

Poverty and non-natural deaths among former mineworkers and their families in Transkei region of South Africa

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Abstract

Background: Thousands of ex-migrant mineworkers across the former Transkei have already passed on from natural causes, are disabled, or have died due to either mining-related diseases or in non-natural ways such as accidents, suicide or homicide. Many ex-mineworkers have died prematurely, placing a strain on families.

Case History: Eighty-four family records were analyzed. Of these, 21 (25%) were found to be those of former mineworkers and their immediate family members. There were five mineworkers, and 14 were children of mineworkers. Only one was a spouse of a mineworker who had died unnaturally. Three mineworkers died as a result of firearm injuries, one was assaulted by a knobkerrie, and another one died as a result of alcoholic intoxication. Two of them had heavy drinking habits. Three mineworkers were unemployed. The causes of unnatural death were as follows: five were stabbed, two died from firearm injuries, one was killed in a motor vehicle accident, one was assaulted with a blunt object, and three committed suicide by hanging and poisoning. Most victims consumed alcohol. The history and psychosocial effects are discussed in this presentation.

Keywords: *non-natural death, poverty, mineworkers*

Introduction

South Africa ranks number one in Africa with 59935 non-natural deaths due to injury in 2000, which is overall death rate of 157.8 per 100 000 population.¹ This rate is higher than the African continental average of 139.5 per 100 000 population, and nearly twice the global average of 86.9 per 100 000 population.² Nearly half South Africa's deaths due to injury are caused by interpersonal violence,³ four and half times the proportion worldwide.⁴

Approximately 57% of individuals in South Africa were living below the poverty income line in 2001. The proportion of people living in poverty in South Africa did not change between 1996 and 2018. However, households living in poverty sank deeper into poverty and the gap between rich and poor widened.⁵ In South Africa 59 935 deaths due to injury occurred in 2000, which is an overall death rate of 157.8 per 100 000 of the population.⁶ This rate is higher than the African

continental average of 139.5 per of the 100 000 population, and nearly twice the global average of 86.9 per 100 000 of the population.⁶ Data from death certificates and the National Injury Mortality Surveillance System indicate that more than a quarter of such deaths are due to road traffic injuries, with the remainder attributable to self-inflicted injuries, fires, drowning, and falls.⁶

There are about 600,000 mineworkers employed by gold mining industry alone in South Africa.⁷ Majority of them are from Transkei region. About 14% of the former mineworkers who visited the Umtata 'Benefit Examination Clinic' between April and August 2000 indicated that they were given no reasons for their retrenchment.⁷ There is evidence of a huge accumulation of unrecognized, therefore uncompensated, cases of pneumoconiosis and/or tuberculosis among former mineworkers living in the labor sending areas such as Transkei.⁸ The purpose of this report is to describe the manner of non-natural deaths and to relate this to poverty

among mineworkers and their families in the Transkei region of South Africa.

Material and Method

This retrospective descriptive study was undertaken, reviewing 84 non-natural deaths occurring at Umtata General Hospital mortuary during the period April 2000-May 2001. Medico-legal autopsies were conducted twice a week at the hospital mortuary. A close family member who was present was interviewed before the autopsy was carried out. The histories of death were recorded, including the names, addresses, and ages of the deceased, together with the cause of death and circumstances of the death. All the autopsy histories for the specified period were reviewed, compiled and collated manually.

Results

Eighty-four families were interviewed. In 21(25%) of these the deceased were found to be former mineworkers or their children who suffered non-natural deaths: five were mineworkers and 14 children. Only one was the wife of a mineworker. Three of the mineworkers died as a result of firearm injuries, one was assaulted by a knobkerrie, and another died as a result of alcoholic intoxication. Two were alcoholics. One was employed as a security guard, another was running a business, and three were unemployed. Five children were stabbed to death, two were gunned down, one was involved in an accident, one was assaulted, two hanged themselves and one poisoned himself. One died of electrocution, and another drowned. Most of victims consumed alcohol.

Discussion

Migrant labour system has attributed very extensive socio-economic effects in the Transkei region. It was estimated that 2 million of the 5 million black workers in South Africa at the time migrant labourers.⁵ Former mineworkers are sandwiched between scarce resources, and there is little hope of getting re-employment. They do not have enough savings to run their families. The expenditure is at its highest when they return, as the children are grown and are in secondary or senior secondary school. Many are not re-employable because of the poor health and some are disabled.

Transkei has very high population density. Most former mineworkers reside in the far-flung and remote rural areas of the region. Their homes are scattered in the wide barren tracts of the Transkei. Poverty and unemployment levels are very high. Transkei is known for its supply of labour to the mines. Miners were respected because they earned more money than other people in this area. When the miners came home without money, the community undermined them and their families. As a result, they got frustrated, started drinking and got involved in crime. There is plenty of literature on mineworkers' health conditions, but hardly any publications on non-natural deaths. Young, adult healthy people were recruited for the mines, and when they returned home, they had been transformed into sick, unhealthy and dependent individuals. They suffered from mine-related diseases. Many died non-natural deaths caused by accidents, suicide and homicide. The children of mineworkers struggled to survive. They faced hazardous situations in their day-to-day life, since they were not educated. They usually did not have work and when they did, it was very inconsistent and risky.

LM, a 32-year-old son of a mineworker, was selling fruit. Two of his brothers had died from dehydration when young. He was stabbed to death by three drunken people in a location. Most of the children of mineworkers look after sheep and cattle. They are illiterate and are not employable. They usually drink liquor, risking their lives. XY, a 20-year-old male, was stabbed to death by his friend. He was in a tavern (place where liquor is sold). He was hired by a man to look after his livestock. He met his friend in the liquor shop. The friend became hostile and stabbed XY. His father was a mineworker and died in 1979 in a mining accident.

Taxis are the normal form of transport for poor people in this region. These are called flying coffins. The taxi industry is characterised by infighting. ENS, a 27-year-old daughter of a mineworker, was involved in an accident when a taxi driver was shot dead.

Mineworkers are known for their promiscuous behaviour at mines. One of them who was killed had four wives. ZY, a 53-year-old ex-mineworker, was shot at his home and died in hospital. He was the owner of a shop in a location. The police failed to capture the culprits. Nothing was stolen from the shop. He had four wives

and they all lived at home. He was an ex-miner who returned from the mines in 1974 and had many children. Suicides are not uncommon among mineworkers and their children. Most returning mineworkers were in a poor state of health (78.2%) and as a result found it difficult to get work¹⁰ and ended up being unemployed. The suicide rate is higher among the unemployed. The relationship between physical health and suicide is significant. Physical illness is an important contributing factor in 11% to 51% of suicides.⁹ Families of ex-mineworkers are dysfunctional. This is because they are poor. One male committed suicide when he could not buy a pair of shoes. The mother was poor and the ex-mineworker father was not supportive. LL, a 15-year-old male scholar, hanged himself in the room where he was studying. He was a grade 8 pupil. He used to go to school every day and there were no complaints from the teachers. He was a quiet boy who lived with his father and stepmother. The biological mother married someone else and lived separately from her children. The mother visited him. The boy was found hanged. He had requested a pair of shoes from the father several times. His father had not responded to his request and so he decided to take his own life.

The system of migrant labour from Transkei region created a situation where women said that their ex-mineworker husbands were not the people they had married. The men were not strong anymore and could not meet their demands. This was revealed in a case where a woman poisoned her husband. Her daughter revealed this before committing suicide. ZZN, a 27-year-old female, committed suicide by hanging. The reason was written in a suicide note she left, which was that the mother was not in close contact with her. That was because the mother had poisoned the father when he returned from the mines. The daughter had known the secret. The father's death was not reported to the police as an unnatural one. The father had been working in a platinum mine in Rustenburg for 20 years but had not saved any money for a rainy day. He was retrenched because of poor vision. Trauma is a leading cause of death in the Transkei region of South Africa. Road traffic accidents contribute substantially to the number of such deaths and more than one-third of those killed are pedestrians. NN, a seven-year-old boy, was knocked down by a car while he was crossing the road. He died instantly. The driver paid money to the family for his

burial. The father of the deceased was an ex-mineworker with two wives and seven children. He was sick and coughing. The whole family was unemployed.

The migrant labour system in the Transkei region contributed very extensively to socio-economic problems. Former mineworkers now have to cope with scarce resources, and there is little hope of being re-employed. They do not have enough savings to run their families. LD, a 48-year-old ex-mineworker, was shot dead by an African man. He died instantaneously. He had been working as a guard and it appears that the motive for his killing was to steal his firearm. A bystander called the police and the perpetrator was arrested. The victim used to work in the gold mines for about 20 years and left the mines to get married. He was jobless for a year, as his health was poor, but was forced to join a security company to earn some money. The money he had saved was used to pay lobola (marriage gift). He left behind a wife and a son.

Ex-mineworkers were strong and powerful when they were taken to mines, but lost their physical strength when they retired from service. Most of them were retrenched, as they were weak and non-productive. WS, a 31-year-old ex-mineworker, was shot dead. He was working as a security guard. The criminal grabbed him and tried to take his firearm. He struggled with him until he was shot in the head. The purpose of the crime was to take the firearm. One of the culprits was arrested. The victim was not married and did not have a girlfriend either. He had worked in a gold mine for seven years in Gauteng. He was retrenched about four years previously and on returning began to work as a security guard. Mineworkers have children with their traditional wives back home but fail to support them. Although they go to work in the mines in the hope of earning substantial amounts of money, they return with meagre savings. Lack of support for the children mean that they grow up with no education and as they cannot get decent work, they start abusing alcohol or drugs and end up as victims or as perpetrators of crime. Poverty among families of mineworkers can affect the mental state of the family members seriously. Some of them decide to commit suicide, as there is no light at the end of the tunnel. There is no source of income in family, and they do not know how to generate income because of lack of education. Financial difficulties are a prominent underlying cause

of suicide. It is not uncommon in the Transkei region for drunken people to roam the roads. Sometimes they are killed by traffic. This is the reason for a large number of pedestrian deaths in South Africa. Occasionally, they are involved in interpersonal fighting. Many of them are retired mineworkers who do not have jobs. Mineworkers in South Africa are in abundance as mining is the main occupation especially in the former black homeland. These mineworkers retrenched or retire, and returned to their homeland. Transkei is a former black homeland where abundant retired mineworkers reside to their destiny. Migrancy, which for century has been such a conspicuous feature of the South African labour system, and thought to be a significant contributor to the spread of HIV/AIDS. The migrant labour system in Transkei region was attributed very extensively to contagious disease especially related with sexually transmitted diseases (STI) like HIV/AIDS.

Conclusion

Migrant ex-mineworkers have undergone serious psychosocial trauma, which is a legacy of mining work. The changing socioeconomic realities of mineworkers have had drastic effects. The journey to the mines systematically stripped them of their expectations, and made them helpless, disabled and dependent on their family members. This led to a high rate of unnatural deaths among mineworkers and their family members.

Ethical issue: Ethical permission was granted by the University of Transkei ethical committee (approved project No. 4114/1999). The names of all the cases were kept anonymous and not divulge to anyone.

Conflict of Interest: None

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