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Title of the Paper Abstract	**Variations of Adult Morbidity and Mortality by Racial Groups: Case study Of Mafikeng Local Municipality, South Africa.**
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Variations of Adult Morbidity and Mortality by Racial Groups: Mafikeng Local Municipality, South Africa.

Study Area and Background of the Study

This study was conducted in North West Province, one of the four smallest provinces of South Africa, situated in the heart of the subcontinent. North West is a predominantly rural province with 65.1% of the population living in the rural areas and 34.9% in the urban areas.

There was a sharp rise in adult mortality in the study of population around the second half of the 1990's which was in line with other researches suggesting that the HIV epidemic has reversed the earlier mortality declines among African population of South Africa (Hosegood et al, 2004).

Currently South Africa faces a quadruple Burden of Disease (BoD) consisting of (1) HIV and AIDS and TB; (2) High Maternal and Child Mortality; (3) Non-Communicable Diseases; and (4) Violence and Injuries. This situation is exacerbated by adverse social determinants of health such as poverty and inadequate access to essential services including proper sanitation and access to potable water. The poor health outcomes can be attributed to a number of factors but are evidenced through reduced life expectancy (Department of Health, 2012).

The burden of disease in South Africa is not shared equitably among the population among provinces, pervasive social inequalities that have their roots in the apartheid era, are replicated by differentials in morbidity and mortality figures among racial groups (Statistics South Africa, 2005). Inequalities identified in South Africa are reflected in the health sector.

North West Province was listed in early 2000 as one of the four less developed provinces with highest mortality rates. This province like other South African Provinces is marked by internal gross inequalities, manifesting themselves mainly along racial, class and gender lines.

Statement of the Problem

The policy development in the area of adult health and mortality among racial groups is non-existent, weak and the research necessary to support the sound policy decision has been neglected for a long time (Feachem et al. 1992). As a result there is a gap in current knowledge on racial variations of adult morbidity and mortality still exists, particularly in Mafikeng Municipality in the North West Province.

Rationale for the Study

This study seeks to place adult morbidity and mortality by racial groups on the agenda of health policymakers and researchers (Bygbjerg et al, 2007).

Overall Aim of the Study

- To determine variations in adult morbidity and mortality by racial groups in Mafikeng Municipality.

METHODOLOGY

South Africa Community Survey 2007, Census 2001 and Census 2011 were used as secondary sources of data relevant for this study. Primary data will also be used at a later stage in this study. The focus of the study is Mafikeng Municipality.

Sampling Procedure

For the purpose of this study, 634 households by racial groups were selected. This sample size was determined using Kirsch sampling formula. Four categories of probability sampling strategies were used to determine the sample in this study.

Results:

The 2007 Survey showed that there high mortality among Blacks, followed by Coloureds and Whites and it was fewer among Asians. Mortality was experienced more among black women than any other population groups especially among the ages 15-39. Among Black men, high mortality was observed among those aged 15-19, Coloureds among age groups 20-24, Whites among age group 20-24 and 45-49 and Asians, it was high among

ages 15-29. The results show that most married blacks experienced mortality, followed by Asians. Among those living together death was high among Blacks, followed by Whites and Asians. In general, mortality was high among those who were never married. This was even higher among Blacks, followed by Coloureds, Asians and Whites. Among those who were widowed, mortality was higher for Blacks followed by Whites and Coloureds. Most Blacks were survived by their fathers and mothers followed by Coloureds. The 2001 Census results show that mortality was high among black and coloured women in ages 25-34, and it was also higher among Black men between ages 30-39. The results show that mortality was due to natural caused among people in Mafikeng. Black males were mostly killed by violence or accidents. Many Black women, followed by Coloured women died while they were pregnant or within six weeks after delivery. The 2011 census reinforces the results that show that more black men experience mortality than any other population groups. Most of the deaths are observed among ages 30-44 and among black women it is among the ages 30-39. Most Black women experienced postnatal deaths among ages 20-29. Those who died during birth were mostly among ages of 30-34 and those who died while they were pregnant were between the ages of 20-29.

Conclusion(s) and policy implications:

The results shows that mortality is higher for Black and Couloured population groups in the 2007 survey, 2001 and 2011 surveys, and low among the White and Asian population groups. Sex differences in morbidity rates reflect high gender differences especially among black women. The expected results for primary data in this study will be variations in morbidity, behaviours, mortality by gender and populations groups. The quadruple burden experienced by all provinces requires a broad range of interventions specific for each province and each racial group. Improved access to health care especially for all racial groups needs to be improved. There is a need to ensure that basic needs such as water and sanitation for majority groups are met and improved for all racial groups.