Guilty of Unnatural Death but HIV Positive in Transkei Region of South Africa

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Abstract

Background: HIV infections and crime have a complex relationship. It is difficult to understand its unnatural causation. HIV positivity has never accounted as an underlying cause of death in persons who have died unnaturally.

Objective: To correlate HIV infection with non-natural deaths in the Transkei region of South Africa.

Method: This is a record of a review study at Mthatha (Umtata) General Hospital. The data was collected from the office of medical superintendent and from the forensic pathology laboratory.

Results: There has been an increase in the Mthatha General Hospital mortality rate by almost two- fold in last five years. Suicidal deaths like hanging have increased by one and half times. Fatal poisoning, possibly suicidal, has increased about five to sixtimes. Gunshot injuries, which may or may not be suicidal, have increased by one and half times. The accurate estimate of the prevalence of the HIV/AIDS is a necessity to measure the costs of disease for effective strategic planning.

Conclusion: The HIV infection is increasing along with natural and non-natural deaths in the Transkei region of South Africa. It must be considered in the category of diminished responsibility as a mentally sick.

Keywords: *Mortality, HIV infection, unnatural deaths, diminished responsibly*

Introduction

South Africa is experiencing an HIV/AIDS epidemic of shattering dimensions.[1] About 160 000 to 200 000 people have died of AIDS-related illnesses in South Africa to date, but four million are infected with HIV. The inevitable disruption by HIV/AIDS of all aspects of our society, including the built environment, will be so profound that it is virtually impossible to imagine its dimensions.[2] Transkei is also known for the increasing trend of unnatural deaths in South Africa.[3] These deaths are painful and yet preventable. It is generally assumed that unnatural deaths are prevalent in the urban areas of South Africa,but this is not necessarily so. The rural population is poorer than the urban one, and therefore they take more risks in procurement of food. Poverty along with HIV is the main underlying cause of death.[3]

The Transkei is the poorest and most underdeveloped area in the South Africa, where mortality is very high, and certification of death caused by HIV infection represents a particular difficulty in terms of death certification. The stigmatisation associated with HIV-related disease has made doctors reluctant to specify it as a cause of death.[4]

The majority of deaths (78.9%) were certified as cardio-respiratory failure. Surprisingly, there was no mentioned of HIV/AIDS as the primary or underlying cause of death in the hospital survey of death certificates.[5] This indicates clearly that there is a lack of knowledge and sensitivity regarding HIV/AIDS surveillance among health professionals on the value and practice of filling out the death notification forms. Perhaps the stigmatisation associated with HIV-related disease has made doctors reluctant to specify it as a cause of death. This will provide misleading statistics in the HIV/AIDS related deaths in the area. In such a state, death certification does not reflect the number of HIV/AIDSdeaths.[1] There is need to explore some other predictors of HIV/AIDS deaths. Therefore, the purpose of this study is to explain the high trend of deaths in the Transkei region of South Africa.

Method

The mortality statistics for 1996 to 2000 were obtained from the office of the Medical Superintendent of the Mthatha (Umtata) General Hospital (MGH). The suicidal statistics were collected from the medico-legal laboratory at MGH. Deaths due to hanging, poisoning and gunshot injuries were compiled from the medico-legal register manually. The analysis was presented in a graphic form.

Results

The Mthatha General Hospital is a tertiary hospital attached to the University of Transkei's Medical School. This is the only centre in the region for tertiary education serving up to five million people. The trend in hospital mortality has increased in the last five years from 15 percent in 1996 to 25.3 percent in 2000 as shown in Table 1.

Table 1. Trend of deaths in Umtata General Hospital (UGH) vs HIV infection over a period of five years (1996-2000)

Year	Natural deaths	Hanging	Gunshot deaths	HIV Positive (%)
1996	15%	16%	14%	14%
1997	16.3%	15%	21%	17%
1998	18.8%	21%	18%	23%
1999	24.7%	24%	23%	22%
2000	25.3%	24%	24%	24%
Total	100%	100%	100%	100%

Poisoning has increased four percent to 28 percent in last eight years. This increase corresponds with the increase in the prevalence of HIV as shown in Table 2. The males are (66%) almost double in number than females (34%).

Table 2. Incidence of deaths due to poisoning: males vs females (1993-2001) at Umtata General Hospital

Years	Male (%)	Female (%)	Total poisoning deaths (%)
1993	3 (3%)	1 (1%)	4 (4%)
1994	1 (1%)	3 (3%)	4 (4%)
1995	2 (2%)	4 (4%)	6 (6%)
1996	2 (2%)	3 (3%)	5 (5%)
1997	6 (6%)	1 (1%)	7 (7%)
1998	11(11%)	3 (3%)	14 (15%)
1999	9 (9%)	2 (2%)	11 (12%)
2000	10 (10%)	6 (6%)	16 (17%)
2001	17 (19%)	9 (9%)	26 (28%)
Total	61(66%)	32 (34%)	93 (100%)

Discussion

This is the first report on the relationship between HIV/AIDS and unnatural deaths. There is no literature available even though there are a significant number of people living in society with HIV/AIDS. There is no researched on this correlation of HIV positivity and unnatural deaths. The prevalence of HIV/AIDS varies from country to country, and within countries from region to region. Similarly, the number of unnatural deaths also varies. Crime is increasing in South Africa even though the policing and road traffic control system have increased. Many perpetrators of crime are not guilty but are mentally sick.[6] This sickness could be because they are HIV positive. There is a bulk of literature available on crime where researchers have counted several reasons for its increase. HIV/ADS has not counted as a contributor to unnatural deaths by any of the researchers. Many of the HIV positive people may be perpetrators of crime or vice versa.[7] Very little is known about the underlying reasons for unnatural deaths. Death from HIV/AIDS is accepted as a natural cause of death. It is true that some people do die after a long illness following the development of AIDS, but how many reach that stage, and many of them die while walking on a road as car knock down or are involved in some quarrel in a shebeen (local alcohol selling outlet in a rural area). A few HIV positive individuals are put behind bars because of their involvement in rape. Rape of a virgin is considered as a cure for HIV in this region of South Africa.[7]

Moreover, there is also the situation where death may occur following an accident that arises from drunk driving. There is always a lighter punishment for those who commit a crime under the influence of alcohol but there is no provision for HIV positive people who commit a crime. Being HIV is stigmatized and it is not visible, so it is not considered equal to alcohol, but the effects or consequences are more serious than those for an alcoholic who commits a crime. Alcohol also affects the brain function and HIV also causes brain disorder; therefore, it should be in the same category as alcohol. Alcohol and crime have a closely interconnected relationship, with alcohol abuse being

a contributory factor to many crimes and many crimes being a contributory factor to alcohol abuse.[8] Criminal behavior is so common among alcoholics.[8]Most treatment centres are dealing with the emotional and financial and personal toll of crime,[8] but this is not the case in HIV positive individuals. Therefore, in any accident, there is a mandatory test for alcohol, but there should also be also a test for HIV positivity. Pre- and post-test counselling must be carried out.

The antenatal survey of HIV/AIDS is seen to be a less sensitive method of data collection as the data suffers from under-reporting, especially in the rural areas of the Transkei. Under-registration of deaths has long been known to be a problem in South Africa[9,10] and it is important to estimate the extent of under-reporting. There has been an increase in the morality at Mthatha General Hospital since the HIV/AIDS epidemic started climbing (1996-2000), even though the deaths related to crime have been stabilized but at a higher level.[11]

Unnatural deaths are a serious and preventable public health problem. HIV infection is also a public health issue and preventable. Both have some relationship directly or indirectly, but it needs an in-depth study. Both are having a negative long-lasting effect on families. HIV infections disturb the individual and they have a lot of psychological effects such violence and suicide. HIV infection and psychiatric disorders have a complex relationship. HIV infection can lead to psychiatric disorder, and psychiatric persons are more vulnerable for HIV infection.[12]A high number of HIV positive cases are in a community where there is lack of a support system in place. People are poor and cannot afford to have three meals in a day. Alcohol consumption is very high. It is either the habit of drinking alcohol or drinking because of HIV positivity or both. These people are just like the walking dead without any fear. This could be because of the effects of HIV on brain function, as this leads to behavior changes in the home and outside of the home. This often results in an accident or involvement in some violence; either they kill someone, or someone can kill them. Can one think of an HIV positive person driving a car on the road?

HIV infection has increased from 1996 (14%) to 2001 (25%), and a similar pattern of increase has also been observed in death due to hanging, poisoning and gunshot injuries (Table 1 & 2). Death due to suicide by hangingincreased by one and half times. That is from 16 percent in 1996 to 24 percent in 2000(Table I). Most of the suicide victims were males between 20 to 30 years of age (Table 1). A study carried out by the author showed that there is increasing trend of hangings, especially in young adults between 20 and 29 years of age old.[13] The HIV is highly stigmatized and there are many instances of discrimination against sufferers and their families. This could lead to suicide, both in infected as well as unaffected individuals.[14]There have beenan increasing number of fatal poisonings from 1993 to 2001 in this region (Table 2). It is possibly also suicidal in nature. It has increased about five to sixtimes in this study period (Table 2). A twenty-year studyhas showed that there has been an increasing trend of poisoning in the Transkei region of South Africa.[15] Members of the Xhosa tribe in the Transkei region frequently consult traditional healers and use herbal medicine, and sometimes they are lethal.[15]Firearm-related deaths are high in South Africa, but they are very high in the Transkei region. People have the habit of carrying guns.[16] Gunshot injury related deaths were also increasing in this study (Table 1).The gunshot injuries, which may or may not be suicidal, have increased by one and half times (Table 1).

Statistics South Africa is conducting a mortality study into “secondary” causes of death to assess the true impact of HIV/AIDS. The agency said preliminary indications were that there has been

a marked rise in the number of people between 20 and 40 dying of natural causes, which include disease.[17] This rapid change in the empirical death rates confirms predictions of the profound impact of AIDS on mortality. These shocking results need to galvanize our efforts to minimise the devastation of the epidemic.[1]

There are HIV/AIDS promoting factors in the community like promiscuous behavior, excessive consumption of drugs (like alcohol and cannabis), poverty, disintegrated families, migrant mineworkers, high incidence of child abuse and rape, poor HIV/AIDS awareness programmes, poor service delivery regarding HIV/AIDS, and so on. It is difficult to understand that HIV promoting factors are more prevalent in the Eastern Cape than in the KwaZulu-Natal, but the prevalence of HIV is one and half-times higher in KwaZulu-Natal than the Eastern Cape Province. It means there is under estimation of HIV/AIDS prevalence in the Transkei.

The outcome factors of HIV/AIDS are an increase in the mortality, especially related to suicidal deaths like hanging and poisoning. Previously the suicide in the black population was uncommon; however, there has been an increasing trend found in recent years.[18] Furthermore, the impact of HIV/AIDS could be further confirmed by various other parameters such as sick leave, students' admissions, and work output. The University of Transkei is the only tertiary institution in the area, which is serving the community of about five million. Most of the students are either from Transkei or adjoining areas. However, the student numbers have not increased during study period. It is not sure whether HIV/AIDS has affected their admission to university. Poverty is also associated with HIV/AIDS, and it makes families poorer because of lack of work and more expenditure in families.

This preliminary report which is also a quite an old study may be a surprised to readers as it also surprised the chairperson in the conference at university where it was presented. The chairperson became violent and could not digest its findings, but the fact is that non-natural deaths cannot be controlled without controlling HIV/AIDS in the community. This is author's firm belief.

Conclusion

There is high impact of HIV/AIDS in the form of a high crime rate in the Transkei region of South Africa. It places enormous challenges on health care as well as on law-and-order governing agencies. Government must take note that, without controlling HIV/AIDS in the regions, it is difficult to control crime as well.

Limitations

Although there are several biases in this study, especially the limitation of years, it extends its support for the study conducted by the Medical Research Council, South Africa, 2001.

Ethical Issue: The author has ethical permission for a case report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa. This report was presented at a conference of university.The author has expressed his views in this study and has no intention to harm anyone or any institution.

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