



# Gender Inequalities in Bhutan using Civil Registration and Vital Statistics



## 1. Key recommendations

Bhutan's civil registration and vital statistics (CRVS) system has demonstrated remarkable improvements in coverage and timeliness in birth and death registration, but disparities still exist, particularly related to maternal factors and geographical areas. Adopting an intersectional approach can help address these persisting gaps.

- There are no significant differences in delayed birth registration by sex, but disparities exist in timely registration for children born in some geographic areas and to younger and less-educated mothers.
  - Interventions such as mobile registration units and assistance in registration at postnatal visits should be targeted to these regions and underserved populations.
- Death registration for under-five children is lower than the national average, with significantly lower registration for girl children.
  - Strengthening healthcare-CRVS linkages, creating community-based notification systems and implementing incentives for timely reporting of child deaths can help address these disparities.
- System improvements and strengthened data collection can track progress and identify areas for improvement.
  - Future rounds of national surveys (e.g. National Health Survey) should include variables related to birth and death registration, timing and location. Data should be integrated between surveys and CRVS systems to allow for richer data analysis.

Targeted investments over the next several years can close remaining registration gaps and ensure universal, gender-inclusive access to birth and death registration.

## 2. Problem Statement & Evidence

Civil registration and vital statistics (CRVS) record and monitor critical events in individuals' lives, including births and deaths, and are explicitly referenced in the Sustainable Development Goals. SDG 16.9 calls for 'legal identity for all, including birth registration' by 2030, while SDG 17.19 focuses on strengthening countries vital statistics capacity.

Well-functioning CRVS systems provide governments with timely and reliable information on population dynamics, changing demographics, mortality patterns and help monitor progress on a wide range of other SDGs, including child mortality, maternal deaths and child marriage. Registration of events such as birth and death also provide individuals with proof of identity and citizenship, which is often required to access education, healthcare and social services.

Bhutan has made remarkable progress towards strengthening its CRVS system through institutional and policy improvements. In 2023, 73.9% of births were registered, while completeness of death registration was reported at 69.2%. Bhutan's progress reflects the improvements seen in the Asia-Pacific region during the 2015-2024 CRVS Decade, which set the ambitious target of achieving universal birth and death registration. However, to close remaining gaps, countries are encouraged to undergo inequality assessments to identify potential inequalities in CRVS systems, such as gendered disparities.

Previous regional analyses have found only small aggregate differences in birth registration by sex, but have identified other gender-related factors,





including maternal education, marital status and younger age, as being associated with lower registration rates. This suggests that inequalities in birth registration are not directly related to the sex of the child, but rather the mother's socio-economic position and the structural barriers she may face.

Addressing disparities in birth and death registration first requires identifying who remains unregistered and why, then designing interventions and policies to target these gaps. This report was commissioned by the National Statistics Bureau of Bhutan to evaluate progress towards universal, gender-inclusive CRVS coverage and provide evidence-based recommendations to support Bhutan's SDG commitments related to CRVS.

### 3. Methodology

A gender-focused assessment of birth and death registration, as well as potential gendered gaps and other determinants of delayed registration, was conducted by linking and anonymizing data from:

1. 2010 Multiple Indicator Cluster Survey (MICS), a household survey with detailed data on children under five years of age including disaggregated data by Dzongkhags (administrative districts), mother's age, wealth quintiles and rural/ urban residence.
2. Civil registration and vital statistics (CRVS) microdata.

Regression models were created to examine potential explanatory variables of delayed birth and death registration, where registration is considered delayed if it occurs more than one year after birth/ death. For birth registration models these included child's sex, birth order, mother's age and education level, site of delivery, Dzongkhag and year. For death registration models, this included decedent's sex, site of death, Dzongkhag, year and age.

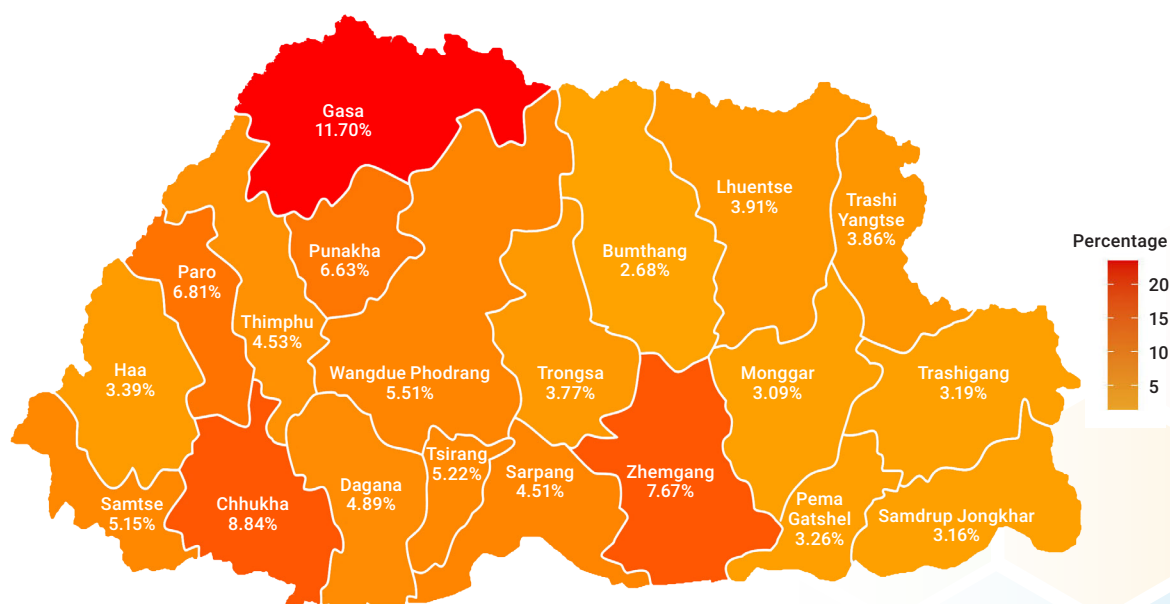
### 4. Results and proposed solutions

#### Birth registration:

Small and statistically insignificant differences were observed in delayed birth registration between male and female children (4.9% for males compared to 4.7% for females). However, substantial geographical variation exists, with higher shares of delayed registration observed in western and southern regions (Figure 1).

Births to younger mothers and to mothers with less education had significantly lower odds of timely registration, as did higher-order births. Births outside of health facilities also had lower odds of being registered within one year. While sex of the child was not found to be associated with delayed birth registration, these other associated factors are strongly shaped by gender norms and roles that influence access to education, healthcare access and administrative engagement.

Figure 1: Delayed birth registration rate by Dzongkhag





This highlights the importance of addressing gendered socioeconomic and institutional barriers to timely birth registration.

Of note, MICS data report birth registration completeness of 99%, while more recent CRVS estimates from 2023 indicate completeness of 73.9%. This discrepancy may reflect respondent recall bias, differences in question phrasing and misunderstandings between birth registration and possession of a birth certificate, underscoring the need for improved data harmonization and measurement.

### Death registration:

Delayed death registration has declined substantially, reaching 1.3% in 2023. However, substantial geographic variation remains, with some regions reporting more than 20% of deaths registered after one year (Figure 2). These delays may be due to fewer registration offices, administrative backlogs, remote and challenging terrain and cross-border population mobility. Deaths occurring outside of health facilities also have lower odds of timely registration.

Delayed registration is highly concentrated among the youngest age groups: 54% of deaths among infants under one year of age and 40% of deaths among children aged 1 to 4 years are registered after one year. Additionally, within the under-five

age group, female child deaths have 59% higher odds of delayed registration compared to male child deaths. After age five, delayed death registration declines sharply to 8–9%, with no significant sex differences (Figure 3).

## 5. Implementation & Next Steps

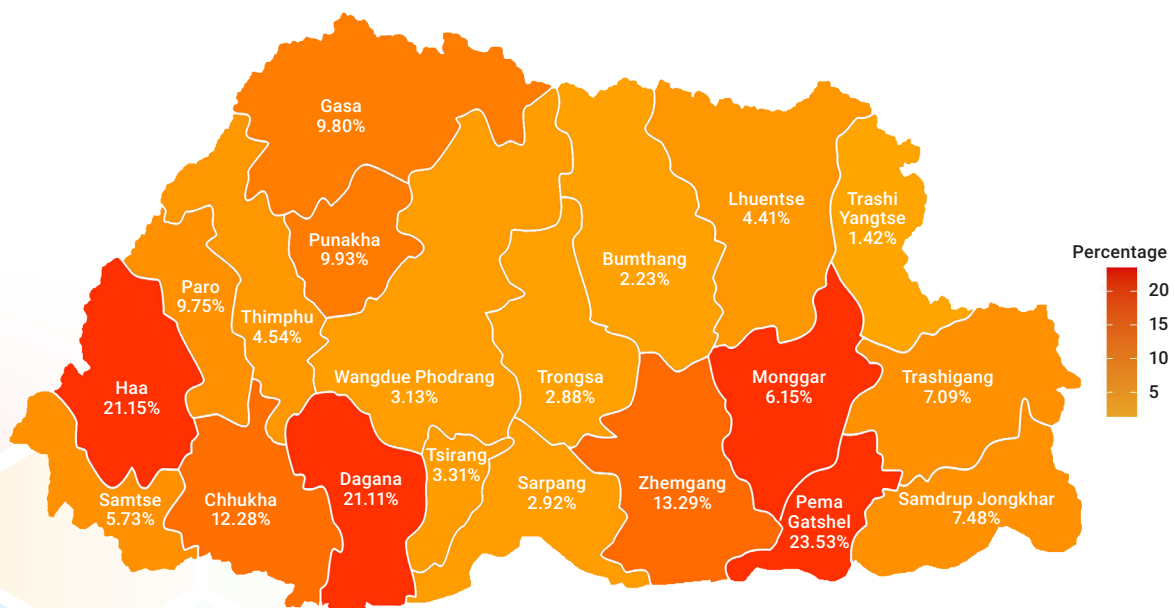
### Close gaps in birth registration by targeting geographic areas and vulnerable maternal groups.

Mobile registration units, registration awareness campaigns and healthcare-registration linkages should be targeted to high-delay Dzongkhags, including Gasa, Dagana and Haa. Integrating registration support into antenatal and postnatal care visits could help reduce delays among younger and less-educated mothers. Continuing to strengthen digital solutions, such as the recently implemented online registration system, can help improve registration, particularly in areas and among populations with registration delays.

### Improve accessibility and incentives for registration of deaths among children under five years of age.

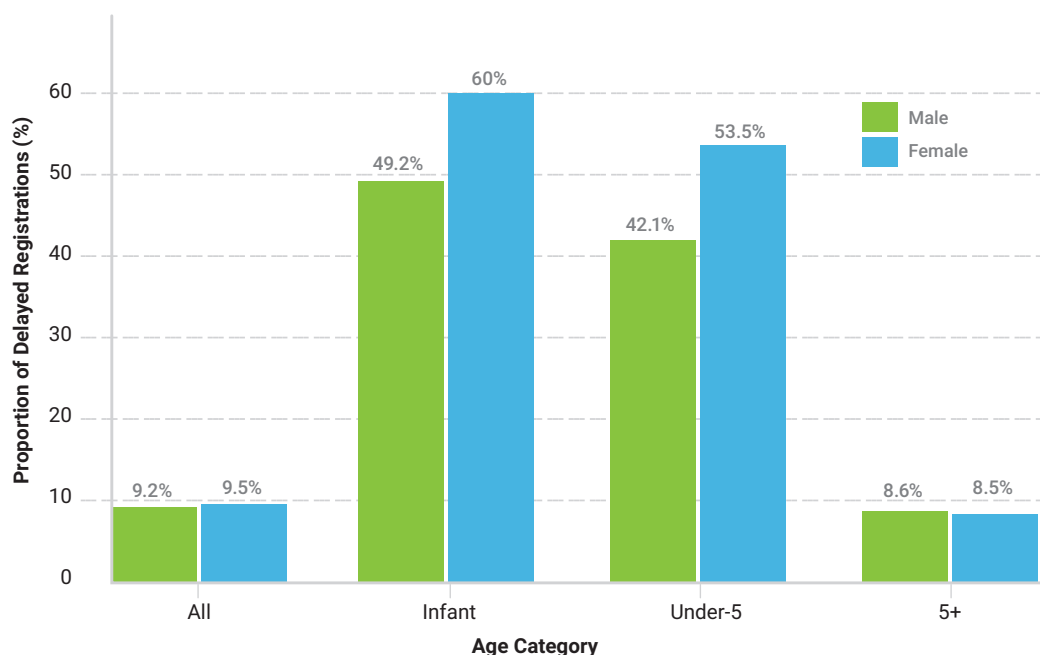
Policy makers are urged to strengthen incentives and reduce barriers to timely registration of child deaths. The Rural Life Insurance Scheme currently provides Nu 30,000 (approximately USD 330) for deceased

Figure 2: Delayed death registration rates by Dzongkhag, 2023





**Figure 3:** Delayed death registration rates by age groups



Bhutanese citizens aged eight years and older. This scheme should be expanded, or a complementary grant established, to cover child deaths, thus providing financial support to bereaved families while encouraging timely death registration.

**Strengthen data systems and monitoring through improved collection and interoperability.**

Some findings in this report rely on survey data from 2010, the most recent data with detailed information on birth registration, limiting policy

relevance. National household surveys, such as the National Health Survey, should reintroduce standardized questions on birth and death registration, including possession of certificates, timing and place of registration. Survey data should be linked with CRVS systems to enable disaggregated analysis, support gender and inequality reduction targets and strengthen regular monitoring and reporting on equity in birth/death registration.

