

Known from Birth

What does the evidence tell us about birth registration in Africa?

Introduction

'Known from Birth: Generating and using evidence to strengthen birth registration systems in low- and middle-income countries' is the evidence component of Strengthening Birth Registration Systems to Protect Every Child from Child Labour, a UNICEF project supported by the Government of Norway. The project focuses on implementing comprehensive programmes in Cote d'Ivoire, Mozambique and Nigeria to accelerate birth registration (BR) for all children – especially children from the most vulnerable communities – starting from birth.

The evidence component, implemented by UNICEF Innocenti – Global Office of Research and Foresight (UNICEF Innocenti) in collaboration with the South Africa Centre for Evidence (SACE), aims to provide relevant evidence required by decision makers in Africa and specifically in the three focus countries: Cote d'Ivoire, Mozambique and Nigeria. A transparent and systematic evidence mapping methodology was followed to curate the continental (Africa-wide) and national evidence bases with the assistance of in-country researchers and a reference group made up of BR experts who guided the research.

The exhaustive search for relevant evidence yielded over 2,000 citations, which were screened according to title and abstract, and full text. After the screening process, there were 109 studies in the evidence base. The evidence base was thereafter mapped within an interactive evidence map organized according to the interventions and outcomes that stakeholders had identified as key in the BR system during the co-production process. Outputs from the project include two continental evidence maps, three country evidence maps, an overall evidence brief, three country-specific country briefs and a technical report. These outputs provide an overview of the evidence base and detail the methods followed. This deep-dive document now takes a closer look at what the evidence base tells us.

There was a saturation of evidence on health services related to BR as an intervention and health systems integration as an outcome (n=34) and a saturation of evidence that reported on the barriers and facilitators of BR (n=31). This document therefore presents some of the

key findings from these two areas of saturation. The first section of this document reports on the health system integration and the second reports on the determinants of BR found in the evidence base.

Services related to BR: health systems integration

Contact with health facilities and impact on BR

A cross-sectional study conducted in two states in Nigeria found that children whose mothers attended antenatal care and who delivered in a government health facility in their last pregnancy were more likely to have a birth certificate.¹ Moreover, a study assessing determinants of BR in sub-Saharan Africa² found that children from households that are less in contact with health facilities and health personnel have lower odds of having their births registered. The study also reports that receiving no prenatal care lowers the odds of BR by 6.5 per cent, while not being born in a health institution lowers the odds of BR by 8.6 per cent. This is because antenatal care visits provide additional opportunities to discuss the BR process and share information before birth.³ It was also reported that if a child had never had a vaccination, the odds of BR were 5.8 per cent lower. Another study conducted in Tanzania found that women who gave birth in hospitals greatly value the importance of BR, expressing an earnest desire for their child to have a birth certificate and providing examples of how it would benefit their well-being.

Impact of BR on health outcomes

A study covering 94 countries⁴ reported that improved civil registration and vital statistics performance coincides with improved health. In addition, a study that analysed data from 31 low- and middle-income countries⁵ reported that not having a birth certificate was negatively associated with both preschool-aged children's growth and developmental outcomes. These children were measured in height-for-age, weight-for-age, weight-for-height, cognitive, socio-emotional, literacy–numeracy and physical development.

Health structures administrating BR

A study that assessed whether community health workers (CHWs) can report accurately on birth and deaths⁶ found that CHWs can collect complete and high-quality vital events data. Similarly, a study from Senegal⁷ reported that community-level surveillance systems that include pregnancy, birth and death tracking through household visits by CHWs, combined with a verbal/social autopsy,⁸ can identify barriers within the continuum of maternal care. However, another study reported that CHWs involved in the birth notification/registration process at health facilities had concerns about their high clinical workloads, shortage of staff and how birth notification and registration duties were adding to their general administrative burden.

Recommendations for integrating BR into national health systems

A study by UNICEF⁹ reported the following recommendations for integrating BR into health systems:

1. CHWs are best suited to undertake the dual responsibility of notification and declaration to facilitate registering children and providing healthcare since frontline CHWs provide prenatal and postnatal services to mothers and children.
2. Include BR in health information systems and create demand for BR data within the Ministry of Health.
3. Conduct advocacy with the Ministry of Justice to reform national laws and regulations to facilitate BR.
4. Create mandates within the Ministry of Health for CHWs and traditional birth attendants to facilitate registration of births and deaths.
5. Engage CHWs as outreach registrars with appropriate delegation of authority, especially during crises.
6. Include BR in public health campaigns.
7. Establish a monitoring system, led by the Ministry of Health and civil registration authority, to ensure the continuous operation and modernization of the registration system; for example, by ensuring timely replenishment of registration supplies and registrar books.

Determinants of BR (barriers and facilitators)

The evidence base had a saturation of evidence that reported on the barriers and facilitators (determinants) of BR in Africa (n=31). This evidence base is made up of evidence from specific countries, detailing determinants from household, subnational and national levels. The evidence base is also made up of research from multiple countries. The table below presents findings from this evidence base, offering insights into the reasons behind low BR rates in Africa.

THEME	EVIDENCE
<p>Socioeconomic barriers</p>	<ul style="list-style-type: none"> • Poverty: Children from households that are wealthier and have a phone are more likely to be registered.¹⁰ The employment status of the parents also contributes to the chances of a child getting registered or obtaining a certificate.¹¹ • Education: Parents with more years of education have higher odds of registering the birth of their children.¹² • Absent father: Children with a missing father are vulnerable to birth under-registration.¹³ After a remarriage, a father sometimes denies paternity or responsibility for his children and becomes reluctant to play his role in registering the children. • Status of mother: The bargaining power of women and non-traditional beliefs are essential for the chances of BR. This includes the mother’s level of education, marital status, whether she stays in an urban area¹⁴ and her age¹⁵ and occupation.¹⁶ • Rural areas: Rural areas were found to be risk factors for children not being registered. Children born in urban areas are more likely to be registered and acquire birth certificates compared with rural areas. Parents/guardians living in urban areas were more than twice as likely to register their children as those living in rural areas. • Unregistered marriages: Children born from unregistered marriages or out of wedlock face challenges in being registered.¹⁷ • Unplanned pregnancies: Unplanned youth and teenage pregnancies affected early BR.

THEME	EVIDENCE
<p>Socioeconomic barriers (continued)</p>	<ul style="list-style-type: none"> • Lack of identity documents: Adults or parents who do not have their own identity documents struggle to register children, even if the children have documents for registration. • Place of birth: Home births and births where a medical professional did not provide assistance were observed to have the lowest proportion of registered and certified births. Children delivered in a hospital have a greater chance of being registered compared with those delivered in homes. • Culture: In some cultures, it is taboo to register children in their mothers' maiden names (in cases where the father is absent). Some women are reluctant to do this fearing possible cultural and traditional repercussions in future, such as <i>ngozi</i> (an avenging spirit).¹⁸
<p>Access to healthcare barriers</p>	<ul style="list-style-type: none"> • Attending prenatal care: Lack of professional care during pregnancy, delivery and early life is associated with lower registration rates.
<p>Historical and contextual barriers</p>	<ul style="list-style-type: none"> • National context: Urbanization and the availability of health facilities in a local area, a decentralized registration system and lower overall fertility at the national level all affect the BR rate. • Legislation/laws: If a country implements BR legislation, the odds of a registration increase by 14 per cent. In Zimbabwe, the legislature not passing any new rules to suit the country's demands as regards early child BR also affects the BR rate. • Political will: A lack of political will from governments affects the BR rate. • Conflict and war: A history of conflict and war results in a huge backlog of unregistered children.¹⁹

THEME	EVIDENCE
Financial barriers	<ul style="list-style-type: none"> • Cost of BR: The cost of travelling to registration centres has been cited as a reason for not registering children. In some cases, BR costs includes 'facilitation costs' or bribes. • Lack of finances to pay hospital bills: For children born in hospitals, there are maternity user fees that tend to hinder early child BR, since failure of payment means the mother will not receive birth records after giving birth.
Knowledge and information barriers	<ul style="list-style-type: none"> • Knowledge about BR: Parents/guardians sometimes do not know about BR and its uses, leading to under-registration.
Registration service barriers	<ul style="list-style-type: none"> • Complex BR processes: Complex processes of birth notification, registration and certification are the major barriers that prevent families from registering children. Multi-step processes are found to be confusing. Also, parents are not clear about the documents required to register their children. They therefore bring what they believe are the necessary documents and related requirements, only to be told that something else is required for their children to be registered. The bureaucracy of registration offices contributes to a lot of failed registrations. • Distance to BR centres: Centralized registration offices reduce accessibility for the general public, especially in rural areas where the distance between places of residence and registration centres is long and demotivating. • Attitude of registration officers: If the attitude of registration officers towards the public is not good, the public will be discouraged from going to access the services from such institutions.

Conclusion

This document is a synthesis of only two cells on the evidence map. There is therefore more evidence to be synthesized in the evidence base. For more detail, see our companion brief, *Known from Birth: Generating and using evidence to strengthen birth registration systems in low- and middle-income countries*, which provides information on the evidence map on which this document is based. It is also worth noting that there were gaps in the evidence base. These are some of the areas in which gaps can be found:

- A gap in research focused on men as users of registration services
- A gap in evidence published outside academic journal articles
- A relative gap in quantitative research
- A reporting gap in sex-disaggregated data, populations' living environments and population age.

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ENDNOTES

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