Suicide in the Transkei region of South Africa

Transkei was a black homeland in South Africa before 1994. Historically, it is well known for spearheading the freedom fight against apartheid in South Africa because most of the leaders of the ANC hail from this region. Transkei is characterized by a lack of infrastructure and hence a high rate of unemployment. The majority of inhabitants are dependent on income from migrant mineworkers or subsistence farming at home.

The Eastern Cape Province is the second largest in South Africa, comprising of 15.5% of the total population. The population is predominantly female (54%), non-urban (63.4%) and African (86.4%). The numbers of people aged 0-14 (39.3%) and over 60 (8.4%) are disproportionately high.[1] The Eastern Cape has the highest percentage of the poor (24%) and this figure rises to 92% in the former Transkei. South Africa is both a first and third world country. It has a population of about 42 million of which 76% are black. The Eastern Cape contributes 7.5% of the country's GPD.

There is an increasing incidence of death due to hanging in the Transkei. Nearly two thirds (64%) of those that committed suicide were adults younger than 30 years. There has been an increasing trend of hanging since 1993, with the overall suicidal death rate increasing from 23.7 per 100 000 in 1993 to 38.6 per 100 000 in 2000. Over half the deaths (51%) due to hanging were young adults (16 to 30 years) and 13% were those less than 15 years of age. Twelve (19%) were between 31 and 45 years and 5(7%) were over 61 years.[2]

Over the past five years, there has been an almost two-fold increase in overall mortality in Umtata General Hospital. There has been a one and half time increase in suicidal deaths (e.g. by hanging), and in deaths from gunshot injuries (which may or may not be suicidal). Fatal poisoning, possibly suicidal, has increased five-fold. The natural deaths have doubled at Umtata General Hospital and concomitantly, there has been a two-fold increase in HIV/AIDS prevalence too. All this circumstantial evidence suggests that suicide rates have risen in parallel to the rise in mortality due to HIV/AIDS.[3]

In Transkei, the rural people (>90%) are much more likely to commit suicide than urban dwellers (<10%). Suicide notes were left only by 13% of the victims. Hanging was the method of choice in 57%, gunshot 30%, and poisoning 13%. Among those who died by hanging and gunshot injuries, males far outnumbered the females (82% and 89%, respectively). By contrast, females constituted the greater proportion of deaths by poisoning (75%). Apparent precipitating factors included economic hardship (87%), alcohol abuse (23%), and health related issues (17%), marital problems (13%), and social disputes (10%). The uneducated (70%) and unemployed (64%) used hanging as the method of choice.[4] Financial difficulties featured prominently in all the cases of former mineworkers and children who had committed suicide. The burden of a family and lack of self-esteem probably contributed to their suicidal state. All the victims were unemployed or inadequately employed.[5]

The upsurge in crime is causing an even higher level of stress among South Africans. The crisis of getting accultured to a new South Africa and social-political factors combine to create high levels of stress in the South African community. The fact that South Africans currently experience inordinately high stress levels have been emphasized elsewhere. As a result of human rights violations during the apartheid years the trauma experienced by individuals and communities in South Africa is much deeper and pervasive than is generally realized.[6] For whites the most commonly used method of suicide was firearms. Hanging is a common method among blacks. Political, economic, and religious factors may account for some of the differences in South Africa.[7]

It is estimated that 90% of individuals have a psychiatric disorder at the time of suicide, 45-79% of which had major depression. Fifteen percent of individuals with mood disorder commit suicide.[8] The mortality trends reported by the author suggest that there seems to be under-reporting of HIV/AIDS deaths in the Transkei, and that the epidemic is likely to be an important factor in the increased deaths not only from natural causes, but also, as an underlying factor for deaths due to suicide whilst information on HIV in South African psychiatric patients is relatively scarce.[9] International studies have reported an increased prevalence of HIV infection in psychiatric patients compared to the general population.[10]

There is a perception that suicide is generally unacceptable to African people. Previous research has shown that rates of suicide are lower among black South Africans compared to other ethnic groups in the country.[11] However, these views have been challenged or contradicted. Schlebusch also noted that suicidal behaviour amongst black South Africans was becoming an increasingly serious problem.[12]

Suicidal behaviour among black South African youth is common. The association with mental illness in the majority of patients indicates that those who attempt suicide usually had a psychiatric problem. Over 90% of suicide victims suffer a significant psychiatric illness, predominantly depression.

Ongoing research is required, especially within this community for a better understanding of the circumstances in relation to stress, coping skills and suicide prevention. The suicidal temperament including hopelessness and interpersonal difficulties render an individual vulnerable for suicidal behaviour.[13] Crime, poverty, unemployment and socio-cultural factors are the probable causative factors. Suicide is becoming a drastic mental health problem and

there is anecdotal evidence that suicide is very high amongst young age groups. Unless radical changes are made, teenagers and young adults do and will face a tremendous health burden in the very near future. Financial difficulties have featured prominently in all the cases.[4] HIV/AIDS is a growing problem in South Africa. HIV testing without adequate counseling may harm the individuals and push them to commit suicide.[14] To one completed suicide, there are at least ten attempted ones. Those who have attempted may try again till successful. These cases could be saved by providing them with proper mental health care. Depression is, however, the most important risk factor for suicide. Some suicide attempts may be preventable if the problem of under-diagnosis and under-treatment of depression can be overcome by psycho-education for health professionals and the public.[15]

During the past decade the life of people has undergone great changes. The stress levels in communities seem to have increased because of high expectations. Strategies to cope with the new stressors need to be developed to prevent suicides. The trend of suicides can be changed by education and mental health care delivery.

References

1. *National Census Report. South African Central Statistical Survey, Government Printer, Pretoria 1996.*
2. *Meel BL. A study on the incidence of suicide by hanging in the sub-region of Transkei, South Africa. J Clin Forensic Med 2003, 10:153-157.*
3. *Meel BL. Suicide and HIV/AIDS in the Transkei, South Africa. Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology 2003; 4(1): 1-11. Website: http://anil298.tripod.com/vol_004no_001/papers/paper001.html; Published May 26, 2003.*
4. *Meel BL.Determinants of suicide in the Transkei sub-region of South Africa. J Clin Forensic Med 2003, 10:71-76.*
5. *Meel BL. Suicide among former mineworkers in the sub region of Transkei, South Africa: Case reports. Arch Suicide Res 2003; 7:287-292.*
6. *Schlebusch L An overview of suicidal behavior in South Africa at the dawn of the new millennium. Proceedings of the fourth Southern African conference on suicidology, 28-29th April 2000.*
7. *Flisher AJ, Parry CD. Suicide in South Africa. An analysis of nationally registered mortality data for 1984-1986. Acta Psychiatr Scand 1994; 90(5): 348-53.*
8. *Buzan R. Assessment and management of suicidal patient. In Jacobson JL, Jacobson AM. Psychiatric secrets. Philadelphia: Hanley & Belfus, Inc., 1999.*
9. *Meel BL. Determinants of suicide in the Transkei. Presented at the 12th National Psychiatry Congress of the South African Society of Psychiatrists. 23-27 September 2002, Cape Town.*
10. *Zingela Z, Esterhuizen F, Kruger C, Webber LM.Prevalence of HIV infection in a group of adult psychiatric inpatients in two wards in Weskoppies hospital. Presented at the 12th National Psychiatry Congress of the South African Society of Psychiatrists. 23-27 September 2002, Cape Town.*
11. *Forster HW, Keen AW. Black attitude in suicide. In L Schlebusch (ed), Suicidal behavior (pp. 98-105). Proceedings of the First Southern African Conference on Suicidology, Durban: Department of Medically Applied Psychology, University of Natal, South Africa, 1988.*
12. *Schlebusch L. A cross-cultural comparison of suicidal behavior. In: Schlebusch L (Ed), Suicidal behavior 3, Proceedings of the Third Southern African Conference on Suicidology, 12-13 May 1995. Durban: Sub-Department of Medically Applied Psychology, Faculty of Medicine, and University of Natal, 1995: 104-119.*
13. *Petrie K, Chamberlain K, Clarke D. Psychological predictors of future suicidal behavior in hospitalized suicide attempters. Br J Clin Psychology, 1988; 27:247-257.*
14. *Meel BL & Antoon A. Leenaars. Human Immunodeficiency Virus (HIV) and Suicide in region of Eastern Province (''Transkei''), South Africa. Archives of Suicide Research. 2005, 9:1-7.*
15. *Oquendo MA, Malone KM, Ellis SP, Sackeim HA, Mann JJ. Inadequacy of antidepressant treatment for patients with major depression who are at risk for suicidal behavior. Am J Psychiatry 1999; 156:190-194.*

BL Meel
Department of Forensic Medicine, Faculty of Medicine & Health Sciences, Walter Sisulu University of Science & Technology, Umtata, South Africa
email: meel@getafix.utr.ac.za