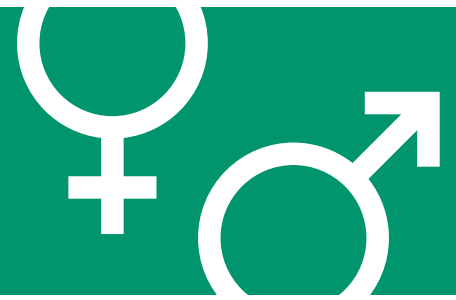




Knowledge Brief Series on **Gender** and **CRVS**



Brief 3, February 2020

Moving Beyond Making the Case: Actions Needed to Support CRVS Systems for Women and Children

Photo: Kenneth Pornillos / World Bank



Photo: Peter Kapuscinski / World Bank



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PROGRAM INFORMATION

About the Centre of Excellence for CRVS Systems

Housed at the International Development Research Centre (IDRC), the Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems is a global knowledge hub that actively supports national efforts to develop, strengthen, and scale-up CRVS systems. It collaborates with organizations and experts to broker access to information and expertise, including global standards, tools, research evidence, and relevant good practice. The Centre of Excellence was established with funding from Global Affairs Canada and IDRC and contributes directly to the work of the Global Financing Facility, a key financing platform of the UN Secretary General's Global Strategy for Women's, Children's, and Adolescents' Health.

About the International Development Research Centre (IDRC)

Part of Canada's foreign affairs and development efforts, IDRC funds research in developing countries to promote growth, reduce poverty, and drive large-scale positive change. It supports leading thinkers who advance knowledge and solve practical development problems by providing the resources, advice, and training they need to implement and share their solutions with those who need them most. In short, IDRC increases opportunities — and makes a real difference in people's lives.

IDRC was established by an act of Canada's parliament in 1970 with a mandate "to initiate, encourage, support, and conduct research into the problems of the developing regions of the world and into the means for applying and adapting scientific, technical, and other knowledge to the economic and social advancement of those regions."

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



Brief 3, Paper 1

Making CRVS Systems Work for Women and Children: A Country Perspective

Photo: Kenneth Pornillos / World Bank

KEY MESSAGES

- **Strengthening civil registration and vital statistics (CRVS) systems starts at the country level.** Countries should make strong CRVS systems a priority, which can be achieved by integrating legal frameworks, adopting a clear governance structure, and ensuring sustainable financing. The Philippines has successfully maintained a strong CRVS system and has implemented laws that recognize the needs of special groups, particularly women and children. Although more work is needed, the Philippines' dedication to strengthening its CRVS system has realized important gains.
- **Strong CRVS systems require champions to help put plans into action.** Individual and institutional CRVS champions are special partners with strong voices who support a country's CRVS system. The Philippines' CRVS system has gained the support of many champions, but this support may depend on the country's political environment. CRVS stakeholders must encourage individual and institutional partners to become champions, including global partners who work actively within a country.
- **Strong CRVS systems support a country's development plan, provide vital statistics, and support the integrity of national identification systems.** The Philippine Statistics Authority is responsible for planning and maintaining civil registration and national identification systems. As a result, civil registration can be seamlessly integrated with vital statistics and national identification systems. In countries where these systems are maintained by different agencies, successful integration relies on strong, dynamic partnerships and processes.

- **Strong CRVS systems rely on solid working relationships between stakeholders through interagency committees and working groups.** National statistics offices must actively build relationships and connect with stakeholders. Coordination must be strong at all levels of a country's bureaucracy. The Philippine Statistics Authority's deputies, directors, technical staff, and officials at the subnational level must also work closely together.¹
- **Strong CRVS systems use quality assurance, data privacy, and security mechanisms to ensure their integrity and reputation.** The Philippine Statistics Authority has obtained ISO 9001:2015 Quality Management Systems certification for its management, statistics, and civil registration processes. Further work is being done to ensure quality assurance of administrative data and registers.



Photo: Kenneth Pornillos / World Bank

INTRODUCTION

In recent years, the international community has prioritized strengthening civil registration and vital statistics (CRVS) systems to measure and monitor the United Nations' Sustainable Development Goals (SDGs) and to address gender equality concerns ([Badiie and Appel 2018](#)). However, strengthening CRVS systems must begin at the country level. It is therefore critical to understand the country perspective and the challenges a country faces in building a CRVS system that addresses the needs of its vulnerable sectors. This knowledge brief highlights the Philippines' experience in making CRVS systems work for women and children.

On the ground in the Philippines

In November 2014, countries in Asia and the Pacific declared 2015–2024 the Asian Pacific Civil Registration and Vital Statistics Decade. The aim was to affirm that universal and responsive CRVS systems play a critical role in achieving inclusive, equitable, and people-centered development. Strong CRVS systems

- promote gender equality;
- equip women and girls with documents that prove family relations and civil status; and
- produce statistics that are disaggregated by age, sex, and geography ([United Nations 2015](#)).

The Philippines was among the first to formalize its commitment to this initiative through Presidential Proclamation 1106 ([Philippine Statistics Authority 2015](#)), which encourages "all agencies and instrumentalities of the

¹ The Philippine Statistics Authority was established in 2013 when the Philippines government introduced one statistical body to replace four agencies: Bureau of Agricultural Statistics, Bureau of Labor and Employment Statistics, National Statistics Office, and National Statistical Coordination Board.

National Government and local government units, including government-owned or -controlled corporations, in consultation with the private sector, development partners and the citizenry” to actively support all activities and programs relevant to “Get Every *Pinoy* (Filipino) and *Pinay* (Filipina) in the Picture.” Furthermore, the Philippines served as vice-chair of the Regional Steering Group and remains a member of the group (United Nations 2015).

Baseline information from 2015 indicates that 135 million children under the age of 5 in the Asia Pacific region have not had their births registered. Further, 36 out of 47 members and associate members of the United Nations Economic and Social Commission for Asia and the Pacific possessed CRVS systems that were categorized as “dysfunctional,” “weak,” or “functional but inadequate.” These results are drawn from self-assessments conducted in 2010 and 2013. The Regional Steering Group will complete a mid-decade assessment before the end of 2019 (United Nations 2019).

It’s important to note that the Philippines had committed to strengthening civil registration before the declaration of the Civil Registration and Vital Statistics Decade. In 1991, President Corazón Aquino implemented Proclamation 682 declaring the month of February Civil Registration Month (Philippine Statistics Authority 1991). Each year, this month-long celebration adopts a theme and features events throughout the country. In February 2019, the theme was “Inclusive and Responsive: Working Smarter Through Innovation.”

As countries play a critical role in building strong CRVS systems, the global community must find ways to support work at the country level.

BUILDING ON A SOLID FOUNDATION

To effectively address the needs of women and girls, CRVS systems require a strong legal framework and development plans, a clear governance structure, and access to sustainable financing. This means introducing laws and processes that specifically address the concerns of women and girls.

Legal framework

A strong CRVS system relies on clear legal frameworks and development plans. In the Philippines, the *Civil Registry Law of 1930* and the *Philippine Statistical Act of 2013* govern the CRVS system. Other laws include:

- Provisions for respecting the traditions and religious beliefs of Muslim Filipinos and Indigenous peoples;
- Guidelines for the use of a father’s surname by children of unmarried parents, granting benefits usually accorded only to legitimate children; and
- Correction of errors in civil registration documents to ensure the integrity of civil registration records.

The Office of the Civil Registrar General provides additional legal frameworks, such as Memorandum Circulars, to provide special services for pregnant women, senior citizens, people with disabilities, and overseas Filipino workers.

A CRVS system that provides for women and children cannot exist in isolation. For that reason, CRVS laws and circulars were crafted in conjunction with legal protection for women and children, including the Philippines’ *Magna Carta of Women*.

Clear governance

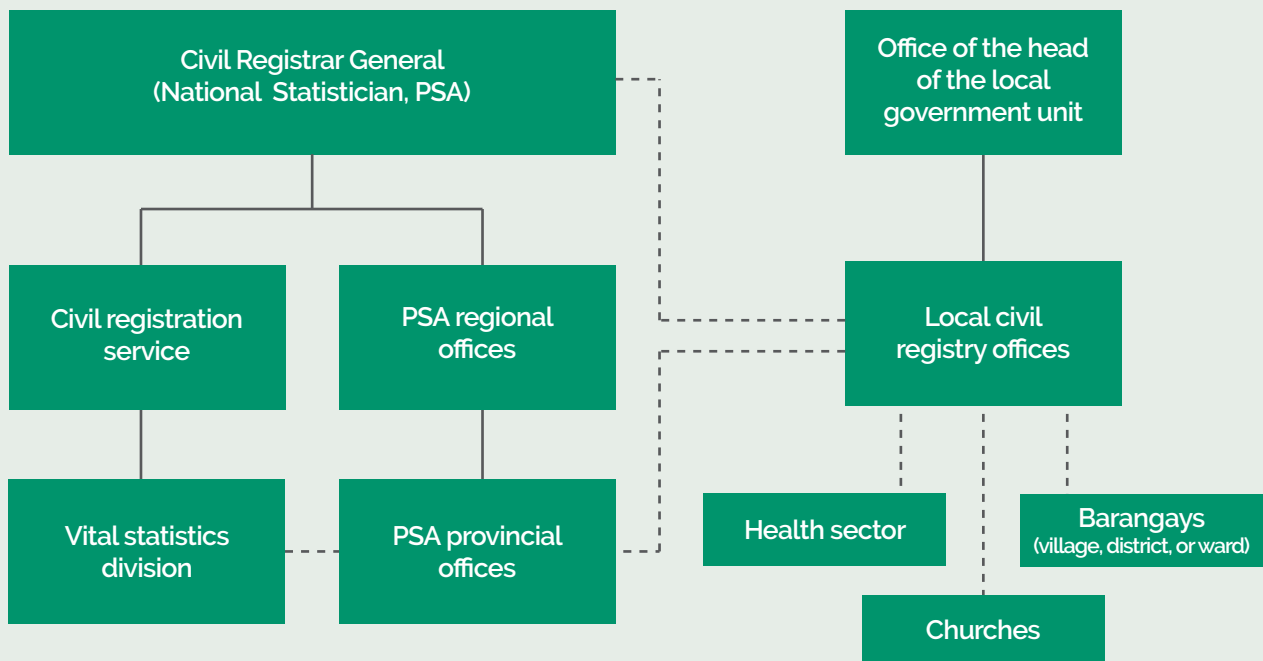
The Philippines' National Statistician is also the Civil Registrar General. The Philippine Statistics Authority (PSA) is responsible for managing civil registration processes and maintaining the central civil registration database. Civil registration begins at the local level with 1,637 local civil registrars who operate under a mayor. Local civil registrars submit all civil registry documents to the PSA. However, the Civil Registrar General is responsible for laws, policies, and technical guidelines related to CRVS.

The Philippines' CRVS system was created in the 1930s with the ratification of the *Law on Registry of Civil Status*, which made civil registration a mandatory public service. The *Philippine Statistical Act of 2013* made the PSA responsible for civil registry law and appointed the National Statistician as Civil Registrar General.

The *Local Government Code of 1991* provided fiscal autonomy to local governments. It devolved the delivery of most services, including embedded civil registration functions with local civil registrars. The code requires that local civil registrar offices compile and submit all registered civil registry documents in their municipalities within the first 10 days of the month following registration to the PSA. The Civil Registrar General provides technical oversight for all local civil registrar offices (Figure 1).

This decentralized structure reduces barriers and increases registration of vital events. This greatly benefits women and girls, who will have all stages of their lifecycle captured by the CRVS system.

Figure 1: The Philippines' CRVS system governance structure.



Source: Philippine Statistics Authority (PSA)

Sustainable financing

Through the *General Appropriations Act*, the Philippines government provides the PSA funding for personnel, overhead expenses for the PSA's civil registration office, and physical and IT facilities. Frontline services, digitizing civil registry documents, and innovations to information technology in civil registration are done through a public-private partnership (PPP), referred to as the Civil Registry System Information Technology Public-Private Partnership Project Phase II (CRS-ITP2). The PSA successfully secured a private partner with the assistance of the Public Private Partnership Center of the Philippines in 2016.

The public-private partnership has enabled the PSA to innovate the CRVS system by

- digitizing civil registry documents;
- maintaining a central civil registration database that can be accessed by the PSA and its partners from anywhere in the country;
- adding channels to access documents online, by telephone, and at stand-alone kiosks; and
- delivering frontline services to citizens.

Working women can request civil registration documents online and by telephone, so they do not need to leave work and lose income. PSA monitoring in 2019 indicates that these innovations have allowed the nationwide CRVS system to process 60,000 to 80,000 civil registration transactions each day.

Gender-focused CRVS systems

Through the PPP, the Philippines has created special priority lanes, increased space in waiting areas for women and children, and introduced breastfeeding rooms. In disaster situations where citizens lose their birth certificates at the village or municipal level, these documents can be reconstructed using information from the PSA's digitized central database, providing women and children documents needed to access basic services. This was the case when Typhoon Haiyan hit the city of Tacloban in Central Philippines and local civil registrars lost all civil registration documents due to the floods.

SUSTAINING GROWTH THROUGH PARTNERS AND CHAMPIONS

Strong partnerships between individuals and institutions are essential to moving from legal frameworks and development plans to an active CRVS system. Some partners become champions by using their influence to gain support for CRVS, offering consistent support to CRVS system authorities, and amending existing CRVS laws or crafting new ones.

Ministers as champions

The Philippine Statistics Authority's (PSA) first champions were the ministers of socioeconomic planning and budget under the Benigno Aquino administration. They substantially increased the PSA's budget and provided for the construction of new central office and some subnational office buildings ([Republic of the Philippines 2015–2019](#)). These champions change as the political landscape changes. For the PSA, the ministers of socioeconomic planning and budget under the Rodrigo Duterte administration continued to act as CRVS champions.



Photo: Dave Llorito / World Bank

Champions for women and children

To meet the needs of women and children, CRVS systems need champions that focus on their concerns. In the Philippines, these champions are institutional partners such as the Philippine Commission on Women and the Philippines' Department of Social Welfare and Development. The PSA and these government institutions regularly discuss CRVS issues as they relate to women and children. Other champions include non-government organizations such as Plan International and World Vision. These organizations work with women and children on the ground and promote issues, such as the need for birth certificates to access government services and the importance of obtaining death certificates for husbands and fathers so women can receive death benefits.

Long-term, valuable partnerships

Over time, institutional partners and champions can become sustainable partners. Coordination at various levels of the bureaucracy helps cement relationships and create partnerships that lead to institutional champions. The PSA has developed strong institutional partnerships with many of the agencies on the PSA Board, the Philippines' highest policymaking body on statistics, and the agencies that make up its Inter-Agency Committee on CRVS. At the local level, PSA subnational offices have forged strong partnerships with local civil registry offices. As a result, local civil registrars support the PSA by conducting household advocacy campaigns in their cities and municipalities to encourage people to participate in censuses.

Activities to promote CRVS

Partnerships can include both formal and informal activities. Formal activities include:

- Annual Civil Registration Month every February;
- Biennial National Workshop on Civil Registration;
- Biennial National Convention of Solemnizing Officers;
- Regular programs to discuss CRVS on radio and television;
- Regular special training and seminars to discuss special issues; and
- Updated Memorandum Circulars from the Civil Registrar General.

Informal activities include fellowships with local civil registrars and users of civil registration. For instance, the PSA participates in the annual National Women's Month every March by releasing the Women and Men FactSheet, which is sourced from censuses, surveys, administrative records, and the PSA's central civil

registration database. Many CRVS champions for women and children are female heads of institutions, including the Philippine Commission on Women and the Department of Social Welfare and Development.

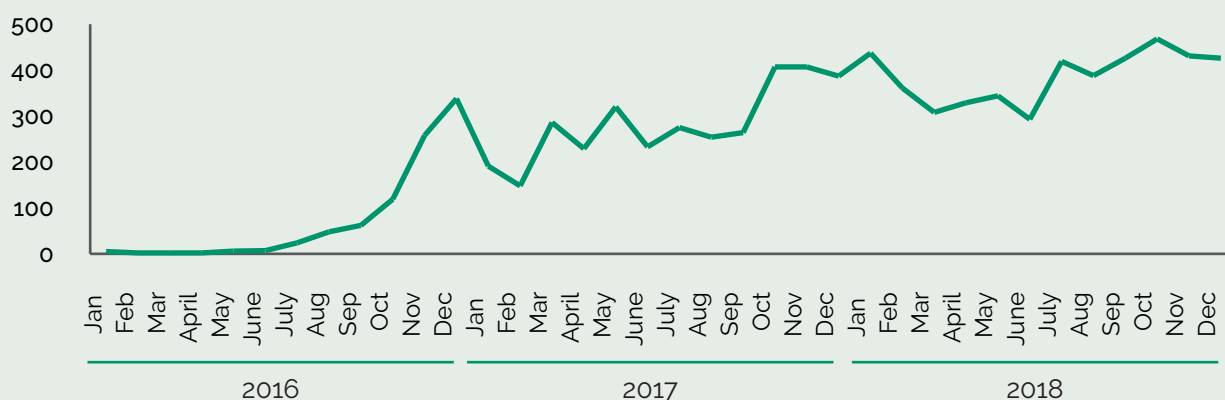
Value of partnerships

Presented as part of an overview of current CRVS issues during the fourth meeting of the United Nations' Regional Steering Group, Figure 2 illustrates the dramatic improvement that occurs when different CRVS stakeholders in a country coordinate their work and adopt a whole-of-government approach (Chowdhury 2018).

It is also essential for global partners to collaborate on the ground, as together they can drive action in countries. Global partners also provide venues for major CRVS stakeholders to share experiences and develop a support system that may not be available in their respective countries. The Philippines has benefitted greatly from its global partners, including UN agencies, PARIS21, Global Partnership for Sustainable Development Data, Open Data Watch, and Bloomberg Philanthropies' Data for Health Initiative.

Figure 2: How a whole-of-government approach to CRVS coordination can create dramatic improvement.

Number of births registered per month in 45 districts of Kaliganj, Bangladesh



| Year | Births registered | Target registration* | (%) |
|------|-------------------|----------------------|-----|
| 2016 | 873 | 5,465 | 16 |
| 2018 | 4,630 | 5,616 | 82 |

*The target is taken from immunization programs and the number of registrations from the Birth Registration Information System of the Office of the Registrar General.

Source: United Nations 2019

BUILDING TRUST

Fundamentally, a CRVS system must gain the trust of its stakeholders to encourage them to value and use the documents that it generates. In the Philippines, the following agencies and organizations recognize the birth certificates, marriage certificates, and death certificates issued from the PSA as correct and authentic:

- Schools;
- Employers;
- Embassies that issue visas;
- Insurance companies; and
- Government agencies that provide passports, driver’s licences, and professional licences.

The CRVS system can provide women and children with the legal documents they need to independently complete transactions without needing authorization from someone else, such as their husbands or their fathers. As a result,

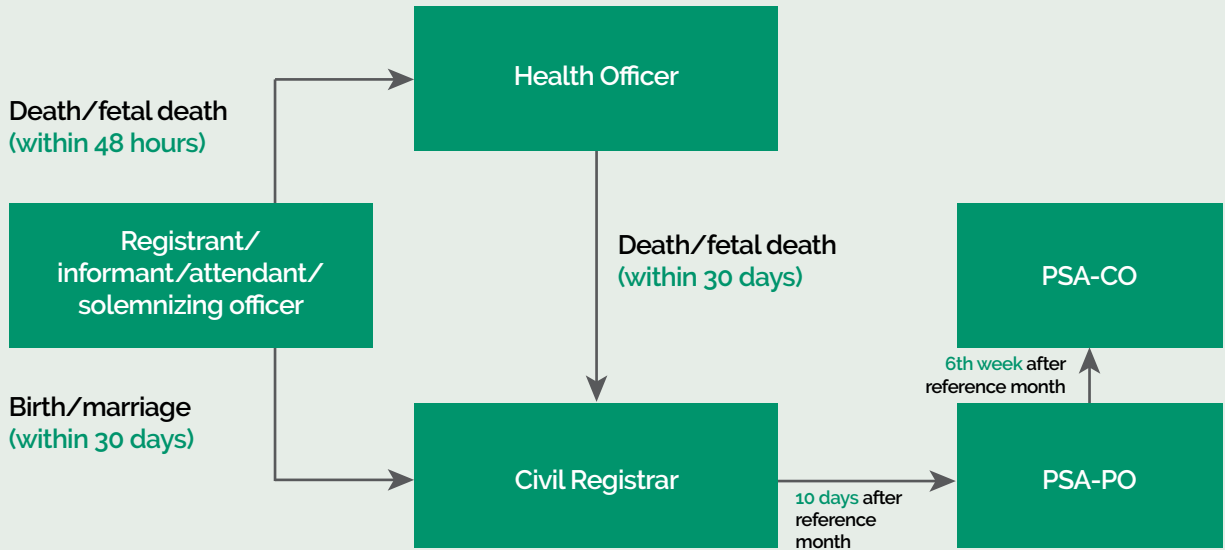
they can obtain passports or an inheritance, provide proof of marriage to their husbands, and prove guardianship of their children.

The Philippines’ CRVS system has earned the trust of its stakeholders through transparency, clear process flows, data privacy and security, and a quality assurance framework. The PSA website contains the following public information about the country’s CRVS system:

- Laws;
- Governance structure;
- Memorandum Circulars;
- Access to documents; and
- Processes.

Since 2017, the Philippines has obtained and maintained ISO 9001:2015 certification for all processes in the central office and in selected regional and provincial offices (Philippine Statistics Authority 2019).

Figure 3: CRVS process flow and major stakeholders, including the Philippine Statistics Authority Central Office (PSA-CO) and PSA provincial offices (PSA-PO).



Source: Philippine Statistics Authority (PSA)

Currently, the PSA is leading the development of a quality assurance framework for administrative data called Mechanism for Harmonization of Administrative Records, Registers, and Information Systems (M-HARRIS). The project's main objective is to improve the design of administrative forms and registers, including the CRVS system, and to produce quality data and information for use in official statistics. The PSA Board is scheduled to adopt this quality assurance framework in the last quarter of 2019 (PSA 2019).

The PSA has been recognized for its compliance with the *Data Privacy Act* and the Freedom of Information Executive Order. These certifications and awards have contributed to increased trust in the CRVS system.

MAKING CONNECTIONS

CRVS systems should be linked to official statistics and identification systems. The *Philippine Statistical Act of 2013* created the PSA to “carry out, enforce and administer civil registration functions” (Republic of the Philippines 2013). Further, the *Philippine Identification System Act* identified the PSA as the implementing agency for the Philippine identification system (Republic of the Philippines 2018).

The Philippines' case has been unique because the civil registration system, the vital statistics system, and the national identification system are housed in one government agency, the Philippine Statistics Authority. This agency is also in charge of official statistics and coordinates the National Statistical System. This setup provides a more seamless delivery of services and processing of data and statistics to support government programs and policies. Utilization of resources – budgets, personnel, infrastructure – is optimized. It must be underscored that legal frameworks are not enough. Additionally, data

privacy and security are much easier to protect since all the various databases are owned by one agency. Strong leadership and political support through the chief statistician and his/her top management team makes the laws come to life. Thus, other countries should consider this model but with the recognition of the different factors that make it successful.

Protecting women and children

For Filipino women and children, the link between CRVS systems and identification systems ensures that information on a person's name, age, and sex from their birth certificate in the CRVS system and biometrics from the ID system are captured correctly. Accurate information helps protect women and children from trafficking and provides proof of recognition by their parents, whether they are legitimate or not. The importance of the link between these systems for women and children is discussed in greater detail in the paper, *Linking National ID and CRVS Systems: An Imperative for Inclusive Development* in the second Knowledge Brief on Gender and CRVS (Gutra 2018).

Linking development with statistics

The link between a government's development plan and statistics has been recognized in the Philippine Development Plan 2017–2022, which identifies the Philippine Statistical Development Program for 2017–2023 as a parallel document for data support for planning and monitoring. For the first time, the Philippine Statistical Development Program includes a chapter on CRVS.

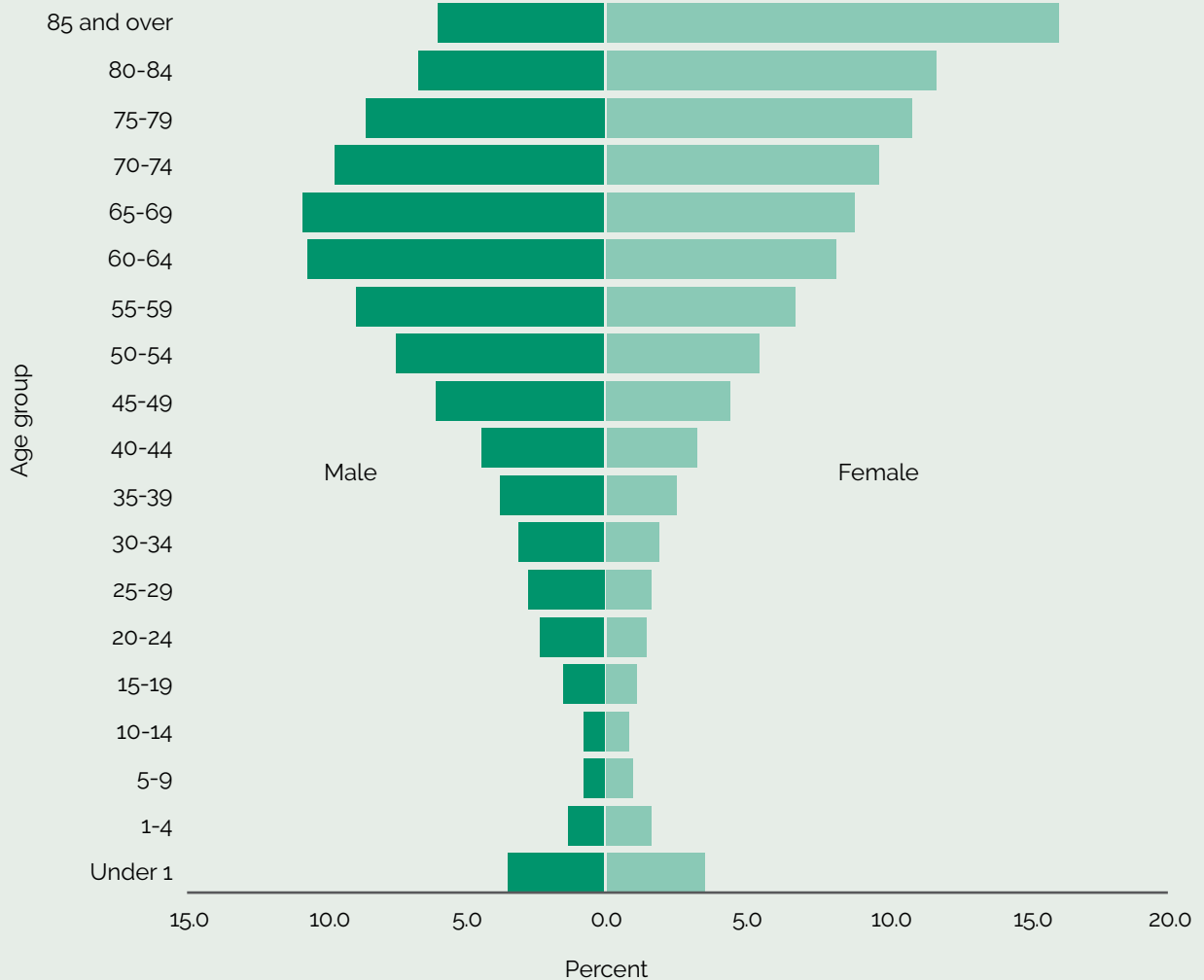
The link between CRVS and official statistics is illustrated by many of the PSA's information systems, such as factsheets on women and men, vital statistics, and even seemingly trivial statistics, such as common baby girl and baby boy names.

Vital statistics reports in 2017 include important concerns for women and men:

- More than half of babies were born to unwed mothers (53.3 percent);
- More babies were born to adolescent mothers (196,478) than adolescent fathers (52,342);

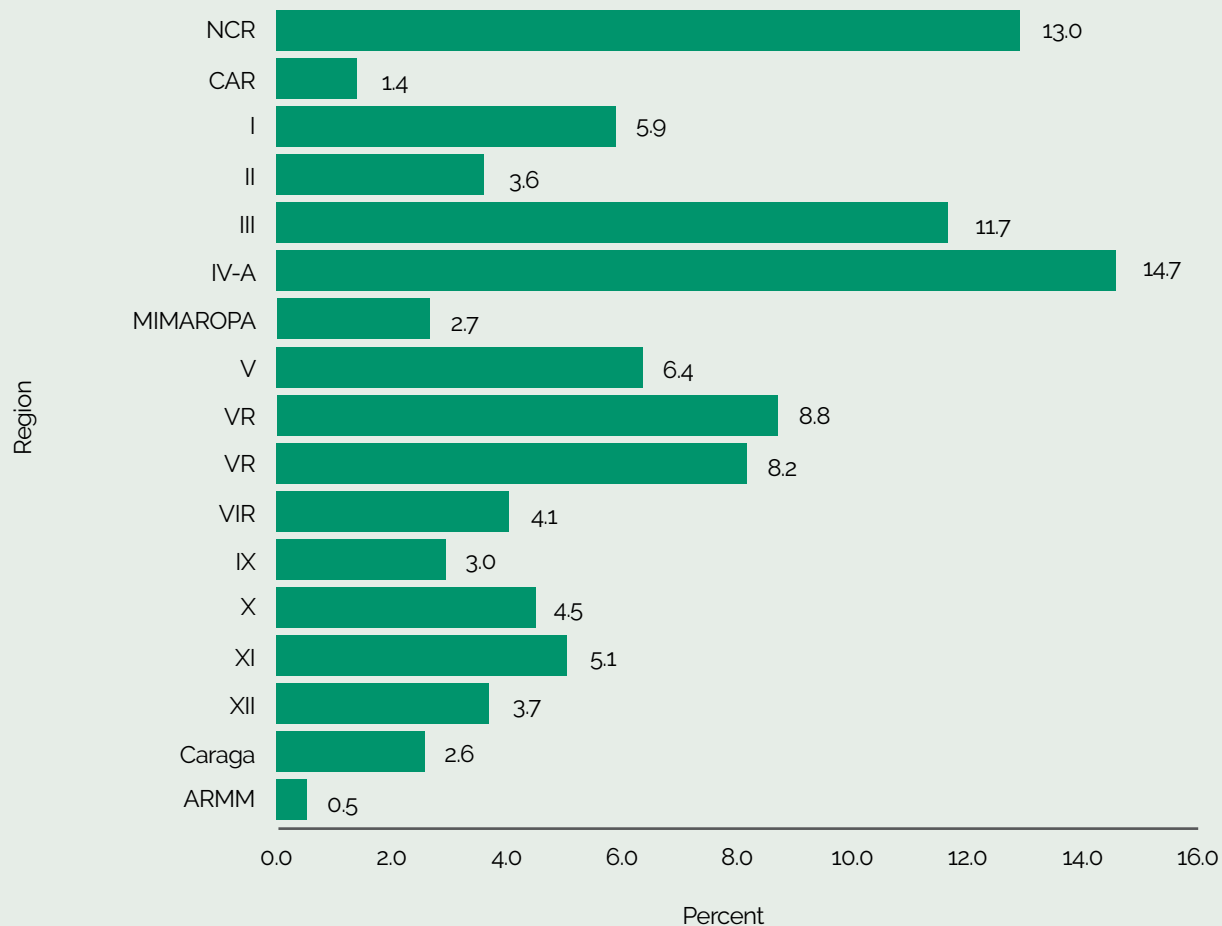
- Males died at a higher rate than females before reaching the age of 80, with the greatest variance at ages 60–64 years. This is illustrated in the special report on deaths (Figure 4); and
- Maternal deaths were highest in Region IV-A, followed by the National Capital Region (NCR) and Region VII, the urban regions of the country, according to the special report on deaths (Figure 5).

Figure 4: Philippine males died at a higher rate than females before age 80.



Source: Philippine Statistics Authority (PSA), 2019. Registered deaths in the Philippines.

Figure 5: Rate of maternal deaths by region.



Source: Philippine Statistics Authority (PSA), 2019. Registered deaths in the Philippines.

In 2015, the PSA conducted a mid-decade census of the population, known as POPCEN 2015, which included questions to determine birth registration of Filipinos. The census revealed that:

- The birth registration rate was 95 percent for both males and females; and
- The death registration rate for those who died from June 2013 to July 2015 was 91 percent, with 92 percent for deceased males and 90 percent for deceased females. It is interesting to note the gap between males and females in terms of death registration ([PSA 2015](#)).

The census also revealed the interconnection between the PSA's two services with respect to monitoring CRVS – the National Census Service, which conducts the census, and the Civil Registration Service of the PSA, which monitors registration coverage.



Photo: World Bank

NEXT STEPS

The Philippines' CRVS experiences are intended to provide useful information for implementation in other countries. We recommend that:

- **Countries work on building a strong foundation for their CRVS system, which includes legal frameworks and sustainable financing.** Countries could consider public-private partnerships (PPP) to obtain financing that would allow for sustainable and innovative delivery of civil registration services to citizens. This helps create a strong CRVS system that can provide women and children with easy, low-cost access to documentation.
- **Countries' national statistics offices encourage CRVS stakeholders to access the system for official statistics and include CRVS data in their national statistical development strategies.** Official statistics that are linked to CRVS systems provide sex-disaggregated information that governments and other stakeholders can use to introduce appropriate laws, policies, and programs for women and children.
- **The global community continues to support countries' CRVS efforts by collaborating with them on the ground and providing opportunities for countries' key CRVS players to join international discussions.** This will help women and children experience support from the global community.

- **Countries should work on quality assurance and data privacy initiatives to safeguard civil registry documents.** Ensuring data integrity equips women and children with proper identity credentials and protects the privacy and security of their individual information. This helps women and children access benefits for social protection, such as conditional cash transfers, enrollment in schools, inheritance, and access to pensions of their deceased husbands.
- **Countries should provide enabling laws or governance structures to create a clear seamless link between their national ID system and their civil registration system.** Directly linking these two systems ensure the integrity of the national ID system, promotes cost-efficiency, privacy and security of the systems. Strong leadership and strong support from other government entities should be ensured for the actualization of the laws and governance structures.
- **Countries should identify CRVS champions and enlist their support in crafting laws, obtaining required resources, and maintaining the integrity of their CRVS systems.** Champions are needed in all areas to build strong CRVS systems that address the concerns of women and children, provide additional resources to implement innovative solutions to accessibility issues, and facilitate the recovery of civil registration documents in disaster situations. Indeed, these champions make things happen for women and children!



This paper was authored by Lisa Grace S. Bersales, Professor of Statistics, School of Statistics, University of the Philippines, and formerly National Statistician and Civil Registrar General of the Philippines. 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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Knowledge Briefs on **Gender** and **CRVS**



Brief 3, Paper 2

From Cradle to Grave: Documenting the Footprints of Vulnerable Women Through Life

Photo: Peter Kapuscinski / World Bank

KEY MESSAGES

- **Vulnerable women and girls often face multiple forms of discrimination as a result of their sex, gender, ethnicity, race, religion, disability, financial status, or other unique circumstances. Civil registration and vital statistics (CRVS) systems do not always account for this.** Services underpinned by CRVS systems that may be empowering to one group of women can be disempowering to others, such as when marriage certificates for consenting adult women are used to legitimize child or forced marriage within particular subsets of a population.
- **CRVS systems and services should underpin and be underpinned by human rights.** CRVS systems are foundational to the exercise of human rights, as they operationalize every human being's right to be visible before the law. It is therefore critical that the systems themselves be designed with human rights in mind. This means recognizing that while CRVS services can be empowering for women and girls, they can be equally discriminatory or disempowering if they fail to account for the possible harms to women and girls.
- **There is sometimes a tension between different human rights frameworks, and this is reflected in how CRVS services are administered.** Women's rights frameworks and best practices are founded on the rights of each individual woman and girl, while other frameworks are designed to bestow collective rights on a particular group, such as Indigenous rights. These approaches do not always align, which can result in certain practices that are harmful to women and girls, including polygamy or child marriage being legitimated and registrable through civil registration services. This adverse impact is often lost in subsequent vital statistics. Empowering women and girls within affected communities, and listening to their needs and wishes, can help strike the fine balance between competing rights frameworks.

- **Adopting a lifecycle approach to the development of CRVS systems is key to overcoming discrimination and ensuring an adaptable human rights based approach.** The World Health Organization (WHO) has long recognized that promoting good health across the life course is critical to improving a population's health, using an integrated, multisectoral response with particular attention to gender, equity, and human rights (WHO 2019). A similar stance can be adopted to improve CRVS systems, based on the view that registration rates should be examined in relation to factors over the life course.
- **When designing human rights and lifecycle based CRVS systems, it is important to carefully consider the role of national identification.** National identification, like many civil registration documents, can either be empowering or disempowering. Requiring that applicants produce a national identification document when registering a marriage, for instance, can help the state ensure that the bride is of legal age. On the other hand, services that require women to show identification can leave women and girls powerless before the law if they do not have proper identification, such as stateless women seeking to register the birth of a child or file for divorce.

INTRODUCTION

There are not enough sex-disaggregated data available globally to form a clear picture of the intricacies and nuances of gender inequality and how they play out over the course of women's and girls' lives. Reports such as Open Data Watch (ODW) and Data2X's *Bridging the Gap: Mapping Gender Data Availability in Africa* (ODW & Data2X 2019) are reminders of how much remains to be done to ensure that women and girls are counted, and their needs recognized and addressed by the state.

The importance of a complete picture

Counting people – especially vulnerable women and girls – is complex. For those lucky enough to have access to civil registration services, their existence is captured in quantitative data. This is made possible simply by completing CRVS documents to register and update the characteristics of their legal identities over the course of their lives. These forms, notices, certificates, and surveys record key life events such as births, marriages, divorces, and deaths.

However, these documents often exclude significant parts of the narratives that make up their lives. Other qualitative and contextual data are an important part of the picture for policymakers. This information is key to tackling the highly complex issues that result in certain groups of women and girls being left behind in national development endeavours. These narratives provide context to the important role of CRVS systems. When placed in context, CRVS datasets do more than simply offer quantitative data from forms and notices. They provide evidence of the milestones of life; documents that are often fought for and obtained despite multiple hardships.

Documents essential for human rights

Given this significance, CRVS documents are naturally intertwined with their holders' human rights. In fact, they are arguably foundational to the exercise of all human rights. Article 6 of the Universal Declaration of Human Rights, for instance, bestows a right for all people to be recognized before the law. In the right circumstances, CRVS documents can provide legal certainty and empower their holders to claim rights they might otherwise forgo, willingly or otherwise.

However, CRVS datasets can sometimes sit at the heart of conflicts between competing classes of human rights – for instance between collective rights recognized within Indigenous rights discourse and individual human rights. In these situations, and depending on the context, CRVS documents can either empower women and girls or further embed discrimination and prejudice against them. Although many challenges are not always gender-specific, many of the briefs in this Knowledge Series highlight that barriers are significantly higher for women and girls.

Issues affecting the vulnerability of women and girls

This brief seeks to shine a spotlight on how women and girls in certain marginalized population groups struggle to navigate CRVS systems due to special circumstances that often amplify their vulnerability. The brief delves into some of the interrelated CRVS policy, human rights, and practical issues inherent to this area of study. The issues themselves are broad, highly complex, and context- and fact-specific. They cannot be described holistically in a short document such as this.

To illustrate some of the main points and highlight the complexity and depth of the challenges that vulnerable women and girls face around the world, this brief presents two fictional profiles of women in Kenya and the Philippines. It relies primarily on empirical and anecdotal evidence collected through key informant interviews in each country, supplemented by desk research. It is important to clarify at the outset that the assertions made in this brief are merely indicative and are intended to help policymakers reflect on the deeper issues and challenges that underpin the development of effective CRVS systems.

KENYA: STRUGGLING TO BE COUNTED WHILE STATELESS¹

With 67 living languages, Kenya is an ethnically and linguistically rich country ([Ethnologue 2019](#)). While the proportion of people living in extreme poverty has declined significantly in the past decade, around 36 percent of the population in 2015–2016 still lived on less than US\$1.50 a day, with the highest poverty rates located in rural areas in the northeast of the country ([World Bank 2018](#)).



Photo: Flore de Preneuf / World Bank

¹ Information set out in this example is drawn from an interview with Diana Gichengo, Programme Manager for Identity and Inclusion, Kenyan Human Rights Commission, except where referenced otherwise.

According to the latest available UNICEF data ([UNICEF 2013](#)),

- approximately 26 percent of the Kenyan population marries before the age of 18;
- 60 percent of births are registered; and
- 44 percent of men and over 52 percent of women believe that wife-beating is justified in certain circumstances.

The UN Committee on the Elimination of Discrimination Against Women (CEDAW) has expressed concern about the discrimination in Kenyan law that women in Muslim and customary or traditional marriages face through their explicit exemption from constitutional equality provisions ([CEDAW 2017](#)).

Within Kenya's rich cultural and ethnic tapestry, there is a small number of groups that remain unrecognized as Kenyan citizens, primarily for historical reasons. Some of these communities, such as the Makonde and Nubian peoples, have recently been granted identity cards and title deeds by the state, while others such as the

Pemba, Warundi, and Shona² groups remain stateless, unable to gain formal identification ([CEDAW 2017](#)). While these groups are some of the most left behind in the country, it should be noted that the current government is making efforts to formalize their status ([UNHCR 2019](#)).

If we were to imagine the life of a teenage girl in one of these groups through a CRVS lens, what would it look like? We'll call her 'Anaishe' from the Shona language.

Birth registration

Let's consider what the process would have been for Anaishe's stateless parents to register her birth. Kenya does not yet have a legal mechanism for determining who is a citizen or not. Historically, this has created a significant degree of discretion in birth registration, with cases of officials denying registration to people they suspected of not being citizens. Following constitutional reform in 2010, birth registration became legally universal. In practice, for stateless communities, if parents register their child within six months of birth, they do not need to show identification documents to complete the registration. If, however, parents wish to register their child after the six-month timeframe, they must show identification. If her stateless parents were unable to register her in time, it is unlikely that Anaishe could ever be registered, thus perpetuating intergenerational statelessness and its associated uncertainties.

As in many countries, the cost of late registration and the availability of registrars are also barriers to registration in Kenya. Registering a child within the six-month timeframe is free. After that period, parents must pay approximately US\$1.50, which is a substantial amount for an impoverished family. Moreover, if Anaishe's mother were unmarried or single, she would still be legally entitled to register the birth, but she



Photo: Dominic Chavez / World Bank

2 The Kenyan Government recently issued 500 birth certificates to Shona children following a campaign by rights groups and UNHCR.

would likely face substantial pressure from her community to avoid registering without adding a father's name, due to the stigma that children born out of wedlock are illegitimate children. In such situations, it is not unheard of for single mothers to 'adopt' parents, essentially asking other married couples to register the birth of her children to protect against social stigma.

Marriage and divorce registration

Kenya operates two parallel legal systems for marriage and divorce – a 'judicial' one and an extra-judicial 'customary' one, which also includes Muslim traditions for those who adhere to the Islamic faith. If Anaishe married through the judicial system, she would have to be at least 18 years of age and possess an identity card to be entitled to the safeguards pertaining to gender equality as set out in the 2010 Constitution. If, due to her statelessness, Anaishe was unable to provide an identity card, she could not legally register her marriage.

If Anaishe married extra-judicially through a customary, traditional ceremony, she would not need to produce an identity card. However, she would not be protected by the Constitution's safeguards, even though customary marriages are recognized in Kenyan law and are registrable, albeit subject to substantial bureaucracy. Registering a customary marriage would also require Anaishe to provide an identity card.

Anaishe may not be able to register a marriage – judicial or otherwise – if her parents were stateless, even with her own Kenyan identification number, as marriage notification forms require details of Anaishe's parents, including their identification numbers. A further obstacle to formalizing marriages is cost. The cost of getting a wedding certificate in Kenya ranges between US\$6 and \$8, and the ceremony itself can cost between US\$30 and \$160. These costs are prohibitive for many Kenyans.

Although most marriages in Kenya are customary, these weddings provide women with very little protection overall. They are sometimes polygamous, meaning men can take multiple wives. The weddings are usually subject to a 'bride price,' and they are perceived as being binding for life, with separation and divorce frowned upon. As they are not subject to constitutional safeguards, customary marriages are also chosen for child and forced marriage. Although child and forced marriage are illegal in Kenya, once a bride turns 18, customary marriages can be registered as if they have just taken place. The registration process for customary marriages does not appear to include checks to identify whether an 18-year-old bride might already have children, or whether she is entering the marriage of her own free will. Without these protections, marriage registration becomes an oppressive moment that further constrains the fundamental human rights of girls like Anaishe.

In Kenya, divorces, or dissolutions of marriage, operate along judicial and customary lines similar to the marriage process. While Anaishe would be entitled to initiate a divorce with proper identification documents, both judicial and customary processes require that there be a reason for the divorce. Judicially, no-fault divorces do not exist, as is the case in many former English common law jurisdictions. If Anaishe did not have an identification number as a member of a stateless community, she could not initiate a judicial divorce.

Judicial divorces in Kenya are extremely expensive. They require that parties hire a lawyer and can result in drawn-out legal battles. Moreover, divorces are heavily stigmatized and can have serious implications for women. By getting a divorce, Anaishe could risk being ejected from her community or religious congregation, or face discrimination, when making employment or other applications,

which often ask for a marital status. The stigma of divorce may even transfer to any children that Anaishe might have, resulting in their isolation too.

The grounds for customary divorces in Kenya are highly discriminatory and prejudicial to women. In divorce proceedings, Anaishe's husband may legitimately cite grounds that include a refusal to have sexual relations or even witchcraft ([Kenya Legal Resources 2019](#)). References to witchcraft as grounds for divorce even appear within judicial cases – as opposed to customary law – in the country ([Kenya Law 2019](#)). Moreover, Anaishe's statelessness could be used as a reason for marital annulment in and of itself, should her husband decide to publicly state that her identity and precise age are unknown. This would further disempower Anaishe.

In light of these issues, it becomes clear that marriage and divorce registration are not always empowering experiences. It is hard to imagine what the societal repercussions must be for women who are divorced on the basis of witchcraft, for instance, and for this ground to be permanently recorded in state legal records.

Death registration

Death registration in Kenya is extremely rare. It is even rarer for poor, rural women, because deaths are usually recorded for succession purposes. As men are more commonly the legal holders of land and other assets, they are more likely to have their deaths registered. Moreover, death registration is likely to be undertaken by the deceased's sons or other male family members to claim inheritance rights, which locks a widow out of the legal claim and renders her financially dependent on the male members of her, or of her former husband's, family. As a stateless woman, Anaishe would have no legally recognized succession rights following her husband's death.

Ultimately, it is practically impossible for people who are stateless such as Anaishe to have their own death registered, because registering a death in Kenya requires that the deceased's identification card be surrendered. Anaishe's status as a stateless girl would therefore have a profound impact on her rights throughout her life. It is likely that she would remain formally invisible to the state from the moment of her birth until well past her death.

THE PHILIPPINES: BALANCING INDIGENOUS CULTURE WITH THE MODERN STATE³

The Philippines is a vast country with a population of over 100 million people dispersed over thousands of islands. It straddles the Asian and Australian continents and its ethnic and cultural composition reflects this diversity. According to World Bank data, extreme poverty in the Philippines has fallen in recent decades and currently stands at around 21 percent. The poorest communities are those that are dependent on agriculture as their main source of income and reside in hard-to-reach rural localities ([World Bank 2018](#)). Despite one-fifth of the population still living in extreme poverty, the Filipino economy is on an upward trajectory, and the country is poised to progress from a lower-middle income country to an upper-middle income country in the near future ([World Bank 2019](#)).

While UNICEF data based on the 2010 census indicates that birth registration in children under age 5 is at 90 percent, the remaining 10 percent of unregistered children live in some of the hardest-to-reach parts of the country ([UNICEF 2018](#)). CEDAW has lauded the country for passing a *Magna Carta of Women (Republic Act No. 9710 of 2009)*, but expresses concern at the

3 Information set out in this example is drawn from an interview with Bernadeth Bonachita, Chief Administrative Officer, Philippine Statistics Authority (Caraga), except where referenced otherwise.

exemption of Indigenous and Muslim women from its protections, which can “result in unequal relations between husband and wife, including harmful practices such as polygamy and child and forced marriage, as well as unequal practices with respect to inheritance” (CEDAW 2016). These are all issues for which identification and legal proof of civil status are crucial.

CEDAW also acknowledges that “discriminatory gender stereotypes, stigmatization and the lack of adequate support systems all pose barriers to justice and to effective remedies for women, in particular those facing multiple forms of discrimination, such as women in poverty, women with disabilities, Indigenous and Muslim women, women living in geographically inaccessible areas, and lesbian, bisexual, and transgender women” (CEDAW 2016).

Numerous Indigenous groups live throughout the country, and it is estimated that between 10 and 20 percent of the population is Indigenous (IWGIA 2019). Indigenous populations in the mountains of the north of the country are collectively referred to as *Igorot*, and those in the south as *Lumad*. Each of these general groups is composed of dozens of individual tribes and population groups that have their own traditions, cultures, languages, and dialects. Within the Lumad group in the south of the country live the Manobo people, an Indigenous agriculturalist population who occupy a stretch of territory called the Pangasananan (ICCA 2019). The Manobo, like many other Indigenous groups, continuously perform a balancing act between preserving their unique traditions and way of life, while also participating as full citizens in a rapidly developing economy.

Similar to the Kenyan example, the interplay between CRVS systems, human rights, traditional lifestyles, and development is complex. What would life look like through a CRVS lens for a young woman – let us call her Diwita – growing up in the Manobo community?



Photo: Wikimedia Commons

Birth registration

All Filipinos, including Indigenous people like Diwita, are entitled to Filipino citizenship and birth registration services. If Diwita's birth was registered within 30 days, it would be free. Thereafter, it would be at the local civil registrar's discretion as to whether to apply a charge. If Diwita were born in a hospital or another health facility, her birth could be registered by medical staff there. If she were born at home, a family member or other trusted member of the community could register it.

While the process is the same for Indigenous and non-Indigenous Filipinos, Indigenous communities face particular challenges to registering births. Indigenous groups such as the Manobo often live in hard-to-reach areas, which can be a barrier to timely birth registration.

It can often cost families up to US\$20 to travel to their nearest registration point, a sum that is prohibitive. Moreover, families like Diwita's are more likely to give birth at home than in health facilities, further reducing the probability that births will be registered. This also contributes to a heightened risk of death or serious injury during childbirth for Indigenous women.

Despite these barriers, in some parts of the country, local civil registrars travel to secluded Indigenous communities to undertake registration activities. Moreover, health officers encourage Indigenous women to give birth at health facilities to mitigate against the risks associated with home delivery and facilitate birth registration.

Indigenous communities also experience obstacles that relate to language and education levels when registering births. Like all CRVS documents, birth certificates are written in English in the Philippines – a language that Diwita and her parents likely do not understand. While they can get assistance in filling in CRVS documents from local civil registrars, low levels of formal education can sometimes make it difficult to convey the importance of registration.

Moreover, because of language differences, communities such as the Manobo will provide a name to the state that differs from the name they use within their own communities. This can result in families forgetting what names they have provided to officials, making it particularly challenging to later retrieve birth certificates. Identifying the place of birth and address can also be an obstacle for communities such as Diwita's, as the names of locations used by the state and local Indigenous communities can differ. This can make it hard to determine exactly where a person was born, particularly in homebirth situations. This confusion can be compounded in cases of late registration when parents do not precisely recall where a birth took place.

Birth registration in the Philippines is closely tied to marriage status. Part of the birth registration process requires parents to provide the date and place of their marriage to establish whether their child is legitimate. While Diwita's mother would be legally entitled to register her birth regardless of her marital status – and she could opt to leave the father's name blank on the certificate – this would be looked down upon by her local community, who place great emphasis on recognizing forefathers' names on birth registration documents.

Marriage and divorce

The Philippines has separate laws for Indigenous peoples that take into account their unique status and traditions. The *Indigenous People's Rights Act of 1997* is the foundational document that safeguards traditional Indigenous culture, including the right to hold traditional marriage ceremonies. As a result, if Diwita were to marry in a traditional ceremony, her marriage could be registered and recognized by the state.

Notwithstanding this, the balance between Indigenous rights and gender rights can be a fine one and can be contradictory, as exemplified in CEDAW's comments on the Philippines' last Periodic Reports ([CEDAW 2017](#)). For instance, while the age of consent and marriage for non-Indigenous Filipinos is 18, Filipino law recognizes that for Indigenous people it is often when puberty begins. Child marriage and polygamy are common in communities such as Diwita's, and it is likely that she would be married at a young age.

Indigenous people who wish to register their marriages do not need to obtain a marriage licence prior to their wedding. They are entitled to the same marriage certificate as non-Indigenous Filipinos, but also have to submit a separate form indicating whether their marriage ceremony was traditional, and whether the marriage in question was the male's first, second, third, etc., legally recognizing polygamy.

Similar to birth registration, marriage registration is free, but municipalities may impose a fee if the marriage is not registered with the Solemnizing Officer within 15 days. In communities such as Diwita's, the community chief would be recognized as the Solemnizing Officer.

Filipino law recognizes 'dissolution of marriage,' rather than divorce for Indigenous people. Dissolution of marriage is governed primarily by traditional customs and processes and can include counselling with the community chief. Anecdotally, it is unclear how prevalent such dissolutions are and what rights, if any, women such as Diwita are afforded during these processes.

Death registration

Death registration levels within Indigenous communities are very low. Similar to the Kenyan example, deaths are usually registered for succession purposes. As a result, men with assets are more likely to have their deaths recorded than women like Diwita. The implications for inheritance for widows are also bleak, keeping in mind CEDAW's comments on this issue as set out above.

While Indigenous women such as Diwita have rights recognized in law and can access CRVS services in principle, they face both practical and identity-related obstacles. Practical obstacles relating to cost, language, and access are difficult and expensive to address, but not impossible to overcome.

The contradictions between the collective right to an Indigenous identity and individual fundamental rights are more subtle and harder to remedy. Empowering Indigenous women and girls such as Diwita is key to finding this balance. This requires more available data and statistics on the numbers and circumstances of Indigenous births, the occurrence of harmful practices such as child marriage and polygamy,

the prevalence of marriage breakups and details on how assets are divided, and an increase in the number of death registrations of women.

CONCLUSIONS

This brief has sought to shine a spotlight on how women and girls in certain marginalized population groups struggle to navigate CRVS systems due to special circumstances that often render them more vulnerable than other parts of the population. This is a complex and convoluted area of research that includes numerous factors at any given time. The examples from Kenya and the Philippines highlight that CRVS documents and processes are more than just quantitative data. They can be empowering tools for vulnerable women and girls, but only if their issuance takes into account contextual circumstances.

While some barriers such as cost, language, and difficulty accessing CRVS services due to distance can be difficult to overcome, they can be addressed through investments in services. Other obstacles are more subtle and relate to the multiple forms of discrimination that vulnerable women and girls face, an absence of human rights and lifecycle approaches to the development of CRVS systems, or a failure to adequately consider what effects particular CRVS policies might have on certain groups.

To account for these considerations, policymakers, academics, civil society activists, and others involved in developing CRVS systems should consider the following questions within their design processes:

- What are the various types of discrimination, disempowerment, and exclusion that various groups of women and girls face? Are there multiple overlapping forms of discrimination that need to be understood through a CRVS lens?

- Are any new proposed CRVS processes compliant with international human rights standards? Do CRVS processes take into account the possible harms that could occur to vulnerable women and girls from their implementation? Is there enough organizational flexibility and adaptability to ensure that CRVS processes protect vulnerable women and girls?
- Are CRVS systems being designed with a lifecycle approach in mind? Do they consider the different types of issues that vulnerable women and girls may face at different junctures in their lives – from birth through to death? Do the various parts of the CRVS systems talk to each other and join up?
- Are CRVS services contingent on presenting national identification? In what circumstances is this appropriate and empowering, or a barrier and hindrance to empowerment? What alternative measures are feasible?
- Overall, are there processes in place to monitor and evaluate CRVS processes on a regular basis to capture what is working, what is not, and where improvements need to be made? Are there indicators and metrics that relate to marginalized and vulnerable groups of women and girls within standardized monitoring and evaluation processes and gender-related results frameworks?



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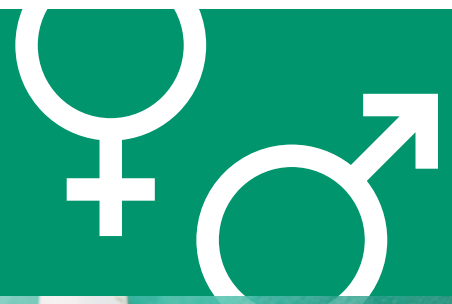
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Knowledge Briefs on **Gender** and **CRVS**



Brief 3, Paper 3

The Dangers of Gender Bias in CRVS and Cause of Death Data: The Path to Health Inequality



Photo: Dominic Chavez / World Bank

KEY MESSAGES

- **Women and men are not equal when it comes to health outcomes anywhere in the world.** Understanding these differences is essential for designing and implementing policies that aim to reduce gender inequities.
- **Civil registration and vital statistics (CRVS) systems provide critical sex-disaggregated data** on the number of deaths and the leading causes of deaths occurring in a country.
- **Gender bias can result from diagnoses made by physicians, incentives to under-report certain conditions, or inadequate reporting of some causes of death specific to women** (e.g. maternal conditions) which then go unreported, impacting the quality and representativeness of cause of death statistics.
- **CRVS systems can help countries understand inequities in health outcomes for men and women.** By providing routine, timely data on the number of deaths by age and sex, CRVS systems allow countries to more easily identify and understand changes in the mortality pattern for different population groups over time.
- **The quality of cause of death reporting for women varies by region and level of performance of the CRVS system.** At the global level, causes of death reported by countries for women are of lower quality than those reported for men.
- **CRVS systems play a critical role in documenting and exposing gender-based violence (GBV) statistics.** However, current classification systems make it difficult to produce robust estimates of intimate partner violence resulting in death from vital registration systems.

INTRODUCTION

Evidence proves that women and men are not equal when it comes to health outcomes across time, location, and culture (WHO 2019). There are biological differences that impact the likelihood of dying at a given age, such as a higher life expectancy for women than men, and some causes that lead to death in males, such as testicular cancer, or females, such as pregnancy-related deaths. However, biological sex only accounts for a fraction of these differences.

It is essential to differentiate between sex and gender. In this brief, we have used the World Health Organization's (WHO) definition of sex to refer to the biological characteristics that define humans as male, female, or intersex (WHO 2019). Gender refers to the socially constructed norms, roles, and relations among women, men, boys, and girls as well as the expressions and identities of women, men, boys, girls, and gender-diverse individuals.

There are also socio-cultural norms associated with gender roles that influence the life experience of men and women differently and impact their health and wellbeing (Heymann et al. 2019). The mechanisms for this differential impact include exposure to different risk factors (Hawkes and Buse 2013), inequities in access to health care, specific health-related behaviours (Vari et al. 2016), and gender norms (Weber et al. 2019). Understanding these differences helps countries design and implement policies that aim to reduce gender inequities in health, and move towards achieving the Sustainable Development Goals (SDGs) (UN Women 2018; Tannenbaum et al. 2019).

"Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability, and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics" (UN General Assembly Resolution 68/261).

Countries need sex and gender-disaggregated data to inform health policy decision-making and prioritize interventions that improve the health status of the population as a whole, and ensure that no one is left behind (Heymann et al. 2019). Even though there has been considerable progress in the availability of gender statistics,¹ there are still unacceptable gaps (Tannenbaum et al. 2019; Perez 2019). This lack of sex-disaggregated data has resulted in an incomplete picture of women's and men's health, and the gaps that persist between them. Such data are required to identify key challenges and opportunities to accelerate progress towards ending extreme poverty and boosting shared prosperity in a sustainable manner (World Bank 2016).

Civil registration and vital statistics (CRVS) systems are responsible for capturing, registering, and compiling all of a country's vital events to produce reliable and timely statistics about the number of vital events in a country or region, including at least births, deaths, and causes of death (AbouZhar et al. 2019). Vital statistics are the cornerstone of population and socioeconomic policies and provide a country's decision-makers with critical information for resource allocation and health priorities, including women's and girls' health (Phillips et al. 2015).

1 Gender statistics are defined as statistics that adequately reflect differences and inequalities in the situation of women and men in all areas of life (United Nations 2006).

CRVS systems are critical for monitoring and achieving 12 of the 17 SDGs by providing information for 67 of the 232 SDG indicators (Mills et al. 2017). This makes CRVS systems effective tools for women's empowerment and essential for closing the gender data gap (Dincu and Malambo 2019). Seventy-three SDG indicators require sex disaggregation and 13 additional indicators apply only to women, resulting in a total of 86 gender-relevant indicators.

This brief explores the gender data gap in mortality reporting systems through CRVS systems worldwide. We describe the differences in death registration for males and females, as well as the quality of cause of death (COD) assigned to these by physicians. We also specifically look at deaths caused by gender-based violence and how these are reported (or not) by countries.

Men, women, and other genders face different health problems during their lifetime, and the leading causes of death are different for each group. Our study looks at the different patterns of death registration, as well as the quality of death certification from a sex perspective. As available data included only sex information (male and female), we were unable to explore differences with intersex or other non-binary gender identities.

To our knowledge, this is the first and largest study exploring global mortality from a gender perspective. We used the WHO mortality database and included more than 100 countries.² Our analysis includes all countries with a population over 90,000 people that reported to WHO from 2000 to present. It is important to remember that countries that report to WHO have relatively stronger CRVS systems than those that do not. This limits the generalization of our findings.

GENDER, MORTALITY, AND CRVS

The performance of CRVS systems in registering births and deaths is heterogeneous across the globe (Bhatia et al. 2019). In many low- and middle-income countries (LMICs), the level of registration completeness is poor and the quality of information collected is below international standards (AbouZhar et al. 2019). Even within the same country, death registration completeness is not equal across population groups, meaning that individuals do not all have the same probability of being registered by the CRVS system when they are born or when they die. Some factors that influence the probability of an individual being registered at birth or after death include the sex of the deceased, residence in rural vs. urban areas, mother's education level, socioeconomic status, or distance to a civil registration office (Suthar et al. 2019; Peralta et al. 2019).

Differences in mortality rates for males and females have been thoroughly reported and analyzed (Alkema et al. 2014; Crimmins et al. 2019). Multiple studies have investigated whether these differences are the result of biological sex (Waldron 1983), health behaviours specific to women or men, or social norms linked to gender roles (Heymann et al. 2019). Most of these studies assumed that women and men were properly represented in civil registration information systems. There has been less investigation into whether women or men have been systematically excluded from civil registration systems or if the quality of recorded information is different. This is especially important for deaths that occur in communities or rural areas for which there is little incentive, or even disincentives, for death registration (Dincu and Malambo 2019).

² We included all countries reporting to WHO since 2000 with a population higher than 90,000 people and a completeness of the dataset over 70 percent.

One of the first attempts to show that women were not being captured in CRVS systems was the analysis of birth and death rates in India, which concluded that the difference between the sex ratios in several Asian countries and Europe was the result of discrimination against girls and women (Sen 1990). More recent studies in Ecuador (Peralta et al. 2019) and Brazil (França et al. 2014) not only reveal disparities in registration completeness among regions, but also show that women are less likely to be registered at death. These studies also looked into the quality of the causes of death reported through the mortality registration system. They concluded that the proportions of unusable codes³ and ill-defined codes⁴ were higher among women than men. This was also reported in a study of deaths in rural areas in Morocco (Silva 2016).

When CRVS systems do not capture all deaths, they are prone to misrepresent some population groups. In other words, the statistics produced from incomplete civil registration systems are unlikely to capture the real picture of mortality, reflecting instead statistics of those with more access to CRVS services, and leading to biased estimates of measured outcomes. On the other hand, strengthening CRVS systems will provide better quality and more accurate information for both women and men, which will help uncover differences in leading causes of deaths.

We calculated the ratio of the crude death rate (CDR) in males over females for all countries in the WHO mortality dataset.⁵ This analysis shows that the ratio of death rates for males and females varies across countries and regions.

Sex ratios between countries ranged from higher mortality rates in females in a few countries (e.g. Norway or Switzerland) to higher mortality rates in males in most countries. For example, Northern European countries had a median ratio of 0.95 for the studied period, compared to 1.31 in Southern and Central America (Figure 1).

When looking at the progression of the ratio over time, we can see two different phenomena. First, ratios for most regions have moved closer to 1 in the past 20 years in all regions. Second, regions are becoming more homogeneous in terms of the ratio of death rates for males and females with a narrower range of ratios (see Figures 2 and 3). It is also apparent that the considerable differences between countries and regions tend to decrease over the years, approximating the “natural sex-ratio” of 1.0 to 1.1. This means that most countries are moving towards narrowing the gap in death rates between males and females. The distinction between male and female mortality rates depends heavily on the circumstances in which individuals live and mortality-related epidemiological conditions (Crimmins et al. 2019). The fluctuation over time in the relative level of mortality rates for men and women does not simply mirror epidemiological changes in the distribution of cause of death, but also reflects differential changes in exposures to risk or behavioural patterns for men and women (Yang and Kozloski 2012).

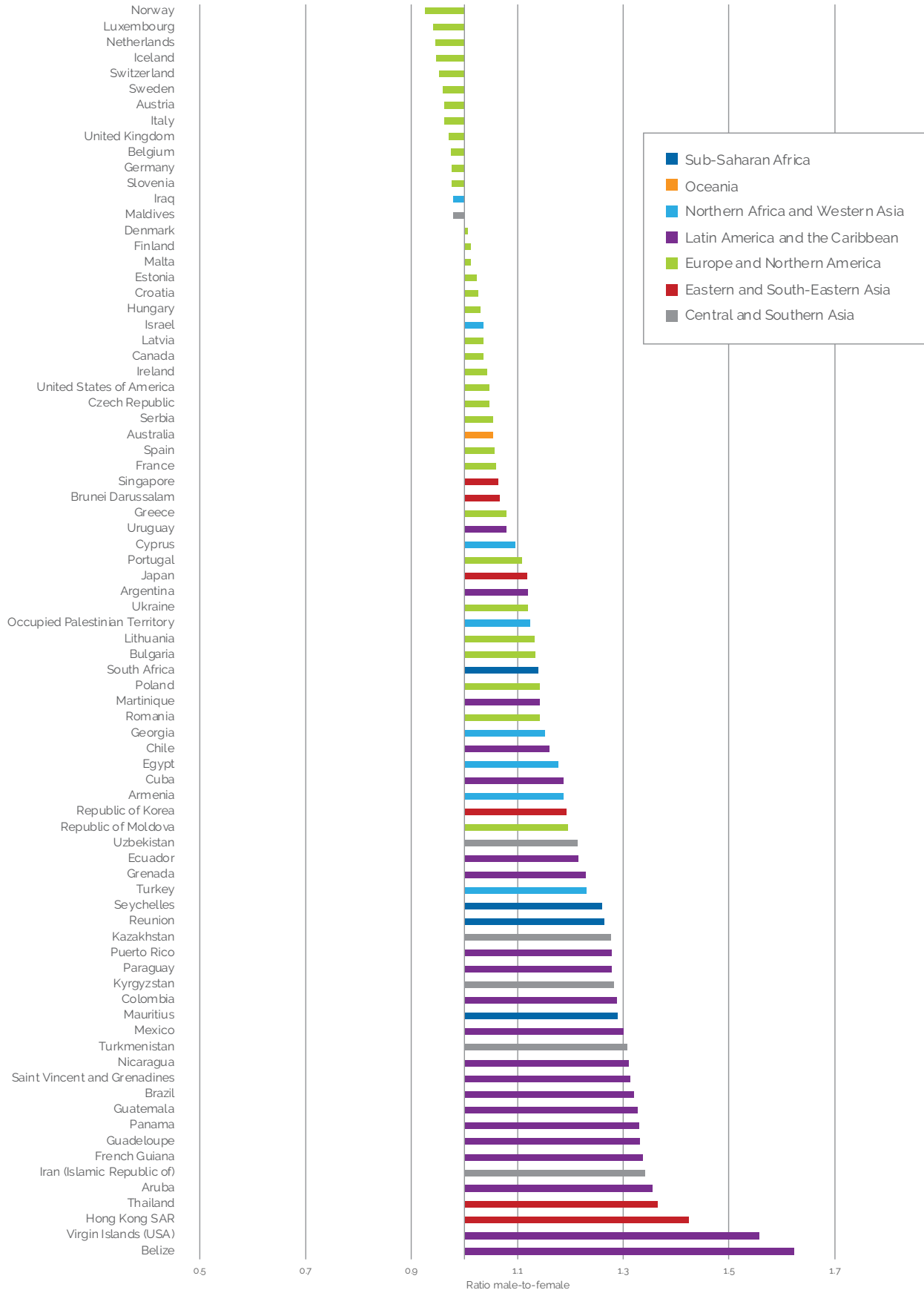
The differences in mortality ratios between countries and their declining time trends demonstrate the need to better account for underlying causes. Functioning CRVS systems can expose these differences as a first step in

3 Unusable codes are those that have no use in informing public health policy, as the related underlying cause of death is too vague, or simply impossible.

4 Codes included in Chapter XVIII of the ICD-10 classification. This chapter includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.

5 We have calculated the crude death rate for each country and then estimated the ratio of male-to-female rates. See the “Methodological note” section for details.

Figure 1: Ratio of male-to-female death rates from 2015 deaths.



understanding inequities in health outcomes for men and women. By providing routine and timely data on the number of deaths by age and sex, countries can more easily identify and understand changes in the mortality pattern for different population groups over time.

Note that the WHO mortality dataset used in this analysis contains data from countries reporting to this dataset. This is not a random selection of countries across regions or income status. Countries included in this dataset are usually

those with functional CRVS systems capable of producing cause of death statistics routinely. As mentioned above, there is evidence that the completeness of civil registration systems may affect the ratio of death rates for males and females, since females are less likely to be registered in these environments (Dincú and Malambo 2019; Silva 2016). Further data collection is required to determine exactly how sex ratios from CRVS systems are affected by completeness of birth and death registration.

Figure 2: Ratio of male-to-female death rates by region 2000–2015.

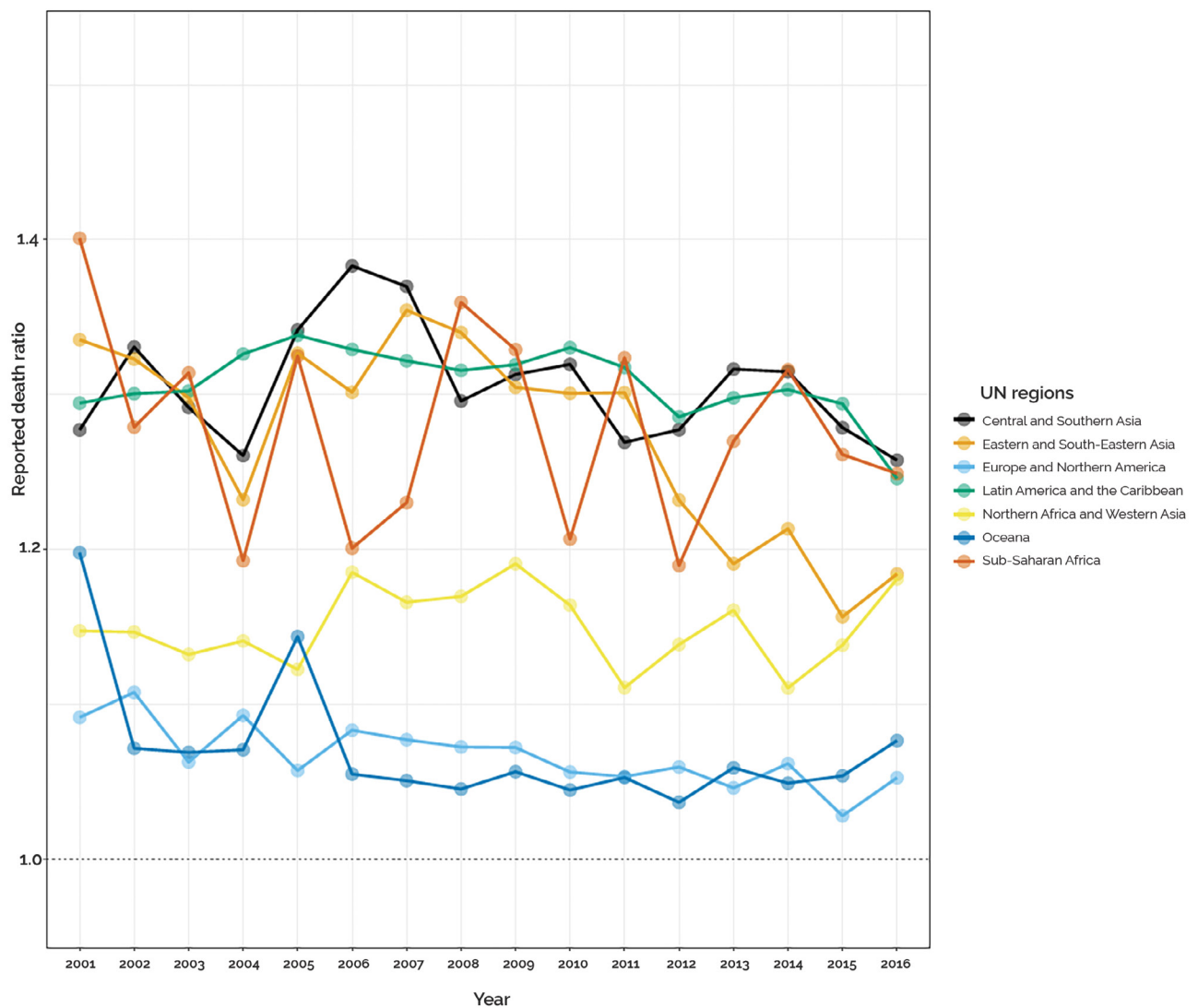
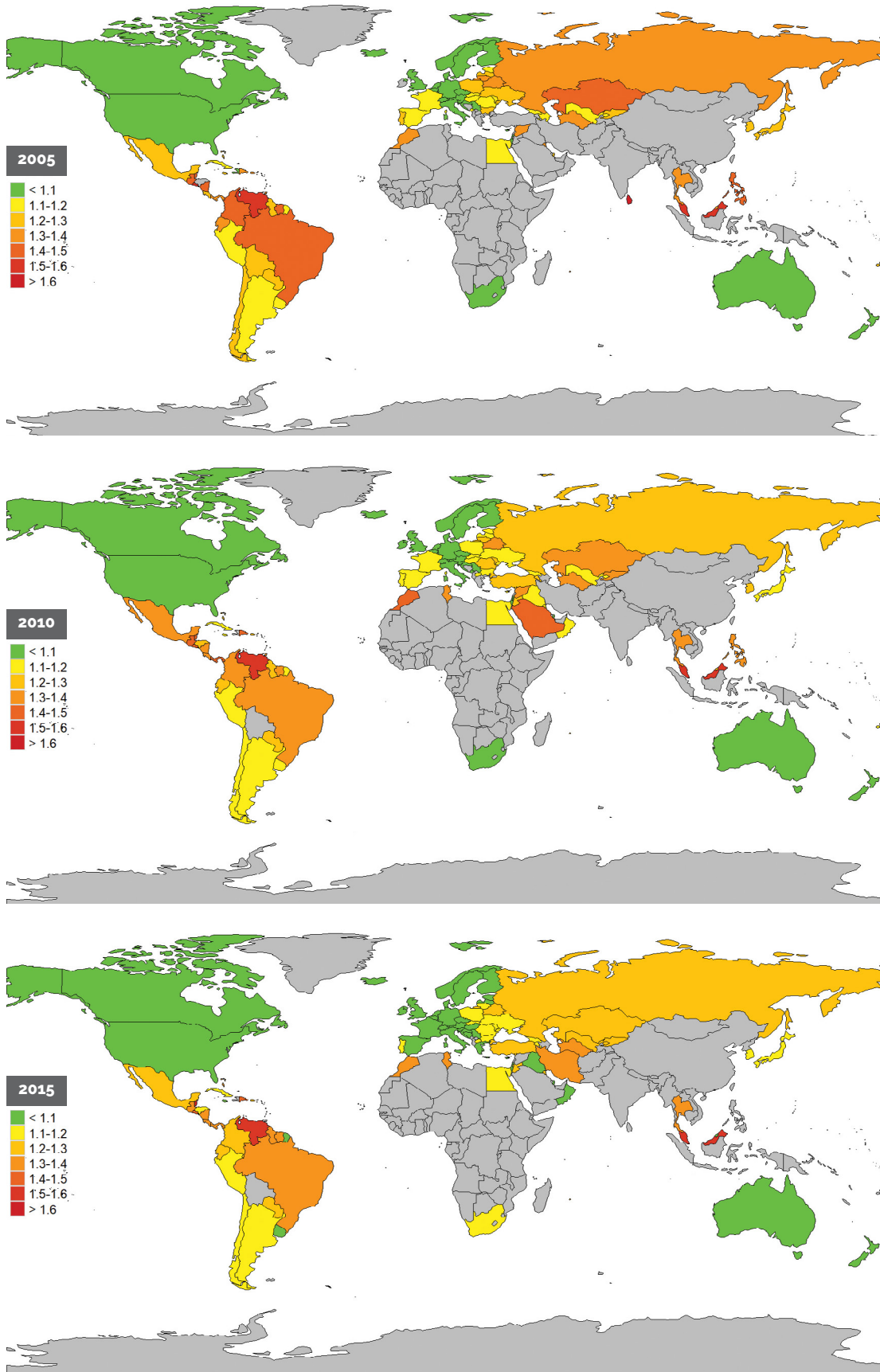


Figure 3: Map representing male-to-female sex ratios from reported deaths.



HEALTH SYSTEM BIAS AND CAUSES OF DEATH

Over the course of their lifetime, men and women have different health needs and interact differently with the health system. As in society, gender norms are embedded in health systems, which contributes to disparate health outcomes for men and women. Gender differences in health have been historically neglected by health system interventions. Health systems are not gender neutral, yet health interventions are designed and implemented with a gender-blind approach that neglects differences (Heymann et al. 2019; Hay et al. 2019; Percival et al. 2018). Among other reasons, this has contributed to the inability to reduce maternal mortality in the poorest areas of the world, HIV incidence in young girls in Southern Africa, and fatality rates among young men due to road traffic crashes (Morgan et al. 2018; Gupta et al. 2019).



Photo: Aye Zaw Myo / World Bank

The lack of gender lens has led to a bias in the health system (Vong et al. 2019). Gender bias⁶ has implications in the diagnosis and treatment of both male and female patients. Historically, only male participants were included in clinical research, which led to a lack of evidence and knowledge of other genders (Hamberg 2008). Evidence from high-income countries shows that gender bias contributes to excess mortality for women as compared to men in conditions that affect both sexes beyond maternal conditions. Even though this could be partly explained by different biological responses for males and females, such as the link between menopause and the risk of cardiovascular diseases (CVD), it is also influenced by physician gender bias, which leads to men and women being treated and diagnosed differently (Salles et al. 2019; Gudnadottir et al. 2017; Horton et al. 2016).

One of the most prominent examples of physician gender bias is related to cardiovascular diseases (Aggarwal et al. 2018). Historically, CVD has been seen as a health problem linked to men, even though it is also the leading cause of death (COD) among women (Woodward 2019). Guidelines for managing CVD in women relied on studies for which only males were recruited, leading to “wrong treatment” recommendations for women. In addition, physicians are less compliant with the application of these protocols for women (The Lancet 2019). A growing body of evidence shows that females are less likely than males to receive treatment for ischemic heart disease, especially if they are young (Gudnadottir et al. 2017; D’Onofrio et al. 2015; Daugherty et al. 2017). Women suffering from myocardial infarction are less likely to receive secondary prevention treatment, despite substantial efforts made recently to reduce sex disparities in the implementation of guidelines (Peters et al. 2018). As a consequence of this

6 Gender bias in medicine has been described as either an unintended, but systematic neglect of women’s or men’s wishes or health needs, or as a neglect of gender issues relevant to the topic of interest.

unequal and not evidence-based treatment, women have worse health outcomes than men after suffering from CVD ([Pagidipati and Peterson 2016](#)).

Women are also negatively affected by gender bias among healthcare providers for treatment of mental health disorders. A study of gender and mental health in China found significantly higher rates of schizophrenia among women than men ([Pearson 1995](#)). The same study showed that hospital bed occupancy did not reflect the male-female ratio, since males were more likely to occupy a bed.

How can gender bias in health systems influence statistics about causes of death?

The gold standard for reporting cause of death is to have a physician identify the underlying cause of death (uCOD) and code the cause using the rules and procedures established by the International Classification of Diseases for Mortality and Morbidity Statistics (ICD) ([WHO 2020](#)). Among other factors, the quality of cause of death statistics depends on the ability of the certifier to identify the true underlying cause of death⁷ and report it according to international standards.

Errors in cause of death certification are common across the world, even in countries with very advanced health information systems. This greatly reduces the policy value of mortality data used to inform policy decisions ([Mikkelsen et al. 2020](#)). In six high-income countries, the quality of medical certification of cause of death was suboptimal with the potential to misguide the design or implementation of health interventions ([Mikkelsen et al. 2020](#)). This is due to a lack of training for physicians on how to fill out death

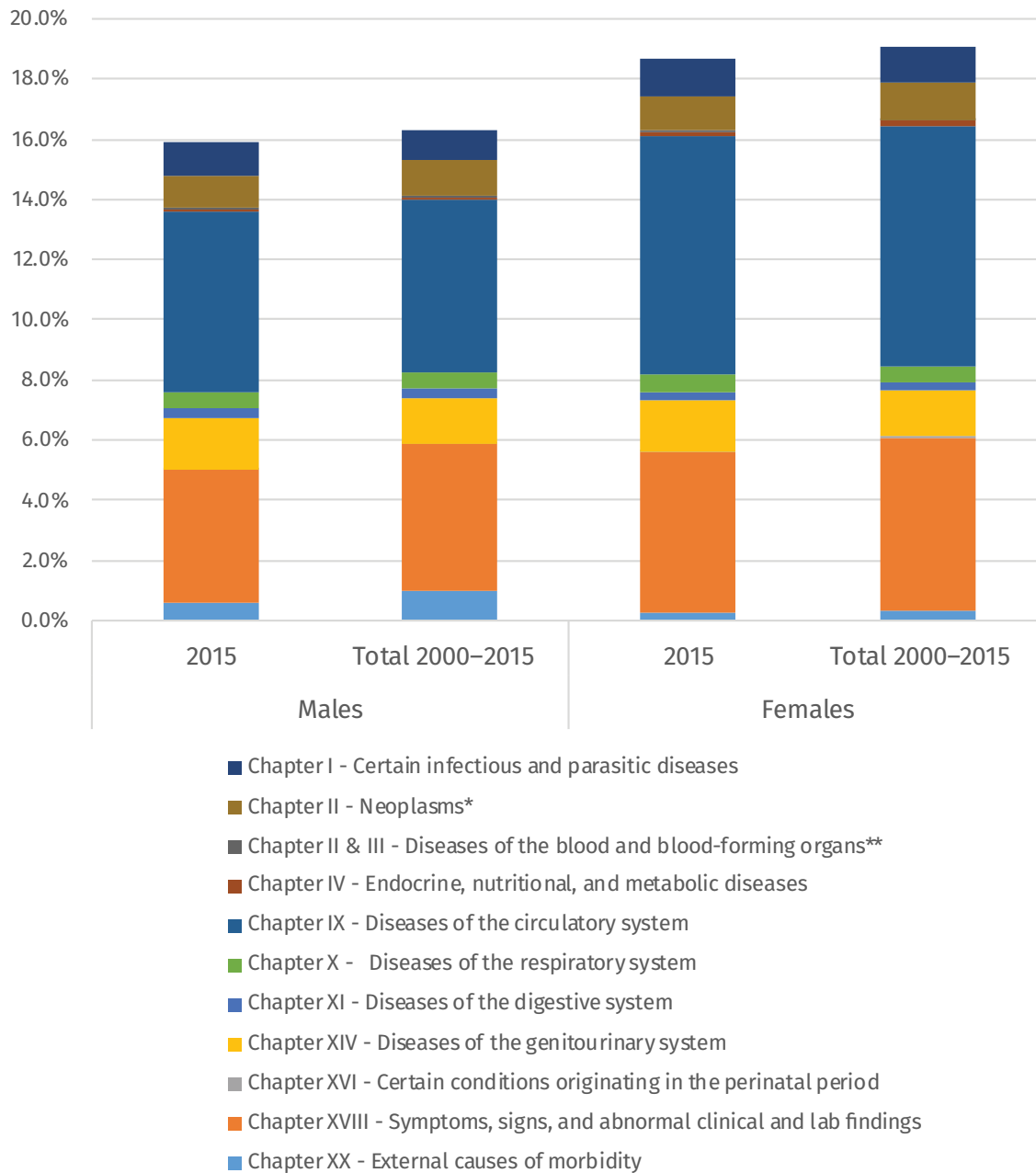
certificates, which leads to poor quality reporting ([McGivern et al. 2017](#)). In LMICs, this certification issue, combined with low registration rates, makes mortality statistics mostly unusable ([AbouZahr et al. 2019](#)). This has implications at many levels, ranging from higher costs to conduct surveys that estimate the disease burden in a population, to a lack of action to address priorities such as women's health issues ([Mills et al. 2017](#)).

Gender bias in diagnoses made by physicians, incentives to underreport certain conditions, or a lack of incentives to register certain causes of death specific to women, such as maternal conditions, could impact the quality of COD statistics. So far, there has been little research into how gender bias in the health system influences the quality of cause of death statistics in terms of the proportion of unspecific codes, ill-defined codes or conditions not useful for health policy-making (formerly known as "garbage codes").

The WHO advocates for further research to investigate sex differences in the completeness of death registration and possible biases in reporting causes of death ([WHO 2019](#)). An analysis of the quality and completeness of COD statistics in Ecuador revealed that more unusable codes were present in death certificates for women than men. This was true for all regions of the country, especially in Indigenous areas ([Peralta et al. 2019](#)).

The analysis of the WHO mortality dataset that includes more than 113 million deaths since 2000 shows that the quality of cause of death assignment is worse for women than for men overall and for all years (Figure 4).

7 The disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.

Figure 4: Proportion of unusable codes for health policy in COD reporting for males and females.

* Only includes codes starting with C

** Also includes codes D00-D49

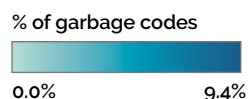
When we look at the distribution of unusable codes across ICD10 chapters, we can see that most are from Chapter IX (diseases of the circulatory system) and Chapter XVIII (ill-defined codes). This distribution of unusable codes is stable over time from 2000–2015. For all years combined, 5.7 percent and 8 percent of all deaths reported were assigned an unusable code included in Chapter IX, for males and females respectively. Similarly, 4.9 percent and 5.7 percent of all deaths had ill-defined codes in males and females. The chapter on deaths due to injuries and other external causes recorded more unusable codes for males than

for females. In ICD-10 chapter XX, 1 percent and 0.4 percent of the causes of death reported were assigned unusable codes for males and females respectively. This might be explained by the higher probability of males dying of injuries compared to women.

The disaggregation of unusable codes by age group and ICD-10 chapter shows that unusable codes are more frequently used in older age groups and follow a pattern similar to the one previously described with a higher proportion of unusable codes in ICD-10 chapters IX and XX (Table 1).

Table 1: Proportion of unusable codes per age group and by ICD-10 chapter for males and females.

| Sex | ICD-10 chapter | Age group | | | | | Total |
|---|---|-----------|------|-------|-------|------|-------|
| | | 0-4 | 5-19 | 20-29 | 50-69 | 70+ | |
| Male | Chapter I - Certain infectious and parasitic diseases | 2.1% | 1.0% | 0.9% | 1.0% | 1.0% | 1.0% |
| | Chapter II - Neoplasms* | 0.1% | 0.3% | 0.6% | 1.5% | 1.2% | 1.2% |
| | Chapter II & III - Diseases of the blood and blood-forming organs** | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% |
| | Chapter IV - Endocrine, nutritional, and metabolic diseases | 0.4% | 0.1% | 0.1% | 0.0% | 0.1% | 0.1% |
| | Chapter IX - Diseases of the circulatory system | 1.9% | 2.0% | 3.0% | 5.2% | 7.0% | 5.7% |
| | Chapter X - Diseases of the respiratory system | 0.8% | 0.5% | 0.4% | 0.5% | 0.6% | 0.5% |
| | Chapter XI - Diseases of the digestive system | 0.2% | 0.2% | 0.5% | 0.6% | 0.2% | 0.3% |
| | Chapter XIV - Diseases of the genitourinary system | 0.3% | 0.7% | 1.0% | 1.4% | 1.8% | 1.5% |
| | Chapter XVI - Certain conditions originating in the perinatal period | 0.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| | Chapter XVIII - Symptoms, signs, and abnormal clinical and lab findings | 6.2% | 4.8% | 6.0% | 4.4% | 4.7% | 4.9% |
| Chapter XX - External causes of morbidity | 0.8% | 7.0% | 4.3% | 0.7% | 0.2% | 1.0% | |
| Female | Chapter I - Certain infectious and parasitic diseases | 2.0% | 1.6% | 1.3% | 1.3% | 1.1% | 1.2% |
| | Chapter II - Neoplasms* | 0.1% | 0.5% | 1.2% | 1.9% | 1.1% | 1.2% |
| | Chapter II & III - Diseases of the blood and blood-forming organs** | 0.1% | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% |
| | Chapter IV - Endocrine, nutritional, and metabolic diseases | 0.5% | 0.2% | 0.1% | 0.1% | 0.2% | 0.2% |
| | Chapter IX - Diseases of the circulatory system | 2.0% | 2.9% | 3.5% | 5.4% | 9.4% | 8.0% |
| | Chapter X - Diseases of the respiratory system | 0.8% | 0.7% | 0.5% | 0.5% | 0.6% | 0.6% |
| | Chapter XI - Diseases of the digestive system | 0.2% | 0.3% | 0.4% | 0.5% | 0.1% | 0.2% |
| | Chapter XIV - Diseases of the genitourinary system | 0.3% | 1.3% | 1.4% | 1.7% | 1.6% | 1.6% |
| | Chapter XVI - Certain conditions originating in the perinatal period | 0.7% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| | Chapter XVIII - Symptoms, signs, and abnormal clinical and lab findings | 6.2% | 6.4% | 6.2% | 4.1% | 6.1% | 5.7% |
| Chapter XX - External causes of morbidity | 0.8% | 4.3% | 1.8% | 0.4% | 0.1% | 0.4% | |



There is little evidence around the sex differences in death certification quality. Our findings support emerging work in Ecuador and Brazil, which reports that unusable codes were more frequent in death certificates of women than men (and consistent across regions in both countries) (Peralta et al. 2019; França et al. 2014).

The gender difference in the quality of cause of death statistics is probably the result of a complex interplay of multiple determinants ranging from individual and biological characteristics to health system factors. One potential explanation for this difference is that women live longer than men, with more complex constellations of diseases that make it more difficult to identify the underlying cause of death (Martins et al. 2016). Also, men die more frequently from easily identifiable causes, such as injuries, which makes the coding of these conditions more straightforward (Bhalla et al. 2010).

Gender inequity can also be explained in terms of gender bias at the time of diagnosis or treatment. There are several mechanisms that may affect the quality of death certificates, which can occur in isolation or in combination. These mechanisms include the

- lack of understanding of women's health issues by physicians (Dijkstra et al. 2008);
- bias of physicians against women and certain minorities (Woodward 2019); and
- fact that in some cultures, women's lives are less valued than men's (Kapilashramic et al. 2015; Bambra et al. 2009). This may lead to a smaller investment of time and resources to clarify the reasons behind their deaths and could be especially relevant for those cases in which an autopsy would be required.

These results suggest that the reliability of causes of death recorded in CRVS systems differs for men and women. More research is required to confirm these results at the local level and to investigate the underlying reasons for this difference.

THE GENDERED DIMENSIONS OF INTIMATE PARTNER VIOLENCE

When it comes to injuries, the difference in rates of occurrence between men and women are striking. Extensive research has shown that males are four times more likely to die due to an injury than women (WHO 2019). In 2016, there were over 3 million deaths due to injuries worldwide, among which road traffic accidents and homicides were the most prevalent (WHO 2019). The leading cause of injury death for men and women was road traffic, followed by interpersonal violence.

However, when looking at the sex-disaggregated data of interpersonal violence, an important difference arises: 38 percent of homicides of women are committed by an intimate partner compared to 6 percent of men (Stöckl et al. 2013). Intimate partner violence (IPV) is a type of gender-based violence inflicted by the victim's current partner or ex-partner (Devries et al. 2013) that has a substantial impact on women's physical, mental, sexual, and reproductive health, and also affects their children and communities (Stöckl et al. 2013; Garcia-Moreno et al. 2006; Campbell 2002). The World Bank suggests that about 350 million women have suffered severe physical violence from their spouses (Sumner 2015), and the World Health Organization declared IPV as a "global public health problem of epidemic proportions" (WHO 2013). A multi-country study showed that between 15.4 and 70.9 percent of women who

had ever been married or lived with a partner reported having experienced physical or sexual violence from their partner (Garcia-Moreno et al. 2006). This same study suggested that the prevalence of IPV is highest and has the worst consequences for women living in LMICs.

Sixty percent of countries worldwide have no useful CRVS data regarding homicide deaths (Butchart and Mikton 2014). This is of special concern in LMICs where deaths are recorded using different information systems (police, mortuary, or health sector) and may not be reflected in the national mortality statistics (Samuel et al. 2012). The existing body of evidence shows that estimates coming from CRVS systems consistently underestimate the burden of IPV and IPV-caused mortality (Devries et al. 2013; Redding 2017; Abrahams et al. 2009). IPV administrative data is incomplete and fragmented, with information scattered across institutional silos and using non-specific codes. One study showed that with the current state of data in England, it was not possible to robustly extract data on IPV for governance or auditing purposes, and coders were more reluctant to use IPV codes compared to codes for assault (Olive 2018). A study in South Africa showed that police or mortuaries collect most data about IPV deaths. These institutions are generally not connected with the health sector responsible for generating public health relevant data. In addition, in cases where information flows into the health sector, the relationship between victim and offender is usually not recorded, which is essential for identifying and preventing IPV (Stöckl et al. 2013).

All of this leads to a mismatch between what countries report through their vital statistics system and global estimates for the number of IPV fatalities. One of the reasons for this lies with the way IPV can be reported within the ICD-10



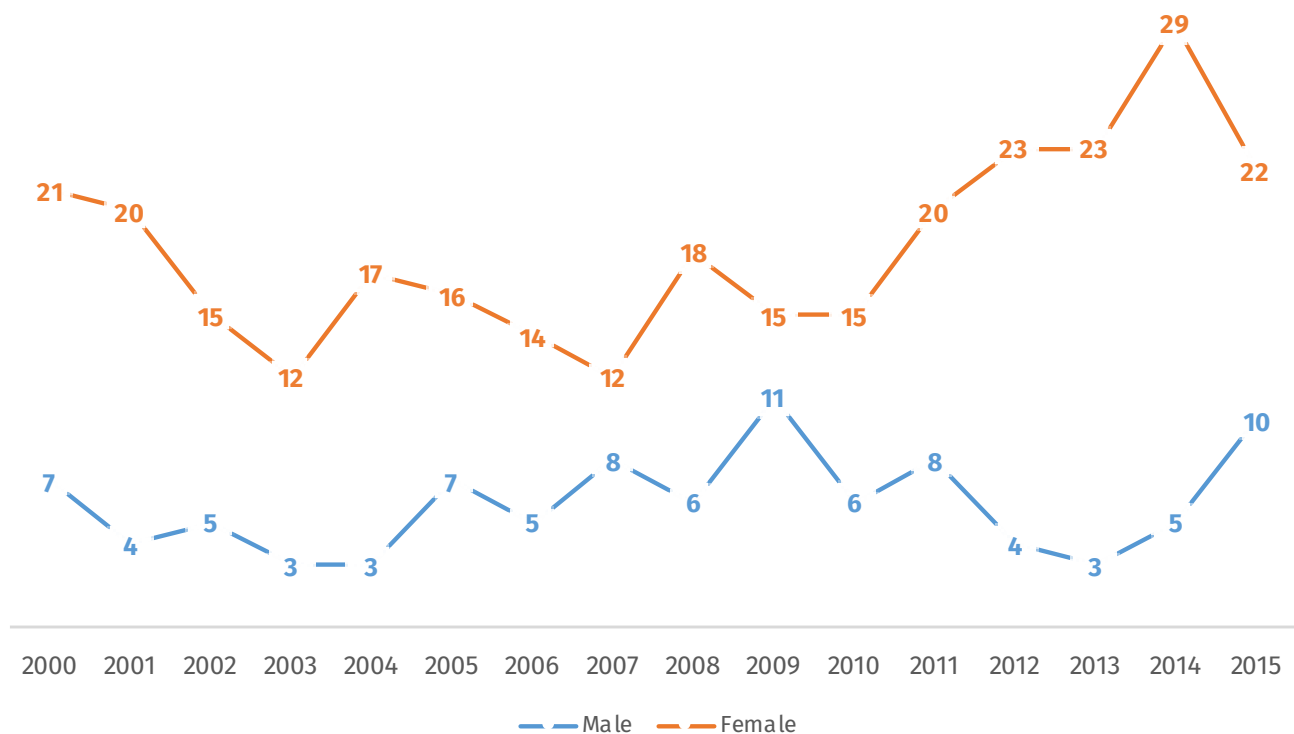
Photo: Vincent Tremeau / World Bank

classification. There are only 4 codes in which the relationship with the perpetrator can be reported (T74.1, Y06, Y07, and Z63). Even if this information is available, there is no option for coders to report it in a way that it will be accurately reflected in vital statistics. Codes related to assault by weapons, drowning, or hanging do not differentiate between IPV and other types of violence. Consequently, there are no reliable estimates of IPV fatalities from CRVS systems as they are hidden within other ICD-10 codes.

The analysis of the WHO mortality database with data from over 100 countries resulted in very low numbers of IPV fatalities over the past 20 years (Figure 5). We have estimated the total number of deaths coded for one of the IPV specific codes in the ICD-10 classification.⁸ These results differ from the findings presented by Stöckl et al., who estimated much higher rates of IPV homicides. Most probably, IPV homicides are being reported by countries in ICD-10 Chapter XX (External causes of morbidity and mortality) under codes unspecific to IPV (for example, X93 – Assault by handgun discharge).

8 Y06.0, Y07.0, Z63.0-9, T74.1, and Z70.2

Figure 5: Number of deaths reported with IPV-specific ICD-10 codes from 2000–2015 (ICD-10 codes Y06.0 and Y07.0).



An analysis of global intimate partner homicides estimates that 13.5 percent of all homicides were perpetrated by an intimate partner (Stöckl et al. 2013). Further, homicides in which the perpetrator was the partner were six times more frequent in women than in men. This means that more than one-third of female homicides have been perpetrated by an intimate partner. The biggest difference was found in Southeast Asia, with 58.7 percent of all female homicides being considered IPV compared to 0.87 percent of men.

When compared to global analysis based on multiple sources of information, CRVS systems underreport IPV homicides. It is especially concerning to see that there are almost no LMICs reporting this type of death given the

especially high prevalence of violence against women in these countries (Garcia-Moreno et al. 2006; Alesina et al. 2016).

However, the issue extends beyond how to code IPV fatalities. Immature CRVS systems can contribute to low estimates of IPV. Fragmented mortality information systems contribute to the loss of essential information for public health (Devries et al. 2013). IPV deaths are often recorded in mortuaries or police stations, but due to the lack of integration of information systems, these deaths are often invisible to the official vital statistics. This is a common phenomenon that has also been described for other types of external causes of death, such as road traffic accidents (Bhalla et al. 2010).

RECOMMENDATIONS

- Strengthening routine data collection within CRVS systems can help countries understand the differences in mortality between men and women;
- More efforts are required to improve the quality of cause of death determination by the CRVS system, especially for women's deaths;
- Gender-sensitive health systems require reliable information about the number and causes of deaths for men and women. Countries need to understand the nature of sex differences in their mortality statistics to prevent bias in mortality statistics;
- There is currently little useful information from low performing CRVS systems. More research is needed to understand how completeness affects the male-to-female ratio of deaths, as well as the quality of cause of death reporting; and

- CRVS systems should provide robust estimates about gender-based violence fatalities. This will require improvements to the classification of diseases and a redesign of the CRVS notification systems to avoid silos and inefficiencies.



This paper was authored by Daniel Cobos Muñoz, Carmen Sant, and Rebeca Revenga Becedas of the Epidemiology and Public Health Department, Swiss Tropical and Public Health Institute and the University of Basel, Switzerland, and Doris Ma Fat of the World Health Organization, Geneva, Switzerland. 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. Special thanks to Jan Hattendorf from the Swiss Tropical and Public Health Institute for statistical advice and the development of selected graphs.

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Photo: Dominic Chavez / World Bank



METHODOLOGICAL NOTE

The analysis presented in this paper relies on the WHO mortality dataset that is the largest single dataset with information about global causes of death. In total, 137 countries report annual aggregate figures of number of deaths by cause, age, and sex. The analyzed dataset contains a total of 113,608,547 deaths recorded since 2000 ([WHO Mortality Database 2019](#)). The data reported by countries represents, in most cases, the deaths registered in their CRVS system and constitute their official mortality statistics.

For the purpose of this analysis, we have used data reported from 2000 for all countries with a population above 90,000 people, building on similar studies conducted previously. We have included only years being reported using the ICD-10 classification.

We calculated the total number of deaths by cause, age, sex, country, and year of reporting and summarized the information in different ways. We have calculated the ratio of deaths of males-to-females for each year by country that has at least 70 percent data completeness.

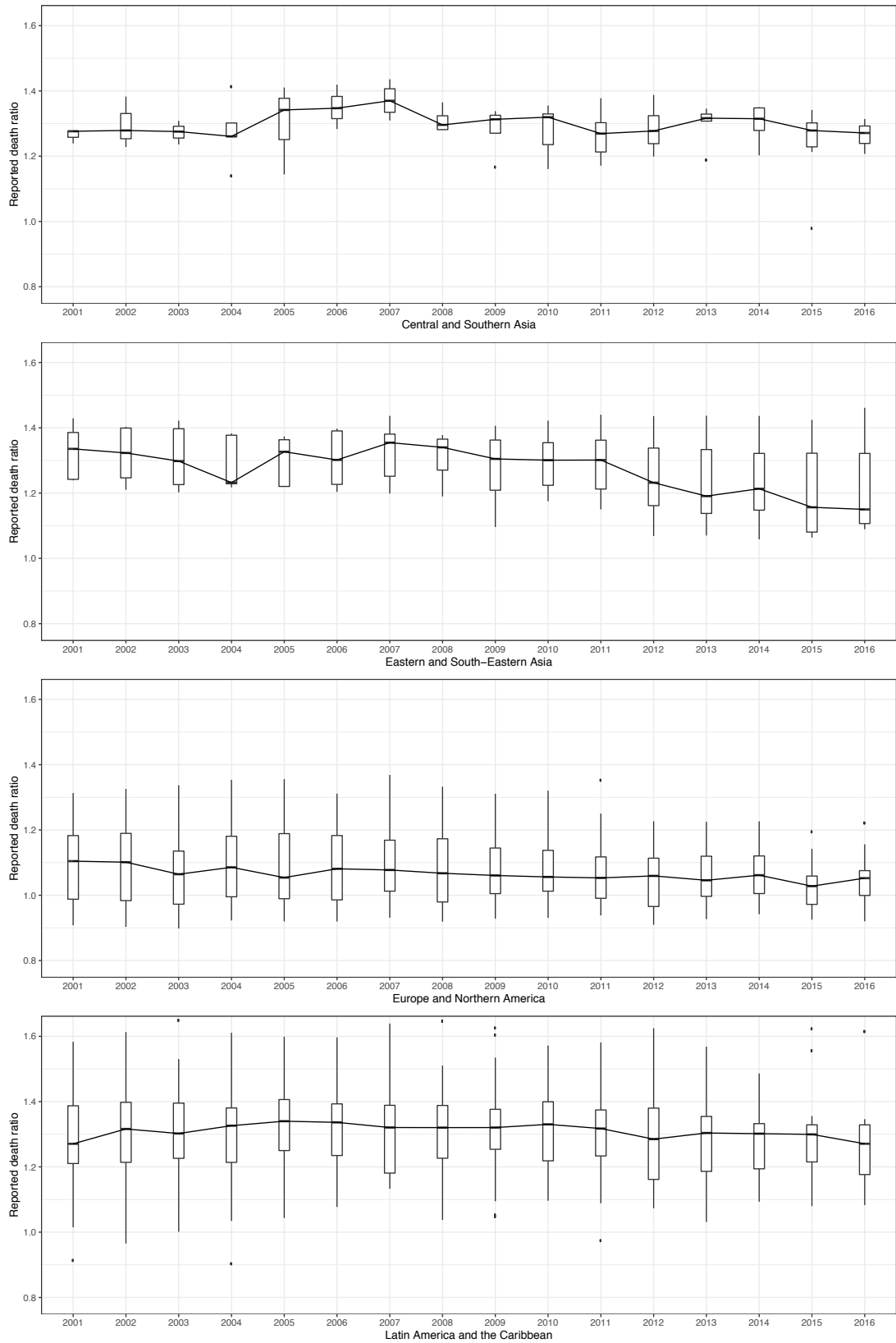
Quality of cause of death reporting was assessed using the distribution of codes not usable for policy-making (formerly known as “garbage codes”) for males and females and for each ICD-10 chapter ([WHO 2014](#)). There are different types of errors that doctors can make when certifying the underlying cause of death. Understanding the types of errors is essential to prioritize interventions to reduce the number of unusable codes (for example, training activities).

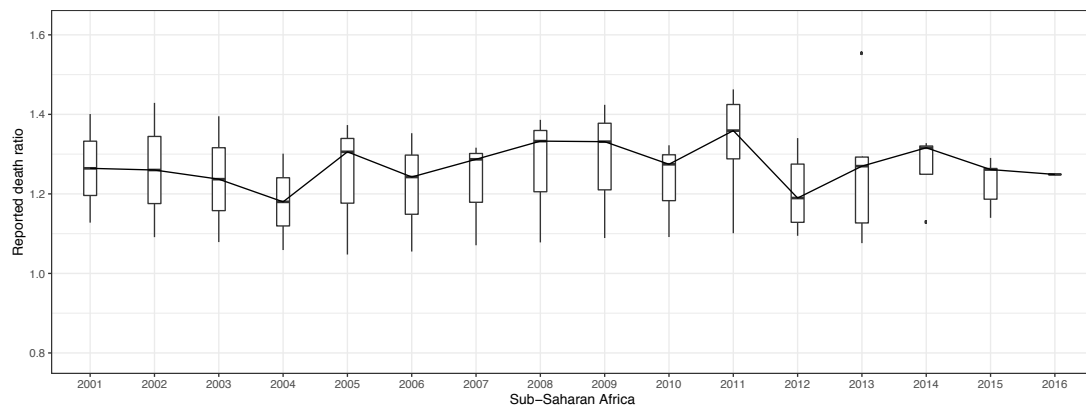
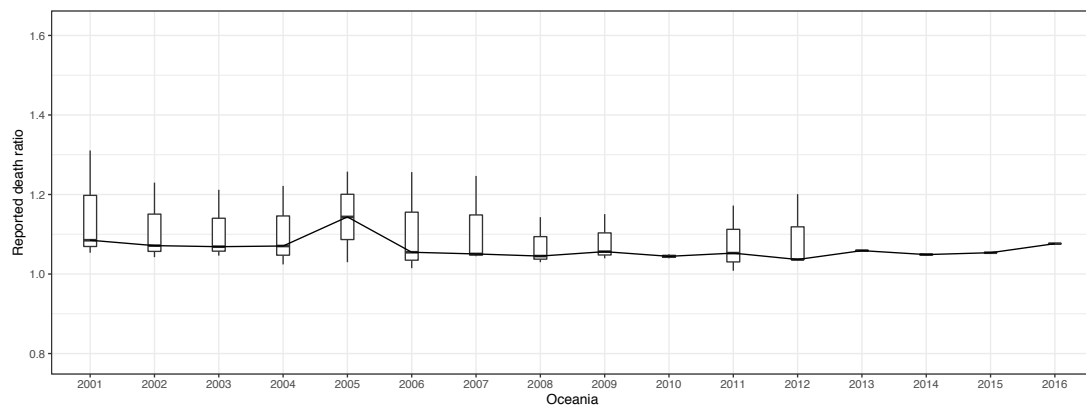
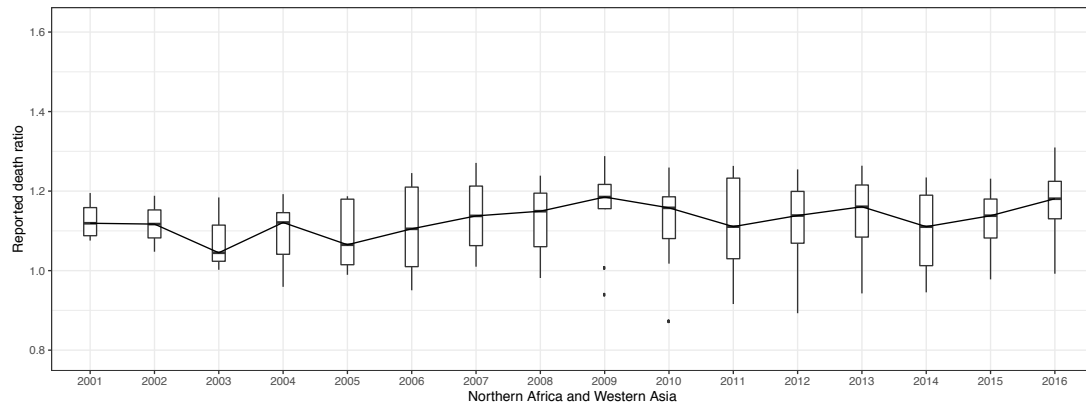
We have grouped the codes and countries in the following categories defined in the global health estimates structure and by WHO region. Finally, we have estimated the total number of deaths in each country by year that could be considered as intimate partner violence (IPV). ICD-10 codes considered as IPV were:

- Y06.0
- Y07.0
- Z63.0-9
- T74.1
- Z70.2

ANNEX

Ratio of male-to -female deaths from reported deaths in different regions (2001-2016).



Ratio of male-to -female deaths from reported deaths in different regions (2001-2016). *(continued)*

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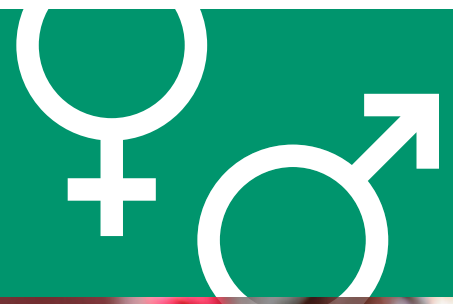
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Knowledge Briefs on **Gender** and **CRVS**



Brief 3, Paper 4

Learnings from the Knowledge Brief Series on Gender and CRVS

Photo: Sarah Farhat / World Bank

KEY MESSAGES

- **CRVS systems have a disproportionately positive impact on women and girls.** Because gender inequalities restrict women's and their children's access to civil registration and legal documentation, it is crucial that policymakers adopt a gender lens to inform improvements to their CRVS systems.
- **CRVS systems play a critical role in helping countries measure and achieve the Sustainable Development Goals (SDGs)** by producing sex-disaggregated demographic data. Despite the clear need and importance of strong CRVS systems, coverage and completeness remain poor in many low- and middle-income countries.
- **A life course approach to CRVS – from birth to death – is needed to ensure visibility and legal rights for women.** Monitoring sex-disaggregated vital statistics from birth to death, including marriage and divorce, is essential to identify gender inequalities. This is particularly true for women in low- and middle-income countries, specifically migrant women, refugees, and asylum seekers.
- **Linking CRVS systems with national identity (ID) systems can enable women and girls to exercise their political, social, and economic rights.** When connected and supported by appropriate legal and institutions frameworks, these systems can help create a universal, inclusive ID system.

- **The global community can draw from initiatives that rebalance CRVS systems for women and children.** Coordination between CRVS systems and the health sector can improve vital events registration. There is a need to reduce barriers, such as cost and location, and to work with communities to change social norms and cultural practices that hamper the population's uptake of registration services. Such coordination could contribute to improved knowledge, attitudes, and practices of the population towards vital events registration.

INTRODUCTION

Through the *Knowledge Briefs on Gender and CRVS*, the Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems at the International Development Research Centre (IDRC) seeks to inspire a global commitment to integrating gender analysis across activities that strengthen CRVS systems. Created in partnership with Open Data Watch, the series compiles key findings on available solutions to existing challenges and identifies priorities for research and action. This series is part of the Centre of Excellence's mandate to support national efforts to develop, strengthen, and scale up CRVS systems by brokering access to technical assistance, global standards and tools, evidence, and good practices.

The Knowledge Brief Series provides strong case studies that explore what is needed to overcome the barriers facing women and girls. It addresses challenges within the unique political and cultural contexts of countries around the world, particularly in low- and middle-income countries. Finally, it supports the growing recognition of the importance of strong CRVS systems and seeks to provide the evidence needed to address gender barriers and inequalities. This paper is part of the final brief in the series. It provides an overview of the core messages explored across the other 11 papers.

Despite the many benefits to governments and individuals, CRVS systems are chronically weak in low- and middle-income countries. They often overlook gender dimensions. Robust CRVS systems provide data that is disaggregated by sex, age, geography, and other relevant characteristics. They also protect *everyone's* fundamental rights and freedoms. But given that gender inequalities mean many women (and consequently their children) are denied access to registration services and the associated benefits, strengthening the gender dimensions of CRVS systems holds enormous power for unlocking the rights and freedoms of women and girls, in particular. By recording vital events such as births, marriages, divorces, and deaths with their causes, these systems provide critical documents that enable women to secure a legal identity and access essential social services. Furthermore, the reliable, real-time data produced by CRVS systems equips decision-makers with the information they need to design and implement policies that address the unique needs of vulnerable groups, including women and girls.

The population data drawn from civil registration is also an important source of gender statistics required to monitor and achieve the Sustainable Development Goals (SDGs). At the heart of the SDGs is a commitment to achieve gender equality and empower women and children, girls in particular, by eliminating discrimination against women. However, there is not enough data to inform or measure efforts that address the challenges facing women and girls. According to the World Bank, more than 100 developing countries still do not have functioning CRVS systems that support the complete registration of vital events, resulting in critical gaps in the availability of reliable statistics (World Bank 2018). Without the right data, disaggregated at the right levels of detail, there is no way to monitor who is being left behind.

This series reflects the Centre of Excellence's strong commitment to advancing CRVS systems that protect, count, and empower everyone – including those most at risk of being left behind – in support of the SDGs. This initiative integrates current research evidence and builds on the results of previous technical meetings. On 26 February 2018, the Centre of Excellence and its partners hosted a high-level panel and technical consultation sessions on CRVS and gender through an event entitled “Making the Invisible Visible: CRVS as a Basis to Meeting the 2030 Gender Agenda.” This was the first meeting to facilitate conversations focused on the gender dimensions of CRVS systems and the barriers women and girls face in accessing them. It provided an opportunity for a wide range of stakeholders – including civil registrars, statisticians, development practitioners, public health experts, and gender experts – to connect, discuss challenges, and develop initiatives to address barriers to CRVS systems.



Photo: Dominic Chavez / World Bank



Photos: Dominic Chavez/World Bank

BRIEF 1: MAKING THE CASE FOR CRVS SYSTEMS

The first set of papers in the Knowledge Brief Series provides a detailed introduction to the gendered dimensions of CRVS systems and their impact on gender-related SDGs, financing, and capacity building. Strong CRVS systems have a disproportionately positive impact on women and girls, as they eliminate gender inequalities that prevent women and girls from accessing civil registration and legal documentation. To improve CRVS systems, decision-makers should adopt a gender lens to guide decisions and produce sex-disaggregated demographic data. Despite the clear need for CRVS systems to be universal and complete, CRVS systems in many countries do not capture vital event information for their entire population.

The four papers included in the first knowledge brief are:

- **Making the Invisible Visible: How Strong CRVS Systems Can Empower Women and Girls;**
- **Leaving No One Behind: CRVS, Gender, and the SDGs;**
- **Harnessing CRVS Systems for the Gender-Related SDGs: Opportunities and Challenges;** and
- **The Costs and Benefits of CRVS as a Tool for Women's Empowerment.**

The need for registration

Globally, 166 million children under age 5, or 1 in 4, remain unregistered (**UNICEF 2019**). And while gender inequalities in birth registration may appear small across most countries, averages may mask these inequalities. Sub-national data reveals particular settings where the births of girls are under-registered. Birth certificates help ensure access to essential services, protect against child marriage, and provide a legal underpinning for identification.

In addition, estimates indicate that half of all deaths around the world are not properly documented, and that women's deaths may be systematically under-registered. The lack of data on death can leave gender-related health challenges unaddressed.

CRVS data is needed to achieve the SDGs

Vital statistics produced by CRVS systems serve as a basic building block for gender data, informing efforts to monitor and achieve the SDGs. Gender equality is a fundamental issue that underpins at least 54 gender-related indicators within the SDG framework. Disaggregated data is essential in the effort to 'leave no one behind.'

CRVS systems represent a critical source of administrative data to close gaps for the SDGs. CRVS data can be used to construct national population registers to address the lack of data (Muñoz n.d.; WHO 2012). Universal coverage in a CRVS system captures a country's population and demographics, which provide numerators and denominators for SDG indicators.

Investment will lead to significant benefits

Building and maintaining robust CRVS systems to meet the data needs of policymakers and the SDGs will require an increased investment, which is well worth the cost given the benefits. To build CRVS systems in 77 of the world's poorest countries, a conservative estimate shows that US\$1.5 billion (matched by equal domestic funding) is needed, which represents 1 percent of current official development assistance (SDSN 2015; Gurría 2018). The scaling up of CRVS systems requires investment, and can offer significant benefits for protection, economic growth, political participation, and women's empowerment.

A functioning CRVS system provides the legal foundation for identification, which allows for the financial participation of women and other excluded populations. This leads to significant impacts on tax revenue, better access to bank accounts and other financial services, and savings through improved efficiencies. Stronger CRVS systems are also the foundation for increased political participation. After all, the lack of legal identification significantly limits political engagement and people's ability to vote.

When accurate and disaggregated population counts are available, government can be much more efficient, since the data provide indicators that can help inform policies that address a wide range of challenges, such as health, education, and other issues.

Concrete action is needed to improve political understanding, knowledge, attitudes and practices of the populations, and support for statistics produced through CRVS systems. Further documented examples are needed to illustrate the benefits of improved CRVS systems and to build support for prioritizing resources. To increase the use and usability of data, it is important to build technical capacity and improve data literacy within governments and among citizens. Efforts to increase the uptake of available data will help close the gap between production and use. Incorporating a gender lens into any program to improve CRVS systems will ensure that women and children reap the benefits.



Photos: Mohamad Al-Arief / World Bank (top left);
Dominic Chavez / World Bank (top right, bottom left);
John Isaac / World Bank (bottom right)

BRIEF 2: IDENTIFYING BARRIERS AND SOLUTIONS

The second set of papers in the Knowledge Brief Series moves beyond the case for strengthening CRVS systems in support of gender equality to discussing specific barriers and proposing concrete solutions and actions. Case studies from China, Morocco, and Syria highlight the gender consequences of CRVS exclusion and advocate for a life course approach to CRVS systems, which encompasses all vital events from birth to death, including marriage and divorce. An additional case study featuring Guinea explains how social norms and weak systems combine to create gender barriers to CRVS systems. The brief also promotes linking ID and CRVS systems to help ensure that no one is left behind. It proposes other concrete solutions to overcome gender-based barriers to registration.

The four papers included in the second knowledge brief are:

- **The Life-Course Approach to Civil Registration and Vital Statistics: A Crucial Tool to Advance Gender Equality;**
- **Gender Equity in Guinea: How Social Norms Affect the Civil Registration of Women and Girls in West Africa;**
- **Linking National ID and CRVS Systems: An Imperative for Inclusive Development;** and
- **Empowering Women and Girls Through Civil Registration Systems.**

Barriers to civil registration in China, Morocco, and Syria

The absence of a life course approach to CRVS systems results in significant impacts on women's legal rights and their visibility. Three case studies illustrate the problem and highlight the disproportionate impact of non-registration on women and girls.

China—In China, sex selective delays in birth registration have created social protection risks for women and girls. Delayed registration of female births may account for up to 73 percent of China's skewed sex ratio, with sex selective abortion and infant mortality accounting for 27 percent ([Shi and Kennedy 2016](#)).

Morocco—In rural Morocco, female deaths are systematically under-registered. Death registration serves as the primary source of mortality statistics, so this lack of data misinforms evidence-based public health interventions to improve women's health.

Syrian refugees—Among Syrian refugees, under-registration of marriage can impact the registration of future vital events, given that registering one vital event often requires supporting documents from other vital events. Marriage registration is particularly important, as women often need a marriage certificate to register a birth in a host country.

Challenges for women and girls in Guinea

In Guinea, a wide range of social and system-related barriers prevent women from accessing the benefits of CRVS systems. These barriers create challenges for women and include:

- Problems accessing services and exercising their civil rights;
- Legal inconsistencies among stakeholders (UNICEF 2019);
- Logistical challenges;
- Complex, expensive processes for registering marriages and deaths;
- Distance to civil registration centres;
- Lack of incentives to officially register vital events;
- Limited knowledge of the importance of registration;
- Patriarchal resistance to registration; and
- Social and cultural norms.

Religious considerations are very strong for Guinea's large Muslim population, and religious ceremonies around vital events prevail over civil proceedings. These barriers and the overall lack of empowerment women experience in Guinea result in the systematic under-registration of vital events, particularly for women.

Improving access by linking CRVS and ID systems

Linking CRVS and identity (ID) systems is critical to empowering women because it improves access to basic services for women and the poor, who face greater exclusion. More than 1 billion people worldwide do not have an official proof of identity; while the global gender gap in identity coverage is less than 2 percent, it is much larger among unregistered populations (World Bank 2018). This deprives them of political, social, and

economic rights. Linking national ID registers with data from CRVS systems can help create a universal, inclusive ID system.

To be effective and link with other systems, CRVS systems must be permanent, complete, accurate, and efficient. Business processes adopted in linking these two systems must be efficiently supported by adequate human resources, digitization and technology infrastructure, institutional mechanisms, and legal frameworks. Although recent and ongoing global and regional initiatives are yielding improvements to both systems, there is still much to do.

Solutions to strengthen CRVS systems

The importance of strengthening CRVS systems is clear. Women and children face a vicious cycle of exclusion from civil registration, which blocks them from accessing legal identification and crucial services. With the support of the global community, solutions are needed to overcome gender-based barriers to registration, including:

- Delegating responsibilities to the local level, closer to where women live and work, to overcome the time and distance barriers to registration;
- Involving healthcare workers who have the greatest access to women in the process to increase access and facilitate registration of vital events;
- Eliminating the high cost of registration and certificates and making them free of charge; and
- Addressing gender-based norms, supply side constraints, structural inequalities, and their underlying social and economic determinants.

Overlooking these important issues will result in poor service design and delivery.



Photos: Kenneth Pornillos / World Bank (top left);
Peter Kapuscinski / World Bank (top right);
Dominic Chavez / World Bank (bottom left);
Sarah Farhat / World Bank (bottom right)

BRIEF 3: CHALLENGES AND BEST PRACTICES

The third set of papers in the Knowledge Brief Series takes a deep dive into best practices and key challenges for national governments and the international community. A case study from the Philippines provides a positive example of a strong CRVS system, along with key actions needed to develop a similar system. Two fictional examples from Kenya and the Philippines highlight the struggles their marginalized populations face in navigating CRVS systems due to their unique circumstances. Another explores how CRVS systems' death and cause of death reporting highlight significant inequalities, even in high-functioning systems. In each case, authors recommend concrete solutions to the challenges discussed.

The four papers included in the third knowledge brief, in addition to this one, are:

- **Making CRVS Systems Work for Women and Children: A Country Perspective;**
- **From Cradle to Grave: Documenting the Footprints of Vulnerable Women Through Life;**
- **The Dangers of Gender Bias in CRVS and Cause of Death Data: The Path to Health Inequality;** and
- **Learnings from the Knowledge Brief Series on Gender and CRVS** (this paper).

Making CRVS systems work for women and children

Strengthening CRVS systems must be a government priority, so it is critical to understand the country perspective and the unique challenges that exist. The first paper in this brief explores how the Philippines made CRVS systems work for women and children. It also lists key steps that enable a CRVS system to generate sex-disaggregated statistics and to provide women and children with documents that prove relationships and civil status.

The Philippines implemented a legal framework that ensures that the CRVS system recognizes women and children's needs, and a clear governance structure that connects CRVS and identity (ID) systems. The country's decentralized structure reduces barriers and captures the full life cycle of women and girls. The *General Appropriations Act* ensures adequate, sustainable funding for the Philippine Statistics Authority (PSA) to enable service delivery.

Key actions for improving CRVS systems should include enlisting the support of a wide range of champions to help craft laws, secure sustainable resources, and maintain the integrity of the system.

Underlying all of this, a CRVS system must build and maintain the trust of its stakeholders to help ensure that they recognize and support the value of the system, as well as the documents and information it generates. While each country will experience its own challenges, the Philippines case study provides insights that can be applied to other contexts.

Gender and CRVS from cradle to grave

Women and girls from marginalized populations worldwide struggle to navigate CRVS systems due to a broad range of circumstances. This further amplifies their vulnerability. This next paper shines a spotlight on some of the interrelated CRVS policy, human rights, and practical issues between gender and CRVS. It presents two fictional profiles of women in Kenya and the Philippines using empirical and anecdotal evidence.

The Kenya example explores the challenges of struggling to be counted while stateless. Members of the Pemba, Warundi, and Shona groups are not recognized as citizens. While the government has been taking steps to make improvements, statelessness blocks women and girls from registering births, marriages, divorces, or deaths.

The Philippines example highlights the difficulties related to balancing Indigenous culture with the modern state. Members of remote Indigenous groups have access to CRVS systems, but still face barriers due to distance, money, and traditional customs. These examples show that when CRVS documents and processes consider contextual circumstances, they can be empowering tools for vulnerable women and girls.

The dangers of gender bias in CRVS and cause of death data

Worldwide, there is evidence of inequalities in health outcomes for women and men. CRVS systems can help countries understand these inequalities by providing data on the number and causes of death. This produces evidence to help countries identify and understand the mortality patterns of diverse groups over time. However, the quality of cause of death reporting for women is worse than it is for men, even in countries with strong CRVS systems. Further, gender bias in the health system may influence the quality of this reporting because reporting codes lack sufficient specificity or detail. More research is needed to answer fundamental questions about how causes of death are recorded in CRVS systems and how reporting differs for men and women.

CRVS systems also play a critical role in documenting and exposing gender-based violence – intimate partner violence, in particular. However, these same systems consistently underestimate the number of women killed by an intimate partner. Current classification in CRVS systems makes it almost impossible to produce robust estimates of intimate partner violence fatalities. These shortcomings highlight the urgent need to strengthen death and cause of death reporting.

NEXT STEPS

The collection of papers in the Knowledge Brief Series covers a wide range of CRVS and gender dimensions, highlighting good practices and proposing solutions to overcome barriers. The case studies and concrete examples help build a case for the link between CRVS and gender.

Building on the insights and evidence compiled across these knowledge briefs, the Centre of Excellence for CRVS Systems, Open Data Watch, and the United Nations Population Fund are teaming up to host a second global conversation on the gender dimensions of CRVS systems. The *ConVERGE: Connecting Vital Events Registration and Gender Equality* conference will be held at the International Development Research Centre in Ottawa 25–26 February 2020. This gathering of experts, country representatives, youth, and donor agencies will move discussions beyond the importance of CRVS systems for women and children to focus on operationalizing action-oriented solutions, investing in research, and implementing agreed-upon actions. It is hoped that this second conference will catalyze commitment from the community of practice to address the gender dimensions of CRVS systems, as well as ensure that CRVS system strengthening continues to be seen as a global development priority given the power of these systems for unlocking gender equality.



This paper was authored by Irina Dincu and Kristin Corbett of the Centre of Excellence for CRVS Systems. 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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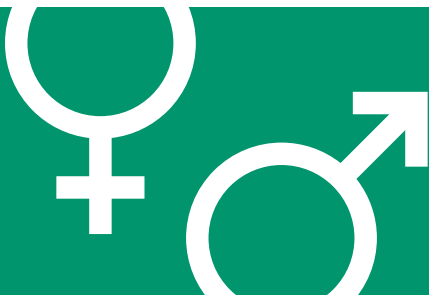
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