

Poverty and Non-Natural Deaths among Former Mineworkers and in their Families in Transkei Region of South Africa

B Meel

Professor MBBS, MD, DHSM (Natal), DOH (Wits), MPhil HIV/AIDS Management (Stellenbosch), Research Associate, Nelson Mandela University, Port Elizabeth 6031 South Africa

Abstract

Background: Thousands of former mineworkers across former Transkei have already passed on, are disabled, or died due to either mining related diseases or non-natural ways of dying such as accidents, suicide, or homicide. Many ex-mineworkers have died prematurely, placing a strain on their families. This has led to dysfunctional families and has created the conditions for children from these families to commit crime. Compensation could be claimed for mining related maladies, but the non-natural deaths are unbearable for a resource-stricken family.

Objective: To highlight the problem of poverty and non-natural deaths among former mineworkers, and to relate the impact on their families.

Method and Material: This research, a retrospective qualitative study on former mineworkers and their children, was carried out in 2000-01 at the forensic pathology laboratory of Umtata General Hospital complex, Mthatha, Eastern Cape, South Africa. The records of interviews performed during medico-legal autopsies in 2000 and 2001 were reviewed at Umtata (Mthatha) General Hospital mortuary. The interviews were routinely performed in relation to victims who were admitted at the Umtata (Mthatha) General Hospital mortuary.

Results: Eighty-four family records were analysed. Of these, 21 (25%) were found to be former mineworkers and their immediate family members. There were five mineworkers and 15 children of mineworkers. Only one was the spouse of a mineworker who had died unnaturally, and one person was unaccounted for in these numbers. Three mineworkers died because of firearm injuries, one was assaulted by someone with a knobkerrie, and another one died because of alcoholic intoxication. Two of them had heavy drinking habits. Three mineworkers were unemployed. The causes of unnatural deaths were as follows: five stabbed, two from firearm injuries, one from a motor vehicle accident, one assaulted with blunt object, and three committed suicides by hanging and poisoning. Most of the victims consumed alcohol.

Conclusion: A high number of former mineworkers died an unnatural death. Poverty could be an associated as an underlying cause of death.

Keywords: *Poverty, unnatural death, socio-economic effect*

Introduction

Approximately 57% of individuals in South Africa were living below the poverty income line in

2001, and the proportion of people living in poverty in South Africa has not changed between 1996 and 2001.¹ However, those households living in poverty

have sunk deeper into poverty and the gap between rich and poor has widened.¹ Limpopo and the Eastern Cape had the highest proportion of poor with 77% and 72% of their populations living below poverty income line, respectively.¹ At the same time, South Africa had 59 935 deaths due to injury in 2000, which is an overall death rate of 157.8 per 100 000 population.² 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.³ Nearly half of South Africa's deaths were due to injury caused by interpersonal violence,² four and half times the proportion worldwide.⁴

Violent and/or traumatic deaths in the Transkei region accounted for an average annual rate of 162 per 100 000 members of the population per year. The common causes of these deaths were as follows: motor vehicle collisions, 63; firearm injuries, 43; stab wounds, 32; and 18 blunt trauma.⁵ Non-natural deaths are high among young males between 21 and 30 years of age. Poverty has been a major risk factor in the causation of these deaths.⁶ The rural people of South Africa are poor. Transkei is an area where a significant number of people are poor and live on meagre resources. The Eastern Cape has the highest percentage of poverty (24%), and this figure rises to 92% in the Transkei region⁷ where most of the people are migrant workers in far-flung areas such as Johannesburg. Poverty plays a significant role in committing crime. The poor are both the perpetrators and the victims of crime. They are vulnerable to dying once they are injured, as they cannot get care in a hospital. In rural areas people live with poverty, violence, abuse, poor health, and unemployment.⁸ HIV is also the cause and effect of poverty, crime, and unnatural deaths.

Poverty needs to be alleviated to curb the spread of HIV in rural communities. There is a high risk of HIV infection among migrant workers of all ages.⁹

A study conducted on former mineworkers by the author showed that financial difficulties are a common underlying cause of suicide.¹¹ The burden of having a family and lack of self-esteem probably contributed to their suicidal state. Alcoholism is associated with some mineworkers. Most victims are either unemployed or inadequately employed.¹⁰ Transkei is one of two regions from which most South African mine workers used to be recruited, and the destination to which many return. When they returned home, they face a lot of challenges such as unemployment, alcoholism, and financial difficulties. This is a vicious triad that leads to more poverty. The purpose of this report is to describe the manner of non-natural deaths and their relationship with poverty amongst mineworkers and their families in the Transkei region of South Africa.

Material and Method

This retrospective descriptive study (see my comments in the abstract) reviewed 84 non-natural deaths at Umtata General Hospital (UGH) mortuary during the period April 2000-May 2001. The interviews were routinely performed in relation to victims who were admitted to the Mthatha General Hospital forensic pathology laboratory. These interviews always included a discussion about the deceased's socioeconomic conditions, alcohol intake and about their children. The Mthatha Hospital complex is the teaching unit of Walter Sisulu University (previously known as the University of Transkei) in the Eastern Cape Province of South Africa. The hospital mortuary provides services to Mthatha (Umtata) and Ngqeleni magisterial districts, which together have a population of approximately 400 000. Nearly 1000 medico-legal autopsies are carried out in this mortuary per year. All deaths from unnatural causes in this region are notifiable to the police, who then request medico-legal autopsies. Twice a week the medico-legal autopsies are conducted at the hospital mortuary. In each case a close family member who was present

was interviewed before carrying out the autopsy. This practice is carried out routinely. The histories of the deaths were recorded including the names, addresses, and ages of the deceased, together with the causes of death, and circumstances of the death. All the autopsy histories for the specified period were reviewed, compiled, and collated manually.

Results

There were 84 families that were interviewed. Of these 21(25%) members were found to be a former mineworker or their children who were involved in non-natural deaths. There were five mineworkers and 15 were children. Only one was the wife of a mineworker. The cause of death was unnatural in all the cases. A majority victims were very poor and drank alcohol. Three of the mineworkers died because of firearm injuries, one was assaulted by someone with a knobkerrie, and another died because 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 were hanged, and two poisoned themselves. One died of electrocution, and another drowned. Most of the victims consumed alcohol.

Discussion

There is plenty of literature on mineworkers' health conditions, but hardly any on non-natural deaths. It is under researched and therefore under published. Transkei has a very high population density. Most of the 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. The poverty and unemployment levels are very high.¹ Transkei is known for its supply of labour to the mines. Miners are respected because they earn more money than other people in this area. Mineworkers are known for their promiscuous behaviour at the mines. Here

is a case of one who had four wives and was killed. *ZY, 53 years ex-mineworker was shot in his place and died in hospital. He was the owner of a shop in a location. 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.*

Ex-mineworkers' families are dysfunctional. This is because they are poor. Here is case of suicide as the victim could not get a pair of shoes. The mother is poor, and the ex-mineworker father was non-supportive. *LL, a 15-year-old male scholar, hanged himself in the room 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 the father and stepmother. The biological mother married someone else and lived separately with her children. The mother had visited him. The boy was found hanged. He had requested a pair of shoes from the father several times and he had not responded to his request and so he decided to take his life.*

The migrant labours from the Transkei region created a situation where women described that their ex-mineworker husbands were not the person they 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 left by her which was that the mother was not in close contact with her. The reason has been that 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. Father was working in platinum mine in Rustenburg for 20 years but had not saved any money for a rainy day. He had been retrenched because of poor vision.*

Trauma is a leading cause of death in the Transkei region of South Africa.^{2,3,4} Road traffic accidents contribute substantially to the number of such deaths, and more than one-third have been pedestrians. *NN, a 7-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. He was sick and coughing (and) had two wives and seven children. All were staying at home and unemployed.*

The migrant labour system in the Transkei region has contributed very extensively to socioeconomic effects. Former mineworkers are now sandwiched between scarce resources, and there is little hope of getting re-employment. 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. He used to work in 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 saved was utilised to pay lobola (marriage gift). He left behind a wife and a son.*

Ex-mineworkers were strong and powerful when they were taken to the 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 shot him in the head. The purpose of the crime was to take the firearm. One of the culprits was arrested. He was not married and did not have a girlfriend. He had worked in a gold mine for seven years in Gauteng. He was retrenched*

about four years ago and on returning began to work a security guard.

Mineworkers produce children from their traditional wives back home but fail to maintain them. Although they go to work in the mines with the hope of earning a substantial amount of money, they return with meagre savings. Lack of support of the children make them grow with no education and, as they cannot get decent work, they start taking to alcohol or drugs and end up as a victim or a perpetrator of crime.⁶ *SIB, a 26-year-old male, was stabbed in a shebeen (local pub). He had a quarrel with a friend who stabbed him. They were both drunk one evening. The deceased was not educated and was a builder in the locality. The culprit was also uneducated and unemployed. They were quarrelling about liquor. The police arrested the culprit. The father of the deceased had worked in mines for about ten years. When he was discharged, he did not come home. So, the relatives went and fetched him from where he was staying. All the money he received he had spent there. He remained sick after he returned and finally died of a stroke.*

Former mineworkers are now sandwiched between scarce resources, and there is little hope of getting re-employment. They do not have enough savings to run their families. Their expenditure is at its highest when they return, as the children are grown up and are in secondary or senior secondary school. These children need to go for tertiary education, and that is not possible because of poverty. Therefore, they end up as bitter, angry individuals who indulge in crime. The discovery of gold provided the base from which South Africa was able to develop a substantial industrial capacity, but the mineworkers in return got poor health and disability. *KG, a 50-year-old, was a retired mineworker from the goldmines. He earned a monthly wage of R1100. He worked from 1978 to 1998 when he took a voluntary retirement package. He was awarded R14000. He has five young-children.*

In 1989 he was treated for pulmonary tuberculosis in the mine hospital and in 1998 for a relapse in the local hospital. At the same time cancer of oesophagus was also diagnosed. He died because of complications from the cancer. He left his all his five children on the street.

Financial difficulties were the main cause of suicide in 87% of victims.¹¹ The poor state of health, unemployment, and alcohol abuse were contributory factors and inter-linked in the causation of financial difficulties.¹⁰

Study limitations

There are several limitations to this study. The small sample size and history lacking in detail are two important ones. This study has, however, provided some insight into some issues leading to non-natural deaths and poverty among mineworkers of Transkei in South Africa.

Conclusion

The migrant ex-mineworkers have undergone serious psychosocial trauma, which is the legacy of mining work. The journey to the mines systematically stripped them of their expectations, and made them helpless, disabled, and dependent on their family members. This probably led to the high number of unnatural deaths among mineworkers and in their family members. The pride of mineworkers is stripped off. Extreme poverty in their families is exposed, leading to both natural calamities as well unnatural risks of life, and many of them died because of it. It is difficult to number how many non-natural deaths have occurred in this community, but definitely a very high number. Most of them could be linked to poverty; however, there is no proof and there will never be a way of getting proof, but this is the truth.

Ethical issue

The author has ethical permission for the case

report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa.

Conflict of Interest: None

Funding: Self-funded

References

1. Southern African Regional Poverty Network (SARPN). Fact Sheet: Poverty in South Africa. Human Sciences Research Council, 2004. Website: <http://www.sarpn.org.za> (Accessed 25.12.2009).
2. Norman R, Matzopoulos R, Groenewald P, Bradshaw D. The high burden of injuries in South Africa. *Bull World Health Organ* 2007; 85:695-702.
3. Matzopoulos R, Norman R, Bradshaw D. The burden of injury in South Africa: fatal injury trends and international comparisons. In: Suffla S, Van Niekerk A, Duncan N, eds. *Crime violence and injury prevention in South Africa: development and challenges Tygerberg: MRC-UNISA Crime, Violence and Injury Lead Programme, 2004:9-12.*
4. Peden M, McGee K, Sharma G. *The injury chart book: a graphical overview of the global burden of injuries.* Geneva: World Health Organization, 2002.
5. Meel BL. Incidence and pattern of violent and/or traumatic deaths between 1993 and 1999 in the Transkei region of South Africa. *J. Trauma, Injury, Infection and Critical Care*, 2004; 57(1):125-9.
6. Meel BL. A profile of non-natural deaths in Mthatha, South Africa. Presented XXIX Annual conference of Indian Academy of Forensic Medicine on 23-25 February 2008 held in Mumbai, India.
7. African National Congress. *Rural Development Strategy of the Government of National Unity,*

2009. Website: <http://www.anc.org.za/rdp/rural2.html> (Accessed 25.08.2021).
8. Wilson G. Fight HIV/AIDS and poverty in rural South Africa. <http://www.globalgiving.org/projects/fight-hiv-aids-poverty-rural-south-africa->(Accessed 02.03.2010).
9. Williams BG, Gouws E, Colvin M, Sitas F, Ramjee G, and Abdool Karim SS. Patterns of Infection: Using age prevalence data to understand the epidemic of HIV in South Africa. *South African Journal of Science*. 2000; 96(6):73-78
10. Meel BL. Suicide among former mineworkers in the sub region of Transeki, South Africa: case reports. *Archives of Suicide Research*, 2003; 7:287-292.
11. Meel BL. Determinants of suicide in the Transkei, South Africa. *Journal of Clinical Forensic Medicine (UK)* 2003; 10(2):71-76.