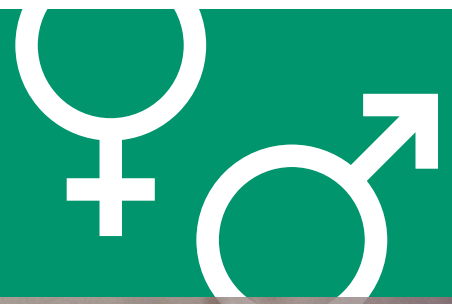




Knowledge Briefs on **Gender** and **CRVS**



Brief 2, Paper 4



Empowering Women and Girls through Civil Registration Systems

Photo: John Isaac / World Bank

KEY MESSAGES

- **Women and children, particularly girls, face a vicious cycle of exclusion from civil registration.** Lack of birth registration leaves women and children vulnerable throughout their lives. When marriages are not registered, they face barriers accessing spousal or widowhood rights. Then, when their deaths are unregistered, public health authorities do not have the information they need to support health related decision-making.
- **The global community can draw from initiatives that rebalance CRVS systems for women and children.** Overcoming the gender-based barriers to birth and death registration will enable them to benefit from the legal, social, and economic protections that civil registration offers
- **Sex-disaggregated data will improve decision-making.** This requires greater attention to disaggregating civil registration data by sex and other relevant indicators at the global, regional, and country levels.
- **Women can help strengthen CRVS systems.** Community health workers, most of whom are women, have the potential to help ensure that births and deaths that occur in the community are reported to the civil registrar.
- **There is a need to work with communities, and with women and girls, to raise awareness of the benefits of civil registration.** However, registration services must be available, not too far away, free, and welcoming.

INTRODUCTION

A birth certificate is “a small paper ... [that] establishes who you are and gives access to the rights and privileges, and the obligations of citizenship.” – Archbishop Desmond Tutu ([Episcopal Church 2011](#))

The value of vital documents

A birth certificate is the first legal identity document people possess: it provides evidence of their name, age, sex, parents (where known), and place of birth. Having a birth certificate makes it easier to access services such as health, education, social benefits, other identity documentation, electoral participation, and inheritance. It supports claims to citizenship or nationality by place of birth or familial descent.

A marriage certificate is evidence of legal ties between spouses. It helps people exercise their spousal rights and privileges; a divorce certificate is evidence of the ending of those mutual ties. A death certificate is needed by surviving family members to claim inheritance, land and other assets, pensions, and social protection for widowed spouses and orphans.

Why civil registration matters

The primary purpose of civil registration is to provide people with legal documentation on vital events, notably births, deaths, marriages and divorces ([United Nations 2014](#)). Civil registration should capture and register all vital events for the entire population living in a country or territory. Without civil registration, people are particularly vulnerable to deprivation and exploitation ([UNICEF 2013](#); [The Loomba Foundation 2015](#)).

In addition, civil registration benefits the State. The information from civil registration records is collated to generate demographic data on a continuous basis for even the smallest administrative areas of a country, something that no other data source can achieve. These data are needed for national and subnational policymaking, planning, and monitoring across many sectors.

Knowing the location and number of vital events is essential for organizing health and education infrastructure and for monitoring progress in health, education, and economic and social development. The ambitious SDG agenda requires this information to achieve its targets – notably SDG3, SDG5 and 16.9. Moreover, data on births and deaths provide both numerators and denominators for monitoring key indicators.

CRVS systems and gender

Although many sectors and institutions are involved in strengthening civil registration and vital statistics (CRVS) systems, our focus is on the gendered nature of interactions between CRVS systems and the health sector. We pay particular attention to gender disparities in relation to registration of deaths and causes of death, an aspect of CRVS that remains poorly understood and researched.

Women and girls are key protagonists at the moment of birth and are often the main caregivers when a life ends. Many births and deaths occur in the presence of health-care workers, the majority of whom are women. Yet women and girls face major barriers when it comes to civil registration. In this paper, we describe the gender aspects of these barriers and suggest ways in which they can be overcome.

CRVS SYSTEMS ARE FAILING TO ACHIEVE THE PRINCIPLE OF UNIVERSALITY

A key principle of a functional CRVS system is universality. That is, a CRVS system should register all vital events that occur within a defined geographic area in a continuous and timely way to generate complete and accurate statistics for the entire population. However,

- approximately 25% of the world's children under 5 have not had their births registered ([UNICEF 2017](#)),
- half of all deaths (50%) are never registered ([GBD 2016 Mortality Collaborators](#)),
- birth registration levels are lowest in the world's poorest countries ([UNICEF 2013](#)),
- four countries out of ten in the world have no or very poor quality data on mortality; ([World Health Organization 2017](#)),
- fewer than 10% of low-income countries register all births and deaths ([World Health Organization 2017](#)).

Not only are there differentials in registration levels between countries, there are also important differentials in registration within individual countries, with some population groups less likely to be registered than others. Significant differentials in civil registration of vital events arise as a result of legal, economic, cultural, and social factors that interact with and increase gender-based barriers, including:

- poverty;
- distance from registration offices;
- direct and indirect costs of registration;
- customs that restrict women's autonomy and agency;
- lack of knowledge about the value of civil registration;

- disability;
- discrimination on ethnic, religious, or cultural grounds;
- conflict ([Buvinic and Carey 2019](#)) ([Silva et al. 2019](#)).

Birth registration tends to be lowest in the poorest households, in rural areas, and in families where the mother has the fewest years of formal education ([UNICEF 2013](#)). In some countries, particularly low levels of birth registration are found in some ethnic or religious groups.

The absence of one type of civil registration can affect a person's ability to register other vital events, resulting in cumulative, intergenerational effects. For example, families may be unable to register their infants if they do not have, or cannot get, the required official documents such as marriage and divorce certificates, birth certificates, or national identity documents.

THE EXCLUSION OF WOMEN AND GIRLS FROM CRVS SYSTEMS

Many obstacles to civil registration affect both men and women, including poverty, distance from registration services, unemployment, limited education, ethnicity, disability, and lack of knowledge about the benefits of civil registration. However, women and girls in particular face a vicious cycle of exclusion from civil registration due to way these barriers interact with and reinforce social and cultural factors, such as a lack of autonomy, limited agency, power imbalances, and harmful practices. Some of these obstacles are built into a society's social fabric and taken for granted which makes them hard to change.

Socio-economic factors

Registration offices tend to be located in administrative centres that are far from where people live, especially in rural areas. This makes registration particularly inaccessible to women who may have restricted autonomy and whose ability to travel is limited by lack of resources, household responsibilities, and local customs, especially following pregnancy.

Laws and regulations

Other restrictions may be imposed by civil registration law and regulations. For example, the law may prioritize the infant's father or a male relative as the legal informant for registering a birth with the civil registrar (UNICEF 2017). In some settings, there are laws requiring that the father be named in the registration documentation, or that prohibit birth registrations in the name of an unmarried woman. As a result, women may not be able to register the birth of their children. Children are less likely to have their births registered if their mother:

- is under the age of 19;
- is unmarried;
- has limited education;
- is poor;
- has a disability;
- lives in a rural area, particularly in disadvantaged ethnic or religious communities (UNICEF 2013; Dake and Fuseini 2018).

Likelihood of birth registration by sex

Girls are less likely to be registered than boys in some settings, such as in Timor Leste and Nigeria (General Directorate of Statistics 2017) (Olusesan et al. 2016). Lower birth registration among girls compared to boys has also been documented in the following countries (Bhatia et al. 2017):

- Armenia;
- Costa Rica;
- Guinea Bissau;
- Namibia;
- Niger;
- Sudan;
- Tajikistan;
- Thailand.

Higher coverage of birth registration among girls has been documented in Kyrgyzstan, Sierra Leone and Vanuatu (Bhatia et al. 2017).

The role of CRVS systems

Lack of birth registration leaves women and girls vulnerable throughout their lives. CRVS systems must protect girls through universal birth registration to establish proof of age. This proof of age should later be required for marriage registration to uphold the rights of children and women.

Girls are disproportionately affected by child marriage, and an estimated 12 million girls under the age of 18 years are married each year. This leaves many young women at risk of death or ill-health associated with early childbearing. Compared to women in their twenties, teenage girls experience higher maternal mortality rates and their babies are more likely to die in the first month of life (UNICEF 2018).

GENDER IMBALANCES IN DEATH REGISTRATION

With few exceptions, the proportion of all births that are registered is generally considerably higher than the proportion of registered deaths. For example, in Indonesia, where significant efforts have been made to strengthen birth registration, death registration is almost non-existent ([Kusumaningrum, S et al 2016](#)).

Women whose spouses die and who do not have the marriage and death certificates are vulnerable to loss of income, spousal pension and social insurance. They face multiple complications in claiming property, inheritance, custody of their children, and the right to remarry. Many of these women become de facto heads of households and face a downward spiral of poverty that rebounds across the generations. Widows often face discrimination, blame, and hostility, even when the husband's death was the result of natural disaster or war ([The Loomba Foundation 2015](#)).

When women die, their own deaths may also go unregistered. If registered, women's deaths are less likely than men's to have a medically certified cause of death ([Office of the Registrar General, India 2015](#)). As a result, public health authorities lack information on the levels and causes of female deaths that is required to support health related decision-making.

Why deaths are not registered

There are several reasons why deaths remain unregistered. In many areas, most deaths take place at home, often without any medical care. There are few incentives to report the death to the civil registration authorities, especially if the deceased person had no resources to pass on to the family. This is more often the case for women, who generally hold fewer assets than men. A study in three areas of Indonesia, where over 80% of deaths occurred at home,



Photo: Simone D. McCourtie / World Bank

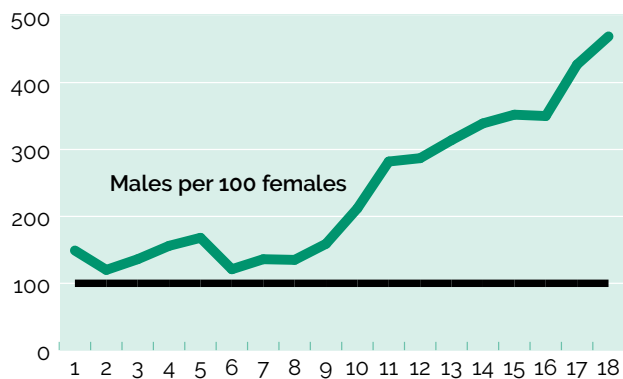
found that only two percent of families that had experienced a death in the previous five years registered the deaths, and only half successfully received a death certificate. Families reported that the main reasons for not registering deaths were cost and distance, as well as lack of knowledge about the need for registration.

In some countries, people need to register a death before they can obtain permission to dispose of a body. While this requirement is intended as an incentive to death registration, it does not work in areas where:

- permission to dispose of a body is not required (e.g. Bangladesh);
- there are local, informal ways of burying a body, including family burial plots (e.g. Ghana, Indonesia);
- there are unregulated cemeteries (e.g. Brazil, Ghana, Liberia);
- permission to bury is given by local cemetery managers who are not required to report burial details to the civil registrar.

Although the data are sparse, there is evidence that the non-registration of deaths is more common for women than for men. Adult males tend to have higher mortality rates than females, but large differentials indicate that female deaths are underreported (World Health Organization 2008). Under-registration of female deaths has been observed in Kenya (USAID 2013), Zimbabwe (Stoneburner and Greenwell 2017), and Niger (Republique du Niger 2014) as illustrated in Figure 1.

Figure 1: Ratio of male to female death registration, Niger 2007-2011



Source: Republique du Niger 2014

Of the total 6.35 million deaths registered in India in 2016, 55.4% were males compared to 37.9% females (over 7% were recorded as “of unknown sex”). In some States and Union Territories, almost twice as many male deaths were registered compared to female deaths (Office of the Registrar General, India 2016). However, the Office of the Registrar General does not report registration completeness by sex. Further statistical analysis is warranted to determine the extent to which these differences reflect skewed sex ratios and higher male mortality or significant under-registration of female deaths (Thomas 2018).

Overcoming the general reluctance of families to register deaths will require innovative approaches that incentivize demand, improve supply, and facilitate death registration. Making death registration easier requires broad-based strategies, such as:

- conducting awareness campaigns to communicate how and where to register, and why registration matters.
- creating incentives to register deaths, such as a contribution to funeral expenses.
- working with health personnel and morticians who are present at the time of death or who become aware of a death shortly after it has occurred in the community.

Gender-based differentials in determining causes of death

Even when a woman's death is registered, the cause of death may not be determined according to international standards. Only 23% of deaths reported to the World Health Organization (WHO) have precise and meaningful information on their cause (World Health Organization 2017). Moreover, deaths in males are more likely to have reliable information on cause of death than deaths in females (World Health Organization 2017).

In order to address the specific needs of women and girls through evidence-based health decision-making, female deaths must be registered and medically certified using the WHO medical certificate of cause of death.

In 2015, only 22% of total registered deaths in India were medically certified, of which 62% were males and 38% females (Office of the Registrar General, India 2015). In other words, the Indian government has information on the medical causes of only 14% of the estimated annual 10 million deaths in the country, and the majority of these are among males.

Even when deaths are medically certified by physicians, causes may be misclassified due to the stigma associated with certain causes of death such as abortion and HIV, reputational risks (especially for women and girls), or conscious or unconscious biases held by the certifying physician.

There is evidence that women are more likely than men to have a cause of death attributed to invalid or undetermined causes of death according to the standards of the International Classification of Diseases (ICD) (World Health Organization 2017). A study in Kenya found that invalid cause-of-death codes were mostly concentrated in women between the ages of 10 and 25, and within two ICD chapters, namely 'maternal conditions' and 'conditions arising in the perinatal period' (USAID 2013). Further research is needed to explain the underlying reasons for such failures in accurate cause-of-death determination, and more attention needs to be paid to potential gender-based biases that may underline them.

There is also evidence of gender disparities when the cause of death is determined using verbal autopsy (an interview with family members using a structured questionnaire). In India, where verbal autopsies are conducted as part of the Sample Registration System, a higher proportion of deaths of females than males are assigned to "symptoms, signs, and ill-defined conditions" (Office of the Registrar General & Census Commissioner, India 2016).

Unnatural deaths of women and girls

Misclassification of cause of death is particularly prevalent in cases of unnatural death which should be classified as accidental, non-accidental, or due to suicide or homicide, and for which it is necessary to establish culpability (Brooke 1974). This requires the involvement of the police and judicial system. But as Brooke has

observed, the classification of unnatural deaths involves many people – physicians, pathologists, district health officers, coroners, police officers, magistrates, public prosecutors, judges, and morticians (Brooke 1974) – professions in which women are generally underrepresented and where gender-related causes of death may be overlooked.

In India, where deaths due to burns are more common among women than men, studies have examined the multiple social, familial, and legal influences on the attribution of causes of deaths (Daruwalla 2014). Despite legislation designed to protect vulnerable women from dowry-related violence and abuse, determining cause of death is influenced by "motivated accounting processes representing the interests and resources available to the doctors, victims, families of victims, the victim's husband and his family, and ultimately, the police" (Belur et al. 2014). Especially in situations where women and girls have inferior social and economic status, these complex interactions can result in gender-based biases in the determination of cause of and culpability for deaths in females (Belur et al. 2014).



Photo: Mohamad Al-Arief / The World Bank

Gender disparities extend to all settings

Gender disparities in determining the cause of death are not limited to low- and middle-income countries. In several high-income settings, women are less likely than men to have their deaths investigated by a coroner and a pathologist (Bloor et al. 1987). This implies that their deaths may not have an accurate determination of cause.

Unconscious biases may influence apparent gender differences in cause of death reporting. For example, women are less likely than men to be diagnosed and treated for a heart attack (Alabas et al. 2017). This would lead to an incorrect cause of death on the death certificate should they die. A study in Florida hospitals between 1991 and 2010 found that women were less likely than men to survive traumatic health episodes like acute myocardial infarctions when treated by male physicians (Greenwood et al. 2018). In contrast, male and female patients experienced similar outcomes when treated by female physicians, suggesting that unique challenges arise when male physicians treat female patients. Further research is needed to explain the socio-structural drivers of these gender biases.

BUILDING CRVS SYSTEMS THAT WORK FOR WOMEN AND GIRLS

If decision-makers are to ensure that CRVS systems work for women and girls, they will need more evidence about the extent and impact of gender inequities in civil registration and how they can be addressed. Several initiatives are under way to rebalance CRVS systems and facilitate the registration of vital events for women and girls and other disadvantaged populations.

Bringing civil registration closer to women

Distance to registration offices and registration costs are among the most frequently cited barriers to birth and death registration (Sumner and Kusumaningrum 2014). These can be challenging for anyone who must register a vital event, but they are often insurmountable for women who:

- lack access to transport;
- have limited cash;
- have other children and family members to look after;
- cannot take time away from work in the formal or informal sectors;
- are bound by customs that prevent them from moving beyond the immediate environment.

The most obvious opportunities to increase birth registration occur within the context of health-care provision to women and infants. Around the world, increasing numbers of women and their babies receive health care thanks to a widely dispersed network of facility and community-based health-care provision.



Photo: Dominic Chavez / World Bank

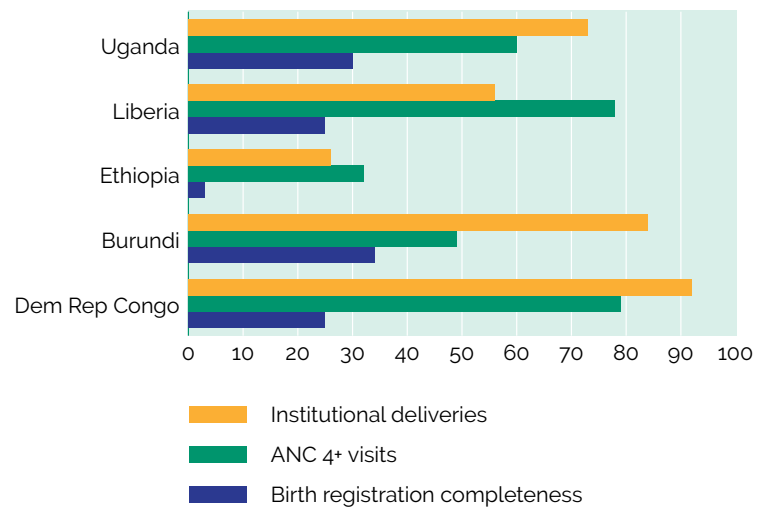
In Ghana, for example, health workers in community health planning and service facilities provide primary care, including antenatal and postnatal care services, at the community level. This is the lowest level of a health administration hierarchy. These community health workers – most of whom are women – can reach mothers and their newborn babies, even when their births did not take place in a health facility.

Figure 2 shows the coverage of antenatal care (ANC), which includes at least four visits and institutional delivery, compared to the coverage of birth registration in selected countries (UNICEF 2019).

Birth registration can be increased by adopting a proactive approach that links the provision of care through the health sector at the facility and community levels to the civil registration of births, stillbirths, and pregnancy related deaths. This approach shifts the burden of registration from women to health administrators, who are well placed to interact with civil registration offices.

Health workers who provide antenatal and maternity care services, such as newborn care, child growth monitoring, and immunization routinely collect information that can be used to facilitate birth and death registration (World Health Organization 2014; World Health Organization 2013). A variety of health facility registers record pregnancy outcomes such as live births, abortions, stillbirths, and maternal deaths. Where supportive legal, regulatory, and information technology systems are in place, key information items required for legal purposes can be shared with the civil registrar so that these events can be included in the CRVS system.

Figure 2: Opportunities for increased birth registration through linkages with health-care provision



Source: UNICEF 2019

A similar approach can be adopted to facilitate the registration of deaths. Health care facilities routinely collect information on deaths through a variety of health registers, such as hospital admissions and discharges, mortuary records, and disease-focused mortality surveillance (for example HIV, notifiable diseases and cancer registries). For deaths that occur in health facilities, key information elements required for death registration can be shared with the civil registrar to facilitate timely registration. This pro-active approach to death registration is currently being implemented in Bangladesh and Rwanda. For deaths that occur at home, community health workers can counsel families on the importance of death registration. In some settings, community-based health workers are collecting the minimum information needed to permit death registration and notified registration offices when deaths occur (see below).

The case summary below details Tanzania's approach to providing birth registration services alongside maternal and child health care, thus alleviating women of the burden of attending the civil registration office in person.

Case Study 1: Birth registration in Tanzania



Photo: Scott Wallace / World Bank

The United Republic of Tanzania inherited a highly centralized CRVS system from the colonial era that involved multiple visits to district registration offices, high direct costs for registration, and indirect costs for travel.

In 2012, the Registration Insolvency and Trusteeship Agency developed a strategy for overcoming barriers to the existing CRVS system in an effort to address very low levels of birth and death certification. At that time, fewer than 13% of children under 5 years of age had a birth certificate, and less than 10% of all deaths were registered.

The government dispensed with the formal process of notification. Instead, antenatal cards or mother and child health cards are now used as proof of birth. They contain all the relevant details to uniquely identify a birth.

In Tanzania, more than 98% of mothers have these cards, and they keep them safe. Others get a recommendation letter from the Ward Executive Officers. Registration and certification happen simultaneously at the health facility or the nearest Ward Office. This eliminates the need for multiple visits to the registry office. The system aims to register all new births within six weeks.

Since the start of the initiative, registration rates for children under the age of 5 in the project districts have jumped from 12.9% to 34.5%. Key elements for the success of this approach include:

- Developing functional links between the health and registration authorities.
- Promoting a supportive, forward-looking legal and regulatory framework (Bhaskar 2019).
- Eliminating registration fees and issuing the first copy of a certificate.
- Using mobile technologies to overcome distance barriers and facilitate data capture and validation.
- Creating interoperability across sectors that are active and close to the community. The health system and Ward Executive Officers work with:
 - the health system responsible for registering a birth and clearing the backlog for children aged 1–4 years;
 - education for clearing the backlog for children aged 5–17; and,
 - the national ID system for those aged 18 years and over.
- Delegating simultaneous registration and certification to local health facilities and Ward Executive Officers – the “one step, one visit” approach (UNICEF Innovation 2016).

To support this new strategy, the Ministry of Constitutional and Legal Affairs, the Ministry of Health, and the Ministry of Regional Administration and Local Government have signed a Memorandum of Understanding that delineates the new roles and responsibilities. The lessons learned from the new system have fed into the national CRVS strategy and a legal review of the CRVS system.

Making registration free of charge

The cost of registering a vital event and obtaining the related certificate is frequently cited as a major barrier to civil registration. This is particularly problematic for women, who are often unable to raise the cash needed for registration or who prioritize feeding their family rather than going to the civil registration office.

The United Nations Principles and Recommendations for a Vital Statistics Systems recommend that “when registration of a birth, marriage, divorce, foetal death, or death occurs within the time period prescribed by registration law, no fee be charged” (United Nations 2014). The UN has also suggested that “issuance of the first certificate should be provided to the public at no cost” (United Nations 2018). However, many countries charge fees for late or delayed registration, which may vary according to the length of the delay. A UNICEF study in sub-Saharan countries found that there were fees for birth registration and certification in many countries and that most countries also applied fees for late or delayed registration (UNICEF 2017).

While fees for late registration are intended to encourage timely registration, they may have the perverse effect of making registration less likely, especially when registration delays are associated with difficulties in reaching the registration office, multiple visits are required to gather the documentation for registration, and witnesses must be present at the declaration of a vital event.

A 2016 study of birth registration in Indonesia found that difficulties in reaching registration offices and complex application procedures that require multiple visits resulted in “crippling costs.” The study recommended that late registration fees be waived, especially for the poor and vulnerable (Kusumaningrum, S. et al 2016). Kusumaningrum reported that following legislative change to remove application fees

in 2013, “people flocked to services” and the demand for birth certificates increased. The impact of fees for death registration is likely to be similar, as families already dealing with the trauma of a recent death and the costs associated with funeral arrangements. As a result, families are understandably hesitant to take on the administrative hassle and economic costs of death registration.

Removing registration fees can help eliminate a culture of blaming the public for non-compliance, an attitude that is likely to further alienate communities and be ineffective in increasing civil registration. It also signals a change in mindset within CRVS systems, whereby civil registration is provided as a public service rather than being an imperative with which people must comply.

Removing legal and regulatory impediments to civil registration

Legal requirements that unmarried women disclose the identity of the child’s father can be another major barrier to registration. Stigmatizing conditions on the registration of children “born out of wedlock” is a powerful disincentive to registration, yet they are characteristic of civil registration systems in many settings (e.g. Indonesia, Philippines).

The UN argues that births born out of wedlock should only be labelled as such for statistical counting purposes, social care, and planning (United Nations 2014). However, this information can become public knowledge and result in stigmatizing both the mother and child. Therefore, the UN recommends that information on a mother’s marital status at the time of birth should not be included in a legal document unless there are compelling reasons to do so (United Nations 2014).

In cases where sensitive information is included on the legal portion of a vital record, the UN advises providing two types of copies: a full

certified copy containing all items on the document, or a "short form," which only attests to the basic details associated with the event, such as names, dates, geographical locations, etc. The short form might often be the form of choice for providing copies, except in circumstances where

the entire form is required for a specific legal or administrative use.

The case summary below outlines the negative impact of including information on the infant's legitimacy status.

Case Study 2: From problem analysis to legal reform in Indonesia

A 2014 study in Indonesia documented a cycle of non-legal marriage and divorce in the poorest 30% of households, with different forms of religious or informal marriages. In principle, people should register these marriages with the local civil registrar, as children can only obtain a birth certificate with both parents' names on it if a valid marriage certificate is presented to the civil registry office ([Sumner and Kusumaningrum 2014](#)). Among the poorest households, 55% of couples did not have a marriage certificate and 75% of their children did not have birth certificates.

There is considerable stigma to having only the mother's name on the birth certificate. This is a strong disincentive for single mothers or unmarried parents to obtain a birth certificate for their child. Widowed or divorced women also face many obstacles to securing their rights and the rights of their children if they do not have the required marriage, divorce, and death certificates. Although limited, available data indicate that poor women and women in remote rural areas are less likely to have these types of documents.

Evidence from this study found that girls under the age of 1 were less likely to have had their births registered than boys. By the age of 18 years, the differentials had almost disappeared. Unregistered children who die before having a birth certificate are unlikely to have their deaths registered, resulting in underreporting of child mortality, especially among girls. The study found that in the poorest households, one-quarter of girls were married by the age of 18, and only 1 in 4 of their children had a birth certificate, thus perpetuating a cycle of exclusion across generations.

Following this study, the Government of Indonesia introduced measures to tackle barriers to birth

registration including the removal of administrative fees, the provision of legal identity services through integrated and mobile services (Integrated Service Centres) in villages, and the provision of legal identity services through child and maternal health services in certain districts across Indonesia ([Hanmer and Elefante 2016](#)).

Integrated Service Centres can be located in village meeting houses or schools and rotate on a schedule based on the demand for legal identity documents in different locations. Through these centres, couples can legalize and register their marriage or register their child's birth and obtain a birth certificate. Couples can receive services from three different agencies:

- Religious or General Court legalizing the marriage;
- Office of Religious Affairs or Civil Registry issuing a marriage certificate;
- Civil Registry issuing the birth certificate.

The Indonesia experience provides evidence of the positive impact of a number of interventions to improve birth and death registration:

- removing costs associated with civil registration;
- devolving registration procedures as close as possible to the community;
- streamlining and simplifying the requirements for a birth certificate;
- eliminating discriminatory information from birth certificates;
- ensuring close collaboration between the government ministries responsible for civil registration and for health ([Sumner 2015](#)).

GENERATING AND USING RELIABLE SEX-DISAGGREGATED DATA

Knowledge is a prerequisite for action, but our knowledge about the gendered aspects of civil registration remains woefully inadequate. A key indicator of CRVS system performance is registration completeness, measured by the number of registered vital events as a percentage of total expected vital events. Although many vital statistics reports include estimates of overall completeness of birth and death registration, few provide separate estimates for females and males.

The UN Statistics Division, the global custodian of CRVS, does not report on differentials in registration completeness between males and females (United Nations Statistics Division 2019).

Relying on household surveys to provide evidence of gender differences in birth registration may induce a sense of complacency (United Nations Children's Fund 2013), as household survey sample sizes are rarely large enough to detect such differentials, and asking families about the registration status of their children is prone to bias and misunderstanding, as shown by the study in Indonesia (Sumner and Kusumaningrum 2014).

Uncovering the dimensions and location of gender differentials in birth and death registration requires greater attention to disaggregating all civil registration data by sex and other relevant dimensions at the global, regional, and country levels.

Putting women at the centre of civil registration

The challenges that many women face in registering their own infants is all the more shocking given that women are at the centre when births and deaths occur. Not only are women primarily responsible for procreation, but

they are also central to the provision of care at the start and end of life.

Globally, women represent 67% of the formal health workforce and are the most common providers of informal health and social care. Most health-care workers are women, who are nurses, midwives, and other carers, such as community health workers, who are close to the people they serve. By contrast, physicians are more likely to be male and to be working at secondary and tertiary hospitals (Boniol et al. 2019).

The potential for strengthening CRVS systems by building on the roles of women in health-care provision at community level is being explored (Mony et al. 2011). There is potential for community health workers, most of whom are women, to help ensure that vital events that occur in the community are reported to the civil registrar. In Bangladesh (see below) and Rwanda (Hagenimana, M. 2019), health workers not only notify the civil registrar of deaths, but also help determine probable causes of these deaths by conducting verbal autopsies.

Introducing a new approach

Bangladesh has no routine national system for registering deaths and determining their causes. Therefore, empirical data on levels and patterns of mortality are available only from health and demographic surveillance in parts of the country and household surveys that generate limited information on causes of death. Of the approximate 900,000 deaths that occur annually, some 15% happen in health facilities and 85% in communities where medical supervision is limited (Uddin et al. 2019).

However, community-based health workers have been actively providing family planning and maternal and child health services to women and children for many years. More recently, they have assumed broader responsibilities, such as in the prevention and management of malaria and other infectious diseases.

The Government of Bangladesh is currently working with Health Assistants and Family Welfare Assistants to identify births and deaths and report them to the local civil registrar for official registration. In addition, following an appropriate mourning period, these health workers also conduct a verbal autopsy – an interview with a deceased person's family members or carers using a standardized questionnaire on handheld devices. Responses are analysed using automated algorithms and generate cause of death distributions for the population (Uddin et al. 2019).

Results from the pilot phase are encouraging. For example, official registration of deaths and registration completeness have increased significantly in districts targeted for the intervention. For the first time, empirical data on cause of death distributions is becoming available for populations in rural areas. The Government of Bangladesh plans to scale up this intervention to a nationally representative sample of areas across the country to generate population level cause of death distributions for the whole country.

Providing support to health workers

The challenge remains how to facilitate links between community-based health care and the registration of vital events, without adding burdensome new tasks for health workers who already have many responsibilities.

In many instances, verbal autopsy is an additional responsibility that community health workers take on without necessarily receiving additional support or compensation. This raises broader issues of gender-based power relations. Women generally have limited power to navigate cultural, caste, religious, and gender norms and collect sensitive data, especially for deaths associated with stigma such as HIV, tuberculosis, suicide, violence, and sexual abuse.

Experience in Indonesia (Kusumaningrum, S. et al. 2016) shows that it is important to establish mechanisms for emotional support and compensation for the verbal autopsy interviewers to avoid high turnover (Gouda et al. 2016). In Rwanda, interviewers described having to deal with emotional stress expressed by family members, especially when the deaths involved spouses or children (Hagenimana M. 2019). Verbal autopsies pose particular challenges when deaths are due to intrafamilial violence (Houston et al. 2015).

Integrating routine verbal autopsies into CRVS systems shifts the purpose of a verbal autopsy from a tool primarily designed to generate cause of death data on a population basis to an approach that has implications at the individual level for both interviewers and interviewees. This raises important gender, social, cultural, legal, and ethical issues that should be considered. It also identifies the need for supportive supervision and regulations (Gouda 2017).

CREATING DEMAND FOR BIRTH AND DEATH REGISTRATION SERVICES

There is little point in raising awareness and creating demand for civil registration if services are unavailable, too far away, too expensive, or too intimidating to be accessible to the community. However, there is an evident need to work with communities and with the most marginalized and vulnerable groups, including women and girls, to raise awareness of the benefits that civil registration can bring.

To date, most awareness raising campaigns have focused on the advantages of birth registration for children in terms of facilitating access to health, education, and other services. Many of these campaigns target mothers, yet few highlight the need for mothers themselves to be registered, and even fewer mention the importance of death registration, including when

death occurs in childhood. This can be attributed to the widespread desire of women and their families to 'move on' when faced with the trauma of the death of a child. In some settings, where women are often blamed when such deaths occur, they understandably see little point in going through a harrowing, bureaucratic process of registration when their child has died.

The many initiatives currently working to support CRVS systems should work closely with communities and women's groups to overcome blame and victimization, and to integrate the civil registration of deaths in infants and children into the mourning process. This would serve to improve policies and programs that help avert these deaths in the future.

Agencies and initiatives that are working to improve CRVS systems should allocate resources to advocacy for CRVS, and support communication campaigns targeting women and men alongside the technical or supply side aspects.

It is important that messaging is clear and universal to ensure system strengthening efforts are readily adopted by the communities they serve. Addressing gender disparities in CRVS requires holistic approaches to develop advocacy and communications in conjunction with solutions to technical issues.

CONCLUSION

CRVS systems are failing women and girls. While many CRVS strengthening efforts draw welcome attention to the need to reach vulnerable and disadvantaged groups, few specifically include the gender dimensions of inequalities in birth and death registration.

Efforts to strengthen CRVS systems often target vulnerabilities related to poverty, lack of education, migrant status, and ethnicity. These are important, but it is equally essential for policies and research to address gender-based

norms, supply-side constraints, structural inequalities, and their underlying social and economic determinants.

The SDG agenda for "leaving no one behind" is fuelling greater awareness within the global development community of the importance of ensuring that all births and deaths are acknowledged by the state and included in CRVS systems. This recognizes the value of all people and their rights to access the means to reach their full potential.

Overlooking gender norms and inequalities in the design and monitoring of CRVS systems results in poor service design and delivery, which ultimately affects everyone. The Centre of Excellence for CRVS Systems' knowledge brief series on CRVS Gender aims to stimulate the global community into effective actions to acknowledge the gender-based inequalities that permeate the civil registration system. It also strives to tackle restrictive gender norms and gender inequalities that intersect with other social inequalities – including those related to age, race, ethnicity, religion, and socioeconomic status – to undermine health and development.



This paper was authored by Carla AbouZahr, Senior Technical Adviser to the Bloomberg Data for Health Initiative; Rohina Joshi, The George Institute, Sydney, UNSW; Joan Thomas, Vital Strategies; Ashley Frederes, Vital Strategies; Fidelia Dake, Vital Strategies; Kristen Wenz, and Bethany Plummer. UNICEF. It is part of the Knowledge Brief Series on Gender and CRVS developed by the Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems, in partnership with Open Data Watch.

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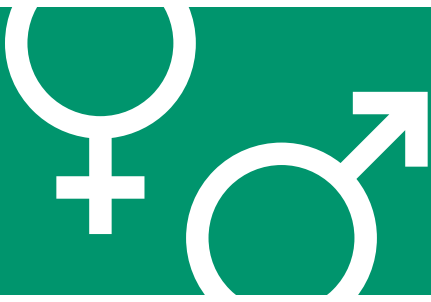
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