

30 years of change for women in South African mining: A personal reflection



Vanessa Govender: Masakhane Strategic Health Consulting
e-mail: vanessa@masakhanehealth.co.za

The 2024 National Women's Month was commemorated under the theme, *Celebrating 30 Years of Freedom Towards Women's Development*. As a woman who has navigated a 30-year career in the male-dominated world of South African mining, this theme has personal resonance for me.



The Mineral Council's Seven Foundational Measures for Women are commendable commitments that have supported my own journey in mining:

1. Reaffirm zero tolerance for gender-based violence (GBV) through the Stop Abuse Campaign
2. Develop gender diversity and inclusion policies
3. Provide a reporting system for gender diversity issues
4. Initiate unconscious bias training to transform culture
5. Deploy ongoing companywide pulse check surveys
6. Build an inclusive physical environment
7. Provide a reporting system for gender diversity issues

When I joined the mining industry as a young doctor, I was forced to don personal protective equipment (PPE) allocated to male employees, because there was no such equipment designed for females. The overalls, safety belt, socks, safety boots, and other equipment were uncomfortable (I was asked to wear three pairs of socks so the boots would fit), and the rescue pack was far too bulky for my small frame. Similarly, almost two decades later, whilst conducting an investigation into a workplace incident, I was unable to climb up onto the first step of the Caterpillar 777 at a coal mine in Mpumalanga, once again due to my short frame. Fast forward to 2020, when I went underground to accompany a group of doctors enrolled in the Diploma in Occupational Health at Wits University, change was everywhere apparent at the mine. We were escorted to immaculate change rooms and donned elbow guards, knee guards, head gear, well-fitting overalls, and boots. It was an incredibly refreshing experience and a clear indication that the industry's transformation is progressing steadily to embrace women.

Vanessa Govender
Photograph: Andrew Campbell



A darker age for women in mining – I was forced to double-knot my ill-fitting safety belt during an underground trip in 2008, because there were none available for women of smaller frame

Photograph: Vanessa Govender

In my recently published handbook for occupational medical practitioners in South Africa and beyond, *From Suspicion to Submission – Occupational Lung Diseases in the South African Mining Industry*,¹ I recall that the early 2000s heralded a milestone victory for women in mining in South Africa. After being barred from working underground for over a century, women were finally recruited to work underground, even in high-risk jobs. Because this was a relatively new phenomenon, considering that men have been mining for more than 100 years, there was a paucity of literature on the impact of mining hazards on female mineworkers, including exposure to respirable crystalline silica (RCS) and other dusts and chemicals, and adverse health outcomes such as occupational lung diseases. For example, the findings from a study on silicosis and pulmonary tuberculosis (PTB) in deceased female South African miners showed that the risk factors for silicosis and PTB in men and women were similar.² However, more research, particularly prospective cohort studies, is necessary to determine if women with equivalent exposures to men have similar or more severe health outcomes than their male counterparts.

When women were eventually permitted to work underground, I was prompted by my own experiences in the underground environment – a space designed by males for male mineworkers – to write the policies for women in mining for a mine owned by a listed multinational South African mining house, where I was an occupational medicine practitioner. I wrote the medical surveillance guidelines for these women initiates, and developed communication materials that addressed specific health and safety issues of women, particularly regarding pregnancy and breastfeeding. I advocated for them to be provided with private ablution facilities underground, and separate change house facilities.

I believe that medical surveillance programmes for women should be customised according to the science and based on peculiar risks to women, guided by robust research. A progressive step came in 2015. The first Guideline for a mandatory Code of Practice for the Selection and Provision of Protective Equipment (PPE) was developed for women in the South African mining industry – almost twenty years after my PPE setback. Women have, in subsequent years, made impressive gains in demanding equal treatment and accommodations in health, safety, and innovation. I commend the women who currently work in mining – for their courage in taking on jobs traditionally reserved for men, and for their resilience and outspoken advocacy.

I wholeheartedly support the particular call by the Minerals Council to foster and recommend the intentional building of an inclusive and safe (physically and psychologically) environment for women, from the coalface (in open pit and underground operations) to the boardroom. The mandatory Code of Practice for both PPE and the Minimum Standards of Fitness to Work in a Mine must be enhanced and expanded, to allow women miners to deliver their best professional work in safe circumstances.

As colleagues in the industry, we must draw from our daily experiences and those of our counterparts in other countries to identify gaps in the prevailing legislation and policy, and present workable solutions to our employers. These solutions will benefit both female and male mineworkers. ♀

Dr Vanessa Govender is the author of a recently launched handbook for occupational medical practitioners in South Africa and beyond, [From Suspicion to Submission – Occupational Lung Diseases in the South African Mining Industry](#), and has worked in the mining industry for more than 30 years.

¹ Govender VG. *From Suspicion to Submission – Occupational Lung Diseases in the South African Mining Industry*. Johannesburg, South Africa. Tulbagh: MettaMedia; 2024.

² Ndlovu N, Richards G, Vorajee N, Murray J. Silicosis and pulmonary tuberculosis in deceased female South African miners. *Occup Med (Lond)*. 2019; 69(4):272-278. <https://doi.org/10.1093/occmed/kqz067>