blacklisted him for further mining contracts (because he overstayed), is not likely to have been unusual with the extent of AIDS and TB in Lesotho. It fits the picture evident in every participants' narratives: that severe poverty drives fathers, siblings and sons to the mines, and family networks manage as best as they can in the context of Lesotho's historic and continuing political economy.

Men of this class and age were creating their identities through care: 'Caring... connects[s] us actively to our lives in ways which are creative of ourselves' (Frankfurt, 1982:271). Caring makes people persons, it defines the type of person they are. P7 was unable to establish himself as a man with the capacity to manifest care: he remains a social child. P5, through demographic contingency (he had neither living wife or son) had to move to his daughter's home where he was unable to work, he could not care for himself nor her; he was waiting on the Old Age Pension, a man in limbo. As Frankfurt argues, caring is not just creative

of ourselves, it demands an object of care that a person can care about - and the chosen object of care defines the carer and the cared for. In anchoring, overseeing and directly providing for the care of grandparents, parents, wives, own children, grandchildren, siblings and siblings' children, labour migrants were establishing themselves as lynchpins; as key persons within social networks irrespective of age, irrespective of whether they were physically present or not.

*"I worked hard to get out of the hole (and joined mining management) so that I could earn more money. This meant I was able to care for more people" (P8).*

They cared: they anchored care, they oversaw care, they directly provided care and they did so across the lifecourse. Care and caring defined this cohort's masculinity.

### **Receiving and reciprocating care**

In relation to families, participants' exemplifications of the care they received were simple and mundane, the resources for care being limited. What was striking was the recognition that care was an expression of caring, not a duty based on generational or gendered hierarchy. Being afforded respect (*hlompho*) frequently came up - again not as a duty but as demonstrating an empathetic recognition of what the miners had gone through in order to care for their families. Underpinning this was a strong sense of reciprocation - but not in the legalistic sense of 'generational contract', which is a policy-driven device to blame younger generations for short-comings in care while assiduously disregarding the key policy question: the economic and demographic underpinnings of care provision. Instead of a contractual exchange, marital and kin relations are described in terms of open reciprocity underpinned by empathetic understanding and mutual dependence. Open reciprocity is dependent on giving *without* an expectation of return (Graeber, 2001).

Care was evaluated in terms of outcome. When answering the question 'who takes care of you?' we expected participants to focus on family care. However, several participants also discussed the mining companies' care of miners. Working conditions in the mines *'differed from place to place'* (P3). Mines in which participants were neither injured nor sick demonstrated that the mining company cared for them (P1). Whereas in others, *'Going down the pit did not assure one returned'* (P3) - South Africa's gold mines being amongst the world's deepest. P6 lost his leg in a mining accident. The lack of caring in the mines extended to being robbed (P5), to people wanting to kill them (P7), to being uncertain that remittances would be received and feeling *'grateful'* that they were (P5). Considering how tied to adult masculinity mining is to anchoring care, P1 made a revealing statement regarding measuring care: (my wife's) *'love and care even convinced me that being home was much better than being at the mines'*. Similarly, the measure of whether men were taken care of, including late in life was amply summarized by P2: *'If I weren't taken care of, I would surely have left home'*.

When asked to identify how they were cared for, participants said that they were respected, that they were fed and looked presentable in society. In reference to coming home from the mines before marriage P6 stated:

*'My family really cared for me in every single way that was satisfying. My grandmother made sure I was always happy, my siblings would wash and iron my clothes and ensure that I was clean at all times. They were just too happy and proud to have me around. Some days I would come home and find my granny had kept some grilled maize for me because she knew I loved it so much. I mean, those little gestures indicated so much love and care for me and I was therefore more than satisfied.'*

Receiving care was tied to masculinity, but not to the competitive masculinity, emphasised femininity or gendered hierarchies theorized by Connell and Messerschmidt (2005). It was about being helped to meet a minimum threshold of respect in the community. P6:

*'when my needs are met, I am able to eat, be clean, presentable and well respected as a man.'*

P5 said:

*'my wife washed my clothes, she made sure that I was clean and looked responsible before the community and among other men. I had sufficient food because she cooked for me. Therefore, I did not lack any care since she provided for my needs accordingly, the respect she gave me was amazing.'*

The nuance here is significant: it is not his wife's respect for himself that P5 is referring to, she gave him the respect of the community. Similarly, with no other means to demonstrate their care, *'My sisters used to help with my laundry' (P9; P7)*. In contexts where people have limited clothing, no running water and are engaged in physically intensive work, being well laundered makes a strong statement about a man's domestic relations, kin support and capacity to manage. The importance of laundry, which men did for themselves in the mines, and its difficulty is highlighted by P5 who is widowed and financially dependent on his working daughter: *'The only thing I struggle with is my laundry but not always since my daughter helps me at times. As for cooking and other household chores, she does them and all is well.'*

The picture the participants drew was one of generalised or open reciprocity, of men caring for their families through anchoring care, of people co-operating and supporting each other over the life course. Wives supporting men through periods of no income during strikes (P5), children supporting fathers when needed with subsistence inputs (P5, P9), including periodically helping them with their livestock (P1), and direct care (P5). Others saying that they do not yet need care and will call for it when they do, though care from distant daughters cannot be guaranteed, demonstrating the demographic constraints where families do not have surviving sons. By comparison to being economically exiled to the mines by the larger political economy, older men now had access to that basic human right, a family life. P4:

*'Now I stay with my wife, son and grandson only. There is nothing by far that would make me complain. I find it even better now that I am close to my wife because, we are able to help each other about anything that we*

*would be needing around here. As you can see, you found us helping one another with renovating these houses.'*

P3:

*'Things are much better now when I am here than when I was far. As far as things stand, I find my wife and I are loving each other, taking care of each other and even feeling pity for one another... As you can see, she broke her leg in September last year, I was the one ensuring that things are done in the house. I help her cook, I fetch water and we do laundry together. I basically do almost everything for her since she cannot properly walk nor do things she used to do. So I take care of myself now. But in times where she in good health, I become a king - she treats me so well, does every household task.'*

Participants identified factors that contributed to their being cared for as a miner and in later life. These centred on having created an alliance with their wives over the course of their marriage. While in the mines they would make plans together that wives would put in place, including overseeing children's education and ensuring that they are aware of their father's care. After returning from the mines, the alliance was exemplified by working together. *'Going to the fields together'* (P5), building and repairing houses together, and *'being supported during difficult times'* such as when miners were on strike or *'expelled from my work'* (P5) were cited as examples of care. Insightfully, P5 said that when they ran out of money, before either he or his wife was eligible for the Old Age Pension, his wife

*'supported me and told me that it is important that we accept ourselves since there is no longer any stream of income. I therefore accepted and stayed home to help her with some basic chores like collecting firewood and other things.'*

This was possible because they had no other demands at home, unlike P1, P2, P4, P8 who were all supporting grandchildren and siblings' children. But it was only sustainable while P5's wife survived, as a widower he joined his daughter's multi-generational household, adding a fourth generation.

This brings us to the limits of care provision for older people in later life. Not all families have boy children, not all families have children that survive into later life, many families are effectively skip-generation households and, centrally, incomes must be sufficient to support oneself and others. With 50% of the population below the poverty line, high youth unemployment, mining retrenchments and increasing female migrants earning gender-discriminated incomes, it is clear that searching for examples of longstanding family-based later life care for older miners is to miss the point. Older miners are not supposed to survive into late life – a statement that makes sense if we face the fact that economies are designed (purposely or not) to make some people live while allowing others to die. The tragedy of this generation is that despite the predations of the 'bargain' made with South Africa's capital and Lesotho's government, the Old Age Pension does not arrive before they die. Even when it does, it relies on children supplying groceries (P9) – should there be surviving children able to do so.

## Conclusion: survivor bias

Originally we sought men who could be described as 'not active' *and* in need of sustained later life care. Unable to locate men who fitted this classification we asked participants what happened to men unable to contribute cash to the family. Participants said that not contributing an income could be problematic in some families but by no means in all. Various explanations were put forward including ones around shifting dependencies that could infantilise men, undermining their sense of self, resulting in suicide. These narratives either blamed women for being callous and opportunistic, now that they are able to earn cash themselves, or blamed men for past behaviours leaving them reaping the lack of care and caring that they had sown. These explanations missed the structural issues, while capturing the consequences.

P4 put the situation most comprehensively:

*'People are different and in some households one would find that while a man was still working he was depriving his wife of some money and therefore, he will get awful treatment when he no longer works. On the other hand, if a man was unable to make the means of generating some sort of income that would sustain him once he is no more working, it becomes really difficult when he is broke. He gets a different treatment from the one he used to get while working, that's where trouble begins. This is where a husband is no longer cared for, his wife stops doing his laundry, stops preparing his food like she used to. He gets disrespected and may eventually commit suicide or think about it. Some go as far as losing their minds, staying in the streets. Men just go through a lot when they get such treatment.'*

P4's account resembles the situation faced by a participant in the rural area (P8) who worked in the mines for 25 years, was retrenched in 2005 and has his mother, own family and deceased younger brother's children's living with him. He described himself as not working, though in fact he has 118 animals and a crop farm. For P8 'work' is defined by a regular cash income.

*'At first things did not change when I was retrenched but once things got tight in the family and we did not live that (prior) life that she was used to, things changed. I do not even know how much my wife earns from the factory she works for. She says she is the one who wakes up to (commute) to work and I do not do anything. She calls me a herdboys. I was always given food - when I came back from the farm I would find my food ready, but lately I make my own food, I wash my own clothes. I do not feel respected anymore. I am reprimanded the same way as my children.'*

This account captures the structural issues this generation faced having been born into a dependent labour reserve economy that developed South Africa and Lesotho, punched holes into their kin networks, ending up focusing vice-like pressure on a very few people as the availability for work declines and narrows towards female workers who receive gender-discriminated wages. All the while the concentration of pressure on a smaller number of workers is veiled by the ideology of *ubuntu*, that unquestioningly assumes that people will be adequately

supported by their kin, which they might if their kin network has not been demographically and economically decimated.

P4's analysis and the evidence on male mortality and suicide rates, especially in middle age, provides a plausible explanation for the research team's inability to locate people who need long-term care. Sitting at the fulcrum of the way in which a subsistence economy, compromised through historical and contemporary structural factors, is harnessed to a capitalist economy that externalises the costs of labour reproduction, by pushing them back onto the labour force itself, sharply reduces the likelihood of men surviving into later life. Hence, focusing on later life care as a period in which older people need the care of younger people misses the point. In a callous system of extreme exploitation, caring is the way to establish a valued identity, a bearable existence and the mutual trust and support on which open reciprocity is based. In all this everyone pulls their weight: men, women, young and old. The means for the majority of Lesotho men to establish this valued identity expelled them from their homes and community, distanced them from the means of controlling how that identity was received and demanded that they co-operated with their wives and families while putting their health and life at risk.

By acknowledging survivor bias in contexts where accumulated disadvantage produces excess mortality, thereby undermining support networks, the primary policy issue is economic security and ensuring that *everyone* has a later life that might, or might not, require care provision.

## References

Bengtson, V.L., Elder Jr., G.H. and Putney, N.M. (2005) 'The life course perspective on ageing: linked lives, timing, and history' in M.L. Johnson (ed) *The Cambridge Handbook of Age and Ageing*, Cambridge: Cambridge University Press.

Block, E. (2016) Reconsidering the orphan problem: the emergence of male caregivers in Lesotho, *AIDS Care*, 28: 30-40.

Bonner, P.L. (1990) 'Desirable or undesirable Basotho women? Liquor, prostitution and migration of Basotho women to the Rand, 1920-45' in C. Walker (ed) *Women and gender in South Africa to 1945*, Cape Town: David Philip.

Botea, I.A., Compernelle, N. and Chakravarty S. (2018) 'Female migration in Lesotho: determinants and opportunities', World Bank Policy Research Working Paper No. 8307.

Cantillon, S., Moore, E. and Teasdale, N. (2021) COVID-19 and the pivotal role of grandparents: childcare and income support in the UK and South Africa', *Feminist Economics*, 27 (1-2): 188-202.

Connell, R. and Messerschmidt, J. (2005) Hegemonic masculinity: rethinking the concept, *Gender and Society*, 19 (6): 829-59.



- Dufe Turkson, R.K., Ngounda, J., Nel, R. and Walsh, C.M. (2022) The nutritional status of community-dwelling elderly in Lesotho and factors associated with malnutrition, *Nutritional Health*, February 23.
- Ehrlich, R., Barker, S., Tsang, V., Kistnasamy, B. and Yassi, A. (2021) Access of migrant gold miners to compensation for occupational lung disease: quantifying a legacy of injustice, *Journal of Migration and Health*, 4 (100065): 1-8.
- Frankfurt, H. (1982) The importance of what we care about, *Synthese* 53(2): 257-72.
- Gay, J. (1980) Basotho women migrants: a case study, *IDS Bulletin* 11(4): 19-28.
- Glaser, B.G. (1965) The constant comparative method of qualitative analysis, *Social Problems* 12(4): 436-45.
- Graeber, D. (2001) *Toward an anthropological theory of value: the false coin of our own dreams*, New York: Palgrave.
- Grigoryev, L. and Popovets, L. (2019) Sociology of individual tragedies, homicides and suicides: cross-country cluster analysis, *Russian Journal of Economics* 5: 251-76.
- Hareven, T. (1994) Aging and generational relations: a historical and life course perspective, *Annual Review of Sociology* 20: 437-61.
- Harington, J.S., McGlashan, N.D. and Chelkowski, E.Z. (2004) A century of migrant labour in the gold mines of South Africa, *The Journal of the South African Institute of Mining and Metallurgy*, March: 65-71.
- Horner, D. and Kooy, A. (1976) 'Conflict on South African mines, 1972-76', Southern Africa Labour and Development Research Unit, Cape Town: University of Cape Town.
- Locke, C. (2017) Do male migrants 'care'? How migration is reshaping gender ethics of care, *Ethics and Social Welfare*, 11(3): 277-95.
- Luci, A. (2009) Female labour market participation and economic growth', *International Journal of Innovation and Sustainable Development* 4(2/3): 97-108.
- Makatjane, T.J., Hlabana, T. and Letete, E. (2016) 'The relationship between HIV and male circumcision in Lesotho: spurious or real?' Demographic and Health Survey Program Working Paper, Maryland.
- McGlashan, N.D., Harington, J.S. and Chelkowski, E. (2003) Changes in the geographical and temporal patterns of cancer incidence among black gold miners working in South Africa, 1964-1996, *British Journal of Cancer* 88: 1361-9.

- Moen, P. (2016) 'Work over the gendered life course', in M. Shanahan, J. Mortimer, and M. Kirkpatrick Johnson (eds) *Handbook of the life course*, *Handbooks of Sociology and Social Research*, Springer: Cham.
- Murman, D.H. and Sullivan, A.L. (2008) EM in Lesotho, *Common Sense: The Newsletter of the American Academy of Emergency Medicine* 15:3.
- Obioha, E.E. and T'soeunyane, P.G. (2012) The roles of the elderly in Sotho family system and society of Lesotho, Southern Africa, *Anthropologist*, 14(3) 251-60.
- Savage, G. (1972) *Country profile: Lesotho*, Ottawa: International Development Research Centre.
- Sparreboom, T. and Sparreboom-Burger, P. (undated) *Migrant worker remittances in Lesotho: a review of the deferred pay scheme*, Geneva: Enterprise and Co-operative Development Department, International Labour Office.
- Sulla, V., Zikhali, P. and Mahler, D.M. (2019) *Lesotho poverty assessment: progress and challenges in reducing poverty*, Washington, D.C.: World Bank Group.
- Tanga, P. T. (2015) Growing old gracefully: the role of old age pension in Lesotho', *Perspectives on Global Development and Technology*, 14(5): 567-83.
- Tseole, N. and Vermaak, K. (2020) Exploring the influences of hegemonic and complicit masculinity on lifestyle risk factors for noncommunicable diseases among adult men in Maseru, Lesotho, *American Journal of Men's Health*, November-December: 1-9.
- Ulicki, T. and Crush, J. (2000) Gender, farmwork and women's migration from Lesotho to the New South Africa, *Canadian Journal of African Studies*, 34(1): 64-79.
- Vera-Sanso, P. (2005) "'They don't need it, and I can't give it": filial support in South India' in P. Kreager and E. Schroeder-Butterfill (eds) *Ageing without children: European and Asian perspectives on elderly access to support networks*, Oxford: Berghahn Books.
- World Bank (undated a) 'Incidence of tuberculosis (per 100,000 people) – Lesotho', <https://data.worldbank.org/indicator/SH.TBS.INCD?locations=LS>
- World Bank (undated b) 'Life expectancy at birth, male (years) – Lesotho', <https://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN?locations=LS>
- World Bank (undated c) 'Suicide mortality rate, male (per100,000 male population) - Lesotho', <https://data.worldbank.org/indicator/SH.STA.SUIC.MA.P5?locations=LS>

World Bank (undated d) 'Suicide mortality rate, female (per100,000 male population) – Lesotho',  
<https://data.worldbank.org/indicator/SH.STA.SUIC.FE.P5?locations=LS>

World Health Organisation (2020) UN Decade of Healthy Ageing: plan of action.  
<https://www.who.int/initiatives/decade-of-healthy-ageing>

The authors declare that there are no conflict of interest.

The authors thank the research participants and the Care of Older Persons Southern African Network for their invaluable support for this research and the anonymous reviewers for their useful comments.

---

<sup>i</sup> Vera-Sanso's college, Birkbeck, University of London, gave ethical approval for this study. There is no social science research ethics board in Lesotho. Thandie Hlabana has served on the Ministry of Health's ethics board for health-based research since 2011.