

Gender Issues in CRVS and Access to Adult Identity Documentation

by

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Abstract

This paper focuses on the role of gender in civil registration and vital statistics (CRVS) and access to adult identity documentation, drawing on analyses from Asia Pacific (AP) and Sub-Saharan Africa (SSA). Both CRVS and access to adult identity documentation are very important for both women and men; however, this paper finds that the benefits for women are typically greater in many countries because of additional constraints they face from gender discrimination, increased risk of early marriage and sexual trafficking, and increased vulnerability from widowhood or divorce. The absence of a birth, death, marriage or divorce certificate or of adult identity documentation can have catastrophic effects for vulnerable groups of women and their children, including in particular young single mothers, widows, migrants, refugees and members of minority ethnic or religious groups. Complete CRVS coverage and universal access to adult identity documentation have significant gender implications not only because of the better data they provide on the population, but also because they serve as the gateway for exercising individual rights and protections.

Despite the importance of CRVS and adult identity documentation, however, coverage continues to lag in many regions, with serious consequences for women. This paper finds that significant female-to-male gender gaps in birth registration coverage are rarely encountered in either AP or SSA countries at the national level (with the possible exception of China), but significant regional or sub-regional gender gaps persist. However, the arguably more important gender gap is that between current low coverage levels in many countries and complete (100%) coverage. This is because of the greater importance of birth registration for girls as the gateway to the registration of other vital events and to obtaining adult identity documentation, and in potentially protecting girls from international trafficking and early marriage. Although data on the registration of marriages, divorces and deaths and on access to adult identity documentation is very limited, the available data indicates that coverage levels are also very low in some countries, and disproportionately so among poor and otherwise marginalized groups. Complicated registration requirements, limited access to registration services, fees (including penalties for late registration), lack of information about how and why to register, and discriminatory laws and social customs surrounding marriages and deaths are most often cited as important proximate constraints to registration.

There is an urgent need to reduce existing gender gaps in CRVS and access to adult identity documentation, to improve available data on gender gaps at both national and subnational levels, and to develop an appropriate knowledge base to support effective policy making in these areas. The paper includes specific recommendations to promote these objectives.

Report to the UN Foundation under the Data2X Initiative

June, 2016

1. Introduction

This paper focuses on the role of gender in civil registration and vital statistics (CRVS) and in access to adult identity documentation.¹ CRVS is defined broadly to include birth, death, marriage and divorce registration and related vital statistics. Adult identity documentation refers to national identity cards or other forms of identification that are provided mainly to adults for a wide variety of purposes, including voter registration, issuance of passports, opening a bank account, and accessing the benefits of social protection programs. Both CRVS and identity documentation are central to accessing a range of different services, but have tended to lag in developing countries because of limited infrastructure and capacity. This has direct bearing on women, who often face greater vulnerabilities in marriage and property rights, and who often exercise primary responsibility for the health and education of their children.

This paper is based on two reports prepared recently for the Data2X initiative, one focusing on Asia-Pacific (AP) countries (Knowles, 2016) and the other focusing on Sub-Saharan African (SSA) countries (Koolwal 2016). Everything in this paper not attributed to an external source is based on original research from these two reports. Although the two papers share a common focus and are based largely on a multivariate analysis of existing Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) household survey data, the SSA paper provides a bird's-eye view of birth registration in 26 countries², whereas the AP paper gives an in-depth view of CRVS and identity documentation in six countries with relatively low birth registration coverage.³

2. Importance of CRVS and access to identity documentation for women

CRVS and adult identity documentation coverage are important for both women and men. CRVS is the only source of continuous, complete, and reliable data on vital events down to small administrative units. As such, it is a critical input for effective national and sub-national planning and policy-making. For example, continuously available local area data on mortality by cause is vital for formulating effective policies to address women's health issues (e.g., maternal mortality, breast cancer). Universal access to adult identity documentation is also important not only in providing continuously available data on the adult population but also because of the increasingly wide array of services linked to the possession of such documentation — ranging from basic services such as health and education to social protection benefits — most of which exhibit significant gender gaps. Birth registration is particularly important because it often functions as the gateway to the registration of other vital events and to adult identity documentation.

¹ The authors wish to acknowledge very helpful comments received from Mayra Buvinic and Rebecca Furst-Nichols on several drafts of this paper.

² Benin 2011, Burkina Faso 2010, Burundi 2010, Cameroon 2011, Comoros 2012, Cote d'Ivoire 2011, DRC 2014, Gabon 2012, Gambia 2013, Ghana 2008, Guinea 2012, Kenya 2009, Lesotho 2009, Liberia 2013, Madagascar 2009, Mali 2013, Mozambique 2011, Namibia 2013, Nigeria 2013, Rwanda 2010, Senegal 2014, Sierra Leone 2013, Tanzania 2010, Uganda 2011, Zambia 2014, Zimbabwe 2011. The years refer to the year of the DHS survey used in the analysis.

³ Afghanistan 2010-11, Bangladesh 2011, Cambodia 2014, Lao PDR 2011-12, Nepal 2014 and Pakistan 2012-13 (years refer to the year of the DHS or MICS survey used in the analysis)

Although CRVS and identity documentation coverage are vitally important for both women and men, both are arguably more important for women (Box 1). Women face many problems and constraints across countries, including gender discrimination, increased risk of early marriage and sexual trafficking, and increased vulnerability from widowhood or divorce. Women also often exercise primary responsibility for their children’s education and health, and so registering their children’s births as well as gaining identity documentation for themselves are central concerns. The absence of a birth, death, marriage or divorce certificate or of an adult identity document can have catastrophic effects for vulnerable groups of women and their children, including in particular young single mothers, widows, migrants, refugees, and members of minority ethnic or religious groups. Accordingly, complete CRVS coverage and universal access to adult identity documentation are important for women (and men) not only because of the better data they provide but also because they serve as the gateway for exercising individual rights and protections, especially for women.

Despite the importance of CRVS and identity documentation, coverage continues to lag in many regions, with serious implications for women. Across countries, complicated registration requirements, administrative deadlines, and limited access to registration facilities due to capacity and/or infrastructure constraints hamper coverage. Beyond these factors, discriminatory laws and different social customs surrounding marriage (including common law and religious unions and the practice of polygamy), inheritance rights, and widowhood directly affect women’s ability to and ease with which they can register the births of their children and obtain their own adult identity documentation. In some countries, a child’s birth has to be registered by the (male) head of household, while in others the mother needs to have a marriage certificate, pointing to gaps in CRVS systems related to gender inequalities.

Box 1. Gender dimensions of CRVS and access to adult identity documentation

Birth registration	Possession of a birth certificate is the preferred identity document needed to obtain adult identity documentation. A birth certificate is also usually required to register a marriage or for minors to obtain a passport, and as such, can provide protection against early marriage or international trafficking. In some countries, birth certificates are also needed by children to access some types of health and education services.
Marriage, divorce and death registration	Although possession of a birth certificate is perhaps of greatest importance to both women and men, possession of marriage, death and/or divorce certificates can be critically important for widows and divorced women in order to secure their rights (e.g., rights to property, right to remarry) and the rights of their children (e.g., right to register their births in some countries). Currently, there is almost no information available on the possession of marriage, death and divorce certificates. The main exception is Indonesia, where the 2012 Indonesia Baseline Study (Sumner and Kusumaningrum 2014) collected data on the possession of marriage and divorce certificates, as well as on the possession of adult identity documents.
Adult identity documentation	Adult identity documentation is needed increasingly by women to gain access to a wide range of opportunities and services, including participation and voice through the right to vote, without which women are seriously disadvantaged. Because significant gender gaps exist in such areas as education, formal sector employment, business ownership, access to credit, land ownership, and political participation, possession of adult identity documentation is particularly important for women.

Cause of death and vital statistics	Information on the cause of death is needed to obtain continuous, accurate and geographically disaggregated estimates of the gender-specific causes of mortality. The availability of vital statistics based on complete and accurate data on the registration of vital events (including the cause of death) can be useful in identifying and addressing women’s special health needs. However, even incomplete data may be helpful in gender monitoring of vital events for which household survey data are not available (i.e., deaths, marriages, divorces). There are two main challenges to obtaining accurate data on the cause of death in developing countries: (1) most deaths occur at home, and (2) medical practitioners’ ability to identify correctly the underlying cause of death is limited, even in hospitals.
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2. Role of gender in CRVS and adult identity documentation

Although the data are limited and imperfect, important gender gaps in both CRVS and adult identity documentation coverage exist in many developing countries, both at the national and subnational levels. However, it is also important to consider the way gender interacts with both the proximate and underlying constraints to CRVS and identity documentation in order to address gender gaps in both areas with appropriate policies. Understanding the benefits of vital registration and possession of personal identity documentation is important for mobilizing the resources needed to improve CRVS and national identity coverage, while understanding which interventions are cost-effective is important for utilizing those resources efficiently.

2.1 Gender gaps in CRVS coverage

Birth registration

In the case of birth registration, the available data indicate that most AP and SSA countries do not have a gender gap in terms of the percentage of female and male births registered at the national level. Beyond the aggregate level, though, GPS data for some countries in SSA reveal some striking gender differences for specific areas within rural and urban localities. Some gender differences in SSA also emerge for children older than one year, but primarily in urban areas (Kenya 2009, Mozambique 2011, Benin 2011, Cameroon 2011 and Gambia 2013). As children get older in these areas, therefore, boys who were not registered in their first year are more likely to be registered later on as compared to girls. Fewer gender gaps are observed in rural areas across SSA countries (with the exception of Benin 2011), owing perhaps to much lower registration rates in these areas.

Within AP, China may be the main exception. Some observers believe that China has a large female-to-male gender gap in birth registration, due to such factors as traditional son preference, its Hukou household registration system and its one-child family policy (Li, Zhang and Feldman 2010). Although important recent policy changes have affected the last two factors, the current situation in China is unclear, given the absence of official data. Also within AP, Afghanistan and Nepal have small gender gaps of about 2% at the national level and larger gender gaps of 6-9% among some population groups. Gender gaps may also be effectively masked by sex-selective abortion in some AP countries (e.g., China, Vietnam, India and Pakistan).⁴

⁴ Demographers suspect that the ‘missing girls’ phenomenon also exists in Afghanistan, Bangladesh and Nepal, but it is difficult to document in the absence of a recent population census or an effective civil registration system (UNFPA 2012)

Although female/male differences in the percentage of births registered is important, the most important gender gap in birth registration is arguably the gap between current low coverage levels in many countries and complete (100%) coverage. Low coverage persists in several AP countries (e.g., coverage levels are only 20% in Bangladesh, 34% in Pakistan, and 58% in Nepal) and similarly in several SSA countries (e.g., only 11% coverage in Zambia, 30% in Nigeria, and 45% in Lesotho). Although non-possession of a birth certificate is a problem for both women and men, it is more of a problem for women due to the differential risks they face from sex trafficking and early marriage and because of their vulnerability to discrimination and to passing on this disadvantage to their children in the event they become single mothers, widowed or divorced. Children without a birth certificate tend to be poorer, to reside in remote areas and to belong to ethnic or religious minorities and therefore are more likely to belong to vulnerable groups as adults. Within SSA, poorer institutional and economic outcomes are associated with lower registration (including if children are born outside a formal hospital, greater household time to the nearest water source, as well as household poverty), with no variation in these associations across girls' and boys' registration, although access to maternal care and water have significant bearing on mothers' outcomes and time to register their children. In SSA countries, gender differences in birth registration are much more likely to be linked with demographic and other cultural factors — including, notably, whether the marital arrangement is polygamous, which is associated with lower registration for girls in several SSA countries.

Other dimensions of CRVS and access to adult identity documentation

Detailed household survey data on mortality and death registration are very limited. A few of the DHS surveys have included verbal autopsy (VA) modules, with the sample usually limited to the deaths of children under 5 during the previous 5 years (e.g., the 2011 Bangladesh DHS). One interesting exception is the 2010 Afghanistan Mortality Survey, a special DHS survey that completed VA modules *for all deaths at any age* during the previous three years. Of the 3,913 deaths for which VA data were collected, only 12 death certificates were available for inspection by interviewers, all which were for male deaths.

There is also very little information on gender gaps in the registration of marriages and divorces and in access to adult identity documentation.⁵ However, the limited data available indicate that gender gaps are likely to exist in these areas as well. Household data from 17 Indonesian provinces indicate that only 36% of couples had marriage certificates and only 30% of divorced female heads of household had divorce certificates (Sumner and Kusumaningrum 2014). Registration data from China and from the Indian state of Rajasthan indicate that female deaths are less likely to be registered than male deaths (Rao et al. 2005, Abouzahr et al. 2014). In Pakistan, data from one national household survey indicate that there was an overall gender gap of 11% in possession of an ID card in 2012 (IFES 2013), while multivariate analysis of similar data from the 2012-13 Pakistan DHS indicate that there was a gender gap of about 6% in possession of an ID card, other factors equal, and that the gender gap was 8-11% in the poorest three quintiles.

2.2 Proximate constraints to civil registration

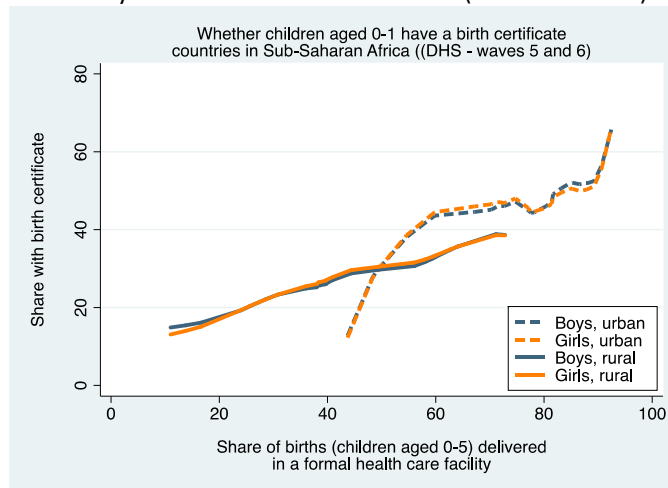
Under-registration is due to both proximate constraints (e.g., cost, physical access to registration sites, complexity of registration procedures, limited knowledge of the benefits of registration and of the

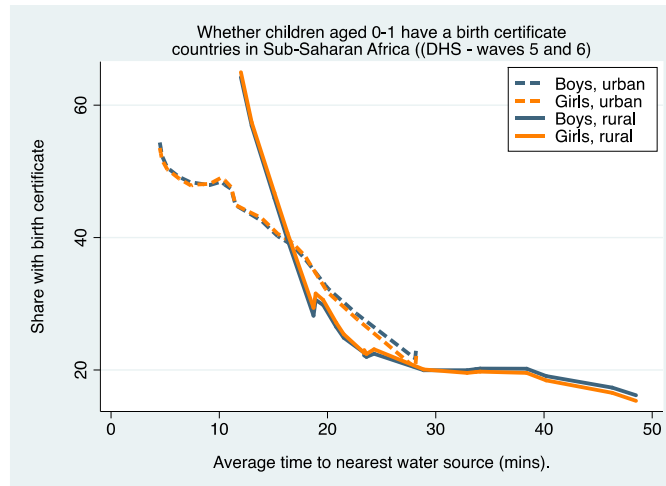
⁵ Data on the registration of marriages and divorces is limited to Indonesia, while very few deaths are registered in many developing countries (World Bank and WHO 2014, Abouzahr et al. 2014). A recent survey of access to adult identity documentation in 48 countries found only four countries with sex-specific data, i.e., India, Indonesia, Pakistan, and Cote d'Ivoire (Coney et al. 2015).

procedures involved) and underlying factors (e.g., economic status, education, location, ethnicity, religion). Data on the proximate constraints to registration are limited. However, the available qualitative data, obtained mostly from asking survey respondents why they or their child’s births are not registered, indicate that cost, distance to registration sites, and the complexity and knowledge of registration procedures are the most important proximate constraints (UNICEF 2005, IFES 2013, Duff et al. 2016).

Data on physical access are available in a few AP surveys. Altitude (a proxy for physical access in mountainous regions) is negatively related to possession of a birth certificate in both Nepal and Cambodia, other factors equal (although the relationship is only significant for girls in Nepal). In Bangladesh, multivariate analysis indicates that possession of a birth certificate is negatively related to the cost of travel to the sub-district (*upazilla*) headquarters in the three poorest wealth quintiles. Across SSA countries, rural areas have markedly lower birth registration rates overall compared to urban areas, and the analysis of SSA countries using DHS data shows that the share of births delivered in a formal health care facility is positively correlated with registration, and time to the nearest water source is significantly negatively correlated (Figure 1). As mentioned below, the growing availability of GPS data in country surveys provides a sharper view of geographic disparities.

Figure 1. Cross-country trends in birth registration in SSA, by place of delivery and infrastructure constraints (access to water)





Notes:

Cross-country locally weighted regressions, DHS wave 5 and 6 surveys from 26 countries in Sub-Saharan Africa

Gender interacts importantly with the proximate constraints to birth registration. Discrimination against women, sometimes enshrined in law and often targeted to vulnerable groups of women, such as widows, divorced women, single mothers, migrants and women from minority ethnic or religious groups is an important proximate constraint to CRVS and adult identity documentation coverage and can also lead to the under-registration of both male and female children (Vandenabeele and Lao 2007, Cody et al. 2009, Wallace et al. 2009). In Cameroon, for example, a married woman must present her marriage certificate when applying for an ID card, a requirement that is not applied to married men (World Bank 2016). In Indonesia, married couples without a marriage certificate (for example, couples with only religious marriages) must first obtain one (a process involving three separate steps) in order to obtain a birth certificate for their child that includes both parents' names. Possession of a birth certificate with only the mother's name on it is stigmatizing. According to data from the Indonesia Baseline Study, 55% of couples in the poorest 30% of the population have only religious marriages, and 75% of their children have no birth certificate (Sumner 2015).

Physical access to registration sites (including the time required) is also more of a barrier for women than for men. Women have many more demands on their time and, in some settings, cannot travel freely outside their village. This was acknowledged to be a reason for the under-registration of women for ID cards in Pakistan, where 73% of women are accompanied when traveling to obtain an ID card compared to only 31% of men (IFES 2013). Special measures were adopted to make registration more accessible for women, including mobile registration services staffed exclusively by women (including female drivers) and reserving Fridays at all registration sites as days when services were available only for women. However, these measures were only partially successful, in part because 65% of women were unaware of the special services available to them (IFES 2013). Women are also more likely than men to report that they do not need an ID card (30% versus 20% of men) and that they lack the support of relatives in obtaining an ID card (17% of women versus 2% of men).

In recent years, GPS data has also been increasingly collected in household surveys, which can help in understanding how registration correlates with local endowments, resources, and access to facilities, and sharpen understanding of areas where greater gender gaps in registration exist. The analyses of SSA country surveys with GPS data also reveal pronounced gender gaps in specific areas, even where urban and rural averages mask these gender differences. The value of GPS data is magnified by recent mobile

registration programs across countries, as well as efforts to link different institutions (healthcare facilities, national and regional statistical offices) to improve the collection of registration data.⁶

2.3 Underlying factors affecting CRVS and adult identity documentation coverage

Underlying factors affecting CRVS and adult identity documentation coverage include age, economic status, parents' education, location, ethnicity/caste and religion, as well as other cultural practices (for example, related to marriage).

Birth registration

Possession of a birth certificate increases sharply with a child's age in Bangladesh and Nepal and less sharply in Pakistan and Cambodia. In contrast, possession of a birth certificate is unrelated to a child's age in Lao PDR and is *negatively* related to a child's age in Afghanistan. Within SSA countries as well, while most children with a birth certificate receive it in their first year, a large share of children are registered after they are one year old. Although gender gaps are observed at some ages, they are usually statistically insignificant and disappear by age 5. The usual explanation for the increase in possession of a birth certificate with age is that children may need a birth certificate to enroll in school. The sharp age gradients in possession of a birth certificate in some countries raise questions about the validity of average coverage in the age group 0-4 as an indicator of overall coverage.

Economic status (as measured by the wealth index) and parents' education are almost always positively and significantly related to birth registration in AP and SSA countries with less than complete coverage. These strong and consistent relationships are at least suggestive of the importance of cost and lack of information and knowledge as proximate constraints. The relationship with economic status does not vary with the sex of the child in either AP or SSA countries, however, mothers' schooling sometimes does. Mother's schooling is almost always a significant underlying driver of birth registration in both AP and SSA countries, usually for both girls and boys, but sometimes only for boys or girls. Although not available in some data sets, father's schooling is also a significant driver of birth registration in most AP and SSA countries.

In SSA countries, gender-related variables such as the mother being married as an adolescent, as well as being in a polygamous marriage, are typically associated with poorer registration outcomes. Polygamy in particular has a significant negative association with girls' birth registration in five out of the 26 SSA countries studied (Burundi 2010, Guinea 2012, Kenya 2009, Rwanda 2010, and Namibia 2013). In SSA countries, polygamy is the only factor that appears to widen the gender gap in registration after controlling for other variables. Within SSA, as a result, cultural factors appear to underlie most of the observed gender gaps in registration, as compared to economic factors.

Other dimensions of CRVS and access to adult identity documentation

Apart from the Indonesia Baseline Study, there are no household survey data available on possession of marriage or divorce certificates, while the number of deaths for which death certificates are reported in verbal autopsy modules are too few to support further analysis. Survey data on possession of adult identity documentation is currently limited to Pakistan. Multivariate analysis of these data not only

⁶ Analysis of GPS data on the distance of survey clusters from the nearest registration site from DHS surveys in Bolivia, Peru and the Dominican Republic found that female children were 2-3% less likely to have a birth certificate, other factors equal, in Bolivia and Peru, whereas the child's sex was not significantly related to possession of a birth certificate in the Dominican Republic (Corbacho and Rivas 2012).

confirms the presence of a gender gap, as discussed above, but also that several underlying factors are important positive drivers of possession of an ID card by adult females, including age, years of schooling completed, the wealth index, and residence in any province other than Punjab province.

2.4 Benefits of CRVS and access to adult identity documentation

Although the gender implications are significant, little work has been done on the direct impacts of CRVS and access to adult identity documentation on individual outcomes. As discussed below, much of this is due to low coverage rates and lack of appropriate data in surveys to understand causal links. Better data in these areas is also an important outcome in and of itself, allowing greater ability to understand the demographics of the population, and inform policymaking.

Birth registration

The literature on birth registration cites quantitative data on a wide range of indicators suggesting that there are many benefits from registering children's births (UNICEF 2005, Duryea et al. 2006, UNICEF 2013, Apland et al. 2014, Sumner and Kusumaningrum 2014). However the benefits cited are usually limited to early childhood outcomes (e.g., immunization, malnutrition, preschool enrollment) because data on birth registration are usually available only for this age group. One exception is the Indonesia Baseline Study, which collected data on the birth registration of all children and their parents (Sumner and Kusumaningrum 2014). These data indicate that there is a strong positive correlation between birth registration and completed levels of schooling and strong negative correlations between birth registration and early marriage, age at first birth and adverse health outcomes among teen mothers and their children. However, in at least some cases, the correlations could be the result of other factors.

Another important limitation of the data on birth registration in household surveys is that no information is collected on when the child was registered. As a result, understanding how registration in turn actually affects outcomes (such as immunization) becomes more complex (Box 2).

Box 2. The effect of birth registration on child immunization in Bangladesh

Establishing a causal link between birth registration and children's immunizations is complicated by the fact that the date of birth registration (unlike immunization dates) is not recorded in the DHS or MICS surveys. If birth registration facilitates immunizing children, in countries where possession of a birth certificate increases sharply with age, the likelihood that a child's birth was registered prior to immunization (recommended at ages 0-11 months) should decrease with the child's age. Bangladesh is such a country: the percentage of children age 0 (0-11 months) with a birth certificate is only 6%, compared to 40% among children age 4 years (48-59 months). Analysis of data from the 2011 Bangladesh DHS supports the instrumental role of birth registration, indicating that children ages 1 year and 2 years with a birth certificate are significantly more likely to have been vaccinated against measles (i.e., 4.4% and 3.1% more likely respectively, other factors equal), whereas there is no significant relationship between possession of a birth certificate and measles immunization among children ages 3 years or 4 years. Although this pattern is similar for boys and girls, the estimated effect is only statistically significant for boys age 1 year.

Other dimensions of CRVS and access to adult identity documentation

Due to the absence of suitable data, it is not possible to assess quantitatively the benefits of registering deaths, marriages or divorces. However, qualitative and legal data from several AP countries indicate that

such effects can be very important in some cases. The registration of deaths, for example, is essential for claims of inheritance, insurance, survival and spousal benefits and for claiming citizenship by descent. In Nepal, widows are entitled to a widowhood pension, but only if they can provide proof of their previous relationship, as well as the death and citizenship certificates of their deceased husband (Vandenabeele and Lao 2007). In some countries, a marriage certificate is required even of couples to register their children's births, as in the previously cited example of Indonesia. In Indonesia as well, divorced women need a divorce certificate in order to establish that they are the head of the household in order to gain access to government-financed health insurance and other social protection programs (Sumner 2015). Although mother's marital status is not significantly related to possession of a birth certificate in any of the six AP countries studied, both currently married and widowed women are significantly more likely than either single or divorced women to possess an ID card in Pakistan, other factors equal.

2.5 What works to improve CRVS and adult identity documentation coverage and reduce gender gaps

The literature on birth registration identifies several possible interventions to increase birth registration coverage, most of which are also relevant to the registration of other vital events and to accessing adult identity documentation:

- Increase women's knowledge of the benefits of registration, and how to register
- Remove the cost of birth registration to parents (including the elimination of penalties or higher fees for late registration). Allowing for late registration will also account for cultural factors, such as a waiting period after birth during which a woman is not supposed to leave the home, or physical health factors, such as a recovery period before which a woman cannot travel long distances to a registration center.
- Use financial incentives to encourage parents to register their children's births, including female children, and/or to motivate registrars
- Provide mobile registration services at the village level in remote areas
- Integrate birth registration into health services (with or without financial incentives) and use health policies (e.g., social health insurance, free obstetric delivery care) to encourage mothers to deliver their children where such services are available
- Use ICT technology (e.g., mobile phones, web-based registration) to make registration services more accessible
- Develop special procedures to address country-specific practices such as the delayed naming of children.⁷

Removing all fees for birth registration (including late fees and informal fees) is often recommended as a first step. However, verification of implementation is key. Despite a 2013 legal amendment eliminating fees for all CRVS documents in Indonesia, for example, many parents continue to pay hidden fees, while the parents of children whose births are not registered continue to cite cost as the main reason for non-registration (Duff, Kusumaningrum and Stark 2016). Positive financial incentives may be needed to offset other costs, such as transportation costs and the opportunity cost of parents' time. Financial incentives

⁷ For example, in some Asian countries and many African countries, the custom is to wait to name a newborn for a specified period of time after birth, and sometimes this is much longer than the period required for birth registration. One recommendation is to allow registration with a unique number rather than a name.

have been used successfully to encourage birth registration, for example, in the Majoni scheme in the State of Assam in India (Box 3) and in Nepal's Cash Grant Program (Box 4).⁸

Box 3. The Majoni Scheme in India

In the Majoni scheme, all girls born after February 1, 2009 received a fixed deposit of Rs 5,000 into a bank account under the following conditions: (i) the child was institutionally delivered, (ii) the child's birth was registered, (iii) the family adhered to the two-child norm, and (iv) the child did not marry before her 18th birthday (Baruah et al. 2013). If these conditions are met, the female child is allowed to withdraw the accumulated savings on her 18th birthday. Although all births occurring in the hospital are registered, a birth certificate is provided only to parents who formally request one. During the year prior to the scheme, birth certificates were requested for 24.5% of around 6,000-7,000 hospital births (with a female to male ratio of 1.06), whereas in the year following implementation of the scheme, formal requests were received for 39.1% of a similar number of hospital births (with a female to male ratio of 1.34).

Box 4. The Nepal cash grant program

The Nepal cash grant program was established in October, 2009 with the objective of improving nutritional outcomes among the poor. It was intended to cover the entire country, but fiscal constraints have limited its implementation to (i) the entire population of five districts in the Karnali subregion and (ii) poor Dalit households nationally. The program provides a cash grant of 200 Nepalese Rupees per month (currently equal to less than \$2.00) directly to eligible households for up to two children under 5. A survey conducted in 2012/13 indicated that the program covered a total of 551,916 children, or about one in five children under five years of age. A birth certificate is required to enroll eligible children in the program. As a direct result of the program, birth registration coverage increased quickly and dramatically in the targeted population, compared to the rest of the population. A significant pre-program gender gap in birth registration was eliminated in the targeted population, while it persisted in the rest of the population.

3. Conclusions and recommendations

3.1 Conclusions

This paper has focused on the role of gender in civil registration and vital statistics (CRVS) and in access to adult identity documentation. It finds that although both CRVS and access to adult identity

⁸ They were also used successfully in a randomized controlled trial of a cash grant pilot in Zimbabwe that included birth registration as one of the interventions (Robertson et al. 2013). However, although birth registration coverage significantly in children under 5 (from 45% to 62%), the results are not reported separately by the sex of the child.

documentation are very important for both women and men, coverage is typically low across countries, and women face many constraints — including gender discrimination, increased risk of early marriage and sexual trafficking, and increased vulnerability from widowhood or divorce — that could be addressed from better registration systems. This has significant bearing on vulnerable groups as well – single mothers, for example – who tend to have lower coverage rates and thus for whom data that could guide policy is often missing.

Drawing on analyses from AP and SSA, this paper also underscores the need to examine trends in registration beyond national (and even urban/rural) averages and to focus on specific geographic areas or communities where gender disparities in registration tend to persist. Complicated registration requirements, limited access to registration services, fees (including penalties for late registration), lack of information about how and why to register, and discriminatory laws and social customs surrounding marriages and deaths are most often cited as important proximate constraints to registration. Better survey data on types of registration, as well as on constraints to registration, are crucial in this effort as well — for policy targeting and understanding the links between different aspects of CRVS (between birth registration and the registration of marriages, divorces and deaths), as well as access to adult identity documentation.

There is an urgent need to reduce existing gender gaps in CRVS and access to adult identity documentation, to improve the available data on gender gaps at both national and subnational levels, and to develop an appropriate knowledge base to support effective policy making in these areas. To promote these objectives, the paper offers the following recommendations.

3.2 Gender-specific recommendations

Overall recommendation #1. Set priorities in removing gender gaps in CRVS and adult identity documentation coverage. Even on the basis of the limited information currently available on the role of gender in CRVS and adult identity documentation coverage, it is possible to set some priorities that reflect women’s needs.

Specific recommendation #1.1: Birth registration. Closing the gap between current and complete coverage of birth registration should receive the highest priority due to its gateway role to the registration of other vital events and to obtaining adult identity documentation, and for its potential role in protecting girls from trafficking and early marriage.

Specific recommendation #1.2: Access to adult identity documentation. Ensuring that all adult women have access to identity documentation should also receive the highest priority because of the increasingly critical role that possession of such documentation plays in ensuring access to a wide range of services and activities, including political participation.

Specific recommendation #1.3: Access to marriage, divorce and death registration. Next highest priority should be given to ensuring that all marriages and divorces are registered and that widows have their husbands’ death certificates. Countries should develop registration systems that work for varied marital arrangements (e.g. polygamy, domestic partnership, customary/religious marriages).

Specific recommendation #1.4: Death registration (including cause of death). Increasing death registration coverage (including cause of death) should be a priority in countries that have already achieved complete registration of births, marriages and divorces and have health systems capable of identifying underlying causes of death reliably (including through sample registration systems, as in India and China).

Overall recommendation #2. Improve the data on CRVS and adult identity documentation coverage.

Specific recommendation #2.1: Vital statistics. Efforts should be made immediately to develop systems for transferring existing vital registration data (even if coverage is incomplete) from local sites to a central data processing site, including use of mobile phone technology where feasible. Gender-specific registration data are needed to identify local areas with large gender gaps in birth and death registration and to provide data economically on local registration outcomes for use in monitoring the results of interventions designed to increase registration coverage. Vital statistics based on registration data should be published as soon as registration coverage levels and data quality reach a level that renders the data useful for planning purposes. Attention should also be given to ensuring that published vital statistics are gender-specific.

Specific recommendation #2.2: Household survey data. The depth and breadth of CRVS data collected in the DHS and MICS surveys should be improved. The existing question on the possession of a birth certificate, which is currently asked only for children under 5, should be expanded to cover all forms of personal identity documentation for all individuals (as in the 2012-13 Pakistan DHS). Adding follow-up questions in these surveys on the registration of marriages, divorces and deaths of husbands in these surveys would also appear to qualify as ‘low-hanging fruit.’ It is also recommended that respondents be asked to show reported birth, marriage, divorce and death certificates to interviewers, especially to avoid possible confusion or misreporting of a birth certificate that is actually a birth notification or immunization record, as is done currently in the MICS with birth certificates, and that interviewers record the date on which birth certificates were issued.

Specific recommendation #2.3: Qualitative data. More qualitative data is needed on gender-related constraints to registering vital events and to accessing identity documents. Qualitative data can be particularly helpful in clarifying the causal linkages between the underlying constraints to registration and the proximate constraints. For example, why does coverage vary so much with location and cultural factors (e.g., polygamy, ethnicity, religion, child naming practices, discrimination against single mothers, constraints to registering such as long waiting times, lack of perceived importance, de facto discrimination at registration centers)? Qualitative data can also be helpful in establishing causal linkages between registration and longer-term outcomes (e.g., health, education, marriage, employment).

Overall recommendation #3. Document what works to remove gender gaps

Specific recommendation #3.1. Analysis of local area data. The results from AP and SSA countries underscore that an aggregate analysis of average registration for boys and girls (or men and women) is not sufficient to understand whether gender differences exist. A more detailed analysis by age, specific geographic community, and other socioeconomic and demographic characteristics is needed to target gender-focused interventions (e.g., outreach

efforts, information campaigns) in the local areas where gender disparities are widest. Special attention should be given to linking household survey data, where possible, to GPS data that include data on cluster-level accessibility and quality of registration services as well as basic cluster-level characteristics such as ethnicity.

Specific recommendation #3.2. Cost effectiveness of alternative interventions. Although there has been considerable piloting of interventions designed to improve CRVS coverage and access to adult identity documentation, there is little if any reliable information on their cost effectiveness in reducing gender gaps. Rigorous experimental data on the costs and effectiveness of such interventions are needed to determine which interventions are cost-effective under different conditions. Conducting such experiments would be relatively inexpensive if experimental outcomes are measured using data from existing registration systems, as recommended above (i.e., expensive household surveys for this purpose would not be necessary).

Specific recommendation #3.3: Document the benefits of eliminating gender gaps. Credible evidence on the benefits of removing gender gaps in CRVS and access to adult identity documentation is needed to justify the allocation of the resources needed to eliminate them. Rigorous experiments are probably infeasible for this purpose, given the considerable time lag between registration and some important expected benefits (e.g., delayed marriage, completed schooling). Accordingly, carefully collected and analyzed qualitative data will play an important role here. In addition, the existence of multiple household surveys over an extended period in several countries (particularly in the presence of important policy changes that have affected registration coverage) is a largely unexploited resource capable of yielding useful and credible insights into the benefits of increased CRVS and adult identity documentation coverage, using analytical techniques such as cohort analysis.

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