



FINAL REPORT

Female Death Registration in Honiara and Malaita, Solomon Islands: A Qualitative Study

2026



Photos by Juan Arredondo, 2025

Table of Contents

LIST OF ACRONYMS	3
EXECUTIVE SUMMARY	4
1. INTRODUCTION	7
2. BACKGROUND INFORMATION, AIMS AND OBJECTIVES	9
3. METHODOLOGY	12
3.1 Study Design and Context	12
3.2 Sampling.....	13
3.3 Preliminary Scoping and Site Assessment	14
3.4 Participant Eligibility	14
3.5 Participant Recruitment	15
3.6 Data Collection.....	15
3.7 Data Analysis	16
3.8 Ethical Considerations.....	16
4. RESULTS.....	17
4.1 Barriers to Female Death Registration	18
4.1.1 Individual Level Barriers	18
4.1.2 Interpersonal Level Barriers.....	19
4.1.3 Community Level Barriers.....	19
4.1.4 Institutional Level Barriers.....	21
4.2 Facilitators of Female Death Registration.....	22
4.2.1 Interpersonal Level Facilitators	23
4.2.2 Community Level Facilitators	24
4.2.3 Institutional Level Facilitators	25
4.3 Mechanisms to Improve Female Death Registration	26
5. DISCUSSION	28
6. RECOMMENDATIONS.....	29
7. STUDY LIMITATIONS	33
8. CONCLUSION	34
9. REFERENCES.....	36
10. ANNEX	39

LIST OF ACRONYMS

CRVS	Civil Registration and Vital Statistics
FGD	Focus Group Discussions
HIV	Human immunodeficiency virus
ICR	Intercoder reliability
IDI	In-Depth Interview
JHU	Johns Hopkins University
KII	Key Informant Interview
MHMS	Ministry of Health and Medical Services
MoHA	Ministry of Home Affairs
NGO	Non-Governmental Organization
SDG	Sustainable Development Goals
SEM	Social-ecological model
SINU	Solomon Islands National University
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Death registration is a core function of the Civil Registration and Vital Statistics (CRVS) system. It provides legal recognition of death, protects family rights, and generates essential mortality data for national planning. However, in the Solomon Islands, death registration remains incomplete, with the 2023 estimates indicating 38% death registration completeness (Statistics Division, 2026). Multiple barriers explain these statistics, including limited awareness, low perceived importance of death registration, geography, socio-cultural norms and institutional processes (AbouZahr et al., 2015). Particularly concerning is a stark disparity between male and female death registration (United Nations Economic and Social Commission for Asia and the Pacific, 2025).

The WHO Health Inequality Monitor (WHO, 2026) which tracks disparities in mortality across population groups demonstrates significantly lower all-cause mortality for females in comparison to males between 2000 and 2019 in Solomon Islands. The mortality rate per 100,000 population stays consistent for both males and females over the period 2000 - 2019; however, there is a significant disparity in all-cause mortality with males reporting around 800 deaths per 100,000 and females reporting 600 deaths per 100,000.

Despite the disparities, there are no studies which examine how and why the mortality gap between males and females is so disparate, and how different gendered factors across key stakeholders (household members, health workers, religious leaders and key informants involved in the death registration process) hinder or promote female death registration. To address this gap, we employ qualitative methodology to examine the individual, interpersonal, social, cultural, institutional, and system-level factors influencing female death registration in Honiara and Malaita. Honiara and Malaita represent urban and rural settings and high and low death registration respectively. The study also explores opportunities to strengthen death registration processes in ways that are equitable, gender-responsive, and grounded in community realities.

The study draws on 32 qualitative transcripts, including 20 in-depth interviews with household members who experienced a death of a female relative, 8 key informant interviews (with health workers, religious leaders, village chiefs, government officials and representatives from non-governmental organizations), and 4 focus group discussions (with health workers and religious leaders). Participants were recruited and sampled purposively from Honiara and Malaita.

The findings show that female death registration practices are shaped by limited awareness, geographical and financial barriers, cultural and gender norms, institutional capacity constraints, and system-level barriers. Concurrently, female death registration is facilitated by asset ownership, proactive institutional workers, personal connections and shifting gender norms. Table 1 indicates the key barriers and facilitators to female death registration in Solomon Islands.

Table 1

Key Barriers and Facilitators of Solomon Island’s Death Registration Gender Disparities Using the Socioecological Model

	Individual	Interpersonal	Community	Institutional	Policy
BARRIERS	Low awareness and confusion around death registration process	Geographic and financial barriers Cost related to death and funeral services	Patriarchal norms Stigma around talking about causes of death Geographical barriers	Religious institutions burial services are not integrated into reporting system Hospital and clinic staff capacity and resource to issue cause of death or death notification	System-level gaps persist due to the centralization of registration services in Honiara Some institutions accept burial notices or death notifications in place of official death certificates
FACILITATORS	Interest in tracking lineage Practical need to obtain death certificate	Knowing or having a connection with someone who can facilitate the process	Shifting views on gender	Health system integration of notification Tracking maternal deaths	Institutions requiring an official death certificate to access assets and complete personal affairs

Participants identified several recommendations and suggestions to strengthen death registration for women and girls. However, these also have the opportunity of addressing issues that impact all genders:

- Increase awareness through culturally appropriate, gender-responsive communication delivered via churches, chiefs, women’s groups, health facilities, and media.
- Decentralize registration services by establishing provincial CRVS offices and equipping rural health facilities with trained focal points, standardized materials, and digital tools.
- Formalize reporting pathways between churches and health facilities to integrate community-based records into the national CRVS system.
- Strengthen institutional capacity through regular training, supervision, and reliable supply of notification materials.
- Address gender inequities by promoting the equal importance of documenting female deaths and establishing confidential pathways for deaths involving violence or stigma.
- Enact and operationalize the revised Civil Registration Act to clarify roles, mandate reporting, and ensure sustainable financing for CRVS operations.

Documenting women’s deaths is not only a technical requirement. It is a matter of equity, dignity, and social justice. Strengthening female death registration will protect family rights, improve mortality data, and support evidence-based policy and development planning in Solomon Islands.

1. INTRODUCTION

Civil Registration and Vital Statistics (CRVS) systems are essential for protecting individual rights, supporting public administration, and generating reliable data for national planning. Among the core functions of CRVS, death registration plays a critical role: it provides legal proof of death, enables families to access inheritance and benefits, and produces mortality data needed for health planning and development (Abouzahr et al., 2012; World Bank & World Health Organization, 2014). A gender-blind CRVS system is a system that fails to account for or address existing gender-based inequalities, resulting in data gaps and biases in vital statistics. In contrast, gender-transformative CRVS systems work to investigate, challenge and transform the root causes of gender inequity (Aragno, 2020; Weber et al., 2021). To address immediate and practical needs, pragmatic gender-responsive CRVS systems, which work to acknowledge and adapt to existing gender differences, are crucial for gender parity in death registration and gender equity more broadly as they present the opportunity to collect and create reliable, sex-disaggregated vital statistics data that can empower women by providing evidence for gender-responsive policies by identifying gendered gaps in rights and opportunities related to these data (maternal health outcomes, gender-based violence) (Centre of Excellence for CRVS systems, 2024). The creation of gender-responsive CRVS systems are hindered by the under-registration of female deaths relative to male deaths, limiting the reliability and support for evidence-based health programs for women and girls (Silva et al., 2025). This examination of the Solomon Islands CRVS system from a gendered lens aims to identify barriers and opportunities for the collection of gender-responsive death registration data that not only acknowledges differential gendered outcomes but proposes solutions to promote visibility, inclusivity and equity for all.

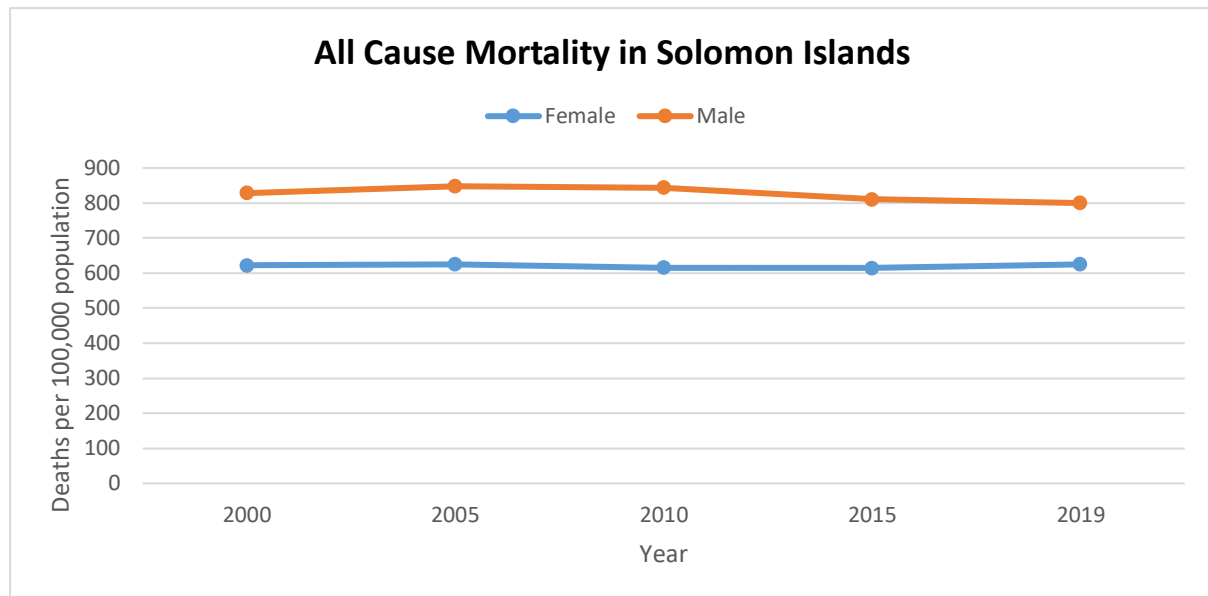
In this report, when referring to women and girls in relation to death registration, we are using the terms in the context of sex as recorded in civil registration data (ie, female) rather than gender identity broadly. While sex and gender are distinct, with gender encompassing social roles and identities people hold (Gender Equity Unit, 2024), the Solomon Islands legal and administrative systems do not recognise gender categories beyond binary sex markers of female and male in vital records (*LGBT Rights in Solomon Islands*, 2026). The CRVS data and analysis of it therefore reflect what is collected and codified rather than the full spectrum of gender identities; this framing aligns with our analysis with the available sex-disaggregated data on death registration while acknowledging the conceptual distinction.

Globally, female deaths are less likely to be registered than male deaths due to gender norms, limited legal entitlements, and stigma surrounding certain causes of death (Adair et al., 2021; BRAC JPG School of Public Health et al., 2025; Haider et al., 2021; Kahabuka et al., 2025; Malambo & Dincu, 2019; Verma et al., 2025). This pattern is reflected in many low- and middle-income countries, including the Solomon Islands. In Solomon Islands gender norms are broadly patriarchal, although there are matriarchal systems practiced by several ethnic and tribal populations (Dyer, 2017). The broad patriarchal norms are heavily influenced by kastom (custom) and dominant religious practices following Christianity, ascribing higher value to men as leaders in the house and beyond, leading to systemic inequality, high rates of violence against women, and unequal access to education and political power (UN Women, 2022). While cultural shifts, advocacy, and policy changes are slowly enabling greater participation and challenging stereotypes about women's capabilities in public life, gendered power imbalances remain entrenched and continue to shape access to state systems including civil registration (UN Women, 2022). Furthermore, in the context of Solomon Islands it is necessary to acknowledge the nation's unique climate vulnerability, and that the impacts of climate change are not gender neutral. Existing gendered inequalities shape how women and girls experience risk of violence, loss of livelihoods, and displacement associated with climate events, all of which can contribute to female mortality and intersect with social norms that inhibit the registration of female deaths (Howard, 2023).

Although national CRVS strengthening efforts have advanced over the past decade through digital systems such as PROMADIS, integration of verbal autopsy, and partnerships with initiatives like Bloomberg Data for Health; death registration completeness remains low, with death registration completeness < 40% (Statistics Division, 2026). An analysis of the WHO inequality monitor (WHO, 2026) demonstrated sex-related disparities in all-cause mortality (Figure 1). All-cause mortality between 2000 and 2019 stayed consistent with males having 800 deaths per 100,000 population in comparison to females who had 600 deaths per 100,000 population.

Figure 1

Sex-Stratified All-Cause and Disease-Specific Mortality in Solomon Islands Between 2000 and 2019 Based on WHO Inequality Monitor (WHO, 2026)



These disparities could be due to lower mortality rates or underreporting of death. In other countries around the world, female death registration is lower due to cultural norms, geographic barriers, institutional limitations, and gaps in public awareness (BRAC JPG School of Public Health et al., 2025; Kahabuka et al., 2025).

This study responds to a critical evidence gap by examining the barriers and facilitators influencing female death registration in Honiara and Malaita. It aims to generate insights that can inform policy reform, strengthen institutional processes, and support equitable improvements in the national CRVS system (Vital Strategies, 2019).

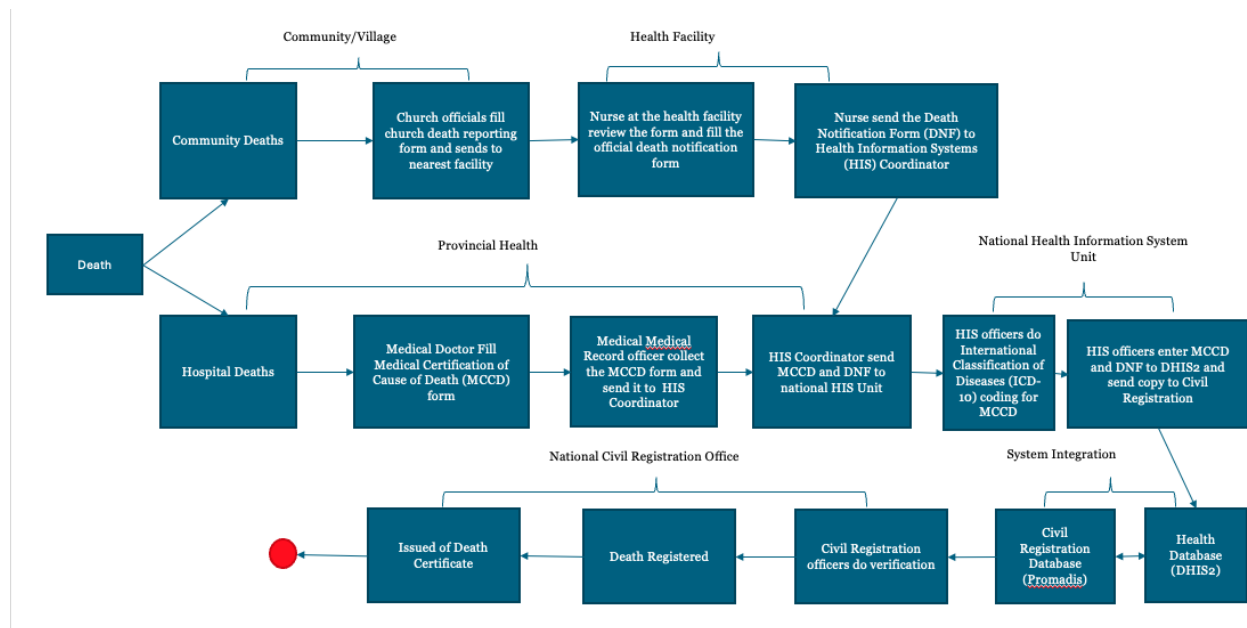
2. BACKGROUND INFORMATION, AIMS AND OBJECTIVES

The institutional framework for death registration in the Solomon Islands is complex and involves multiple stakeholders. Civil registration falls under the Ministry of Home Affairs, while death notification and cause of death certification are primarily the responsibility of the Ministry of Health and Medical Services. The Solomon Islands' CRVS system operates through three important stakeholders: the Civil Registration Office, the Health Information System Unit, and the National Statistics Office. The Health Information System unit serves as the primary stakeholder responsible for notifying deaths to the Civil Registration Office, which delivers services through a single Honiara-based office and maintains a separate database known as PROMADIS. The Civil Registration Office receives death notification

forms/medical certificates of cause of death primarily through the Health Information System Unit, with only a small number of cases where family members report directly to the Civil Registrar office. Nurses are officially responsible for completing official death notification forms and sending them to the Honiara Health Information System unit through health information coordinators (personal communication, 2025) (Figure 2).

Figure 2

Process Map of Death Registration in Solomon Islands



Coordination across these institutions has historically been limited, contributing to fragmented reporting pathways and incomplete data (World Bank & World Health Organization, 2014). For many years, the legal framework governing CRVS was outdated, with no comprehensive review until 2017, further constraining system performance (Abouzahr et al., 2012).

Health system structure also influences death registration outcomes. The Solomon Islands health system operates across five service levels, each with varying capacity to record and report vital events. Lower-level facilities and community-based services often lack the resources, training, and materials needed to consistently notify deaths, particularly in rural and remote areas (Ministry of Health and Medical Services, 2019). To address community death reporting challenges, the Ministry of Health and Medical Services has reached out to church network leaders, who use basic forms with limited information that they send to the nearest health facilities. Nursing staff then complete official death notification forms and submit them to the Health Information system unit coordinator, which enters the

information into District Health Information System 2 and sends physical copies to the Civil Registrar office for entry and approval for registration. From 2025, Death Notification Forms are being entered into District Health Information System 2 and exchanged electronically with the Civil Registrar database (Figure 2).

Geographic and infrastructural factors present additional barriers. The country consists of nearly 1,000 islands with a widely dispersed population, limited transport networks, and poor connectivity in many rural areas. These conditions make it difficult for families to access registration services and for authorities to collect timely and complete death data (Abouzahr et al., 2012; United Nations Economic and Social Commission for Asia and the Pacific, 2019, 2025). Cultural practices including patriarchal gender norms, along with single Honiara based registration services, further compound these challenges. Private land burials without formal authorization, low public awareness of the importance of death registration, patrilineal land ownership, and limited social or economic incentives to report deaths reduce engagement with formal registration systems, this is particularly true in more rural and remote geographies (Centre of Excellence for CRVS systems, 2024).

While no studies have specifically examined female death registration in the Solomon Islands, the WHO inequality monitor analysis (Figure 1) points to gender disparities exist in all cause-mortality, which could be a result of access to health services, legal documentation, and socioeconomic resources. These disparities suggest that women's deaths may be less likely to be registered, particularly in patriarchal contexts where men's deaths are prioritized due to links with land ownership and inheritance (Malambo & Dincu, 2019; Torrisi et al., 2025; Verma et al., 2025).

Recent initiatives have sought to strengthen mortality data across all sexes and genders in the Solomon Islands. Notably, the introduction of automated verbal autopsy under the Bloomberg Philanthropies Data for Health Initiative has improved cause-of-death determination for community deaths that are not medically certified (United Nations Economic and Social Commission for Asia and the Pacific, 2019). While these innovations represent important progress, their impact on death registration completeness; especially female death registration, remains unclear. Persistent geographic, institutional, and sociocultural barriers continue to limit equitable coverage, highlighting the need for focused research on the role of sex and gender on death registration.

To fill these gaps, this study aims to examine the barriers and facilitators influencing female death registration in Honiara and Malaita, Solomon Islands, to inform policy, strengthen

institutional processes, and support equitable improvements in the national CRVS system. Given the low death registration completeness rates in the Solomon Islands and the absence of gender-specific research in this context, understanding the factors that specifically affect women and girls' death registration is essential for developing targeted interventions that promote equitable access to civil registration services.

The research addresses four key objectives that collectively provide a comprehensive understanding of female death registration challenges and opportunities. We note that improving female death registration can improve registration systems in ways that impact all registrations. Specifically, the research:

1. Describes the barriers to female death registration, recognizing that systemic challenges may have differential impacts across gender lines.
2. Identifies facilitators that currently support female death registration processes, to understand existing strengths within the system that can be leveraged for improvement.
3. Identify mechanisms and opportunities for strengthening female death registration systems, with the goal of ensuring that interventions specifically address barriers to female death registration while improving overall death registration completeness in the Solomon Islands context.

3. METHODOLOGY

3.1 Study Design and Context

This study used a qualitative exploratory design to capture the lived experiences, institutional perspectives, and cultural dynamics influencing female death registration practices in two areas of Solomon Islands (Honiara and Malaita).

The study was conducted in Honiara and Malaita Province to capture contrasting urban and rural contexts respectively, differences in access to services, and variation in social and cultural norms. Honiara, the capital city, is geographically small and located within Guadalcanal Province, with relatively concentrated health and civil registration services and minimal challenges related to geographic isolation. In contrast, Malaita is a large and predominantly rural province with widely dispersed communities and health facilities. Access to services in Malaita is often constrained by long travel distances, limited transport options, and delays in service delivery, particularly for populations in remote areas. Additionally, gender norms in Malaita may reflect more inequitable gender norms, influencing

expectations and access to services, unlike more equitable norms found in urban areas. The inclusion of both settings allowed the study to explore how geographic context, service accessibility and gender norms influence experiences and practices related to female death registration.

The study was conducted through a strategic partnership among the Solomon Islands National University (SINU), Gender Equity Unit of Johns Hopkins University (JHU) and CDC Foundation. This collaboration was conducted under the broader Bloomberg Philanthropies Data for Health Initiative, with the aim of generating context-specific, actionable evidence to guide policymaking, strengthen the effectiveness of health and civil registration systems, and promote gender equity in the collection, management, and use of health data in the Solomon Islands.

3.2 Sampling

The study employed purposive sampling with a maximum-variation approach to ensure representation across gender, age, occupation, and geographic location. As outlined in Table 1, a total of 32 data collection activities were conducted across the study sites. These comprised of 20 in-depth-interviews, conducted with household members who had experienced a female death; 8 key informant interviews including 1 civil registrar, 2 provincial health directors, 3 representing NGOs and 2 religious leaders; and 4 focus group discussions (FGDs) with health workers and religious leaders.

Table 2

Qualitative Research Methods and Participant Distribution by Location

Qualitative Method	Participant Type	Sample Size		N
		Honiara	Malaita	
In depth interviews	Primary Caretakers	10	10	20
Key Informant Interviews	Civil Registrar	1	0	1
	Provincial Health Directors	1	1	2
	Non-Governmental Organizations	1	2	3
	Religious Leaders	1	1	2
Focus Groups Discussions	Religious Leaders	1	1	2
	Health Workers	1	1	2
Total		16	16	32

3.3 Preliminary Scoping and Site Assessment

Prior to data collection, the in-country Solomon Islands Principal Investigator and two co-investigators conducted a scoping field visit in Honiara and Malaita to gain a deeper understanding of local perceptions, cultural norms, and sensitivities surrounding female death registration. This preparatory work ensured that study procedures were culturally appropriate and ethically sound. During the scoping visits, focal point persons were identified in each community to facilitate participant recruitment for in-depth interviews (IDIs) and key informant interviews (KIIs). The scoping visit also allowed the team to build trust with communities, anticipate potential challenges in accessing participants, and refine the interview and discussion guides to better reflect the local context and priorities.

3.4 Participant Eligibility

Inclusion criteria for the study were as follows:

- i.* Household participants: Adults (aged 18 years and above) who were directly involved in the registration of a deceased female family member in Honiara or Malaita, or who had experience with death registration processes.
- ii.* Key informants: Individuals holding positions relevant to civil registration, health services, religious institutions, or non-governmental organizations, including directors, managers, or frontline staff involved in death registration or related services.
- iii.* Focus group participants: Health workers and religious leaders from the community willing to discuss death registration practices, cultural and gender norms in a group setting.
- iv.* Language: Participants able to communicate in English or Solomon Islands Tok Pijin.
- v.* Consent: Participants who provided written informed consent.

Exclusion criteria were as follows:

- i.* Individuals under 18 years of age.
- ii.* Those with no experience or knowledge of death registration processes.
- iii.* Persons unwilling or unable to provide informed consent.
- iv.* Participants unable to communicate in either English or Solomon Islands Tok Pijin.
- v.* Temporary visitors to the study sites not representative of the local context.

3.5 Participant Recruitment

Participant recruitment followed four complementary approaches: (1) identification of potential participants through health facility records in Malaita, facilitated by community focal points; (2) recruitment using official records from the Civil Registration Office in Honiara; (3) phone-based recruitment for key informant interviews (KIIs) and focus group discussions (FGDs); and (4) in cases where targeted KII or FGD participants could not be reached by phone, in-person follow-up by the research team in collaboration with community focal points to confirm willingness to participate.

In Malaita, recruitment was initiated during the scoping visit through the identification of two community focal points who were health workers residing in the communities. They assisted the research team by identifying households of deceased females using health facility records, which were then approached for participation. Given the limited availability of registered deaths, additional data were obtained from the Civil Registration Office and the Solomon Islands National Statistics Office to supplement participant identification. In Honiara, recruitment of household participants primarily relied on data from the Civil Registration Office.

For KIIs, targeted individuals including government directors, religious leaders, and representatives from NGOs in both Honiara and Malaita, were contacted by phone, and those who consented were enrolled. Similarly, participants for FGDs were recruited through phone invitations, with enrolment based on their willingness to participate. In the event where participants were unreachable by phone, the research team together with community focal points went in-person to discuss their willingness to participate.

3.6 Data Collection

Data were collected using in-depth interview guides for IDIs and KIIs, and discussion guides for FGDs. These tools facilitated flexible, open-ended discussions while ensuring systematic and consistent coverage of the study's key themes. All interviews and FGDs were conducted and moderated by trained researchers from SINU, and audio-recorded with written informed consent. Interviews and discussions guided participants through topics including awareness and understanding of female death registration, experiences navigating the registration process, as well as gender norms and cultural practices influencing registration decisions. In addition, institutional procedures and operational challenges within health facilities,

churches, and government offices were explored, along with participants' perceptions of the importance and value of female death registration for families and communities. All interviews and FGDs were conducted in either English or Solomon Islands Tok Pijin, depending on participants' language preference. All data collection was conducted in person via trained interviewers and facilitators.

3.7 Data Analysis

All transcripts were analyzed thematically, using a primarily deductive approach guided by the Social-Ecological Model (SEM) and study objectives, while allowing new themes to emerge inductively. The SEM provided a structured framework to examine influences at multiple levels—individual, interpersonal, community, institutional, and policy. A coding framework (codebook) was developed prior to analysis, with top-level codes for each SEM level and sub-codes capturing specific themes (e.g., under individual-level barriers, sub-codes included limited awareness and lack of information).

The codebook was pilot-tested on a subset of transcripts representing each participant type with a total of five coders from JHU and SINU. During the development of the codebook, all five coders met virtually to go through the four transcripts from different participants and refine the codebook. Thereafter, a total of 4 transcripts (20%) were independently coded by all five coders. After the first iteration, an intercoder reliability (ICR) test was conducted, resulting in a Krippendorff's Alpha of 0.67. Discrepancies were discussed across the 4 transcripts, and the codebook was refined before another round of ICR was conducted. Another 4 transcripts were independently coded, resulting in an ICR of 0.78 among three coders. All transcripts were then split among all eligible coders.

Following coding, thematic analysis was conducted using Atlas.ti v25, including queries and matrix comparisons to examine patterns across sites (Honiara vs. Malaita), participant types, and registration contexts (e.g., registered vs. unregistered deaths). Special attention was given to gender-related patterns, identifying barriers or facilitators more commonly associated with female or male deaths.

3.8 Ethical Considerations

Ethical approval was obtained from the Solomon Islands Health Research and Ethics Review Board (Approval No. HRE006/25) (Appendix 1) and Johns Hopkins University IRB (Approval No: 30456MOD6002). Participation was voluntary, and confidentiality was maintained throughout the study.

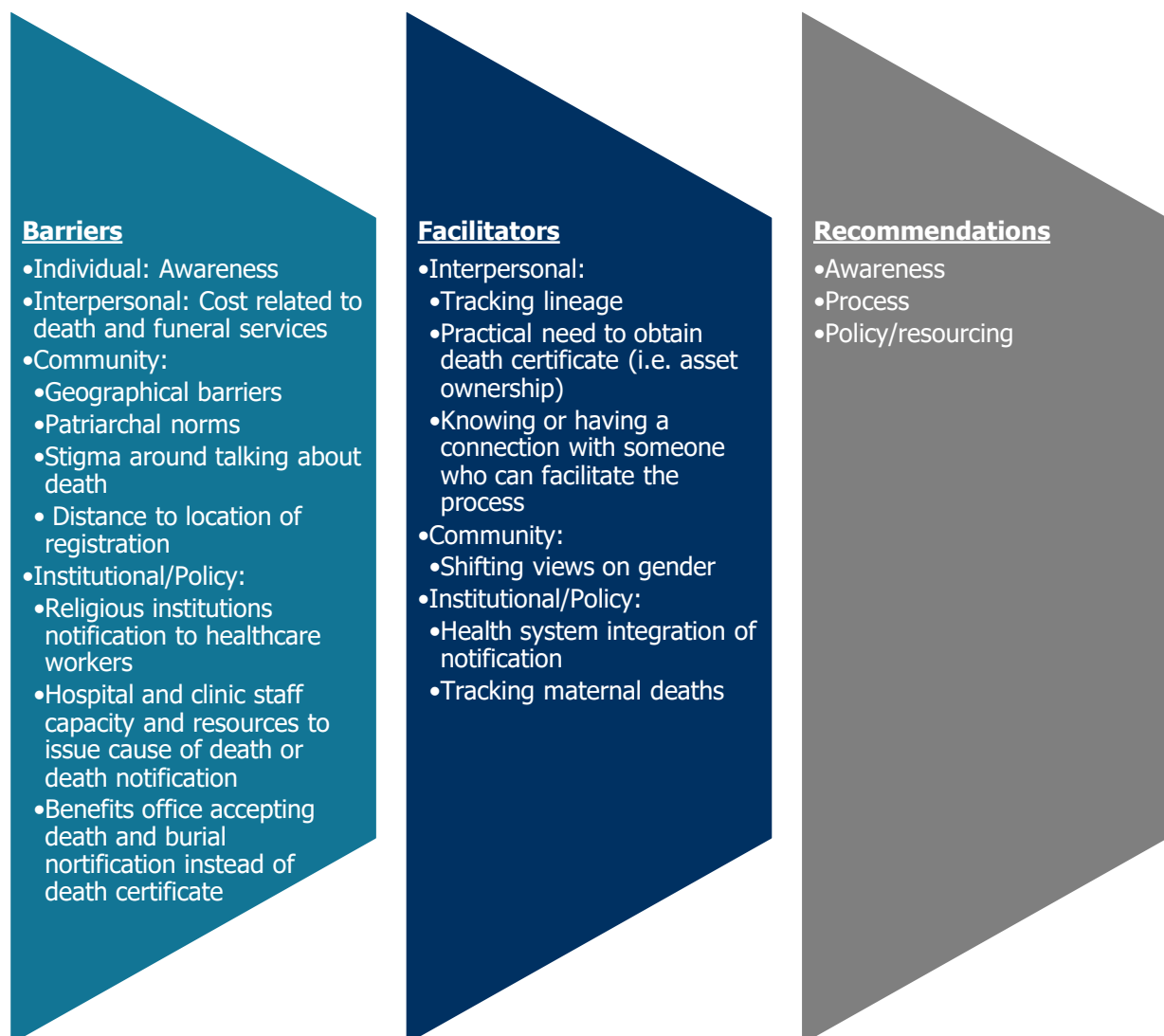
4. RESULTS

The findings highlight a complex interplay of awareness, cultural norms, institutional capacity, and system-level factors shaping death registration practices in Honiara and Malaita. Drawing on data from 32 interviews and focus group discussions (FGDs), participants described key barriers and facilitators for female death registration process and mechanisms to strengthen female death registration.

Figure 3 highlights all barriers, facilitators, and recommendations for female death registration with the text highlighting the top themes that emerged across different populations based on the socio-ecological model.

Figure 3

Barriers, Facilitators, and Mechanisms to Improve Female Death Registration



4.1 Barriers to Female Death Registration

Barriers to female death registration included lack of awareness about the death registration process, cost related to death and funeral services, patriarchal norms, stigma around talking about death, distance to location of registration and institutional related barriers. For these results we are going to highlight the most reported barriers to female death registration based on the socio-ecological model.

4.1.1 Individual Level Barriers

Limited Awareness

Household members highlighted lack of awareness regarding the process as well as not being able to differentiate between death notification and registration. An unregistered household member in Honiara mentioned:

We were not aware of the things you are talking about. After the death, we went to our village and buried her and came back. I was not aware of those places to do that [referring to death registration]. (Honiara, Unregistered Household)

Related to the lack of awareness about the process, participants compared death registration to birth registration, mentioning that birth registration was more common since it was linked to future opportunities and access to social services. However, participants noted that when a death occurred, the individual ceased to exist. As a health worker said:

For example, birth. If they know, they will come because they know what to do is in the hospital. Because they say there is nothing else to do when the person is dead already. [...] because death is something we don't talk about again – once a person dies, then it has died. We care more about birth; like when a child is born we quickly take them to the hospital to cut off its cord. (Malaita, Health Worker)

Furthermore, religious leaders discussed how the process was not standardized between the church and the local health facility. Some religious leaders had a process they were trained on while others followed their individual protocols without sharing the information:

I record deaths here...we did not send information over. We just keep the information in the church. Like you said earlier in health department, when a baby is born the record sent to the home affairs so that when you want the birth certificate you can go and collect it. Because the record is already been they're in the system.

So, in church system, we just only have the death record in the church. (Malaita, Religious Leader)

4.1.2 Interpersonal Level Barriers

Cost related to death and death registration

Participants in both areas brought up the cost burden to cover direct and indirect costs associated with death (burial customs and the death registration process).

One factor I think of is that, that practice (death registration) has never been introduced or happen here for us to get aware of. And another one is on the financial side; it will be hard for us to do the death registration. (Malaita, Unregistered Household)

Participants especially talked about how the process could require follow up which would be burdensome for those living further away from registration sites:

It takes time, money. Sometimes when you go to the registry...at the hospital its faster...doctor comes and asks questions, fill it out, signs it and that's it. But at the civil registry it takes two weeks and you will go to the Treasury to pay and come back. And if you stayed in town and your [family member] dies in the province, you have to get the consent letter from any community leader or elder to prove that the member died before you can come to the civil registry. It's a big process. (Honiara, Unregistered Household)

4.1.3 Community Level Barriers

Geographic Barriers

A significant barrier to female death registration, which is likely to apply more broadly, was rural residence (in Malaita) as well as proximity to the clinic where the registration usually occurs. Health workers in Malaita mentioned the remoteness of the islands which caused a significant barrier to access health services and registration services as a result:

It is challenging with people who live far from the catchment area. For example, with kids and women giving birth – they sometimes die along the way because there is no health facility and have to travel long distances to the healthcare facility. So, nurses heard of these cases weeks after the death and they will record it later. (Malaita, Health Workers)

Patriarchal Cultural Norms

While some in-depth interview participants thought cultural beliefs did not impact whether someone registered a death, other participants made observations on the patriarchal and matriarchal culture and the impact of differential value placement on male versus female death registration.

But like we've seen, in Malaita's culture, men are the head so we see that as a challenge. When women die we don't see that as important to record it. But if men die then we do it. So I see that it's not fair. As I've said, in terms of education, we only want the men, within the family, we only want the men to go to school. And the female we don't prioritize. (Malaita, Religious Leaders)

But in my observation—this is not proven—cultural factors may play a role. Because of issues of ownership and decision-making, males are more likely to be prioritized for hospital treatment. As a result, their deaths are more likely to be registered compared to female deaths...We have cultural barriers and a lot of the provinces are different, but majority is patrilineal system where the male is more important in the family than female. Only certain provinces have the matrilineal system like Isabel. (Honiara, NGO Worker)

One key informant mentioned that women may have reduced decision-making power within patriarchal settings, so even when women were attempting to register deaths, they could face barriers at the registration site if a man was not present as support:

Sometimes it really affects, in a sense, that some men are very fixed. And men sometimes don't want to listen to anyone or a woman. If someone came with her to listen to the registration of female death, because of the importance they saw. But if a man agrees, yes, they can register, but if they don't agree about it, they won't register it. So, it's like one of the things that affects the death registration in terms of decision-making. (Malaita, NGO Worker)

Cultural perceptions also played a role, as many communities prioritize registering male deaths due to traditional views of land ownership, believing that when a man dies, the land will pass to male heirs. In contrast, female deaths may be undervalued because of the absence of perceived inheritance, suggesting patrilineal systems. A health worker noted:

Some cultures see men as more important than women, owners of the land. So, in the provinces that practice men as owners of lands – they only see the importance of

recording the men. Because they think, oh the man has died – and the land would be passed on to their boy. So, when the female dies they don't worry too much because there is no inheritance that will come after the women. That is what I see as some of the reasons that will affect the registration. But in the places that practice the matrilineal system they will see the importance of women, so that they take legal documents to go to the land or something. That is one area I see. (Honiara, Health Worker)

Stigma and Cause of Death

A unique barrier to female death registration that was discussed by participants was fear of registering a death for caused by domestic violence or other stigmatized conditions. As one registered household member reflected:

If the man himself caused it, caused the death, it would need anyone in the house apart from him, the relative to do. If he is the one that did it, he will hide. He will not do it, because every information would be about him. So, I, I, don't know if he will access that registration. So, if, if we have to do it, then we have to approach other relative in the family. But for the, the daddy, I don't believe he would do it. He won't do it. Who, who will do it in such case that everything is just involving him? He's the one that do it. (Malaita, Registered household)

Similarly, healthcare workers discussed that gender-based violence within households may act as a barrier to accessing health care which was cited as a key touchpoint to complete death registration:

I would ask the mothers why don't you come in; their response would be I just stayed with the kids, prepare food for the family, I am worried in case my husband kills me when I come to the clinic. So domestic violence comes in. (Honiara, Healthcare Workers)

4.1.4 Institutional Level Barriers

Parallel Institutional Processes

Hospital and clinic staff noted limited capacity as well as resources to issue death certificates or death notification. This was due to workloads, existing responsibilities, lack of resources and the time it took to complete the notification form:

And yes, coming from a clinical background, most times we see the registration as a burden. It takes time a lot of time, patients are waiting outside. If we are busy writing, then it will take time – people are waiting outside. Then we will finish work at 5 or 6 in the night. (Honiara, Health Worker)

One problem I have noticed is that some clinics do not have the notification book — no carbon copy is sent for the report, just this card. Nothing reaches the consolidated report, and anything to show the tag or ID number is missing. That is one problem we have come across. (Malaita, Health worker)

Both health workers and religious leaders also talked about how the process of completing forms for notification/registration was confusing. The participants outlined that although they had internal records, the forms needed for notification (when requested by family members) were separate, leading to a parallel system which was not completely integrated into the national registration system: *"People will know that, oh, this is where to take the form and fill, which is not the case. So, everyone is confused"* (Honiara, Religious leaders).

While banks and government agencies require the documentation to grant access to assets, in-depth interview participants shared they were able to access these by using burial notification and death notification instead of the official death certificate. Only a few people said they had death certificates because the deceased needed to be taken by flight to another country and because they knew someone at the civil registrar:

She is the eldest of all the siblings and to deal with these things we going to have to need a death certificate, because we will also fill in a declaration form from lands, and from the high court. All our names are registered under all the property my dad have. So, because of their passing way, they also need prove so, when we don't have the death certificate, we used the death notification that was provided by the hospital and attached it with the papers. We don't have the certificate from the registry due to it happening was so fast. (Honiara, Registered household)

4.2 Facilitators of Female Death Registration

Facilitators of female death registration include family lineage tracking, asset ownership, support during the death registration the process, shifts on gender norms/roles and the health system integration of the death registration process:

4.2.1 Interpersonal Level Facilitators

Value of Family Records

A key facilitator for registering deaths among both registered and unregistered household members included the need to keep track of the date of death for future generations. Among those who were unregistered, this was a positive perceived value which was hindered by lack of awareness about death registration and the process. A registered household member in Honiara mentioned:

It's like a, let's just say we start having children, and there are more generations, then this can be one of the historical documents that we can refer to and show them that this child was born exactly on the date mum passed away; this will make us happy again, and mourn again; that child was born, and is reflecting that moment when mum passed away. (Honiara, Registered household)

This sentiment was also shared by participant who did not register the death: "It's important for us to know what day she died...for example, when we go into another year, then the next year, it must be in the system so that we also know" (Honiara, Unregistered household).

Practical Need and Gendered Holding of Financial Assets

Another key facilitator highlighted was the practical need to obtain death notification or certificate, which is essential for accessing assets in the deceased's name or transferring bodies to another country. Many families in Honiara, particularly those working in government or with access to bank accounts, emphasized the importance of registering a death to manage financial matters effectively. A registered household member in Honiara mentioned:

Why we really want to register her death is because she works, so we want to register her death so that we have the access to her bank accounts and NPF. They said if she is not married and we don't have the document it will make the procedure a bit complicated. So, we got the death certificate to show to her boss to cease her salary and rental because she worked at the [name of organization she worked for]. So those at the office too have requested for the death certificate to formally close off the benefits that she has...in her job." (Honiara, Registered household)

While the holding of financial assets was noted as a key facilitator, the motivation for female death registration was almost exclusively to manage assets held in their name. This meant the female was more likely to get registered if they had property or a job which warranted a need to transfer inheritance to a family member, cease a salary or get a pension. Those females who were registered due to financial holding were disproportionately in Honiara in comparison to Malaita. One participant observed: *"That's one of the factors that prevents registering female deaths because they are not employed so they don't report it because they will not get anything from registering their death"* (Honiara, NGO Worker). Another health worker shared this sentiment and commented on the cultural aspects:

Some cultures see men as more important than women, owners of the land. So, in the provinces that practice men as owners of lands – they only see the importance of recording the men. Because they think, oh the man has died – and the land would be passed on to their boy. So, when the female dies they don't worry too much because there is no inheritance that will come after the women. That is what I see as some of the reasons that will affect the registration. But in the places that practice the matrilineal system they will see the importance of women, so that they take legal documents to go to the land or something. That is one area I see. (Honiara, Health Worker)

Support During Registration

A key facilitator household members shared was knowing or having a connection with someone who can help speed up the process. These supportive roles ranged from family members working as administrative staff to proactive healthcare workers within their communities. A registered household member in Honiara mentioned:

I'll be honest, to her it was easy since she just called our [family member who works at the civil registration office]. She didn't have to go to different places. [...] In terms of us, she didn't find any difficulty; She just stayed at her house and rang her up, telling her just to make Mum's death certificate. If no one were there, we would have struggled going around and around. Honiara, Registered Household)

4.2.2 Community Level Facilitators

Shifting Gender Norms

Although there was discussion around how gender inequity affected female death registration, household members and religious leaders also mentioned there were changes

in norms which was now contributing to greater gender equity. As one religious leader in Malaita said:

Culture is also another thing that contributes to that. When we look down on women, there are things that are there, but we are not interested in recording it. I mean, that was the practice in the past. But now the church brings the idea of equality, that we are all equal. (Malaita, Religious Leader)

4.2.3 Institutional Level Facilitators

Health System integration of notification

Participants noted that although they were not aware of the system, a nurse in their community was proactive in registering the death of their family member: "Oh, I yes. Our registered nurse, every death, he registered them. No matter they, they do not, uh, attend in the clinic, he went and register them" (Malaita, Registered household). Participants in Malaita also outlined that within the health facility setting the process was facilitated by their doctor:

No. We did not have any challenges whilst registering the death because when we took her to the hospital, as soon as the doctor confirmed that she has passed away and they took her to the morgue, um he also brought the notification of death then he signed it and gave it to us after. Having that document made it easier, we just went and get the form from Home Affairs, pay its fee at Finance...I think it's \$10, then fill out everything and then we went and drop it off. (Malaita, Registered Household)

Tracking Maternal Mortality

Participants in Honiara also mentioned how one of the greatest perceived benefits of registering female deaths were the need to track the health of the population, especially maternal mortality within their community:

I would like to share – especially for us on the side of reproductive health, we need to know what is the cause of the death – we would like to confirm if it is a maternal death or not a maternal death. So if a female dies we need to know what relates to the death. If the death occurs during pregnancy or 6 weeks after pregnancy – that is significant for us to say if its maternal death or no because it will harm the indicator" (Honiara, Health Worker)

4.3 Mechanisms to Improve Female Death Registration

All participants were asked about what they would do to improve female death registration. Participants highlighted the need to increase awareness across communities, decentralize and modernize the process and implementing policy change.

Awareness

All participants across Honiara and Malaita suggested an awareness campaign to be promoted with the community, health facilities, and religious institutions. They thought this would help death registration for females, as well as males. All participants emphasized the need to of an awareness campaign through accessible means like radio, social media, community meetings, etc.:

Everything awareness must go first. Aware the people first on what should happen. Awareness is a key fundamental thing that should be go around in our provinces. So that the communities can be aware of what this civil registration, why is it important? It's important is the one that we need to aware our people of. Awareness is a key factor. We can put it first before everything can process after. (Malaita, Registered household)

Key informants and focus group participants highlighted the need for increasing awareness among religious institutions and community leaders as they could help disseminate the information and council people on the death registration process.

As I have mentioned, death does not always happen here; some occur in the village. For example, if two deaths occur at the same time one in the village and one in the hospital- how can the registrations come at the same time? That is my question. Small groups in society should work together to support this, the chief, church leaders, and the nurses. (Malaita, Health Worker)

Health workers emphasized the need for additional training and support through a quality improvement lens for workers tasked with providing the death notifications or cause of death.

I'd say one priority area would be to make more awareness about... about the process. Maybe a refresher training for [health workers] so that they know how to do it and the importance of moving the information to the next level. (Honiara, Health Worker)

Interviews with key informants and the focus groups generated additional recommendations targeting religious institutions which included: better integration of religious institutions in the death notification process, standardizing the burial notification system for all religious

organizations, updating the burial notification to include the sex of the deceased. Religious leaders also mentioned there is an opportunity to engage the religions' hierarchy and leadership to ensure all local communities follow a standard protocol and to increase awareness.

Decentralize and modernize the process

Another recommendation was to decentralize the death registration process by opening offices in local provincial headquarters to collect death registrations. Household members mentioned the need to increase institutional capacities and decentralize the process (to both church and health clinics) to record female deaths:

Nowadays, education make everyone to forget culture. I don't see it as number of female registration cut down too much... it's just due to not being registered. No any good registration, any good stationary to register those people who death, dead. So, good plan to come with your nurses as well. (Malaita, Registered household)

The church as a whole takes the full responsibility till, we buried her. So, I think church is connecting to every death...Cause every death, the churches will do the burial. The burials like that, it's just the church that will do it. And they will take the records and they will keep them. So government should help the church. (Honiara, Unregistered household)

Key informants and caregivers recommended the use of technology to improve data management, improve reporting process, and reduce the time for families to collect the death certificate.

At the moment, even though death reporting happens in the community, the actual registration is still centralized. People only get a death notification from health facilities, but to get the official death certificate, they still have to travel to Honiara. I think if registration services were moved to the provinces, it would be much easier for people to access. (Honiara, NGO Worker)

Policy and allocating resources

Key informants also mentioned the need to make death registration compulsory by passing an Act and having a dedicated budget line to increase collaboration and direct resources to improve death registration:

I think firstly, [update the death registration act]. Second, increase main power. The other one is finance, financial aspect of it. If we have better budget, our registration should improve, more collaboration between main stakeholders. I think those are the most important ones which I can think of right now. (Honiara, Government Official)

5. DISCUSSION

This study highlights a complex and interconnected set of individual, social, cultural and institutional level factors shaping death registration practices in Honiara and Malaita, with especially pronounced implications for the registration of female deaths. While the Solomon Islands has made important strides in strengthening its CRVS system, the findings reveal that death registration remains uneven and fragile; with women's deaths especially vulnerable to under-registration. These patterns underscore the need for reforms that are technically sound, socially informed and gender responsive.

A central finding of this study is the persistent lack of awareness and clarity surrounding notification, burial permits, cause-of-death and formal death registration processes. This confusion reflects more than a gap in technical knowledge but also highlights how awareness acts as an individual level barrier that transcends to the other socio-ecological levels. It reveals how death is conceptualized within individuals, families and communities – as a private event rather than a civil process requiring engagement with state institutions (Caswell, 2011). In contrast, birth registration is normalized and actively promoted through health services, reinforcing the perception that legal documentation is more relevant at the beginning of life than at its end (Mikkelsen et al., 2015; World Bank & World Health Organization, 2014). Without clear, consistent messaging and visible pathways, families deprioritize registration unless it is needed for administrative purposes (BRAC JPG School of Public Health et al., 2025; Kahabuka et al., 2025).

Patriarchal norms, discriminatory inheritance practices and limited administrative value of women's deaths result in lower death registration (Andersson Djurfeldt, 2020). Stigma further compounds gender-related barriers. Deaths associated with suicide, HIV, or domestic violence are particularly likely to go unregistered, as families may seek to avoid shame, social judgment, or legal scrutiny. In cases of intimate partner violence, the perpetrator may actively obstruct registration to conceal responsibility. These findings highlight the intersection between CRVS systems and broader issues of gender-based violence, mental health, and social protection, and point to the need for confidential, survivor-centred

reporting and integration of gender-based violence, mental health and social protection systems (Centre of Excellence for CRVS systems, 2024).

Institutional constraints within the health system also play a critical role in shaping registration outcomes. Health workers, face heavy workloads, limited training and shortage of forms and materials – hindering timely notification and certification. In rural areas, delays in learning about deaths occurring in the community further reduce completeness. These challenges reflect systemic capacity gaps rather than individual negligence, and emphasize the importance of sustained investment in training, supervision, logistical support and feedback on data use (Ministry of Health and Medical Services, 2019). These issues particularly impact female death registration because gender norms that deprioritize registration of women’s deaths mean people may be less willing to persist through these barriers for a female death than a male death. However, addressing these challenges could potentially benefit everyone.

Churches are central to death rituals and keep trusted records, yet these rarely enter the national CRVS system, creating parallel documentation and missed integration opportunities (Mahiti et al., 2018; World Bank, 2020). Centralized services in Honiara impose travel and cost barriers, particularly for Malaita, which discourages formal registration and encourages reliance on substitutes (Abouzahr et al., 2012; United Nations Economic and Social Commission for Asia and the Pacific, 2019). At the same time, requirements from banks, employers, the National Provident Fund, and airlines create strong incentives for official documentation. Proactive nursing support and shifting norms influenced by education and church teachings offer additional levers.

Technical CRVS improvements are necessary but insufficient. A holistic, gender-responsive approach is needed that raises public awareness, clarifies roles and referrals, builds health system capacity, decentralizes access, integrates community institutions, and uses data (including sex-disaggregated) for planning and equity monitoring (World Bank & World Health Organization, 2014).

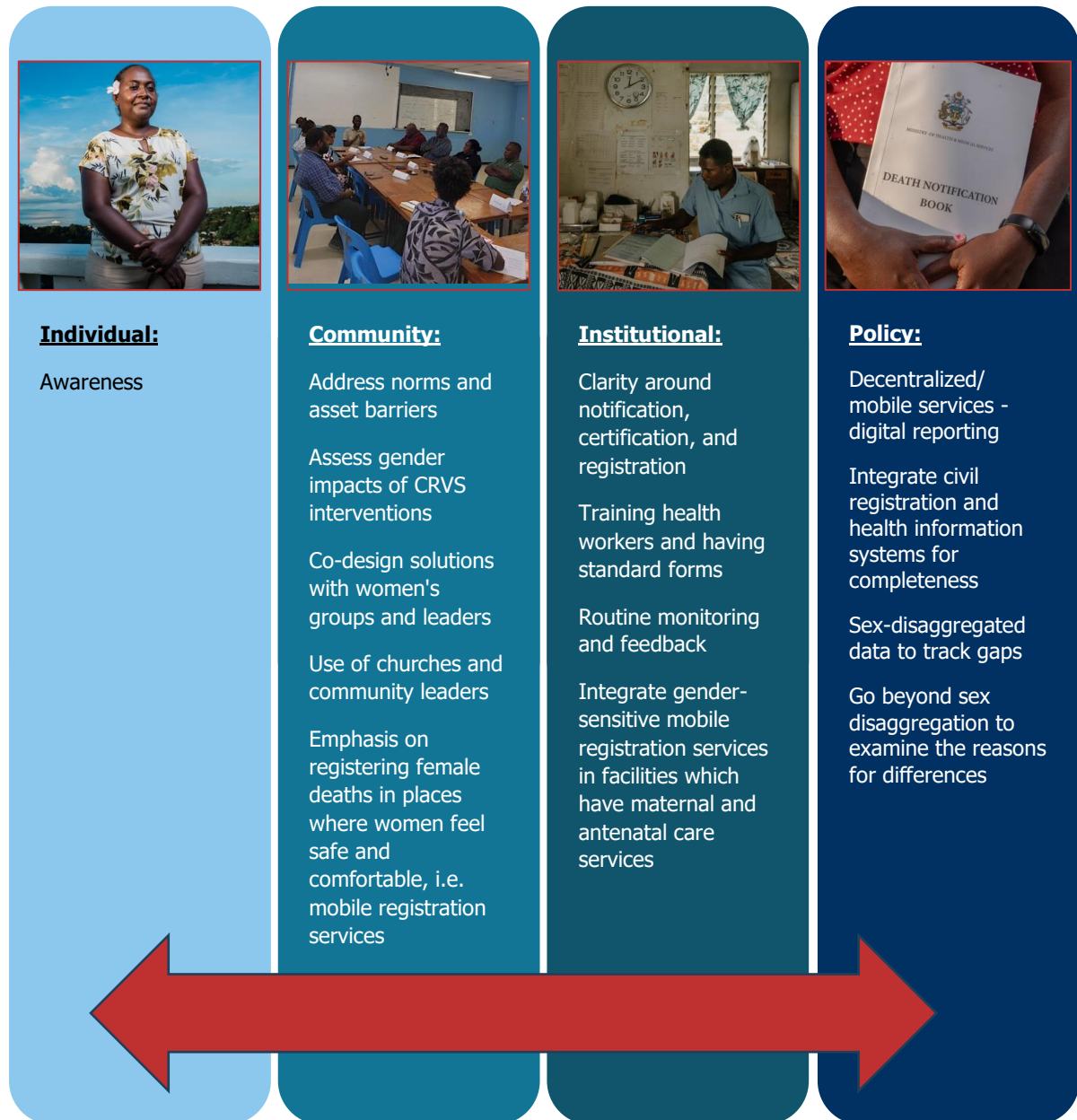
6. RECOMMENDATIONS

The findings of this study point to a series of interconnected reforms needed to strengthen female death registration and the broader CRVS system in the Solomon Islands, recognising the individual, interpersonal, community and institutional barriers that currently contribute to persistent gender inequities. The recommendations are presented across individual,

community, institutional, and system levels to reflect the multi-layered nature of these challenges (Figure 4).

Figure 4

Recommendations to Improve Female Death Registration



Photos by Juan Arredondo, 2025

6.1 Strengthening Community Awareness and Engagement

Improving death registration begins at the community level, where awareness and understanding of the process remain limited. Sustained community awareness campaigns are needed to reinforce that death registration is not merely an administrative option but a

legal and civic responsibility that has implications for the availability of health care resources. These campaigns should include targeted messaging that highlights the importance of registering female deaths, particularly in contexts where cultural norms and misconceptions may lead to women's deaths being deprioritised (such as in matters relating to inheritance and land ownership).

Trusted community institutions (e.g. churches, chiefs, women's groups, and local leaders) play a critical role in shaping community behaviour. Their involvement in disseminating information about death registration processes and requirements will be essential to shifting norms and improving compliance.

6.2 Improving Institutional Coordination and Accountability

At the institutional level, stronger coordination between the Ministry of Home Affairs and the Ministry of Health is vital. Clear standard operating procedures are needed to define roles and responsibilities for death notification, certification, and registration. Formalising referral pathways between health facilities, churches, community leaders, and civil registries will help ensure that female deaths and every notified death is followed through to formal registration.

To reduce delays and prevent missed registrations, accountability mechanisms must be established. Routine monitoring and reporting will help identify bottlenecks, reinforce institutional responsibility, and support continuous improvement.

6.3 Strengthening Health System Capacity for Notification and Certification

The health system is a critical entry point for death notification and certification, yet capacity gaps persist, especially in lower-level facilities and community-based services. Regular training for health workers could address some barriers to ensure consistent understanding of procedures and requirements. This must be supported by the availability of standardised tools and materials, including notification forms, guidance documents, and reporting templates.

Introducing feedback mechanisms will help health workers understand how the data they collect contributes to planning and decision-making. This not only strengthens data quality but also enhances motivation and ownership within the health workforce.

6.4 Addressing Gender Inequities in Death Registration

Building on the study's finding that women's deaths are often deprioritised due to gender norms, discriminatory inheritance practices, and limited legal incentives, CRVS reforms must integrate gender-responsive strategies to address these barriers. This includes tackling the specific social and structural factors that limit female death registration — such as gendered household decision-making and the lower perceived administrative value of women's deaths — in alignment with SDG 5 (gender equality) and SDG 16.9 (legal identity for all) (United Nations, 2019).

Given these gendered barriers, CRVS policies and implementation strategies should explicitly address the cultural expectations, power dynamics, and structural constraints that hinder the registration of women's deaths. This requires recognising how inheritance systems, stigma, and unequal access to legal identity shape families' decisions about whether to register a female death.

To ensure reforms promote equity rather than inadvertently reinforcing existing disparities, all CRVS interventions should be assessed for their gender impacts. Women's perspectives must also be actively incorporated into the design and implementation of death registration initiatives, drawing on the insights of women's groups, female community leaders, and other relevant stakeholders.

6.5 Improving Access Through Decentralised and Innovative Approaches

Geographic and transport-related barriers remain significant obstacles to timely female death registration, particularly in rural and remote communities. Decentralised and mobile registration services should be piloted to bring services closer to communities and reduce the burden on families.

Existing community-based structures—churches, local leaders, mobile registration and other trusted institutions—can serve as effective entry points for death notification and referral to civil registries. Where feasible, digital and hybrid solutions should also be explored to support timely reporting and follow-up, while ensuring that systems remain accessible to populations with limited connectivity.

6.6 Strengthening Data Use for Planning and Equity Monitoring

Finally, improving the use of female death registration data is essential for effective planning and for monitoring equity. Strengthening the integration of death registration data,

especially cause of death data with health information systems will enhance completeness and consistency. Sex-disaggregated data should be routinely used to track progress in improving female death registration and to inform targeted interventions aimed at reducing gender disparities.

7. STUDY LIMITATIONS

This study has several important limitations that should be considered when interpreting the findings. First, the research was conducted only in Honiara and Malaita, which, although they represent both urban and rural settings, do not capture the full cultural, geographical, and service-delivery diversity of the Solomon Islands. Provinces such as Choiseul, Isabel, Western Province, Temotu, and Rennell–Bellona may experience different CRVS challenges, gender norms, and levels of access to registration services. As a result, the findings cannot be fully generalized to all provinces.

Second, the study employed a qualitative, purposive sampling approach designed to capture depth of experience rather than statistical representativeness. While this approach allowed for rich insights into community perceptions, institutional practices, and gendered dynamics, the perspectives collected may not reflect the full range of experiences across the country. The findings should therefore be interpreted as context-specific rather than nationally representative.

Third, the study explored topics that can be highly sensitive in the Solomon Islands context, particularly female deaths involving suicide, domestic violence, and HIV. Cultural stigma surrounding these causes of death likely contributed to underreporting or reluctance among participants to discuss such deaths openly. This means that the influence of stigma on female death registration may, in reality, be greater than what was captured in the interviews and discussions.

Finally, the involvement of health workers, religious leaders, and government officials as key informants introduced the possibility of social desirability bias. These participants may have portrayed their knowledge, roles, or institutional processes in a more favourable light, potentially underestimating system-level weaknesses or inconsistencies in reporting practices. This limitation is important to acknowledge, as it may affect the completeness and accuracy of information related to institutional procedures and responsibilities.

8. CONCLUSION

This study examined death registration patterns in Honiara and Malaita, revealing significant gaps in documenting female deaths, with implications that could also improve death registration overall. The findings demonstrate that incomplete female death registration stems from a complex interplay of sociocultural norms, institutional capacity constraints, geographic barriers, and policy gaps. Even when barriers to death registration may be present for all death, such as distance to registration offices, costs, lack of awareness, these barriers have a disproportionate effect on women and girls, as families or communities may be less inclined to overcome these obstacles due to lack of social or material incentives (inheritance, property claims). This reflects an equity issue; while barriers appear to be equal amongst genders, the impact is unequal, contributing to lower female death registration outcomes than their male counterparts. Cultural reluctance to discuss death, gendered perceptions of women's value, limited awareness of registration processes, and centralized services disproportionately affect rural communities.

However, the study also identifies clear pathways for improvement. Health system integration, proactive engagement by health workers, administrative requirements for documentation, and evolving gender norms supported by education and religious institutions create opportunities for strengthening female death registration and the civil registration and vital statistics (CRVS) system overall. These facilitators demonstrate that progress is achievable when reforms align with community realities.

Improving female death registration transcends technical considerations—it represents a fundamental issue of equity, dignity, and social justice. Documenting women's deaths affirms their societal value, protects family rights, and strengthens mortality data essential for evidence-based policy and planning. Addressing these gaps requires coordinated action across policy, institutional, and community levels, including legal reform through the revised Civil Registration Act, service decentralization to provincial levels, enhanced capacity building, and comprehensive awareness campaigns.

Future CRVS reforms must be explicitly gender-responsive, ensuring women's deaths are documented regardless of social status, location, or cause of death. This will require sustained political commitment, adequate financing, and strong collaboration among government agencies, health services, religious institutions, civil society, and development partners. In the short term, awareness about death registration as well as promoting and providing gender-sensitive mobile registration services at churches, health facilities and

community places could improve female death registration. As the Solomon Islands modernizes its CRVS system, there is a clear opportunity to build a more inclusive and equitable framework that upholds national values of fairness, accountability, and good governance while ensuring that women and girls and all citizens are counted and valued in both life and death.

9. REFERENCES

- Abouzahr, C., Azimi, S. Y., Bersales, L. G. S., Chandramouli, C., Hufana, L., Khan, K., Kulkayeva, G., Marskell, J., & Sauyekenova, L. (2012). Strengthening civil registration and vital statistics in the Asia-Pacific region: learning from country experiences. *Asia-Pacific Population Journal*, 29(1), 39–73. <https://doi.org/10.18356/a906ccf5-en>
- AbouZahr, C., De Savigny, D., Mikkelsen, L., Setel, P. W., Lozano, R., Nichols, E., Notzon, F., & Lopez, A. D. (2015). Civil registration and vital statistics: progress in the data revolution for counting and accountability. *The Lancet*, 386(10001), 1373–1385. [https://doi.org/10.1016/S0140-6736\(15\)60173-8](https://doi.org/10.1016/S0140-6736(15)60173-8)
- Adair, T., Gamage, U. S. H., Mikkelsen, L., & Joshi, R. (2021). Are there sex differences in completeness of death registration and quality of cause of death statistics? Results from a global analysis. *BMJ Global Health*, 6(10). <https://doi.org/10.1136/bmjgh-2021-006660>
- Andersson Djurfeldt, A. (2020). Gendered land rights, legal reform and social norms in the context of land fragmentation - A review of the literature for Kenya, Rwanda and Uganda. *Land Use Policy*, 90. <https://doi.org/10.1016/j.landusepol.2019.104305>
- Aragno, G. (2020). *The importance of Civil Registration and Vital Statistics systems for gender equality*. Statistical Division, UN ESCAP. <https://repository.unescap.org/server/api/core/bitstreams/626a0445-f05c-4878-a70d-66d65dedc675/content>
- BRAC JPG School of Public Health, Gender Equity Unit, & Vital Strategies. (2025). *Barriers and Facilitators to Female Death Registration in Rangpur, Bangladesh: A Cross-sectional Qualitative Study*. https://genderhealthdata.org/resource/female-death-registration-in-rangpur/#:~:text=https%3A//genderhealthdata.org/wp%2Dcontent/uploads/2025/10/Final%2DReport_FDR%2DStudy_Bangladesh_151025_Final.pdf
- Caswell, G. (2011). A Family Affair? Managing Death in the Twenty-First Century. In S. Steele (Ed.), *Exploring Issues of Care, Dying and End of Life* (pp. 157–164). Brill. https://doi.org/10.1163/9781848880580_018
- Centre of Excellence for CRVS systems. (2024). *Knowledge Briefs on Gender and CRVS*. <https://opendatawatch.com/wp-content/uploads/2019/Publications/CRVS-Gender-Reference-Guide.pdf>
- Dyer, M. (2017). Growing Down Like a Banana: Solomon Islands Village Women Changing Gender Norms. *Asia Pacific Journal of Anthropology*, 18(3), 193–210. <https://doi.org/10.1080/14442213.2017.1301544>
- Gender Equity Unit. (2024, March). *Key Concepts and Definitions related to Sex and Gender*. <https://genderhealthdata.org/resource/gender-concepts-and-definitions/>
- Haider, M. M., Alam, N., Ibn Bashar, M., & Hellingner, S. (2021). Adult death registration in Matlab, rural Bangladesh: completeness, correlates, and obstacles. *Genus*, 77(1). <https://doi.org/10.1186/s41118-021-00125-7>

- Howard, E. (2023). Linking gender, climate change and security in the Pacific Islands Region: A systematic review. In *Ambio* (Vol. 52, Number 3, pp. 518–533). Springer Science and Business Media B.V. <https://doi.org/10.1007/s13280-022-01813-0>
- Kahabuka, C., Luhanga, I., Mzuyu, G., Mapunda, I., Ramaiya, A., Hancock, A., Conry-Murray, C., Kumalija, C., Siriwa, H., Kengia, J., Luhaga, S., Msigwa, G., Tabac, L., Wells, C., Mwanza, J., & Kauman, M. (2025). *Understanding Barriers and Facilitators to Female Death Registration in Kilimanjaro and Katavi, Tanzania: A Mixed-Methods Descriptive and Analytical Study*. https://genderhealthdata.org/wp-content/uploads/2025/10/Study-Report_JHU-CVRS_15Oct2025_FINAL.pdf
- LGBT Rights in Solomon Islands*. (2026). Equaldex. <https://www.equaldex.com/region/solomon-islands>
- Malambo, N., & Dincu, I. (2019, January 29). *How death registration supports the rights of women and girls*. IDRC. <https://idrc-crdd.ca/en/perspectives/how-death-registration-supports-rights-women-and-girls#:~:text=Just%20like%20birth%20and%20marriage,women%20and%20girls%20are%20dying.>
- Mikkelsen, L., Phillips, D. E., Abouzahr, C., Setel, P. W., De Savigny, D., Lozano, R., & Lopez, A. D. (2015). A global assessment of civil registration and vital statistics systems: Monitoring data quality and progress. In *The Lancet* (Vol. 386, Number 10001, pp. 1395–1406). Lancet Publishing Group. [https://doi.org/10.1016/S0140-6736\(15\)60171-4](https://doi.org/10.1016/S0140-6736(15)60171-4)
- Ministry of Health and Medical Services. (2019). *Solomon Islands National Health Strategic Plan 2022-2031*. https://extranet.who.int/cpcd/sites/default/files/public_file_repository/SLB_Solomon-Islands_National-Health-Sector-Strategic-Plan_2022-2031.pdf
- Silva, R., Wahabzada, T., & Idele, P. (2025). Advancing legal identity, gender equity and women’s empowerment via inclusive civil registration and vital statistics systems. *Statistical Journal of the IAOS*, 41(3), 613–632. <https://doi.org/10.1177/18747655251368376>
- Statistics Division, E. and S. C. for A. and the P. (2026). *Regional Estimates of Death Registration Completeness: 2023 Update*. <https://hdl.handle.net/20.500.12870/8969>.
- Torrìsi, O., Damerow, S. M., Fisker, A., Fernandes, D. A., Rodrigues, A., & Helleringer, S. (2025). Gender disparities in death registration during the COVID-19 pandemic in an urban African setting. *Demographic Research*, 53, 1045–1062. <https://doi.org/10.4054/DemRes.2025.53.32>
- UN Women. (2022). *Gender Equality Brief for Solomon Islands*. https://asiapacific.unwomen.org/sites/default/files/2022-12/UN_WOMEN_SOLOMON_ISLANDS.pdf
- United Nations. (2019). *The Sustainable Development Goals Report*. <https://unstats.un.org/sdgs/report/2019/The-Sustainable-Development-Goals-Report-2019.pdf>

- United Nations Economic and Social Commission for Asia and the Pacific. (2019). *Civil Registration and Vital Statistics in Asia and Pacific: Solomon Islands*.
<https://getinthepicture.org/country/solomon-islands>
- United Nations Economic and Social Commission for Asia and the Pacific. (2025). *Uncounted Lives: Gender Gaps in Death Registration Across Asia and the Pacific (Stats Brief)*.
<https://repository.unescap.org/server/api/core/bitstreams/cdb01af4-f876-4045-9e36-bd0ff65122c0/content>
- Verma, S., Kamal, R., Dwivedi, L. K., & Bhatia, M. (2025). Who gets counted? Understanding low female death registration in India. *PLOS ONE*, 20(11 November).
<https://doi.org/10.1371/journal.pone.0337224>
- Vital Strategies. (2019, April 25). *To better the lives of women and girls, improve CRVS systems*. <https://www.vitalstrategies.org/qa-with-joan-sara-thomas/#:~:text=The%20distance%20to%20registration%20offices,and%20cultural%20norms%20and%20practices.>
- Weber, A. M., Gupta, R., Abdalla, S., Cislighi, B., Meausoone, V., & Darmstadt, G. L. (2021). Gender-related data missingness, imbalance and bias in global health surveys. *BMJ Global Health*, 6(11). <https://doi.org/10.1136/bmjgh-2021-007405>
- WHO. (2026). *Health Inequality Monitor*. WHO. <https://www.who.int/data/inequality-monitor>
- World Bank & World Health Organization. (2014). *Global Civil Registration and Vital Statistics Scaling Up Investment Plan 2015-2024*. <http://hdl.handle.net/10986/18962>

10. ANNEX

Appendix 1: Copy of Research Certificates and letter

