Is unemployment a major reason for firearm attacks in rural South Africa?

Introduction

In South Africa, firearms are increasingly used in interpersonal and factional violence. In a five year period (1987 – 1992), gunshot wounds of the torso increased by 300% in KwaZulu-Natal. During the same period, King Edward VIII Hospital in Durban recorded a mortality rate for firearm-related injuries of eight times that for stab wounds and “direct admissions” to the mortuary, three times as common in cases of gunshot wounds compared with stab wounds. In our descriptive study, all cases of firearm attacks seen at the Church of Scotland Hospital and the government mortuary at Tugela Ferry in KwaZulu-Natal between December 1998 and May 1999 were reviewed to find out the reasons for the attacks. All patients treated at the hospital for non-fatal firearm injuries were interviewed using a pre-tested questionnaire and records from the district surgeon and police were examined to identify all fatal firearm injuries.

Profile of the victims

One hundred and fifty cases of firearm injuries were identified and reviewed. Seventy-four of these people (49,4%) sustained non-fatal injuries and were all treated at the hospital, while 76 (50,6%) died from their injuries and were taken to the government mortuary. There were 124 male (82,7%) and 26 female (17,3%) victims. Slightly more than half of the victims (79; 52,7%) were between the ages of 20 and 39, and 95 (63,5%) were unemployed. In addition, there was a preponderance of males among the victims with fatal firearm injuries (68 out of 76; 89,5%).

Reasons for the firearm injuries

The majority of the victims (79,4%) could provide no reasons for the firearm attacks, while only a fifth reported reasons such as car hijack, robbery, interpersonal conflict, taxi violence and attempted suicide (Table I).

Table I: Reasons for firearm injuries

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>119</td>
<td>79,4%</td>
</tr>
<tr>
<td>Car hijack</td>
<td>9</td>
<td>6,0%</td>
</tr>
<tr>
<td>Robbery</td>
<td>4</td>
<td>2,7%</td>
</tr>
<tr>
<td>Interpersonal conflict</td>
<td>14</td>
<td>9,3%</td>
</tr>
<tr>
<td>Taxi violence</td>
<td>2</td>
<td>1,3%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>2</td>
<td>1,3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>150</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
study, the same could not be said of this rural area, as the majority of victims had no record of the reasons for their attacks. We suspect that the victims with non-fatal injuries were afraid of possible retaliation or reprisal by their assailants and did not report the reasons to the police or doctor when they were seen to. Powell and Tanz noted that families in urban communities with income below the poverty level accounted for a high percentage of assaults. It seems that our finding of high unemployment among the victims of firearm attacks might be unique to this rural area of South Africa. In this study, firearm attacks seen at Tugela Ferry were predominant amongst unemployed young men between the ages of 20 and 39. It would be important for future studies to focus on the relationship between unemployment and firearm attacks in the country. We believe that the provision of employment opportunities will help to reduce the incidence of firearm injuries in this rural area, and possibly also in other parts of the country. This is an example of a social issue that has a direct effect on the public health system.

References

Masters Degree in Family Medicine & Primary Health Care, MEDUNSA
M Med (Family Medicine)

The Department of Family Medicine & Primary Health Care Medunsa invites applications from doctors who wish to enroll for its M Med [Family Medicine] program in the year 2004, and on completion register as Family Physicians. The program spans a minimum of four years with regular contact sessions up to five times per year at the department and in provincial groups with local facilitators.

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