Adult death registration in Matlab, rural Bangladesh: completeness, correlates, and obstacles

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Death registration: why?

Civil Registration and Vital Statistics (CRVS):

- Birth, Death, Marriage, Divorce

CRVS importance

- Production of vital statistics at national and sub-national level to help health and population policy planning
- Secure rights and benefits of heirs

Sustainable Development Goals (SDG) and death registration

- SDG goal 17: **Partnership to achieve the goals** → Target 19 → Indicator 2(b): % of countries that have achieved 100% birth reg. and 80% death reg.
- Count of deaths provide numerator and denominator of several SDG indicators, e.g., neonatal mortality rate, maternal mortality ratio, etc.

CRVS in Bangladesh

CRVS Act

- Enacted *Birth and Death Registration Act* in 2004; implementing since 2006
- To complete within 45 days, no registration fee; <1 USD late reg. fee

CRVS commitment

- A signatory of the Asian and Pacific CRVS Decade 2015-2024
- Committed to get everyone in the picture through CRVS

Birth and death registration status in Bangladesh

- Birth registration: ~ 25% among under-five children, BDHS 2017
- Death registration **(DthReg)**: ~ 12% in 2015
  - No sub-group estimates
  - Reasons of registration or leaving deaths unregistered are not studied

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Study objectives

1. To estimate the completeness and correlates of adult (15+ years) death registration in rural Matlab, Bangladesh

2. To explore potential barriers and enablers to death registration as reported by family members of recently deceased adults

Methods

Study population and period: Population covered by Matlab Health and Demographic Surveillance System. Survey period: July 2019 – March 2020

Study design and sample size: Cross-sectional survey of 2538 households to estimate and validate adult mortality. Studying DthReg was a secondary obj.

Data collection tool: *Recent Household Death* module of the DHS program with additional questions on DthReg

Deaths recorded in 2016-2019: 626; excluded 25 child (<15) deaths, and 30 deaths in out-migrant's households outside the HDSS; analyzed 571 deaths

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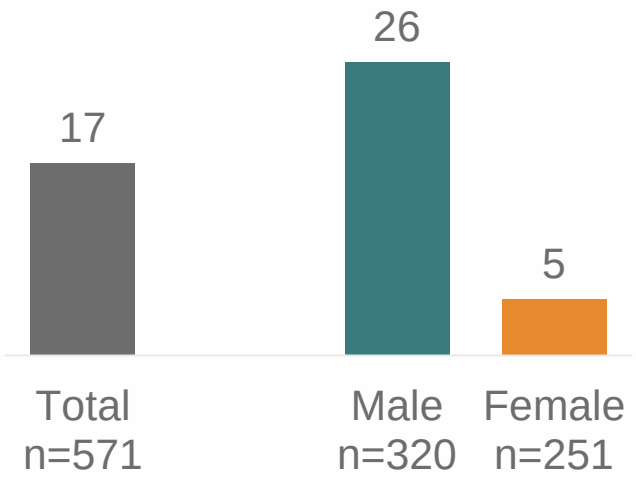
Key findings

% of adult (15+) deaths registered to national CRVS



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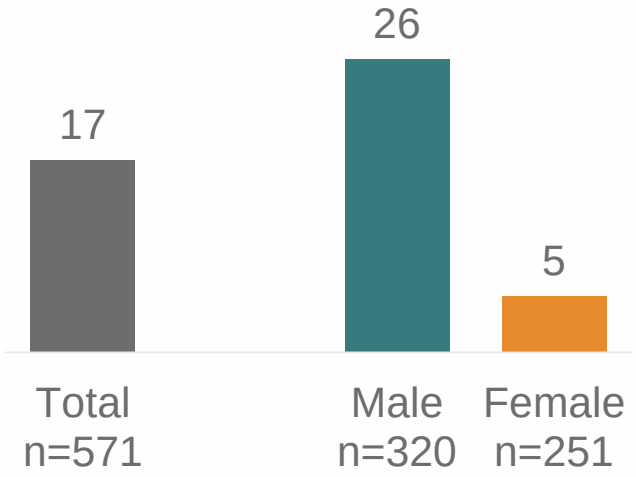

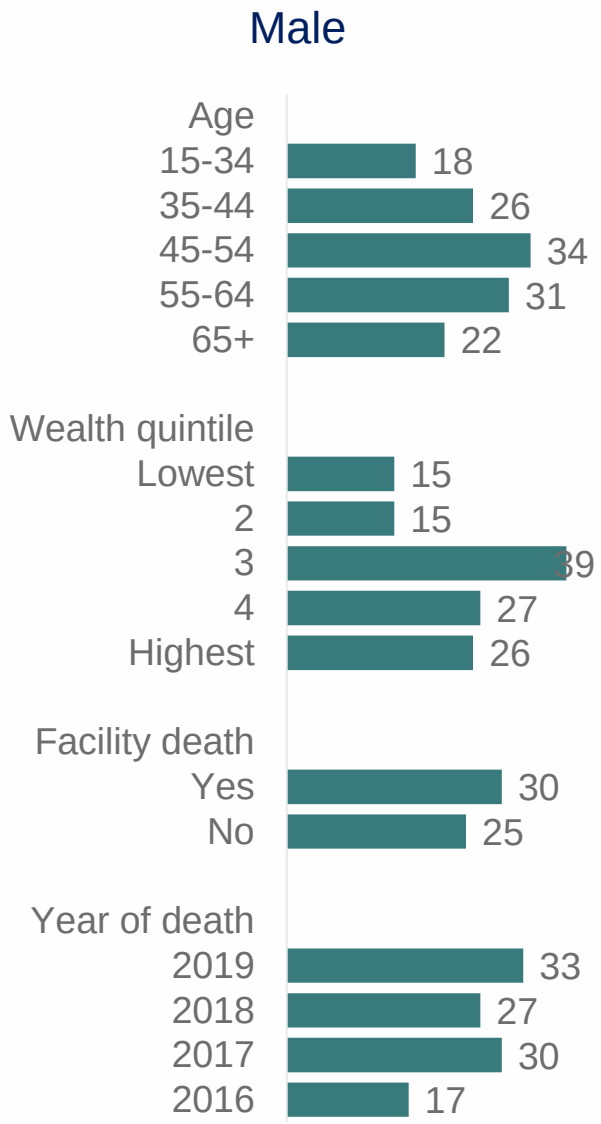

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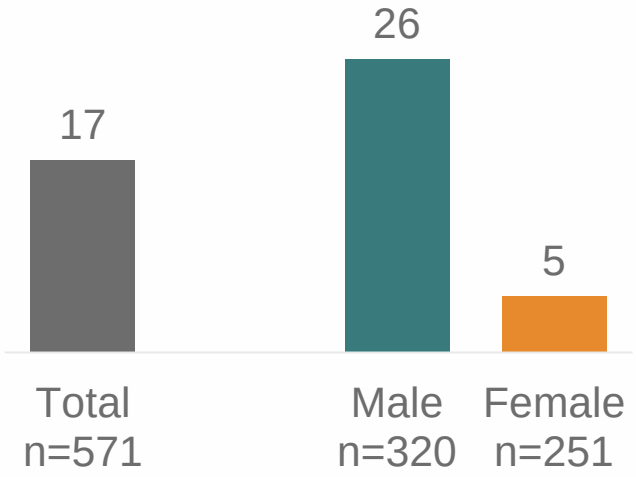

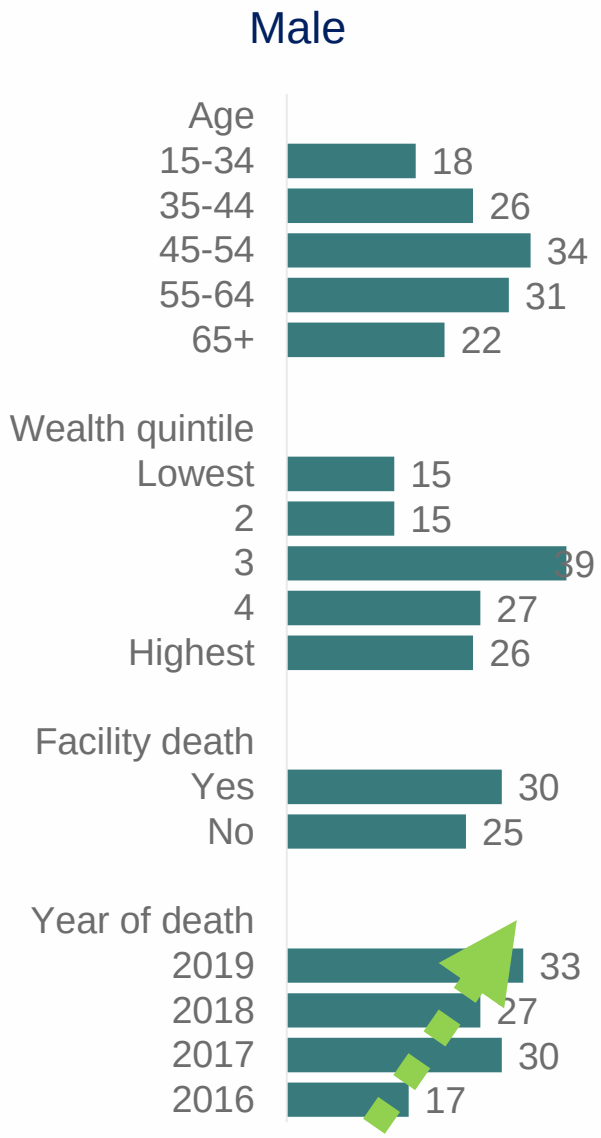

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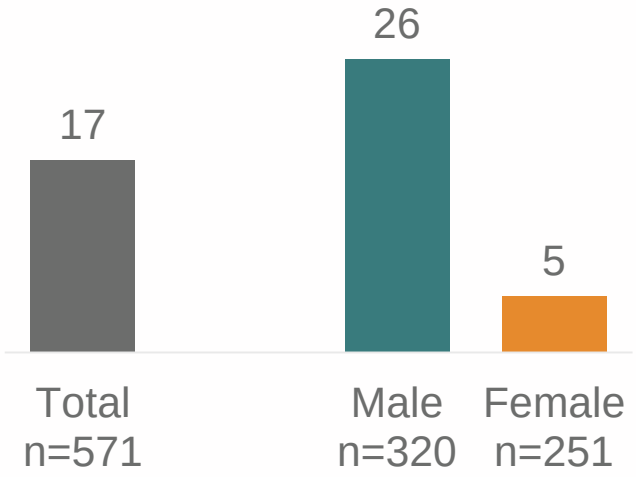

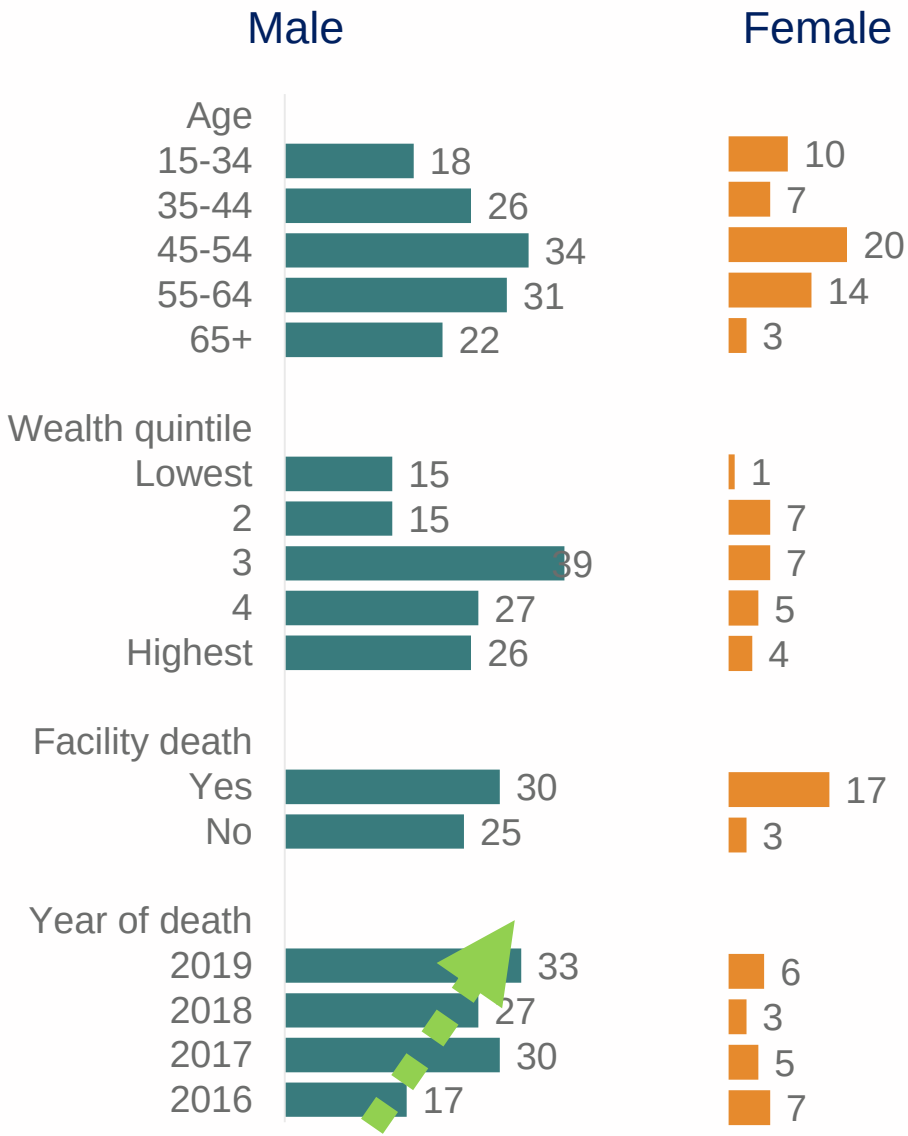

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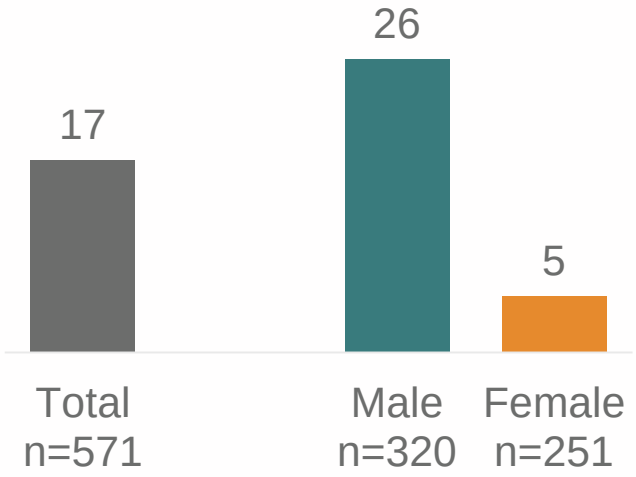

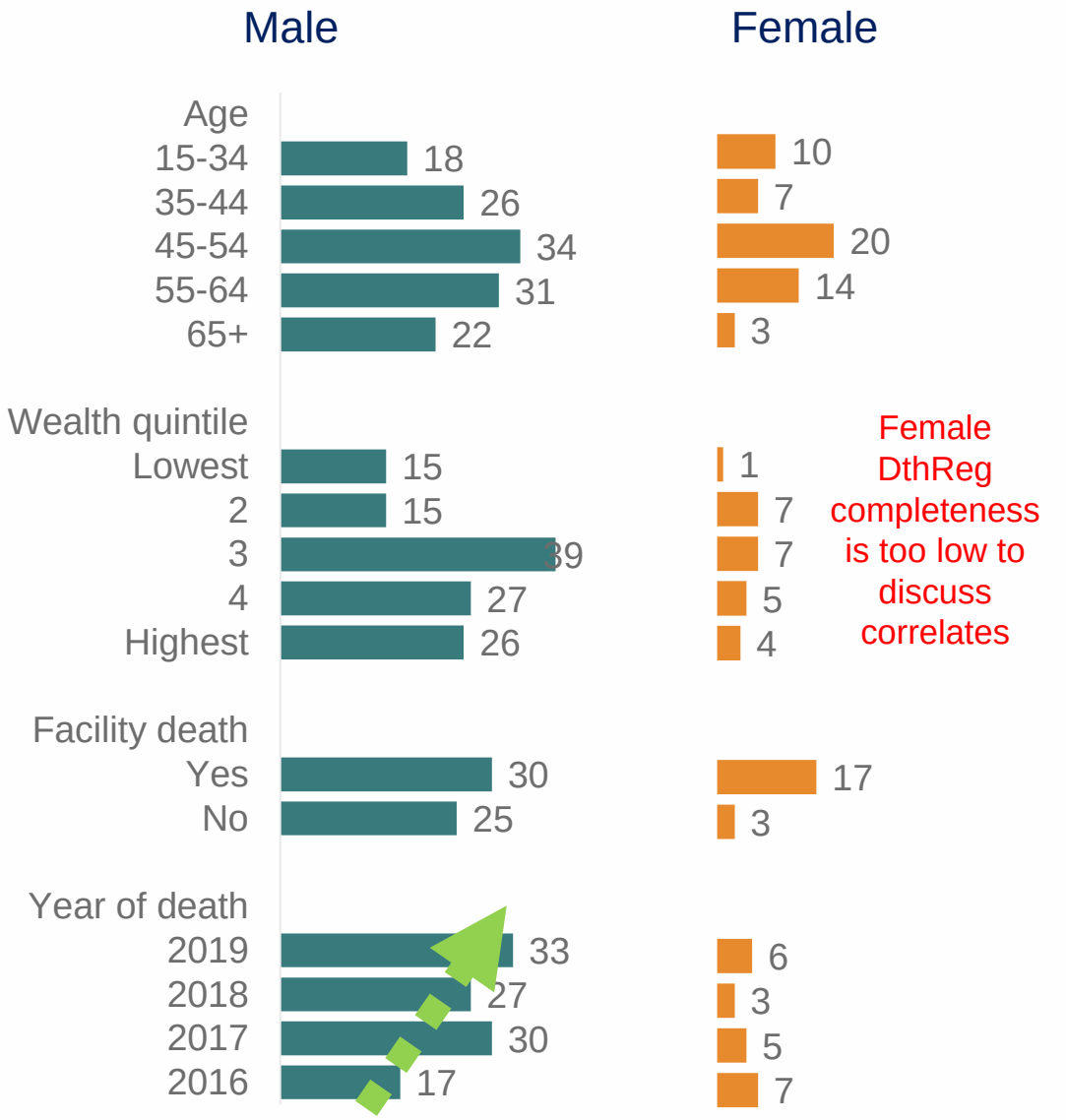

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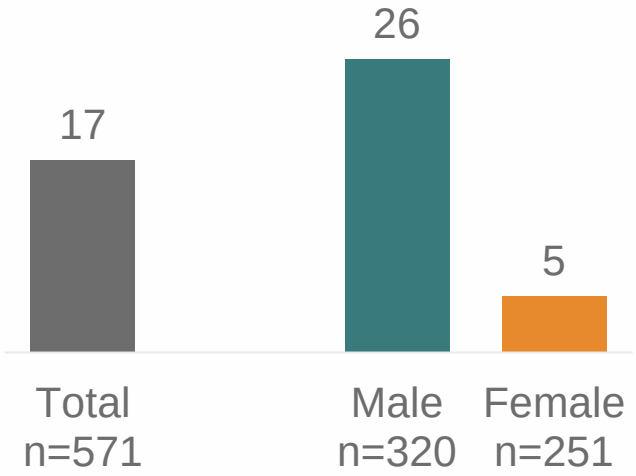

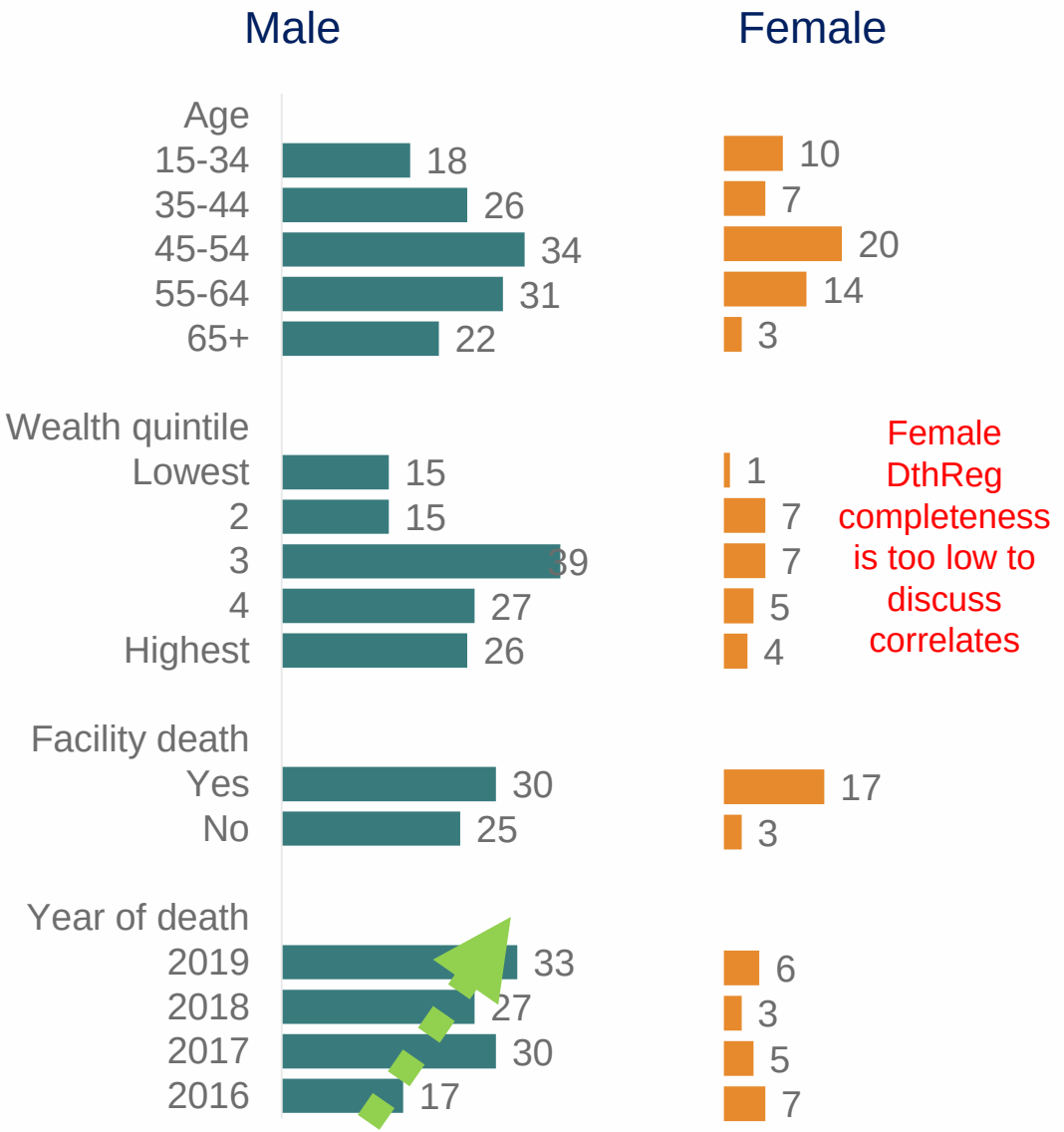

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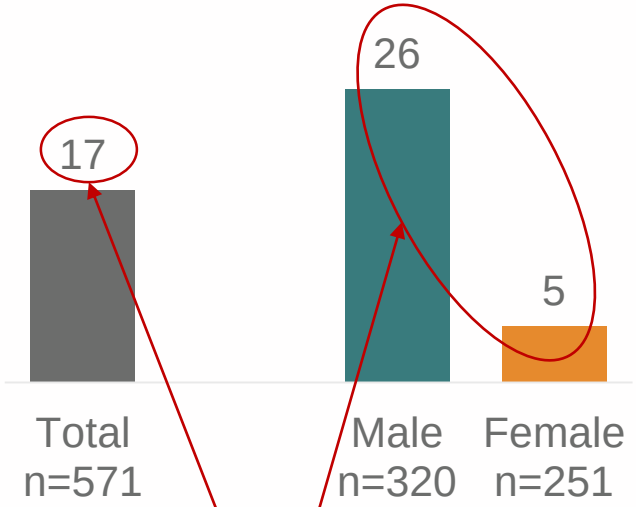
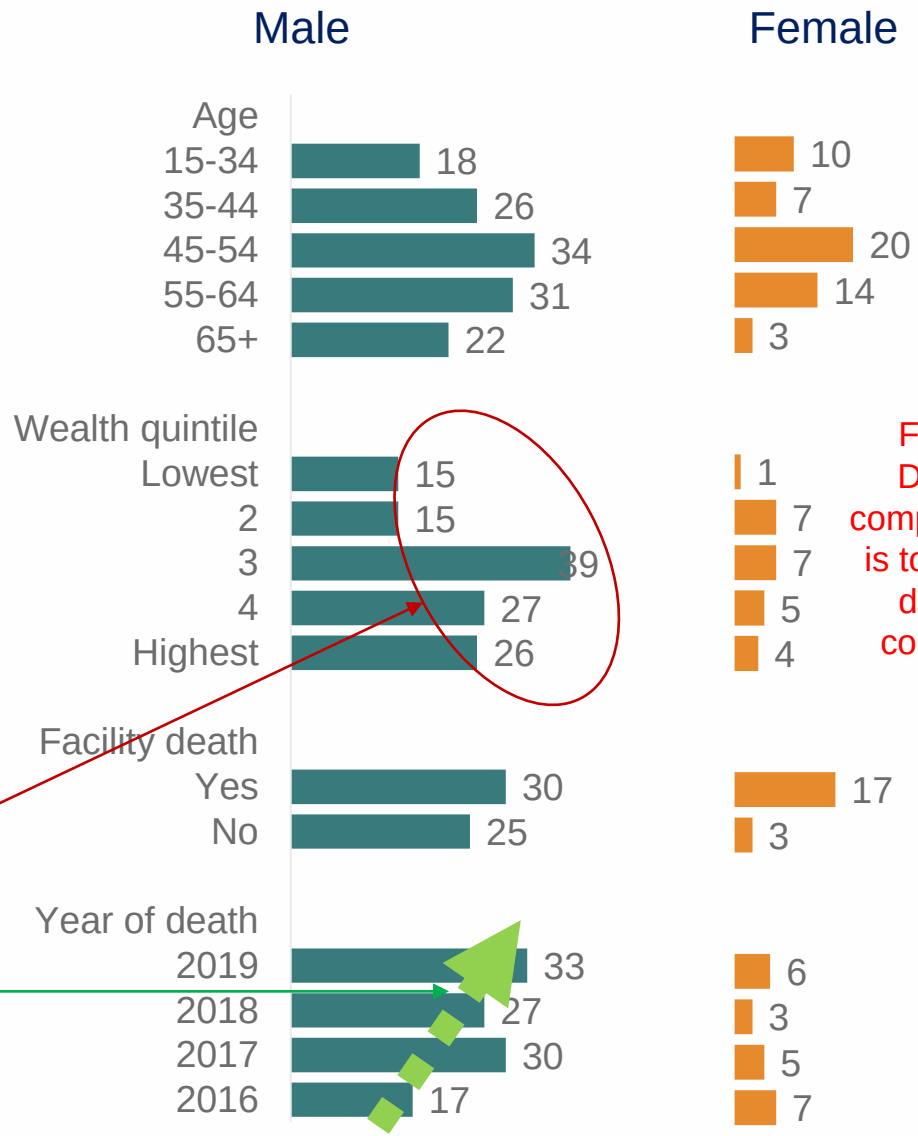


Low level

High gender gap (sig)

Low among poor (sig)

Increasing trend (not sig)



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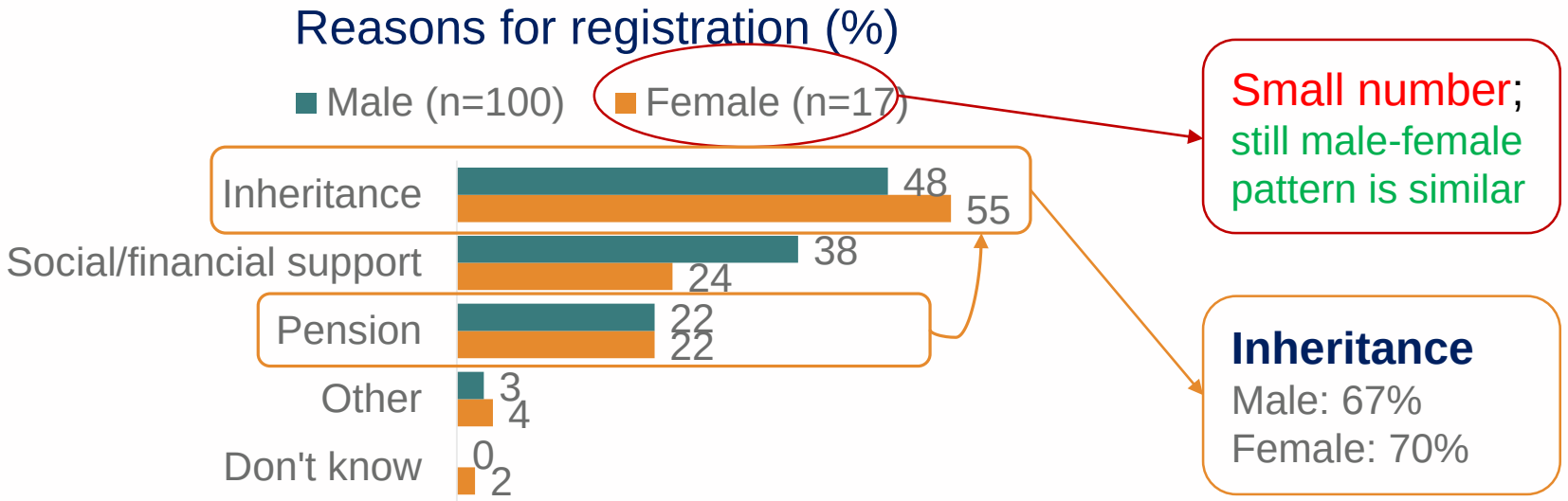
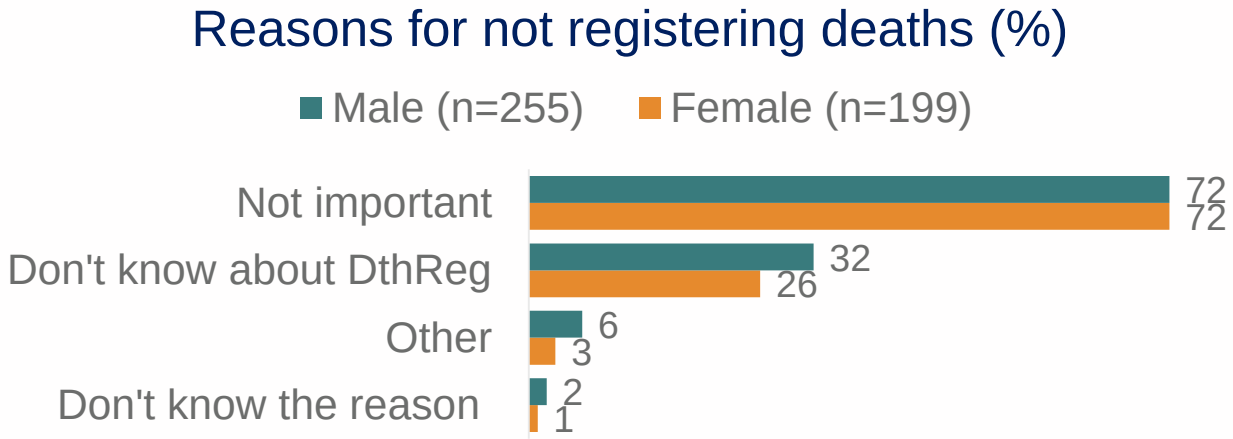
Reasons of (not) death registration (%; multiple response allowed)





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Explanations

Low level of death registration

- DthReg happened mainly for legal reason

- Unawareness of DthReg and its importance

- No facility notification system

- *Weak community notification system:* Family Welfare Assistant (FWA), Health Assistant (HA), and Village Police: workers of different ministries, lack of inter-ministry coordination, vacancy, etc.

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High gender gap: Inheritance enabled DthReg, but:

- 13% women vs. 70% men own land
- Pension: Few women work in formal sector

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Story of effective programs to increase DthReg? examples

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- A study in Agincourt, **South Africa** indicates financial incentive was effective to increase birth registration. This may be effective for DthReg.
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Same weakness issue

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