

Gender Gap in Birth Registration: *Is it a Proxy Indicator of GBSS?*

Birth registration, which is a permanent and very first proof of recording of a child's existence, is an important human right. Like in most countries, birth registration is mandatory in Nepal and is required for enrolment in schools accessing health services, for obtaining national citizenship, passport etc. However, research such as the 2016 Nepal Demographic and Health Survey (NDHS) shows that only 56% of the children under the age of 5 years were registered, out of which only 52% having a birth certificate. Furthermore, gender differences in the percentage of male and female children under the age of 5 years were noted and were slightly higher for male children (57.1%) than that for the female children (55.2%) (MoHP, New ERA & ICF International, 2017).

This formative study was conducted to understand the proximity between the gender-gap in birth registration and the practice of gender-biased sex selection (GBSS). An analysis of gender-disaggregated data of births registered in the past 5 years, hurdles in birth-registration, reasons for non-registration for each child, level of awareness on mandatory birth registration, exposure and utilization of sex determination technology, number of pregnancies that ended as induced abortion or miscarriage and the relationship between the sex ratios of the children under 5 years with sex ratios of registered births of the sampled ward was undertaken for the study.

Gender-Biased Sex Selection (GBSS) is a method used by couples and families to make decisions on pregnancy outcomes based on sex composition of existing children or for desired sex composition aided by prenatal testing to determine the sex of the fetus to ensure birth of desired sex, which is predominantly male.

GBSS may occur both pre-natal and post-natal. Prenatal GBSS occurs prior to or during conception by selecting sex during fertilization, or through termination of pregnancy when the fetus is determined to be of female sex. Postnatal sex selection (generally up to 5 years of age) as a result of neglect, differential treatment in maternal nutrition and child care, as well as infanticide.

KEY FINDINGS

1 VARIATION IN SEX RATIO AT BIRTH AND REGISTRATION OF BIRTHS

The study found higher skewed sex ratio at birth (SRB) in urban areas (149 male per 100 female) in comparison to rural areas (99 male per 100 female), and also found that age specific sex ratios were highly imbalanced for children aged two to three years (112 to 149 males per 100 female children).

The study found that birth registration was not common among the couples residing in the study areas. Less than half (49%) of the total 1162 children below 5 years were registered in the Civil Event Registration System (CERS). Further disaggregation reveals that the birth of only 46% girls was registered in comparison to 52% of boys. The sex ratios of total registered births are highly skewed, favoring males (130 male per 100 female) (see Table 1).

TABLE 1: Number of registered births of children aged 0-<5 years by sex and the sex ratio of registered births: Household Survey (N= 1162)

Age	Male	Female	Sex ratio*
0-<1	24	26	92
1-<2	47	60	78
2-<3	74	47	157
3-<4	99	57	174
4-<5	80	59	136
Total	324	249	130
Total children present	621	541	115
% Total registered births	52.2	46.0	X
% Urban registered births	59%	41%	X
% Rural registered births	55%	45%	X

Sex disaggregated data by place of residence reveals a slightly wider disparity in birth registration by sex in urban areas (59% boys vs. 41% girls) as compared to rural areas (55% boys vs. 45% girls).

The household survey reveals skewed sex ratios of registered births that corroborates with the CERS records of the corresponding municipality/wards. The overall sex ratios of birth registration in the CERS record (131 male per 100 female) and the present household survey (130 male per 100 female) are alike. The similarities between these two data are statistically significant [two proportion test ($P \leq 0.05$)].

2 REASONS FOR NON-REGISTRATION OF BIRTH

The three main reasons cited by the women for non-registration of birth of their children were: Lack of marriage certificate (18% in urban and 43% in rural); lack of time to register the birth (31% in urban and 24% in rural) and lockdown during COVID-19 (26% in urban and 10% in rural) (see Table 2).

FIGURE 1: Rural and urban percentage distributions of children aged below 5 years whose birth has been registered

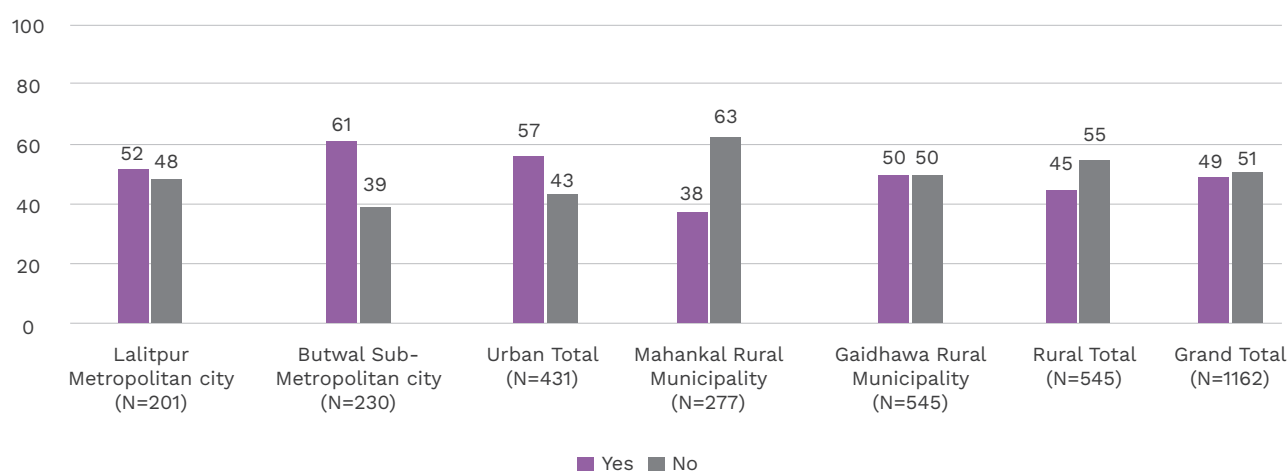


TABLE 2: Reasons for non-registration of birth/s

Reasons	Urban			Rural			Total (N=589)
	Lalitpur Metropolitan city (N=97)	Butwal Sub- metropolitan city (N=90)	Total (N=187)	Mahankal Rural Municipality (N=173)	Gaidhawa Rural Municipality (N=229)	Total (N=402)	
No marriage certificate	15.5	20.0	17.6	30.1	53.3	43.3	35.1
No other legal documents	4.1	7.8	5.9	6.9	14.0	10.9	9.3
Unaware of the need for birth registration	-	1.1	0.5	1.7	3.1	2.5	1.9
Due to COVID-19 lockdown	32.0	18.9	25.7	15.6	5.2	9.7	14.8
Husband abroad	3.1	6.7	4.8	2.3	4.8	3.7	4.1
No time to go to register	38.1	23.3	31.0	32.4	17.9	24.1	26.3
Child is too young	6.2	7.8	7.0	1.7	0.4	1.0	2.9
Felt no need till date	1.0	14.4	7.5	9.2	1.3	4.7	5.6

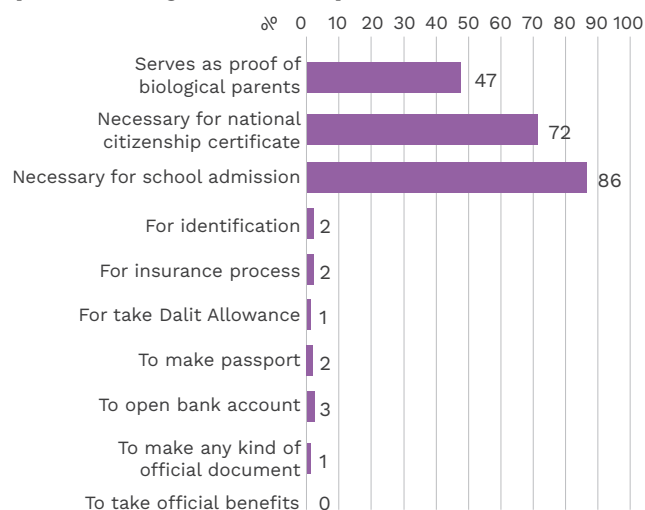
TABLE 3: Reasons for non-registration of birth/s by gender

Reasons	Urban						Rural						Total	
	Lalitpur Metropolitan city		Butwal Sub- metropolitan city		Total		Mahankal Rural Municipality		Gaidhawa Rural Municipality		Total		Male (N=297)	Female (N=292)
	Male (N=57)	Female (N=40)	Male (N=49)	Female (N=41)	Male (N=106)	Female (N=81)	Male (N=84)	Female (N=89)	Male (N=107)	Female (N=122)	Male (N=191)	Female (N=211)		
No marriage certificate of parents	10.5	22.5	18.4	22.0	14.2	22.2	31.0	29.2	50.5	55.7	41.9	44.5	32.0	38.4
No other legal documents	3.5	5.0	10.2	4.9	6.6	4.9	10.7	3.4	15.0	13.1	13.1	9.0	10.8	7.9
Unaware of the need for birth registration	-	-	2.0	-	0.9	-	1.2	2.2	4.7	1.6	3.1	1.9	2.4	1.4
Due to COVID-19 lockdowns	33.3	30.0	22.4	14.6	28.3	22.2	11.9	19.1	5.6	4.9	8.4	10.9	15.5	14.0
Husband abroad	3.5	2.5	2.0	12.2	2.8	7.4	2.4	2.2	4.7	4.9	3.7	3.8	3.4	4.8
No time to go to register	38.6	37.5	16.3	31.7	28.3	34.6	33.3	31.5	17.8	18.0	24.6	23.7	25.9	26.7
Child is too young	8.8	2.5	10.2	4.9	9.4	3.7	-	3.4	-	0.8	-	1.9	3.4	2.4
Felt no need till date	1.8	-	18.4	9.8	9.4	4.9	9.5	9.0	1.9	0.8	5.2	4.3	6.7	4.5

3 BENEFITS OF BIRTH REGISTRATION AS PERCEIVED BY WOMEN RESPONDENTS

As part of the research, ten statements were shared to understand the women respondents' perceptions in relation to benefits of birth registration. A majority of the women noted that birth registration was necessary for school admission (86%) and for obtaining national citizenship certificate (72%) (Figure 2). Disaggregation by urban-rural areas indicates that a higher proportion of women from rural municipalities give importance to birth registration for school admission (90%) in comparison to women from urban areas (73%). Importance in relation to obtaining national citizen certificates were almost similar for women from urban and rural areas (73% urban and 71% rural). The study also found that a higher percentage of urban respondents (57%) valued birth registration in the context of proof of identity of biological parents than those from the rural municipalities (40%).

FIGURE 2: Benefits of birth registration as perceived by women respondents

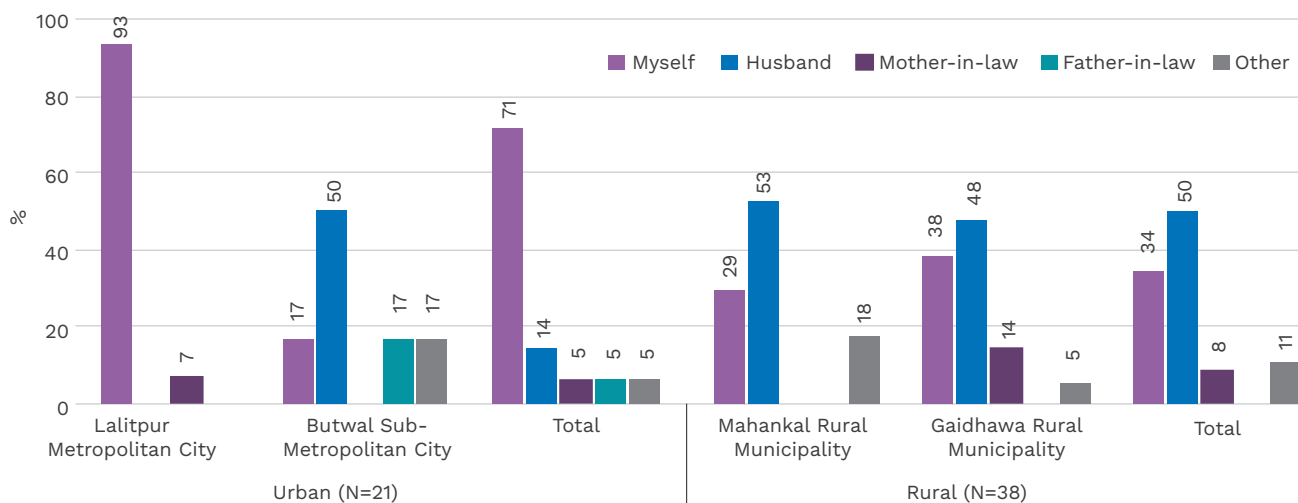


4 EXPOSURE AND UTILIZATION OF SEX DETERMINATION TECHNOLOGY

The study found that almost all urban women (98%) and most rural women (85%) had undergone ultra-sonogram (USG) during pregnancy. However, very few of them revealed

that they purposively sought USG for prenatal sex determination (PNSD). Of the total 59 women who reported that they had intentionally undergone USG test for sex determination, around half (48%) had mentioned that they sought USG by their own desire/curiosity to learn about the sex of the fetus. On the other hand, more than a third (37%) had resorted to USG on the pursuance of their husband. Almost all women in urban Lalitpur (93%) made self-decision for sex determination tests. Except for Lalitpur, the study shows that in the majority of cases, husbands influence the decision of women to seek PNSD (see Figure 3).

FIGURE 3: Decision-making (women living in urban vs. rural areas) related to pre-natal sex determination (N=59)



Out of 992 women, forty-six women (5%) of the women reported about ever resorting to an abortion. Those women who had ever resorted to an abortion (46), about half of these women (52%) did not want additional children; 26 percent were suggested by the doctor for abortion; 15 percent had resorted to termination upon GBSS and 7 percent of the women cited contraception failure.

CONCLUSION

The study found that birth registration is not common among the couples residing in the study areas and less than half (49%) of births registered at the CERS office. Age specific birth registration sex ratios indicate that the majority of the parent's register births of their children after 2 years of age. In addition, the study found that couples generally register the birth of sons/male in comparison to daughters/females. This gender-gap in birth registration reaffirms the CERS data. Existence of wide gender-differences in birth registration in the last 5 years is a reflection of GBSS both during prenatal and postnatal stages as well as under registration of female birth. This clearly reveals that CERS data can be used for mapping of municipalities and communities with a wide gender-gap in birth registrations and associating such gender-gaps in birth registration to the prevalence of high son preference, gender discrimination and the practice of GBSS. In the context of son preference, there is disparity among the respondents based on education and socio-economic background, which changes with each of the variables. Son preference was highest among women with higher secondary education and above, and among Brahmin/Chettri women. Moreover, the study reveals that a higher percentage of urban women resorted to USG for determination of the sex of the fetus. Similarly, women exposed to induced abortion were more likely to undertake abortion after determination of the sex of the fetus, though this is generally under-reported in the present study.

RECOMMENDATIONS

Further research studies are needed that compare men's (husbands') perspectives on son preference; the extent they influence in GBSS, and if their preference for a child of a specific sex at each birth order translate into a wide gender-gap in birth registration of children. The comparison needs to be done between the population with highly skewed birth ratios and population with a normal sex ratio at birth.

STUDY DESIGN

The study adopted a quantitative research approach. Data for the study was obtained from two sources: i) CERS statistics maintained at the municipal ward level for the last five years, and ii) triangulation/validation of the birth registration through a household survey at selected rural and urban locations of two districts - one hill (Lalitpur) and one terai district (Rupendehi) that demonstrated highly skewed sex ratio of population younger than 1 year in 2011 i.e. >112 males per 100 females (CBS 2012). In each district, one metropolitan/sub-metropolitan city and one rural municipality was selected to examine the gender gap in registered births and if the gaps resonated gender-biased sex selection. The sex disaggregated birth registration data was collected for all the wards of the study metropolitan/municipality. From the ward level data, one ward reflecting the highest gender-gap in birth registration was chosen for household survey. A total sample of 768 households (192 per cluster sampled ward) having a woman of reproductive age (15-49 years) and with at least one child below 5 years of age was considered to be adequate for household enumeration. In addition, a total of 1162 children (621 boys and 541 girls aged 0 - <5 years) were enumerated for the study.

