FINAL REPORT

# Barriers and Facilitators to Female Death Registration in Rangpur, Bangladesh

## A Cross-sectional Qualitative Study

Supported by: Bloomberg Philanthropies

**Submitted to:**
Gender Equity Unit
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**Submitted by:**
BRAC James P Grant School of Public Health
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# EXECUTIVE SUMMARY

## Introduction

Despite a long-standing legal mandate for timely and accurate death registrations in the country, Bangladesh has persisting gaps in its records due to pervasive gender disparity—particularly affecting female death registrations. This study, conducted as part of a multi-country initiative led by the Gender Equity Unit of the Data for Health Initiative at Johns Hopkins University and funded by Bloomberg Philanthropies, sought to understand the systemic barriers and enabling factors regarding female death registration in Bangladesh. The research was carried out by the Humanitarian Hub at BRAC James P Grant School of Public Health, BRAC University, in collaboration with Vital Strategies and the Government of Bangladesh. Data were collected through in-depth interviews, key informant interviews, and focus group discussions in Dinajpur and Panchagarh districts of Rangpur division, engaging a wide range of stakeholders including family members, community leaders, health workers, and registration officials.

## Methods

The study sought out qualitative data across two districts in Rangpur division—Dinajpur and Panchagarh which culminated with 87 interviews. The data was collected through a strategic mix of in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGDs) to gain a wide perspective of experiences from the communities. At the local level, our respondents included family members of deceased women, community leaders, government officials, health workers, and local registration authorities. National-level stakeholders were also consulted who supported our understanding of policy processes, cultural attitudes and systematic disruptions associated with timely female death registrations.

## Key Findings

### *Barriers*

Findings revealed that death registration is often reactive and delayed, triggered only when documentation is required for legal or financial reasons. Persisting barriers contributed to such delays—with major institutional obstacles including limited public awareness, complicated procedures, digital and logistical constraints, as well as understaffed registration offices. Deep-rooted gender norms also contributed to the gender-based registration gap—as families cite seeing little value in documenting a woman's death if she did not own property or have a formal financial footprint. This lack of immediate benefit as well as institutional shortcomings associated with female death registration, further discourages families from initiating the process.

***Facilitators***

Despite these challenges, several factors were identified to support successful registration - practical needs, such as inheritance claims or loan closures, often prompt families to register a woman's death. Alongside, proximity to the registration office, digital literacy, flexible documentation requirements, and strong interpersonal relationships with local officials also aided timely registration In some areas, proactive initiatives like village police going door to door or staff incentives have led to improved outcomes. The presence of women-specific financial programs, such as microloans, also plays a role, since loan-related requirements can compel families to complete the registration process.

***Implications for Female Death Registration***

Taken together, the findings explain why female deaths are disproportionately under-registered and how that gap can be closed. First, the perceived low utility of documenting a woman's death—especially in the absence of property, pension, or claim-related needs—reduces household urgency to register. Second, institutional frictions (inconsistent procedures, limited staffing, and digital/logistical barriers) further depress completion rates for female cases. Third, gender norms that deem women's legal identity as less consequential translate into delayed or foregone registration.

At the same time, the findings identify direct levers to improve FDR. Practical triggers (inheritance settlements, loan closures), proximity and user support (clear guidance, flexible documentation, digitally assisted filing), and proactive local initiatives (door-to-door notification, staff incentives, village police follow-up) measurably increase the likelihood and timeliness of female death registration. Where such enablers exist, registration of women's deaths converges toward overall coverage, demonstrating that the FDR gap is actionable, not inevitable.

**Conclusion and Recommendations**

Female death registration in Bangladesh remains a major concern due to its systematic barriers and disparity in gender registration rates. The process is constrained by low awareness, inadequate service delivery, and social norms that devalue the legal identity of women. However, with the right enablers, including legal incentives, streamlined procedures, and stronger grassroots communication, there is significant potential to improve coverage and equity.

Improving female death registration in Bangladesh requires simplifying procedures, eliminating all associated costs, and embedding the registration process within funeral and healthcare systems. It is imperative that public awareness is significantly scaled up, especially in rural areas, and further supported

by gender-sensitive communication. Strengthening human resources at the local level and expanding the utility of death certificates across more administrative and legal processes will also be key.

# Contents

## ACRONYMS

| | |
|---|---|
| **B** | |
| BBS | Bangladesh Bureau of Statistics |
| BDRIS | Birth and Death Registration Information System |
| BRTA | Bangladesh Road Transport Authority |
| **C** | |
| CDCF | Center for Disease Control Foundation |
| CHCP | Community Health Care Provider |
| CHW | Community Health Worker |
| CRVS | Civil Registration and Vital Statistics |
| **D** | |
| DGHS | Directorate General of Health Services |
| DGFP | Directorate General of Family Planning |
| DPS | Deposit Premium Skim |
| **E** | |
| ESCAP | Economic and Social Commission for Asia and the Pacific |
| **F** | |
| FGD | Focus Group Discussion |
| FWA | Family Welfare Assistants |
| **H** | |
| HA | Health Assistant |
| HI | Health Inspector |
| **I** | |
| ICR | Intercoder Reliability |
| IDI | In-Depth Interview |
| IEC | Information Education and Communication |
| IRB | Institutional Review Board |
| **J** | |
| JHU | Johns Hopkins University |
| **K** | |
| KII | Key Informant Interview |
| **M** | |
| MOHFW | Ministry of Health Family & Welfare |
| **N** | |
| NGO | Non-Governmental Organization |
| NID | National Identity Card |
| **O** | |
| ORG | Office of the Registrar General |
| **S** | |
| SDG | Sustainable Development Goal |
| SEM | Social-Ecological Model |
| SVRS | Bangladesh Sample Vital Statistics |

**U**

| | |
|---|---|
| UDC | Union Digital Centers |
| UNHCR | United Nations High Commissioner for Refugees |
| UNO | Upazila Nirbahi Officer |
| UP | Union Parishad |

**V**

| | |
|---|---|
| VA | Verbal Autopsy |

**W**

| | |
|---|---|
| WHO | World Health Organization |

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# CHAPTER ONE

## INTRODUCTION

Addressing the barriers to female death registration in Bangladesh requires a comprehensive understanding of the socio-cultural, administrative, and systemic challenges involved. Transformative, gender-sensitive approaches are needed to address these barriers and promote equal access to civil registration services to improve accuracy and coverage. This study aims to identify and describe these barriers and facilitators to female death registration and to consider ways of overcoming these barriers to address gaps in health and civil registration data as well as assessing sex-stratified mortality trends over time. The study will provide evidence-based insights and recommendations for improving the CRVS system in Bangladesh, ultimately contributing to more equitable and effective health policies and interventions. This research is part of a larger multi-country project conducted by the Gender Equity Unit at Johns Hopkins University in partnership with Vital Strategies (VS), the CDC Foundation (CDCF) and United Nations High Commissioner for Refugees (UNHCR) (Data for Health partners) covering Tanzania, Bangladesh, and the Solomon Islands.

According to the United Nations, civil registration is defined as the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population (United Nations, 2014). Accurate documentation of births and deaths is essential, as it helps monitor population dynamics, inform disease surveillance, evaluates the effectiveness of healthcare interventions, supports policy formulation, and guides resource allocation and planning (United Nations, 2014; Kumar, Saika & Diamond-Smith, 2022). To accomplish effective registrations, the Civil Registration and Vital Statistics (CRVS) system was established to be the most reliable source of statistics on births, migration, life expectancy, deaths and causes of death. It also plays a vital legal role by monitoring the legal identities of individuals and providing the foundational documentation required to access essential rights and services, such as healthcare, education, social protection, and legal entitlements (WHO, 2024). Before 2015, the CRVS systems in many Asia-Pacific countries were fragmented, under-resourced, and lacked universal coverage, particularly for marginalized populations (UNESCAP, 2014). Recognizing the need for coordinated action, countries in the region, under the leadership of ESCAP, declared 2015–2024 as the Asian and Pacific CRVS Decade. Through this initiative, 53 members and 9 associate members committed to building universal and responsive CRVS systems. This commitment was reaffirmed and extended to 2030 at the Third Ministerial Conference on CRVS in Asia and the Pacific, with the goal of ensuring that all births are registered and all deaths are recorded by 2030—reflecting the region's renewed commitment to achieving universal legal identity for all**.** The system supports tracking progress on SDG targets—

especially those related to health, legal identity, and governance, while ESCAP has provided technical assistance to align national policies and strengthen data systems.

Historically, Bangladesh's civil registration system was regulated under the Birth and Death Registration Act of 1873, which proved largely ineffective, resulting in the official recording of only 8% of births nationwide (WHO, 2014). Recognizing the need for a more robust system to support inclusive and sustainable development, the government abolished the 1873 Act and enacted the Birth and Death Registration Act, 2004 (Act IXX of 2004), with support from UNICEF. This was followed by the introduction of five implementing rules in 2006, and the full enforcement of the new law began on July 3, 2006. Since then, Bangladesh has worked to strengthen its CRVS system, with particular emphasis on digitalization and expanding coverage.

The Birth and Death Registration Act 2004 assigned local government bodies and Bangladesh Missions abroad to handle civil registration. To support this, the 2006 Rules were introduced, and in 2013, the Office of the Registrar General (ORG) was established to oversee the system. An online registration platform launched in 2010 aimed to improve efficiency, but a 2013 assessment revealed persistent low coverage due to lack of reporting mechanisms, low awareness, and complex procedures. In 2016, the ORG became the national authority for birth and death registration. At the time, 85% of deaths occurred at home, often unrecorded. To address this, the government introduced an improved death registration system in 2017, including automated verbal autopsy (VA) in 13 upazilas out of 495, to identify causes of death and support policy-making (Shawon et al. 2021).

To improve registration rates, the Office of the Registrar General (ORG) and the Ministry of Health and Family Welfare (MoHFW), led by the CRVS Secretariat at the Cabinet Division, began enforcing a mandate requiring frontline health workers to support birth and death registration. Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) notify local registrars of vital events from communities and facilities, reducing the burden on families (Uddin et al., 2019). This approach, known as the Kaliganj model, increased birth registration from 50% to 83% and death registration from under 10% to 90% in the areas where the model was implemented (Ashrafi and Sarkar et al., 2023). With support from Bloomberg’s Data for Health Initiative and Vital Strategies, the model was scaled to at least one sub-district per division, aiming for a nationally representative sample (Vital Strategies, n.d.).

**Low rates of Female death Registration and justification of research**

Gender norms exist in a cultural context and are intrinsically involved in shaping expectations about roles and relationships within families and communities— making them an influential factor when it comes to registering the births and deaths of female family members. These norms impact the progress of CRVS systems, often limiting women's ability to register births, marriages, and deaths due to restrictions on their autonomy and mobility. In many countries, men are expected to handle official documentation, while women may require male permission to access registration services. Moreover, in patrilineal inheritance systems like Bangladesh, property ownership and control are heavily male dominated, reinforcing the societal view that women's legal documentation is less essential. A World Bank study by Solotaroff et al. (2019) found that only 10% of women in rural Bangladesh had sole or joint ownership of agricultural land, compared to 70% of men in the same households. This significant disparity reflects the cultural reluctance to register land under women's names, contributing to a lower perceived need to register female deaths, especially when property or official claims are not immediately tied to them. A related study by Islam (2019) further noted that only 3.5% of land in rural Bangladesh is solely registered in a woman's name, and societal discomfort persists around legally recognizing women as independent landowners. These structural inequalities, embedded in both law and custom, contribute to the systemic under-reporting of deaths among women, children, and gender-diverse people (Andreev, 2019).

To achieve the sustainable development goal (SDG) 3 and systematically reduce maternal mortality, accurate and complete mortality data must be collected—disaggregated by age, sex, cause of death, and location. This also aligns with the death registration target under SDG 16.9, which calls for legal identity for all, including 100% birth registration and 80% death registration by 2030. Reliable data on causes of death demonstrates the country's commitment to tackle this issue is also vital for designing effective healthcare interventions and tracking progress towards maternal health goals. When female mortality is underreported or misclassified, it hinders the development of gender-sensitive health policies and limits understanding of women's health needs. Particularly for health planning and policy— this gap in data leads to inadequate resource allocation and deepens existing gender inequalities in healthcare.

Despite many advancements in Bangladesh, a 2021 study found that only 17% of adult deaths are registered in the national CRVS system, with a significant gender disparity: 26% for males versus 5% for females (Haider et al 2021). Like other south Asian countries, the gender disparity in the country' death registrations persist, reflecting broader socio-cultural and administrative barriers. Factors such as poor awareness, the perceived lack of necessity, complex and tedious administrative processes, financial burdens, and inadequate technological and human resource support significantly contribute to low registration rates.

Along with these bureaucratic barriers, social and religious norms and practices also play a role—the practice of child marriage is a key factor in lower birth registration among women, while societal expectations that men are the primary inheritors lead to lower death registration rates for women (Barua et al., 2023)

# CHAPTER TWO

# RESULTS

## 2.1 Background Characteristics of the study participants

### *2.1.1 In-depth interview participants*

A total of 40 household members participated in the in-depth interviews (Annex 1), evenly split between two districts: Panchagarh and Dinajpur representing a low registration district, and high registration district respectively. Within these districts, participants were selected from four upazilas: Dinajpur Sadar (urban), Panchagarh Sadar (urban), Hakimpur (rural), and Atwari (rural), with each making up 25% of the total sample. There was an observed skew in the gender distribution of the participants, as majority (87%) of the participants were male.. Out of the 40 IDI participants, 10% had no formal schooling, while 32.5% had completed primary education. Participants with secondary-level education made up 25% of the total, and another 32.5% had received education at the university level. This distribution indicates a relatively balanced educational background, with a significant proportion having access to higher education.

### *2.1.2 Focus group discussion participants*

For FGDs, 88 individuals were recruited with slightly uneven distribution of 54.6% from Panchagarh and 45.5% from Dinajpur (See Annex 2). This distribution was spread across four upazilas, with a near-equal mix of urban and rural settings. More than half of the FGD participants were women (55.7%). Most respondents were family members of the deceased (63.6%), while the rest were health workers (36.4%), providing a mix of personal and professional perspectives on death registration.

### *2.1.3 KII participants*

An equal representation of key informants was achieved from both low (Panchagarh) and high (Dinajpur) districts (40% each), while the remaining 20% were from national-level institutions, accounting for 35 key informants the study. At the district level, participants were drawn from both urban and rural upazilas, ensuring balanced geographic coverage. The majority of key informants were men (80%), and nearly all had higher or university-level education (83%).

## 2.2 Background information of the deceased

Among the 40 deceased female family members referred to during the IDIs (as presented in Annex 4, which includes both IDI and FGD data), the vast majority (97.5%) were above 18 years of age at the time of death. Most of these deaths occurred at home (77.5%), with a smaller proportion taking place in hospitals (22.5%).

Reported causes of death varied, with chronic illnesses being the most common (35%) and suicide the least reported (5%). Other causes included age-related or natural causes, stroke or brain-related complications, cancer, and a few categorized as unknown or other causes.

From the FGDs, information was collected on 56 deceased female family members, and all were reported to be above 18 years of age. Of these, 42 deaths (75%) occurred at home, while 14 (25%) occurred in hospitals. The most frequently mentioned cause of death was stroke or brain-related complications (29.6%), followed closely by chronic illnesses (27.8%). Age-related or natural causes were reported in 9 cases, with other mentions including cancer, physical injury, suicide, and various other health conditions.

## 2.3 Review of Death Registration Records from the study sites

The study team gathered death registration data from four local administrative offices. From the 1,178 records collected, 10 entries were missing death registration dates, resulting in a final count of 1,168 records used for document analysis. A simple descriptive table was generated to examine the distribution of male and female death registrations across the study sites over the past five years.

### *2.3.1 Overall death registration*

The distribution of death registrations by sex across the four study sites over five years are presented in Table 5. This table reflects the **total number** of death registrations (summed across the five-year period) in each site, disaggregated by sex. During this period, the 1168 deaths were comprised of 818 males (70.03%) and 350 females (29.97%), with all study sites reflecting a consistently higher rate of male death registrations than female death registrations. It can be observed from the table that the proportion of female registrations was low across all study sites. However, the proportion of female death registration was relatively higher in the high female death registration district.

**Table 1: Death Registration in Study Sites over the Pst Five Years**

| **Study sites** | | **Male** | | **Female** | |
|---|---|---|---|---|---|
| | | n | % | n | % |
| Low female death | Rural | 303 | 72.32 | 116 | 27.68 |
| registration | Urban | 123 | 76.02 | 38 | 23.98 |
| High female death | Rural | 234 | 65.36 | 124 | 34.64 |
| registration | Urban | 158 | 68.7 | 72 | 31.3 |
| **Total** | | **818** | **70.03** | **350** | **29.97** |

### *2.3.2 Death Registrations within Five Years of Death*

From the sample, 1049 deaths registrations were recorded within five years of death across the four study sites (Table 6). This table excludes late registrations completed more than five years after the death occurred.A gender disparity persisted across all study sites, as male deaths accounted for a significantly higher proportion (68.6%) compared to female deaths (31.4%). Unlike the rural areas (low and high female death registration) which had consistently high number of death registrations, low numbers of both male and female death registrations were observed across all urban areas (low and high female death registration).

**Table 2: Death Registrations in Study Sites within Five Years of death**

| **Study sites** | | **Male** | | **Female** | |
|---|---|---|---|---|---|
| | | n | % | n | % |
| Low female death | Rural | 228 | 21.73 | 103 | 9.82 |
| registration | Urban | 123 | 11.73 | 38 | 3.62 |
| High female death | Rural | 226 | 21.54 | 120 | 11.44 |
| registration | Urban | 143 | 13.63 | 68 | 6.48 |
| Total | | 720 | y68.63 | 329 | 31.36 |

### *2.3.3 Death Registrations Completed After Five Years of Death*

From the sample total of 119 late death registrations (completed more than five years after death), an overwhelming majority were for males (82.4%), while only 17.6% were for female family members (Table 7). The rural site of the lower female death registration district accounted for the highest proportion of both male and female late registrations, whereas no late registrations were recorded in urban areas of the same district. Both urban and rural sites of higher female death registration sites reported relatively fewer delayed registrations. These findings reflect the pervasive nature of the gender gap in death registrations and suggest that delayed registrations are concentrated particularly in rural sites of the lower female death registration district.

**Table 3: Table 3: Death Registrations done after Five Years of death**

| Study sites | | Male | | Female | |
|---|---|---|---|---|---|
| | | n | % | n | % |
| Low female death registration | Rural | 75 | 63.03 | 13 | 10.92 |
| | Urban | 0 | 0 | 0 | 0 |
| High female death registration | Rural | 8 | 6.72 | 4 | 3.36 |
| | Urban | 15 | 12.61 | 4 | 3.36 |
| **Total** | | **98** | **82.36** | **21** | **17.64** |

### *2.3.4 Data Quality Issues Identified in Death Registration Records*

As a consequence of inconsistencies in documentation and gaps in record-keeping procedures, 10 of our 1178 records were missing registration dates, leading to a reduced data set of 1168 records for final analysis. Furthermore, 18 records listed the age at death as over 100 years, with 13 of these from urban site of higher female death registration, many of which shared the same birth date of 01.01.1900, suggesting possible data entry errors or placeholder dates used in lieu of accurate birth information.

## 2.4 Death registration in Bangladesh

### *2.4.1 Death registration authority and regulation*

Death registration in Bangladesh is governed under the *Births and Deaths Registration Act, 2004*, which legally mandates the reporting and recording of deaths across the country. The process is administered through local government institutions, including UPs, Municipalities (*Pouroshavas*), City Corporations in urban centers, cantonment and Embassies for the non-residential Bangladeshi people. The system aims to ensure that each death is officially documented to facilitate legal, administrative, and statistical functions.

In Bangladesh, the process of registering births and deaths consists of two main steps: a) identification and notification, and b) registration. The Birth and Death Registration Act of 2004 encourages notification within 45 days and designates various government agencies and community entities as authorized notifiers. In accordance with the Birth and Death Registration Act, a list of individuals and authorities eligible to report birth and death events was identified. These include health care providers at public facilities (such

as nursing supervisors/nurses and resident medical officers), community-based health and family planning health care providers (including health assistants (HI), family welfare assistants (FWA), and community health care providers (CHCPs), and local government representatives and community members (including *Uddoktas*, village police, imams, and households).

For the registration, a family member, legal guardian, caretaker, or relevant institutional authority (e.g., hospitals or local representatives) can initiate the death registration process. The registration may be completed either offline, through local administrative offices, or online via the government's Bangladesh Birth and Death Registration Information System (BDRIS) platform (https://bdris.gov.bd). The second part of the registration is a mechanical process of availing and distributing a legal document, the certificate for individual records (figureF 4).

In the status quo, death registration is legally required for four main purposes: transferring inheritance or property through a succession certificate, claiming pensions, settling life insurance of the deceased, and completing land mutation and distribution of inherited property shares.

### *2.4.2 Death Registration Process at the Union and Municipality level*

***Gather Necessary Documents***

To register a death, informantsare required to submit several documents, which typically include: a completed death registration application form, a medical certificate or document verifying the cause of death (if available), a copy of the deceased person's National ID, a copy of the deceased person's Birth Certificate and the applicant's National ID. Under certain circumstances (such as lack of NID or death occurred at home), a recommendation or verification letter from a local representative (e.g., Chairman or Ward Councilor) has also been requested to process death registrations.

For natural death cases, once verified and with appropriate documentation, the certificate is processed normally. In the case of natural deaths which take place in the hospital, a medical certificate of cause of death and discharge papers need to be provided which must be taken to the local registration authority, to initiate the death registration. For the case of unnatural or suspicious deaths (e.g., suicides, accidents), a post-mortem and surathal report are required to prevent misuse or false declarations of death.

***Application submission for Death Registration Certificate***

At the grassroots level of rural Bangladesh, death registration is primarily administered through UP or the municipality depending on the location. The process is a structured series of steps to ensure verification, accuracy, and legal compliance. The first point of contact is the computer operator or entrepreneur in the Information and Service Centers of the UP/municipality, where a family member or a representative of the deceased applies for the death registration. The applicant must complete the form which includes essential information on the deceased, including the full name, date, cause and place of death, National ID, and Birth Certificate number. ometimes the municipality or UP can be proactively involved by visiting homes to assist the family with form-filling, especially when the deceased's relatives are elderly or unaware of the formal procedures.

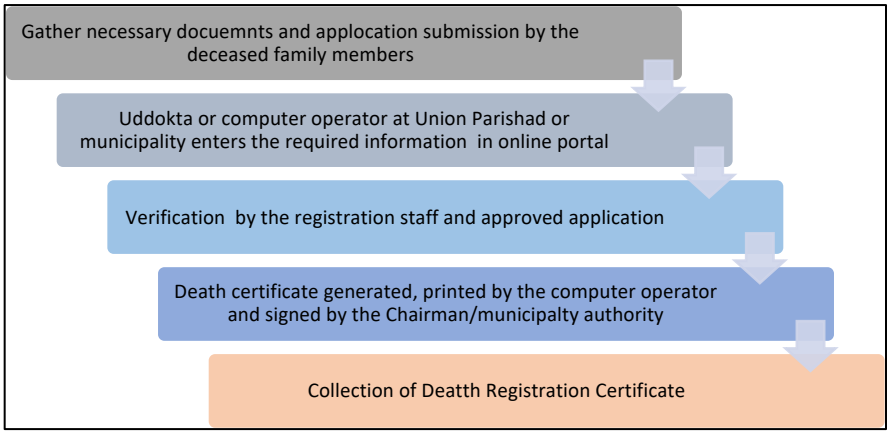


**Figure 1: Steps of death registration and collection of certificates**

If the deceased's digital birth certificate is missing or contains errors found during application process, this must be resolved through a birth registration or correction process before death registration can proceed. If the birth registration was only completed in Bangla, the data needs to be updated to include an English version by submitting the existing Bangla certificate and the deceased's voter ID for verification. Once all the required information and documents are ready, the death registration form is submitted to the designated registration office. These intermediaries often help complete online entries and ensure proper formatting of the data to avoid rejection or delays.

***Payment of fees***

After completing the required application or registration forms, applicants must pay the applicable fees to process their request. The fee amount and payment methods are typically specified by the local registration office. According to national policy, timely death registration is mandated to be completed within 45 days of the individual's death, with registrations within this timeframe (death and birth) being free of charge (Table 3). However, delayed registrations incur fees: registrations between 45 days and 5 years require a payment of 50 BDT/US$0.41 (25 BDT/US$0.21 application fee and 25 BDT/US$0.21 certification fee),

and registrations after 5 years require a total of 75 BDT/US$0.62. For corrections to the date of birth, the fee is 125 BDT/US$1.03, comprising 100 BDT/US$0.82 for the application and 25 BDT/US$0.21 for certification. Other types of corrections such as changes to the names of parents, address, or other details require a total fee of 75 BDT/US$0.62. Similarly, the issuance of both Bangla and English versions of the certificate**,** **i**ncluding any corrected versions, also costs 75/US$0.62 BDT**.** The death registration is considered to be completed once it is approved in the BDRIS after the fee is paid depending on the issuance requirements and any late penalties.

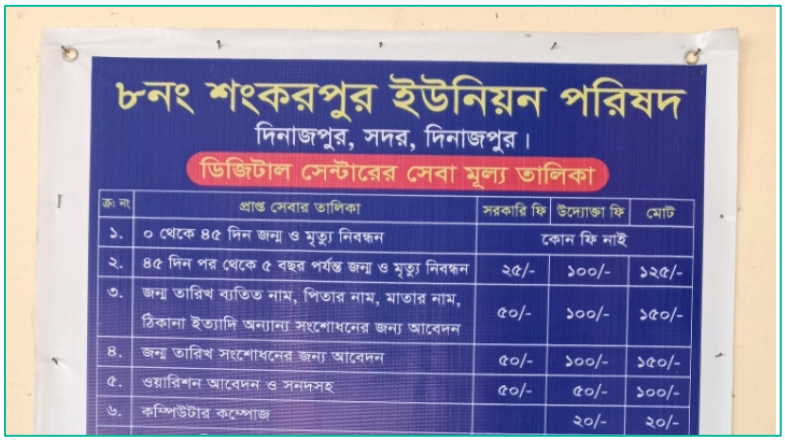


**Image 1: List of fees displayed in a Union Parishad Office**

Source: Union Parishad and Municipality offices of the study sites

***Verification of death and issuance of certificate***

After submission, UP secretary (in thecase of UP) and municipal staff, (in the case of Municipality) typically a sanitary inspector or health officer, or relevant administrative official from the municipality reviews the form and supporting documents. They verify the accuracy of information such as the spelling of names, consistency with official records, and validity of the supporting documents. If any discrepancies are found, the family is contacted for corrections. In many municipalities, birth registration issues are particularly common, and in such cases, the family must first resolve these issues—sometimes requiring school certificates, voter IDs, or other proof before the death registration can proceed.

At the Union level after receiving the application, the UP official also conducts a preliminary verification of the death event. This includes a household visit to the deceased's home and sometimes to the homes of nearby relatives or neighbors to confirm the date, location, and legitimacy of the reported death. After verification, the authority processes the application. Once a death is known to have occurred, municipal field workers or designated health staff may either receive a direct visit from the family or be dispatched to the household for preliminary information collection. The staff record member s key details such as the deceased's name, date and place of death, birth information, names of parents, and national identity or birth registration number.

At the sub-district level, the administrative authority overseeing the vital registration processes is the UNO, who must approve all satisfactory verifications of death. The UNO provides clearance for the death registrations, and the applications are returned to the UP Chairman who oversees final administrative approval and local accountability. Finally, the approved application is then received by the UP Secretary, who holds the responsibility for final review being before the certificates are printed and issued bearing the UP seal and digital registration number (if entered into the BDRIS).

Following successful verification, the death registration is formally approved within the municipality and presented to the municipal Registrar, who is typically the mayor or administrative head of the municipality. The Registrar reviews the submitted documents and officially signs the certificate, thereby validating the registration which allows the data to be uploaded into the national Civil Registration and Vital Statistics (CRVS) system, and a digital death certificate is generated in both Bangla and English formats. This certificate can then be used for legal, financial, and administrative purposes. Some municipalities may also require the printed certificate to be physically stamped or sealed before handover.

Death verification is crucial for government officials to ensure legal accuracy, prevent fraud, and maintain trustworthy public records. Incorrect death dates can lead to serious problems, such as invalid land transactions or conflicting government documents. One of KIIs from UP recounted a previous case where the local officials were sued by an individual for registering the incorrect date of death on their family member's death registration, highlighting the benefits they have observed through the digitization process, which allows for instantaneous corrections.

***Collection of death registration Certificate***

Once the certificate is ready, municipal staff or UP staff notify the family, typically through a phone call, using the contact number provided in the registration form. The family can then collect the certificate from the UP or municipality office. This process takes two to three working days under normal circumstances.

### *2.4.3 Death registration: Before online system*

Prior to the introduction of the online CRVS system in Bangladesh, death registration was conducted manually using paper-based methods at the local government level, including UPs and municipal offices. The process was entirely dependent on handwritten records, and the responsibility for maintaining these records primarily lay with local officials such as UP Secretaries, Municipal Registrars, and field-level staff like village police.

When a death occurred, the information was either reported by a family member or brought to the attention of local authorities through community informants, such as village police. These informants would then

record the death in an official register book maintained at the UP or municipality office. The record typically included the deceased person's name, approximate age, date of death, and sometimes the cause of death, based on verbal reports from the family.

When a family member needed a formal death certificate for legal or practical purposes, the local official would retrieve the corresponding entry from the register and issue a certificate manually. This certificate was either handwritten or typed, stamped with the official seal, and signed by the designated authority. There was no centralized digital tracking system, so the process relied heavily on the accuracy and maintenance of the physical registers. One UP Secretary described the procedure as follows:

> Reporting of deaths to higher administrative bodies was done manually, usually compiled on a weekly or monthly basis. This manual process made it difficult to maintain consistent records across different jurisdictions and often led to duplication, loss of data, or delays in service delivery. Upon the establishment of other national databases, a lack of unique ID numbers and digital verification made it difficult to link death records with other data present with the government. Although the legally mandated system has long moved on from manual practices, some UP's have death attestation or certification issued manually and, on the chairman's, official pad with their signature. These practices have been abolished since 2006. However as explained by one of our Key Informants, their persistence is a result of insufficient monitoring to identify and rectify Unions where this is happening. - KII08_Rural_Low Female Death Registration District

### *2.4.4 Stakeholders' involvement in the death registration process*

In Bangladesh, the death registration process involves several key stakeholders, each playing a specific role in ensuring timely and accurate documentation. The role of each stakeholder, as outlined in Table 9, is informed by our interviews with key informants although under current circumstances, additional officials may also be involved in the process which are not listed here. At the community level, family members or informants are having the key role to initiate the registration by reporting the death to local authorities. UPs or municipalities serve their role as the primary administrative bodies for recording deaths, verifying information, and issuing death certificates through the BDRIS.

**Village police**, also known as Gram Police or Chowkidars—play an important role in rural death registration by notifying local authorities, verifying and certifying community deaths, assisting families with required forms, and linking the community with Union Parishad offices to ensure timely reporting, especially when deaths occur outside health facilities

**Ward members** were found to have a similar role, as they are responsible for coordination with the village police**,** health workers, and community people to gather information on unreported deaths and encourage families to register.

**Table 4: Role of Key Stakeholders in the Death Registration Process in Bangladesh**

| Level | Stakeholder | Role |
|---|---|---|
| Community | Family members | Initiator |
| Union Parishad | Village police | Death Notifier and verifier of the community deaths. Also, a source of information regarding the death registration process |
| | Ward member | |
| | Health Assistant (HA) | Death notifier and advisor to the death registration |
| | Family Welfare Assistant (FWA) | |
| | Entrepreneur | Technical support, data entry, application preparation, fee collection and payment, certificate printing |
| | Secretary | Signatory body |
| | Chairman | Signatory body |
| Municipality | Vaccinator | Death notifier and advisor to the death registration |
| | Ward Councilor | Death Notifier and verifier of the community deaths. Also, a source of information regarding the death registration process. |
| | Sanitary Inspector | Responsible for verifying the death and also the submitted documents |
| | Administrator | Signatory body |

| | | |
|---|---|---|
| Sub-district level | UNO | Responsible for correction. And also, the signatory body where the UNO is in the role of Municipality Administrator |
| National Level | Office of the Registrar General | The Office of the Registrar General, Birth and Death Registration (BDRIS) plays a central coordinating and regulatory role in the civil registration system, including death registration. |

**Health workers**, such as HAs and FWAs identify and notify deaths in their areas through household visits or community informants, collect basic details about the deceased, assist families with registration, record deaths in health registers, raise community awareness about the importance of registration, and investigate maternal or child deaths when required.

**Entrepreneurs or computer operators** at Union Digital Centers (UDCs) and municipal e-service centers support death registration through the BDRIS by completing online forms, uploading documents, printing certificates, handling corrections or reissuance, collecting fees, and coordinating with local government offices to resolve application issues—particularly vital in rural areas where internet access and digital skills are limited.

**The Secretary** collects and verifies death information, maintains records, completes documentation, submits data to the central civil registration system, supports public awareness, and coordinates with local notifiers to ensure all deaths in the jurisdiction are reported and registered.

As per the Birth and Death Registration Act, **the Chairman**, serving as Registrar, registers all births and deaths, collects data, prepares or obtains necessary forms and certificates, preserves registration records, issues official certificates, and performs other duties as prescribed by relevant rules and regulations.

**The Upazila Nirbahi Officer (UNO)** oversees death registration at the upazila level by supervising registrars, promoting awareness, ensuring timely and accurate registration, coordinating with stakeholders, addressing complaints, reporting progress, and approving correction certificates to maintain the integrity of civil registration records.

**Municipality administrators** oversee birth and death registration by managing ward-level and central desk operations, training and monitoring staff, running awareness campaigns, setting performance targets, and ensuring timely registrations—often achieving full death registration targets, as seen in Panchagarh.

### *2.4.5 Gender differentiation for death registration process: community and key stakeholders' perception*

Irrespective of study area, age, or occupation, all participants perceived that there was no gender-based differentiation in the death registration process. In principle, death registration should be the same for men and women, and participants widely echoed this view. The participant reinforced that death registration is essential for both genders to ensure their rights are recognized. As one of the Imam from the low female death registration district summarized, *"In Islam, men and women have equal rights. So, from that perspective, I don't see any discrimination at all."*

**What This Means for Female Death Registration**

**Perceived parity in rules:** Participants across sites, ages, and occupations reported no formal, gender-based difference in death registration procedures; the process is *meant* to be the same for men and women.

**Rights frame:** Many respondents emphasized that registration protects equal rights for both genders (e.g., religious and legal recognition).

**FDR implication:** While policy and procedure are gender-neutral on paper, FDR can still lag due to practical dynamics outside the counter, such as perceived low utility of documenting women's deaths, household priorities, and process frictions. This means addressing FDR requires implementation fixes and social/behavioural nudges, not changes to the legal sets of rules.

### *2.4.7 Government initiatives for death registration*

*Local-Level Initiatives to Facilitate Death Registration*

In the absence of national programs specifically targeting death registration, particularly female death registration, several locally driven initiatives have been observed at UP and municipal levels. These efforts, although integrated within broader civil documentation and awareness campaigns, have nonetheless contributed to improving death registration practices on the ground. The following sub-sections outline key types of local initiatives identified through field interviews.

*Public Announcements through Miking*

UPs commonly use miking (public announcements via loudspeakers) to disseminate messages related to civic duties. These announcements, often made from the UP office or community gathering points, primarily emphasize birth registration. However, officials often include reminders about death registration as part of the general awareness message. Although these announcements are not specifically designed for death registration, they contribute to keeping the issue within public discourse.

*Community Courtyard Meetings* (*Uthan Baithak*)

Regularly organized *Uthan Baithaks* serve as another platform where death registration is discussed, typically alongside issues such as child marriage, dowry prevention, and birth registration. These gatherings, facilitated by the Upazila administration and overseen by the UNO, engage 30–50 community members in informal settings. Death registration is not the central focus of these sessions, but its inclusion in the agenda increases community awareness and encourages residents to take action when a death occurs in their family or neighborhood.

*Door-to-Door Awareness and Identification by Village Police*

In several areas, village police and field-level staff take a proactive role in identifying unregistered deaths through door-to-door visits. These local agents gather information from community members, notify the UP or municipality, and in some cases assist families in initiating the registration process. This localized, household-level outreach has proven effective in increasing registration, particularly in communities with limited awareness or access to formal offices.

*Locally Initiated Monitoring and Accountability Systems*

Some UPs and municipalities have established internal monitoring mechanisms to track and improve registration outcomes. These systems often involve maintaining lists of recent deaths, coordinating between ward representatives and registration officials, and ensuring follow-ups where registrations are pending. These practices are not uniform but have shown effectiveness in areas where local leadership is active and committed.

*Special Drives and Staff Incentives by Upazila Administration*

In select regions, UNOs have initiated special drives to improve birth and death registration coverage. These efforts include providing incentives to field staff, such as village police, for complete and accurate registration of all cases within their jurisdiction. This approach has served as a motivational tool and increased accountability, especially in areas with low prior registration rates. These initiatives are typically planned and executed at the Upazila level but carried out in coordination with local registration offices.

*Proactive Engagement by Local Staff*

Underlying many of the above initiatives is the proactiveness of local-level staff. In several locations, UP secretaries, municipal health workers, and registration entrepreneurs actively engage with the community, maintain regular contact with ward representatives, and follow up on unreported deaths. This proactive

stance, though not formalized as a program, has emerged as a critical factor in enhancing death registration rates at the local level.

> In some districts, nearly 100 percent of both birth and death registrations are being completed, instead of the national average of around 50 percent. How? It's all about being proactive. They have a very strong monitoring system. Union Parishad secretaries there are highly motivated.
>
> - KII01_National Level Stakeholder

*National-Level Initiatives to Facilitate Death Registration*

The national government has implemented various programs in order to improve the civil registration process, consequently improving the rates of death registration. These programs are particularly concerned with streamlining the death registration process, and involving stakeholders beyond the government employees. The efforts can be classified under the following sub-categories:

Monitoring through Projected Death Counts: The government practices accountability on a district level by monitoring progress of completed registrations against an estimate projected for every unit of government function. These estimates are derived statistically and are used to ensure that all elderly death registrations are being completed and health workers are following their mandated responsibilities.

> We already have estimates of how many deaths and births are expected per union, upazila, and district. These projections are derived statistically from the DBBS (Demographic and Health Statistics) and can also be verified through health department data.
>
> - KII01_National level stakeholder

Improving Local Government Performance: Through district level monitoring, the government can recognize gaps in the process, which delays death registrations in specific areas. For this reason, the government holds coordination meetings to discuss the shortcomings of each district in civil registrations and appropriately assign solutions. One such solution has been implemented to address the lack of capacity of older government officials, to introduce a new role to fill the existing gap.

> In some unions, there are elderly secretaries who can't move around or operate a computer. To address this, the government has created a new post: "Accounts Assistant cum Computer Operator. - KII01_National level stakeholder

Education Campaigns: To address the persisting social perception that death registrations are not required, particularly for women who do not own any properties— the government has implemented educational campaigns at the school level. These campaigns work to introduce the concept of death registration and the necessity in registering every death in the family to prepare school and college students for any situation in the future.

Involving Religious Leaders in the Death Registration Process: Deaths in Bangladesh are inherently tied to religion, making religious leaders one of the first points of contact for bereaving families. Given this, the government has begun initiatives where religious leaders are being involved in death registration awareness processes, as well as being employed in providing information of the deceased for registration.

> We're working on collecting data from graveyards. This is one of our innovations, and we're seeing success in some places. In certain regions, we're also involving religious figures in this process.
>
> - KII03_National Level Stakeholder

**Focus on Female Death Registration**

There are no dedicated, female-specific initiatives for death registration at national or local levels; existing efforts (miking, courtyard meetings, door-to-door outreach, monitoring drives, incentives, engagement of religious leaders) are gender-neutral. This leads to under-identification of women's deaths, driven by social norms limiting mobility and lower asset ownership that dampens incentives to register. Performance is rarely sex-disaggregated, and frontline staff are not systematically trained to address women-specific barriers. Female death registration thus occurs incidentally within general campaigns—underscoring the need to embed sex-disaggregated targets, tailored messaging, and proactive outreach to women in all initiatives.

*Non-Governmental Actor Involvement in Death Registration*

Since the capacity of the government is limited, especially on a local level— Task Force Committees are created at various levels of the government which involve journalists, NGO representatives and local officials in order to address concerns of the national government. The task force committee is primarily concerned with planning future activities to improve death registration rates in the area.

## 2.5 Reason behind registering and not registering female death registration

### *2.5.1 Motivation for registering deaths*

Participants reported a various reason for completing death registration, with most motivations tied to legal, financial, or social benefits. Out of 40 interviews, 20 participants provided specific reasons for death registration (Table 10), with the most mentioned reason being accessing financial services or benefits, as cited by 11 individuals — these include purposes such as claiming loans, bank savings, or participating in credit schemes like *'Ektee Bari Ektee Khamar' (One House One Farm)'* project. Social protection allowances, such as widow or old-age allowances, were mentioned by 5 participants while, inheritance and property-related purposes, like obtaining a succession/ warison certificate or property registration, were noted by 3 individuals. A few others highlighted personal or procedural motivations such as needing the date of death for commemorative events, prior knowledge of the process, and seizing the opportunity during another registration process. These findings indicate that while awareness and procedural convenience play some role, death registration is primarily driven by the need to access financial and legal entitlements. However, these motivations may differ by gender, as women often have less access to financial assets or formal property rights, which can reduce the perceived necessity or benefit of completing the process.

**Motivation Gap: Why Women's Deaths Get Under-Registered**

Motivations to register a death are largely instrumental (access to loans/savings, social protection, inheritance/property processes). Because women often have less control over financial assets and formal property rights, families may perceive fewer benefits to registering a woman's death—leading to lower prioritization and delayed or missed registration. These dynamic skews action toward deaths tied to visible, monetizable benefits, creating a systematic gap for women. Programs should surface female-linked benefits (e.g., widow pensions, insurance claims, guardianship/lineage records) and require sex-disaggregated monitoring so missed female deaths are identified and followed up.

**Table 5: Reason behind completing Death Registration**

| Reason | # of Participants |
|---|---|
| 1 Navigating Loans, Savings, and Credit Schemes | 11* |
| 2. Social Protection Allowances | 5* |
| 3.Facilitating property transfer and Inheritance | 3* |
| 4. Personal / Procedural Motivations | 3 |
| *One participant mentioned three reasons | |

*Facilitating property transfer and Inheritance*

Amongst the motivations cited by participants for registering the deaths of family members, a prominent and recurrent theme was the necessity of death registration for the facilitation of property transfer and inheritance claims. Respondents consistently indicated that obtaining an official death certificate was a prerequisite for initiating legal processes related to the distribution of the deceased's assets, including land, savings, and other financial holdings.

For many families, particularly in contexts where property is jointly held or inherited across siblings, formal documentation of death is crucial to secure rightful ownership. Another participant has explained the motivation for acquiring their mother's death certificate stemmed from the need to secure a Succession certificate, a legal document that confirms rightful heirs in Bangladesh. This step was essential to ensure the lawful distribution of their mother's property amongst the siblings:

> My mother has passed away. We need the death registration certificate to obtain the Warishan (succession) certificate, as she owned property that will be inherited by me and my siblings.
>
> - IDI09 (Male)_Registered_Urban_High Female Death Registration District

*Navigating Loans, Savings, and Credit Schemes*

In addition to land and household assets, participants also cited financial matters, such as bank savings and outstanding loans, as reasons for death registration. A male participant from an urban municipality described how the municipality required a death certificate to settle financial obligations linked to his deceased mother. In this case, a Deposit premium skim (DPS) and an outstanding loan in her name were only addressed after her death had been formally registered. The certificate not only enabled the cancellation of the loan but also facilitated the release of the mother's savings.:

> The main reason I had to get the death registration certificate was because there were some loans from BRAC in my mother's name. This loan was not paid off, then they pressurized us. some DPS

was also open in my mother 's name, so they asked me to bring the death registration certificate. Later, when we got the certificate, the loan from BRAC was forgiven. Some savings from DPS were returned. The death registration certificate was obtained for this purpose.

- FGD03_Male Family Member_Rural_High Female Death Registration District

*Social protection allowances*

Another significant motivation for registering female deaths, particularly for deaths of widows and elderly women, was the need to access or discontinue social protection allowances such as widow pensions or old-age allowances. Participants noted that the government's welfare schemes often require formal documentation of death to either transfer benefits to eligible family members or to officially terminate payments made in the deceased's name.

I submitted [the allowance book] so that the money wouldn't come anymore. Yes, I asked people what would be needed to submit the book. Then they said the death certificate is available at the municipality, I should collect that and submit it. If it weren't necessary, I wouldn't have thought much about it. Because it's government money, and I felt even more strongly that I should stop it from coming. The government already has so many shortages. If someone gave me 2 taka, I'd be able to eat. So the money that would have come to me, I thought another mother should get it instead. That was just my assumption, that's all.

-IDI05 (Female)_Registered_Urban_High Female Death Registration District

**How Allowance-Linked Benefits Shape Female Death Registration**

Social protection programs (widow pensions, old-age allowances) often trigger death registration for widows and elderly women, as benefits must be transferred or terminated. However, where such benefits do not apply—for younger, unmarried, or non-enrolled women—families may perceive little payoff to register the death promptly. This creates a gender disparity in motivation, where female deaths outside formal welfare schemes are more likely to remain unregistered or delayed.

*Personal or Procedural Motivation*

While many participants cited legal or financial reasons for death registration, a few others described more personal or procedural motivations that led them to complete the process. These included the desire to document the date of death for cultural or commemorative reasons, prior familiarity with the registration process, and the convenience of registering the death while completing another official task.

Some participants registered the death deceased female family member due to commemorative and cultural reasons. This was particularly observed in the Hindu community, where participants highlighted the importance of registering a death to preserve the exact date for religious or cultural events, such as *shraddha* (funeral rituals) and annual death anniversaries. Accurate documentation of the time, date, and day of the week of death was considered essential for these observances. Additionally, participants also reflected on the growing importance of such traditions among younger generations, recognizing the need for official records to maintain family customs over time. Also, in addition to commemorative events, Hindu participants noted that a death certificate might be required during the marriage arrangements of children, making the document useful beyond ritual purposes.

> I had an invitation letter for the funeral ceremony of my mother. It's necessary to invite people for the shraddha (ritual). The exact date of death, the time of death, and the day of the week on which the person died are all written there in full……We do death anniversaries every year on that date. When we pass away, our children will carry on that tradition… That date will be retrieved from there (death registration certificate).....This wasn't done by my parents before. Some do it, some don't. It's a personal matter. But now, the younger generations need it. If I want to do an anniversary for my father, I won't know the date he passed away. So what will happen? Who will I ask?.....It's useful for matters like the marriage of children. For us Hindus, it's also needed when arranging the marriage of children. – IDI07 (Male)_Registered_Urban_High Female Death Registration District

Additionally, some participants were already familiar with the death registration process and felt personally responsible to ensure their family member's death was formally documented. This prior knowledge empowered them to take the initiative without external prompting, further emphasizing how having the official date can prevent future disputes or confusion:

> No, I did it myself. My mother has died, wouldn't I need to record what year she has passed away through a certificate?... A certificate that will say my mother has passed away on a certain date of

a certain year—it will be a sort of documentation. In the future, if there's any issue or argument about the date of death, this certificate will be helpful. Many people can't recall the exact year or date of a death, so having a certificate avoids all doubt.

- IDI09 (Male)_ Registered_Urban_High female death registration district

As one male participant explained that his sisters encouraged the process, and as the only son, he felt it was his responsibility to follow through.

Yes, from the family's side. My sisters also wanted to register it, and as I'm the only son, I went to do it… For the sake of parental recognition, my sister also applied for the certificate after returning to our family home. - IDI03 (Male)_Registered_Rural_High Female Death Registration District

**Family Dynamics & Gendered Responsibility**

Women in the household often initiate or advocate for registering a woman's death, but the execution typically falls to male relatives (e.g., sons, brothers). When the male decision-maker is unavailable, unconvinced, or prioritizes other tasks, female death registration can be delayed or missed, creating a gendered disparity in follow-through.

A few participants described registering a death as a convenient add-on while completing other administrative procedures, such as registering births, updating family records, or applying for government services. Given that the opportunity to register a death was conveniently present, they chose to complete it for practical reasons.

I felt that we've become more aware and educated now, people didn't do this before, but nowadays these things are necessary. A birth needs a certificate, and a death needs one too. These documents might be required for bank-related matters or other official places. I did it for my own convenience. I think everyone should have this document because these things don't happen with prior notice. When the need arises, I'll be able to use it for that purpose.

- IDI03 (Male)_Registered_Rural_High Female Death Registration District

### *2.5.2 Reasons for Not Registering deaths*

A variety of reasons were revealed by participants for not registering the deaths of their female family members with justifications ranging from emotional, logistical, informational, and socio-cultural reasons. Five major thematic areas (Table 11) can be derived from these reasons: lack of perceived need, limited awareness, emotional distress, administrative, logistical and accessibility constraints, and alternative documentation sufficing in place of formal registration.

**Table 6: Reasons for not registering the female death**

| Reasons | # of Participants |
|---|---|
| Lack of Perceived Need | 9* |
| Limited Awareness or Understanding | 5 |
| Administrative, Logistical and Accessibility Constraints | 4* |
| Emotional Distress and Grieving Process | 2 |
| Alternative Documentation Considered Sufficient | 1 |

*One participant mentioned two reasons

*Lack of Perceived Need*

There was a recurring theme among participants that the registration of a female family member's death was not considered immediately necessary. For many, the death of a woman, particularly one without property, bank savings, or other legal claims, did not create any legal, financial, or administrative requirement for registration. As a result, the process was not prioritized or pursued. As one participant noted,

**When Property Determines Priority**

My mother didn't have any land-related complications…..By complications I mean inheritance issues. Often, there's property from the mother's side like from the grandmother or grandfather. When families are reluctant to distribute property, that's when death registration becomes necessary. In our case, since we had no such property issues, that was the reason I didn't do it.

- IDI06 (Male)_Unregistered_Rural_High Female Death Registration District

*Limited Awareness or Understanding*

Limited awareness emerged as a significant barrier for female death registration to participants for whom the concept of death registration was either completely unfamiliar or only superficially known. Many were unaware that death registration was a legal requirement or were unsure about its implications and potential

uses. In some cases, participants had never heard of the term "death registration" at all. For others, awareness existed only at a surface level. They had heard of it but did not understand why it was important, how to initiate the process, or where to go for it. This lack of knowledge led them to dismiss the registration as unnecessary, especially in the absence of an immediate legal or financial need. As one participant mentioned, *"No, I don't even know about death registration. I haven't done it."* - IDI07 (Male)_Unregistered_Urban_High Female Death Registration District

While another participant acknowledged having heard about death registration, they didn't consider it important enough to act upon: *"Yes, I've heard about it from others, but we didn't think it was something that needed to be addressed, so we didn't do it."* - IDI06 (Male)_Unregistered_Urban_High Female Death Registration District

There were some participants who had a vague idea about the process but had never encountered a situation that required its completion. For instance, one participant noted: *"I don't have much idea, only a little basic understanding — that if we register the death, there are some benefits or reasons why we should do it."* - IDI010 (Male)_Unregistrered_Rural_High Female Death Registration District

*Administrative Barriers*

Administrative inefficiencies and procedural ambiguity emerged as substantial deterrents to completing female death registration. Several participants shared their frustration with the complex, time-consuming, and often opaque nature of the registration process. These administrative challenges not only delayed registration efforts but, in many cases, ultimately discouraged individuals from following through with the process.

> But even after all this time, the death registration hasn't been done yet. Honestly, the process seemed a bit complicated….and to be honest, there wasn't much need for it either.
>
> - IDI04_Unregistered (Male)_Urban_Low Female Death Registration District

Additionally, one of the most common issues reported was the lack of responsiveness and accountability at UP or Municipality offices. Participants described being asked to return repeatedly, often without clear instructions. For individuals managing household responsibilities, especially women who were the primary caretakers of livestock, children, or the elderly these multiple visits became burdensome. As one participant mentioned,

> They told me to bring the papers and said they would handle it. I brought the papers, but they never even opened them on any of the days I went. They kept saying they had no time and asked me to

> come back another day. After going there three times, they said they were busy with office work at the Union and had to submit records to the Upazila. At that point, I stopped going because I was annoyed. I'm alone at home, and the men are always out, so it's not always possible to leave the cows and goats unattended. The Union office is about half an hour away, and transportation is a problem. - IDI01 (Female)_Unregistered_ Urban_High Death Registration District

Beyond logistical delays, there were also cases where municipal or UP officials themselves downplayed the necessity of the registration. Rather than encouraging completion, they provided misleading or dismissive information that further delayed the task. In one instance, a participant seeking to register his mother's death while obtaining a birth certificate for his child was told:

> The municipality official informed me that the process would take a long time and that it was not necessary to complete it immediately. He stated that I could obtain it at any time.
>
> - IDI10 (Male)_Unregistered_Urban_Low Death Registration District

*Emotional Distress and Grieving Process*

The emotional aftermath of losing a loved one, particularly a mother or mother-in-law, deeply affected some participants, making it difficult to focus on procedural matters like registration. For these individuals, the psychological toll of the loss led to procrastination or avoidance of administrative tasks of death registration. One participant mentioned:

> Although Union Parisad office is close by and I could've done it, since my mother passed away, I felt emotionally overwhelmed. I still feel mentally disturbed. Every day, I start my day by visiting my mother's grave. That's why I am a bit emotional, maybe sentimental and mentally affected.
>
> - IDI06 (Male)_Unregistered_Urban_High Death Registration District

A participant shared that the sudden and accidental nature of his mother's death left the entire family emotionally shattered— overwhelmed by grief, they were not in a mental state to focus on administrative tasks or gather the necessary documents for death registration. When someone from the UP came to collect her voter ID card, the family was unable to locate it due to the emotional turmoil they were experiencing at the time.

*Alternative Documentation Considered Sufficient*

In some cases, families managed to fulfill institutional requirements, such as those from banks or financial organizations by submittinga simple death certificate issued on official letterhead and signed by the Union Parishad Chairman (who also serves as the registrar), rather than completing the full death registration process. This document requires no supporting papers or online procedures and is not entered into the official record,it is merely a statement confirming that the person died on a certain date, signed by the Chairman.. This alternative route, often involving informal or partial documentation provided by the UP, was seen as sufficient to access the benefits or services they needed. Consequently, once these immediate needs were addressed, families felt little urgency or obligation to pursue the formal death registration process through the official system.

> We didn't do the death registration, but we arranged a death certificate from the Union Parishad.
>
> Since their DPS work had been solved by only that, they did not do the death registration.
>
> - IDI05 (Male)_Unregistered_Urban_High Female Death Registration District

## 2.6 Barriers to Death Registration

This section outlines the barriers to female death registration in Bangladesh across five levels of the socio-ecological framework: individual, interpersonal, community, institutional, and policy. Each level reveals unique but interconnected challenges that collectively hinder timely and complete registration of female deaths.

### *2.6.1 Individual-Level Barriers*

Lack of knowledge and lack of information was the most commonly cited barrier to female death registration especially in the rural areas. People have more knowledge of birth registration than death registration. Many people do not know that registering a death is a legal obligation. In addition, information about what documents is needed is often unclear or inaccessible.

In the absence of pressing legal or financial reasons, families postpone or entirely forego registering a female death. There may be more urgency in cases where the deceased was a male breadwinner or owner of family properties, but for women, especially elderly or homemakers, the death might not prompt any immediate procedural follow-up. There persists a belief that there is no urgency in registering deaths. Since there is no assigned incentive, people feel that there is no need to go through with the process. This was also observed by the national level key informant too:

> The first thing is, many probably just don't know. I won't say they're completely unaware anymore, because with all the campaigns around birth and death registration, people are somewhat aware now. But they don't really feel the need. They think, what's the use of registering a death? That mindset is still there. Unless there's a clear benefit or requirement, most people don't prioritize it. People are busy. If it's not needed for something urgent, they just won't go out of their way to do it. - KII04_National Level Stakeholder

Despite prior knowledge, there are still some families where the man's death was registered, but the women was not. The reason for registering the man's death was economic**,** since he died in a road accident**,** the family received financial compensation from BRTA (Bangladesh Road Transport Authority), which prompted them to complete the death registration. Although the respondent was unaware of the death registration process before his uncle's death, even after learning about it, the woman's death was still not registered**.**

> The main reason was that, for my brother's death, we heard that BRTA would provide some financial help to poor families. After hearing that, we did it. But for my grandmother, no one informed us; we didn't hear anything, and at that time, we didn't even feel it was necessary. We didn't think it would be needed.
>
> - IDI10 (Male)_Unregistered_Rural_High Female Death Registration District

The absence of such experience often became a barrier**,** especially for someone who has not engaged with formal administrative procedures prior. In households where no member had previously gone through the registration process, the death of a female—often perceived as less urgent to document—was more likely to go unregistered.

Although death registration is free within 45 days and costs very little after that, many people in Bangladesh still face financial barriers. Participants said that indirect costs—like transport and daily expenses for those going to register—stop people from completing the process. In poor households, where families are already struggling to meet basic needs, registering a death is not always seen as important. Many cannot afford to lose a day's income to do it. The reverse scenario is also common. While many individuals require urgent death registration, some registrars exploit this urgency to act unethically. They often cite unnecessary complications to demand large amounts of money, which in turn discourages people from going through with the registration.

> My colleague's father died. He had to pay 25,000 taka to get his death registration papers. According to the law, it is supposed to be paid within 45 days by paying 50 taka. If it is late, then there will be a fine of 50 taka. But it costs 25,000 taka because they needed the death registration certificate urgently for various property distribution and they brought up some such complications that they need this, they need that, they need that. Then they did it with that 25000 taka. So, this is the oppression! If it's not needed for my urgent work. Then why should I do it?
>
> - KII05_National Level Stakeholder

These financial barriers were acknowledged by participants at all levels, from community people to key informant interviews; one national level participant recounted the experience of one service user.

### *2.6.2 Interpersonal-Level Barriers*

Commonly, death registration has been done by the male family members of the deceased, enforcing patriarchal family structures which often limited women's agency in initiating or following through with death registration processes. Female family members frequently depended on male relatives to take action, which sometimes delayed or prevented registration as mentioned one of the female local level Key informants while discussing her own experiences:

> My mother passed away in 2009 when I was still a student. At that time, I was not familiar with the death registration process, and my father and brother handled it. When my father passed away in 2020, I was involved only in obtaining the medical death certificate at the hospital. Because I was in the hospital that is why I could not be more involved in this. My brother took care of the rest as he needed the documents for various purposes……. When I talk to my brother about getting the death certificate, he says, "No, it's a lot of hassle, you have to do this, do that," and so on
>
> - KII01_Urban_Low Female Death Registration District

**Gatekeeping at Home**

Death registration is typically handled by male relatives, limiting women's agency to initiate or complete the process and causing delays or non-registration. When decision-making and paperwork sit with men, women's deaths can be de-prioritized or delayed, even when female family members are willing to proceed.

Although there are institutional actors like health workers and local officials who can notify deaths, it is primarily expected of family members to report a death to the local registration office. Yet, some families intentionally avoid registering the death of a female member due to fear of losing government benefits they have been receiving through the deceased. These benefits often support the entire household, so families may choose not to report the death to continue receiving financial assistance.

Often, the lack of proper documentation poses a major barrier to obtaining a death registration certificate particularly in the case of women who do not have a NID or birth certificate. Due to religious reasons, some women avoid revealing their faces, which results in incomplete NID or birth registration. When these women pass away and their family members attempt to register the death, the absence of necessary documents prevents them from completing the process. Many religious leaders viewed this issue as a personal or interpersonal level barrier rather than a religious barrier.

### *2.6.3 Community-Level Barriers*

A key community-level barrier affecting female death registration in Bangladesh is the widespread lack of awareness and social importance attached to registering a woman's death. In many communities, especially rural areas, death registration is not viewed as a priority unless there is an immediate legal or financial benefit, something more commonly associated with male deaths. Cultural norms often position men as the primary holders of property and formal entitlements, leading to a perception that registering a woman's death has little consequence. Moreover, local practices, such as relying solely on burial rituals without linking them to official procedures, further reduce motivation for formal registration. These dynamics, coupled with low community-level engagement on the topic, contribute to delays or complete omission of female death registrations.

### *2.6.4 Institutional-Level Barriers*

Despite compassionate efforts by UP officials, several barriers still prevent many families from registering deaths and obtaining official certificates.

Throughout all the field sites, especially at the UP level, negative experiences with registration staff were frequently mentioned as key institutional barriers to death registration. Most participants reported encountering, either directly or indirectly, unfriendly attitudes, disrespect, and poor service from computer operators. These interactions often left them feeling discouraged, with many recalling unnecessary difficulties or harassment when accessing services like birth or death registration.

> At the institutional level, several barriers within the formal death registration system hinder the timely and complete registration of female deaths. One major challenge mentioned by the health workers is the reluctance of physicians to issue medical certificates for deaths that occur at home. In the absence of prior medical documentation or immediate verification, doctors are hesitant to certify the cause of death, particularly when there are uncertainties about the circumstances.
>
> - IDI06 (Male)_Unregistered_Rural_High Female Death Registration District

As one national-level stakeholder explained:

> For death registration, several documents are often required. Many times, people can't provide those documents. Suppose someone dies at home, the system requires evidence of death. But what happens if they go to a physician one week, two weeks, or even a month later? That doctor hasn't seen the deceased, so they won't issue any proof. And how would the doctor know if the person really died? Was it from poisoning or a medical condition? At that point, doctors don't want to take responsibility. - KII06_National Level Stakeholder.

This lack of medical certification creates institutional obstacles, especially for women, whose deaths often occur at home and may go undocumented. In such cases, families struggle to obtain the required proof for registration, leading to delays or non-registration altogether. The problem is more pronounced for women because they are less likely to receive hospital-based care at the end of life, and their deaths may not be

attended or certified by a medical professional. As a result, the absence of formal medical documentation becomes a significant barrier to ensuring their deaths are officially recorded.

Given that the death registration process is often perceived as complex, bureaucratic, and user-unfriendly, the absence of incentives, combined with administrative hurdles, discourages families from initiating or completing the process. As highlighted by another national-level stakeholder,

> Because of those bureaucratic difficulties, people often don't want to do it. They feel: if it's not absolutely necessary, why go through the hassle? - KII06_National Level Stakeholder

In many cases, family members were aware of the importance of registering the death and were continuously encouraged by others to do so, where it was observed that some individuals were informed by municipality officials about the need to complete the death registration process. However, despite their motivation, they were unable to complete the registration due to the lack of required documents. This challenge was particularly common in suicidal cases, where a death certificate from the local police station is mandatory. In other instances, the absence of a birth certificate for the deceased person also created significant barriers to registration.

Moreover, in cases where a person has never been registered at birth, families are required to initiate a birth registration before proceeding with the death registration. As highlighted by few key informants, the need to first collect all personal information for birth registration, often decades after the actual event, becomes a major institutional barrier. This sequential requirement creates a lengthy, confusing process, especially for rural people who usually keep limited documentation. Another reason behind the delay in death registration certification is the need for approval from the UNO. Even after the application is submitted, the process cannot move forward until the UNO approves it, which often takes longer than expected.

Institutional inefficiencies and system-level bottlenecks significantly delay and complicate the process of female death registration. One common issue is the prolonged time it takes to receive a death certificate ranging from 15 days to over a year. In many cases, individuals who obtain the certificate quickly do so because of personal connections within the UP or municipality, suggesting uneven service delivery. However, delays are often attributed to server-related issues and technological limitations, which hinder timely processing. Additionally, errors and inconsistencies in prior records particularly birth registrations further complicate the death registration process. For instance, if a deceased person's birth registration was not entered into the digital system, was completed only in Bangla instead of both Bangla and English, or contains errors, the registrar must first amend those records before processing the death registration. These

bureaucratic corrections not only increase processing time but also discourage families from completing the procedure. As one national stakeholder noted,

> For example, to register a child, the parents must be registered. Technically, many of these registrations were done by hand but were never entered into the online system. Or sometimes the registration exists but with errors, or it was supposed to be done in both Bangla and English, but only one language is there. As I mentioned before, if they had enforced stricter supervision, it could have been avoided. The person doing the job might have thought, "What's the need for English? Let me just do it in Bangla. It'll be faster, and you can leave." But now the system doesn't accept entries unless it includes English. So the registration exists, but only in Bangla—not in English—and that's causing delays. Because of this, the registration needs to be done again or corrected, which increases delayed registrations. - KII01_National Level Stakeholder

Also, there is a lack of sufficient labor capacity to handle the responsibilities of death registration. The UP handles work of 47 ministries, which makes it difficult for them to handle the workload given that delayed registrations accumulate over time, with their given staff and their lack of familiarity with the digitized BDRIS.

> But the challenge is, in many cases, there's a shortage of manpower or excessive workload. From what I've heard, a Union Parishad secretary handles work from 47 ministries. So, managing all those tasks makes it hard to focus on registration—that's what they say. Now, if we could bring this under a streamlined system—if delayed registrations could be eliminated, and we only had to register those who are being born or have recently died—it would be much more manageable.
>
> - KII01_National Level stakeholder

Corruption and exploitation by intermediaries may have a significant impact on the female death registration process. Although no respondents explicitly reported that entrepreneurs received money, there is clear indication that some attempt to manipulate the process by asking for bribes or deliberately causing

complications. As one key informant from the rural area of low death registration district noted: "*They deliberately complicate the process to extract money"*

Community members from rural areas also repeatedly expressed disappointment with these intermediaries, highlighting that for various arbitrary reasons they were asked to pay, which eroded trust and added emotional and financial burdens.

### *2.6.5 Policy-Level Barriers*

Policy-level barriers to female death registration persists, with one key challenge being the requirement to complete the registration within 45 days of death**.** This timeframe often proves challenging for families, as it overlaps with a period of intense emotional distress, social rituals, and practical adjustments following the loss. For many households especially those who have lost a primary earner this is a time of economic instability and psychological grief, during which navigating administrative procedures becomes an added burden. Traveling to the UP or municipality office for verification, gathering necessary documents, and understanding the bureaucratic steps can be overwhelming. As a result, many families miss the deadline, which can lead to additional complications or discourage them from pursuing registration altogether.

Another notable policy-level challenge is the fragmentation of roles and responsibilities. While there are many potential death notifiers at the community level such as village police, ward members/local leaders, health workers—there is often no clearly designated individual or institution held accountable for ensuring the actual registration. This gap creates confusion and weakens the follow-through on death notification. Moreover, many health workers, including local-level health officials themselves, lack adequate knowledge or training about the death registration process. As observed during field interactions, several health personnel were unaware of the required procedures, relevant forms, or the importance of timely registration.

## 2.7 Facilitators to Death Registration

### *2.7.1 Individual (Intrapersonal) level factors*

At the individual level, several socio-economic and perceptual factors contribute to the registration of female deaths, including general knowledge and awareness about the registration process, education, financial issues, and previous experience that influence families to initiate or not initiate the formal procedures of death registration.

Death registration was associated with individuals' knowledge of death registration processes. People who registered their female family members knew the steps involved, what documents were needed, the purposes of registration, and the specific office or location to complete the registration process. Notably, at the individual knowledge level, we did not observe any significant differences between rural and urban respondents.

> I read about this once in class nine or ten in municipal studies. It said that if someone passes away, then making assumptions about their property or anything related to them should be avoided. Since that person is no longer alive, claiming their possessions or saying they're still around to get something important is not right.
>
> - IDI04 (Female)_Registered_Rural_High FemaleDeath Registration District

Prior experience with death registration emerged as a key individual-level factor influencing whether a female death was officially registered. In several cases, prior exposure to the process acted as a facilitator participant who had previously registered a death, often that of a male family member, were more likely to repeat the process for a deceased woman. This scenario was more common in the urban area.

> My father's one was collected earlier. My mother did it. It was already done…… I already knew this through my mother."
>
> - IDI07 (Male)_ Registered_Urban_Low Female Death Registration District

> Yes (I know about death registration). When my wife passed away, I had to get the inheritance certificate from the municipality. It took some time. Later, when I had to sell land or do any other work, I had to attach these certificates — the birth and death certificates
>
> - KII06_Imam_Urban, Low Female Death Registration District

In some cases, we found that death registration of a woman only takes place when her husband decides to remarry after her passing. The new marriage process often requires official proof of the first wife's death, prompting the family to complete the registration.

### *2.7.2 Interpersonal level factors*

Relationships within families and communities played a significant role in facilitating the registration of female deaths, including support from family members, community or local leaders, as well as local officials who registered the female deaths. Participants reported receiving guidance from the Ward councilors and municipality staff on the required documents and were often encouraged to consult the relevant municipal offices. In some instances, friends or acquaintances working within the municipality or in the UP directly assisted by connecting them with the appropriate personnel, which helped to speed up and simplify the process.

> I have a friend in the municipality who works there. He helped me. He took me to her (the respective personnel for death registration) and said "Apa please do this as fast as you can". He had notified the person who was on duty and also recommended me as I was familiar. And said that "please do my friends concerns.
>
> - IDI02 (Male)_Rural_High Female Death Registration District

In households where male members (e.g., husbands, sons, brothers) recognize the legal necessity of death registration, particularly in regard to property inheritance or loan settlement, are more likely to complete the registration after the death of a female relative. This reflects a gendered dynamic in which decision-making power and control over legal processes often rest with men, especially in male-headed households. Moreover, the involvement and encouragement of close family members, especially male heads of households, was noted to be crucial in ensuring timely death registration. Several participants emphasized that when family members understood the importance of death registration, they actively took responsibility to complete the process.

### *2.7.3 Community level factors*

At the community level, geographic proximity to the death registration points emerged as an important factor influencing whether families register a female death. When households are located near UP or municipality offices, logistical challenges such as cost for transportation and time are minimized. This ease of access facilitates timely and convenient registration. Unlike death registration, births are more likely to be proactively registered regardless of distance, often due to stronger institutional incentives, such as the need for birth certificates for school enrollment or social benefits. The registration of deaths, especially

those of women, may depend more heavily on convenience and motivation at the household level, as families may perceive fewer or no legal or financial benefits from registering female deaths compared to male deaths. In such cases, if the process requires additional travel, time, or cost, it may be deprioritized altogether.

In the rural community inheritance plays a large role in understanding the dynamics of gender disparity on death registrations. The implementation of death registration being mandatory for succession documents has resulted in a significant coverage of male deaths in the country. However, due to lack of inheritable assets under many women's names their deaths are still going unregistered. The participant states that there is a belief that only women who have property to their name have a purpose in going through the registration process once deceased, given that there is no other use for it.

> Yes, there's definitely a gender disparity. One major reason is that women often don't inherit property in practice — even though under Muslim law they have inheritance rights. Practically, they often don't receive that right. So when a woman passes away, if she doesn't have any property in her name, there isn't a strong motivation from the family to register her death. That urgency, which might exist for a male in terms of inheritance, doesn't apply here. I think that's the main reason. - KII04_ National Level Stakeholder

> To understand this, as you said, the inheritance issue — the reason why male deaths are registered more than female deaths is entirely because of inheritance. The reason death registration happens more for males is because it's required for land and property inheritance. For mothers, it's usually not necessary — but for sons, it is……. For women, only those who have property involved go through the death registration process. Otherwise, there's no real purpose — no one needs a woman's death certificate for anything. - KII07_National Level Stakeholder

Though participants stated that there were no religious issues that contribute female death registration we found that death rituals differ by gender. In Islam, the burial process for men and women is very similar, but there are two key differences. First, there is a slight variation in the *niyyah* (intention) during the funeral prayer, depending on whether the deceased is male or female. Second, the number of shrouds used differs—men are wrapped in three pieces of cloth, while women are wrapped in five, to ensure greater modesty.

Many times, female deaths are marked by less formal or public mourning**,** reducing the likelihood of civil procedures being followed. It was indicated that when a woman dies, her death may not be announced as widely as a male death, with a lack of public acknowledgment, such as announcements in mosques or through loudspeakers, which affects the urgency and attention towards completing formalities like death registration. Since, male deaths tend to draw more public attention (e.g., large gatherings for funeral prayers), while female deaths may only involve a few relatives or close neighbors, it lowers visibility of the female family members death which might contribute to less emphasis on official registration. One of the Imams of low female death registration district elaborated on this phenomenon:

> When a man dies... the field is packed with people. But when a woman dies, maybe just one or two rows of people show up…… Women observe purdah, so when they die, announcements are not made in the mosque. - KII03 (Imam)_Rural, Low Female Death Registration District

In Muslim-majority areas, community members are generally aware that Islamic inheritance laws require the mother's property to be divided among her children, both sons and daughters. As a result, registering the death of a woman becomes necessary for initiating inheritance procedures. This norm-driven necessity has led to increased female death registration in certain communities.

> In the case of Muslims, children inherit both the father's and the mother's property. When a mother passes away, her children need a death certificate to claim their inheritance from both the father's and the mother's estates. In these situations, the heirs require a death certificate to obtain a legal inheritance certificate. - KII01_Rural, Low Female Death Registration District

**Inheritance Norms that Raise Female Registration**

In Muslim-majority areas, Islamic inheritance rules (property divided among sons and daughters) create a norm-driven need to register a woman's death so heirs can obtain legal inheritance/wárishon certificates—boosting female death registration in some communities.

However, this same factor can also contribute to delays. In some families, particularly where sons wish to retain full control over the mother's property, the formal process of inheritance division is deliberately postponed. Since death registration is a prerequisite for initiating property transfer, its completion is often intentionally delayed by male family members who seek to avoid legally acknowledging the daughters'

rightful share. This tension between legal obligation and patriarchal interest creates a paradox where property ownership by women both facilitates and hinders timely death registration.

Differences in religious practices was brought up as a contributing factor to low registrations, as a Key Informant explained in Hindu customs of inheritance, the woman is unlikely to have any inherited property which may lead the family to perceive the legal procedure of death registration as unnecessary.

> However, the issue of gender discrimination may be more among Hindus. Because due to the property law or inheritance law, we have seen that women's death registration is less applicable among Hindus. Because their inheritance status is weaker. Inheritance is very difficult for Hindu girls. - KII05_National Level Stakeholder

### *2.7.4 Institutional level factors*

Institutions and service providers can act as motivating factors in the registration process through operational practices and requirements. At the grassroots level, UP officials play a crucial role in facilitating death registration for extremely poor community members by informally waiving the registration fees. Often, this waiver is not officially supported but is instead covered personally by the UP official, who pays the required amount from their own pocket. These decisions are typically made based on the official's direct assessment of the applicant's financial hardship, with limited involvement from the UP Chairman. This discretionary practice reflects the compassion and commitment of local officials to ensure that even the most disadvantaged individuals can access essential civil registration services.

Many institutions and NGO's that provide small loans to women, such as NGOs, cooperatives, and rural banks, often require the death certificate of a borrower to process loan closures or waivers. Since most of these loans are formally issued in the woman's name, the requirement for documentation acts as a strong institutional driver for families to complete registration.

> *Well, for big loans, men usually take them for business purposes. But these small microloans are only for women, not for men. So, if a woman dies, and her death registration is submitted, the loan is waived.* - KII01_Rural_Low Female Death Registration District

In several areas, proactive behavior from registration staff facilitates smoother registration. Local officials from both the UP and municipality proactively encourage families to register deaths particularly those of women by simplifying procedures, offering support in document collection, and fast-tracking cases where possible. Additionally, several local-level initiatives undertaken by UPs and municipalities have also played a supportive role in facilitating female death registration (see section 3.4.6)

### *2.7.5 Policy level factors*

One of the key facilitators cited by local registration officials is the flexibility allowed in documentation requirements. Aside from the digital birth certificate, which is mandatory, registration offices may accept a variety of documents to verify the identity of the deceased. These may include school certificates, NID cards, or even informal testimonials from recognized local leaders. This administrative discretion helps accommodate the realities of low-documentation environments, especially for rural women. Such policy-level flexibility makes it easier for families to comply with requirements even when formal documents are limited or missing.

> But the law allows flexibility, phrases like "or any other valid document" provide room. For example, if a chairman knows someone personally, knows he is not a Rohingya or Indian citizen but a Bangladeshi citizen, then with that responsibility, a certificate issued by the chairman should be enough. - KII01_National Level Stakeholder

As some key informants reflected on how the process of death registration has changed over time., they noted that in the past, it was not treated as a high-priority task. There was not much pressure or urgency from higher authorities to register deaths. However, in recent years, there has been a notable shift. The government, particularly through the UNO, has started to put more emphasis on ensuring that death registrations are done properly and promptly. This indicates that the local authorities, were now expected to be more proactive, systematic, and serious in carrying out this responsibility.

**Document Flexibility Reduces Female-specific Barriers**

Allowing alternative documents accommodates low-documentation contexts, especially for rural women who lack formal papers due to minimal interaction with government administrative systems or limited property. This discretion helps families complete registration even when women have few official records, turning a frequent female-specific barrier into a practical pathway to register women's deaths.

## 2.8 Female death registration in Rural vs Urban: from participants perspectives

Female death registration remains notably low in both rural and urban areas of Bangladesh due to a combination of systemic, social, and administrative challenges. As noted by a national-level key informant, "female death registration and children's death registration were very poor," especially in rural areas where such documentation is "practically nonexistent." This is often due to the lack of perceived necessity unless the deceased had financial assets such as a bank account or property, which is more common among urban or working women.

> At that time, while working, we observed that female death registration and children's death registration were very poor. Especially for females in rural areas, death registrations were practically nonexistent. In contrast, for working women or urban women, death registrations happened only if they had a bank account or property. - KII06_ National Level Stakeholder

Additionally, in urban centers like Dhaka, many residents eventually return to their ancestral villages for burial or cremation, leading to the death being registered in the rural area even if it occurred in the city—leaving a gap in accurate urban death data.

> Most people living in Dhaka do so for work or other purposes. When they die, their burial or cremation often happens in their ancestral village. The death registration is then done in the village. So even though the death occurred in the urban area, the registration is done in the rural area.
>
> - KII07_National Level Stakeholder

Furthermore, administrative inefficiencies exacerbate the problem in urban areas. The responsibility for registering deaths falls on ward councilors' offices, the absence of elected councilors and the overwhelming workload of limited staff often burdened with 120 to 250 responsibilities means death registration is frequently deprioritized (KII7). These intersecting factors result in underreporting and inaccuracies in death registration across both rural and urban contexts.

> The second reason is that in urban areas, death registration responsibility lies with the ward office or the ward councilor's office. Firstly, right now, there are no councilors. Secondly, even if there's no councilor, there is at least one staff member in the office. But that person isn't always present — they've been assigned 120, 130, or even 250 different responsibilities. Death registration isn't their only job. A ward councilor's office has many services to manage. They'll prioritize those over registration. - KII07_National Level Stakeholder

As a national level stakeholder explained, the lack of basic knowledge regarding laws and regulations surrounding death registration is the central reason for low coverage of death registrations.

> Basically, this is due to public ignorance. Another issue is, though we have laws and regulations that state all deaths and vital events must be registered—especially birth and death within 45 days of the occurrence—we aren't enforcing that law effectively. That's why death registration numbers are low. - KII06_National Level Stakeholders

## 2.9 Improvement of female death registration: Participants' perspectives

Community members suggested several strategies to improve the female death registration process in the country, which can be further described across three key domains: community level, institutional level, and policy level. Such community-driven recommendations aim to address existing barriers and ultimately enhance the coverage and accuracy of female death registration nationwide.

### *2.9.1 Community level*

Many participants emphasized the importance of door-to-door campaigns to raise awareness and encourage early registration, especially for female deaths. With nearly all respondents highlighting the value of broader community-level awareness efforts, they recommended the use of mosques, Friday prayers, village meetings, social media, and miking to reach wider audiences. A strong call was made for media platforms to communicate both the benefits of timely death registration and the consequences of neglecting it, thereby fostering a sense of civic duty among the public. As one national-level stakeholder explained,

> And this should be promoted widely in mass media—what problems can arise if death registration is not done, and what benefits there are if it is. Both sides must be promoted heavily in the media so people are encouraged and realize that it is their civic responsibility. As a citizen, I have a responsibility towards my family members. The easier we make death registration, the more it will happen. Otherwise, it simply won't be possible. – KII06_National Level Stakeholder

Some key informants, argued that conventional media such as television and radio are no longer as effective on their own, advocating for a shift toward more modern, targeted approaches that combine social media with grassroots community engagement.

> If you try to do awareness campaigns in conventional ways, they won't work anymore. You won't be able to influence people. We have to go for unconventional and customized approaches. Yes, some places will still need conventional media, but that doesn't mean you exclude it altogether. You can publish an ad in conventional media — but that's just for the sake of doing it. The main focus has to be social media–based and community–based campaigns.
>
> - KII07_National Level Stakeholder.

Another added,

> Leaflets, as well as campaigns on television, radio, newspapers—all of these are valid options. In addition, we can use social media. If we can use social media to reach grassroots levels and emphasize the importance of this, it can be an effective medium.
>
> - KII03_National Level Stakeholder

However, the implementation of such campaigns is often challenged by resource constraints at the UP level. Many local bodies lack the skilled staff and financial resources needed to carry out effective communication activities.

> If I think at the village level, the responsibility given to the Union Parishad, does the Union Parishad have the manpower? That I will send this message to the villages, that is a lot... Otherwise Union Parishad currently does not have the resources to do these campaigns. If you give it money, then maybe it can hire temporary people to do it, do miking. This is at the root level. Therefore, if you do it at the national level, it can go to the media, send messages to mobile phones. And at the community level, it can be what I said. - KII05_National Level Stakeholder

In addition to mass and digital media, school-based education campaigns and community interventions such as courtyard meetings and public gatherings are being utilized to disseminate information and reshape public attitudes toward death registration. As one stakeholder noted,

> We are conducting awareness campaigns in all areas. We're even engaging school and college students so that in the future, if anything happens in their families, they will know what to do. Our registrars are also raising these issues in different ways. At the sub-district and district levels, officers are promoting this message in various events, courtyard meetings, and public gatherings.
>
> - KII03_National Level Stakeholder

**Reaching Women Where They are**

Conventional campaigns often miss women who have limited access to public spaces. Grassroots outreach, door-to-door visits, courtyard (uthan) meetings, school-based activities, and local miking/social media brings the message into homes and women's networks, increasing the likelihood of timely female death registration

### *2.9.2 Institutional level*

*Support from Union Parishad*

To improve registration rates and reduce gender discrimination, it is essential to strengthen the role of UPs by encouraging them to act in a friendly, supportive, and law-abiding manner. Local government bodies

should be empowered and trained to ensure strict adherence to registration laws while fostering an inclusive environment that promotes equal treatment of all individuals, particularly for women. Building the capacity of UPs to engage communities effectively will enhance trust and awareness, ultimately making the registration process more accessible and equitable.

*Engage religious leaders, and funeral service providers to register the deaths.*

Key informants have stated that since immediate burial of dead bodies is a priority, the preferred practice of death registration before burial should be pursued as an advantage. To do so, they recommended that the UP should not be the center for registration but rather the burial sites, imams of the mosques or Hindu priests who are present should be given the responsibility with some financial incentive to ensure timely death registration.

> Now, it would be required only if burial grounds mandated that you must show a birth or death certificate before burying someone. The death registration spot should not be at the Union Parishad or Municipality. Information for death registration should be collected at the burial site. For example, the imam of the mosque in that village — he leads the funeral prayer. He should fill out the form himself. I would engage mosque imams, and I would engage the Hindu priests at cremation grounds. They would be given the form, and if they submit it, they would be given a benefit — for example, 100 taka per completed form. I would pay them for that.
>
> - KII07_National Level Key informant

***Decentralization***

In order to improve death registration coverage in Bangladesh, there needs to be an increased capacity in the office of registrar general through staffing or transferring the responsibility to NID of BBS departments who have the field level capacity to enact proper monitoring of deaths across the nation.

> So, if you want to make death registration successful in Bangladesh, and we still have time to do that, you either strengthen ORG with 4,000–5,000 staff or you dissolve ORG and give this responsibility to NID or BBS—those who already have field presence. I mentioned NID because the election office already has field-level infrastructure—upazila-level dedicated buildings, server centers, and fully functional offices. Or you could hand it over to the Bangladesh Bureau of Statistics. - KII07_National Level Stakeholder

***Hospital-Led Death Registration: Simplifying Processes with Biometric Identification***

A key recommendation is to establish hospital-based death registration systems enhanced by biometric recognition technology to make the process more efficient and user-friendly. By integrating biometric identification, such as fingerprint scans, hospitals could automatically retrieve the deceased's information without requiring families to provide additional documents. One national-level stakeholder highlighted this potential, stating,

> Keeping these realities in mind, yes, hospital-based death registration would be good — if we have a complete population database with biometrics, where a fingerprint of the deceased could immediately bring up all the info. In that case, hospital registration would be good.
>
> - KII07_National Level Stakeholder.

Moreover, the role of the health sector should go beyond mere notification to taking full responsibility for completing death registrations within healthcare facilities**.** This approach would simplify procedures by removing extra steps for civil registration offices. As expressed by a stakeholder,

> That's why we are now saying that in the entire birth and death registration process, the health sector should not only be involved in the notification process, but also in the completion of the registration process. So that the event happening in a facility can be registered on the same day from the facility itself. - KII06_National Level Stakeholder.

Allowing hospital staff to have direct authority to register deaths would reduce administrative burdens on other government entities since hospitals already have verified details like the place, cause, time, and gender of the deceased. One informant noted,

> Also, for all hospital deaths—if hospital authorities were given death registration authority—it would help. Since deaths happen there, no further verification is needed. The hospital knows the place, cause, time, and gender of the deceased. If they could issue a death certificate along with the medical death certificate, that would solve the issue. - KII06_National Level Stakeholder.

Additionally, one Key informant believed that the hospital-based registration systems could improve coverage of early deaths among children and adults, as the majority of these deaths occur in healthcare settings.

### *2.9.3 Policy level*

At the policy level, community members recommended several measures to improve the female death registration process in the country, including: making the registration process completely free of charge, offering incentives for poor households to encourage timely registration, and strengthening enforcement mechanisms to ensure complete registration.

***Making the process simpler and minimal documentation***

Reducing the number of required documents to the bare minimum can facilitate timely and effective registration of deaths and births. As one national-level stakeholder emphasized, *"The documents should be as minimal as possible, so that they can be done as minimally as possible."* -

Simplifying the process in this way can significantly increase people's motivation to apply for death registration certificates. When the system allows quick and easy steps such as immediately showing the deceased to a doctor and then applying to the registrar or local office with receipt of the certificate by the next day people are more likely to complete the registration.

***Making Death Registration Free to Remove Financial Barriers***

The death registration fee has been seen as an obstacle for grieving families, especially for the marginalized communities, reflecting a lack of compassion in the system. One participant critiques the practice of charging fees for death registration, highlighting how it appears unfair and insensitive. They point out the stark contrast in how the government treats births versus deaths where a birth might be seen as a joyful event warranting a small fee, but death registration becomes a financial burden. The participants emphasize that families, especially those who have lost their primary breadwinner, face emotional and economic hardship, making it unjust to require payment just to officially record a death.

> Is the government so short of funds that they need to charge money for a dead person? A child is born — the government could say, 'Oh, you had a baby? Give us 20 taka (BDT) as a celebration fee.' But when someone dies, instead it becomes: 'Why did you die? Pay a fee.' Think about it. You die, and now you have to pay the government to write your name in the registry as a dead person.

> A family's only breadwinner has passed, and now they must pay a fee just to officially acknowledge the death. - KII07_National Level Stakeholder.

Thus, death registration should be made completely free of charge to remove financial barriers and encourage higher registration rates. Waiving all fees will especially benefit poor, marginalized, and unaware populations who might otherwise avoid the process due to cost. As one local level key informant emphasized,

> I believe that not only for women, but for both birth and death registrations, the government fee should be waived completely. If the fee is waived, it will encourage the poor, the unaware, and the neglected people to come forward and get it done.
>
> - KII_07_Rural_Low Female Death Registration district.

Another key informant from the rural area of low death registration district stated, *"If the death certificate is made a free service... people will do it more easily."*

Making death registration free and accessible, ideally with correction and registration services available at the union level, is critical to ensuring equitable and comprehensive civil registration coverage.

***Integrating Registration within Health Facilities***

Several participants proposed that health facilities should not only notify deaths but also complete the registration process for events occurring within their premises. This integration would reduce procedural delays and ease the burden on families by eliminating the need for additional verification when a death occurs in a health institution. They emphasized that if a birth or death takes place in a facility, the registration should be completed at the same point of care.

> That's why we are now saying that in the entire birth and death registration process, the health sector should not only be involved in the notification process, but also in the completion of the registration process. So that the event happening in a facility can be registered on the same day from the facility itself. - KII06_National Level Stakeholder

Another stakeholder echoed this perspective, arguing for a streamlined system in which health facilities are empowered to directly register deaths without external verification.

> If a death or birth occurs in a health facility, then that facility should be given full responsibility for completing the registration. It should be very simple—since the event occurred within the facility, there's no need for further verification. - KII08_National Level Stakeholder

***Financial incentives to the poor households***

Providing small financial incentives or support to families after the death of a female member to encourage registration. Providing financial support for funeral costs upon registration of deaths can serve as an incentive for people to register deaths in a timely manner. This can be particularly relevant for female death registrations.

> Another thing is, if the government had provided some incentive — that if you register the death, you will receive funeral support — maybe 1,000 taka, or 2,000, or 5,000 — then there would be motivation. And particularly in the case of female deaths, this is even more important, in my view. - KII07_National Level stakeholder

***Better enforcement of existing laws***

While Bangladesh has legal frameworks in place for death registration, including provisions for penalties if a death is not registered within 45 days, these regulations are rarely enforced in practice. Some respondents emphasized the need for more consistent and accountable implementation of existing laws. For instance, one key informant noted that while the provision for a late registration fine technically exists, it is often ignored due to the sensitive social dynamics between elected officials and their constituents. In many rural areas, UP Chairpersons or municipal councillors may hesitate to impose fines on their community members, fearing social backlash or loss of political goodwill. As a result, the absence of enforcement has led to a perception that death registration is optional or non-urgent, further reducing compliance,

particularly for female deaths that are already deprioritized in many households. However, any punitive approach must be balanced with public education and accessibility measures to ensure that the burden of enforcement does not disproportionately fall on the most marginalized.

***Establish of a specialized unit***

An accountable and strategic policy shift needs to be undertaken by the government in order to establish a specialized unit for civil registration and relieve the burden of the task from already overburdened government employees.

> For example, ORG is responsible for registering the births of 180 to 200 million people, however we estimate it — and also registering the deaths of everyone who passes away. ORG doesn't even have 18 staff. As if a machine and a software will do it all. But the reality is, there has to be a human behind the machine. It doesn't work like that. And to perform this kind of specialized work, there should always be a specialized institution. I would say the government needs a strategic policy shift. If a specialized institution needs to be created for this kind of registration work, then from the grassroots to the top, it should hold responsibility. - KII05_National Level stakeholder

This perspective underscores the urgent need for a dedicated body, equipped with adequate resources and trained personnel, to manage civil registration processes effectively and ensure universal coverage

# CHAPTER THREE

## METHODOLOGY

### 3.1 Research Design & Study Sites

This study used a cross-sectional across two sites qualitative approach, including in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussions (FGDs). The study was conducted across two districts in the Rangpur division of Bangladesh, districts representing the lowest and highest rates of female death registrations within Rangpur division according to data provided by the ORG, Birth and Death Registrations, under the Ministry of Local Government in Bangladesh.

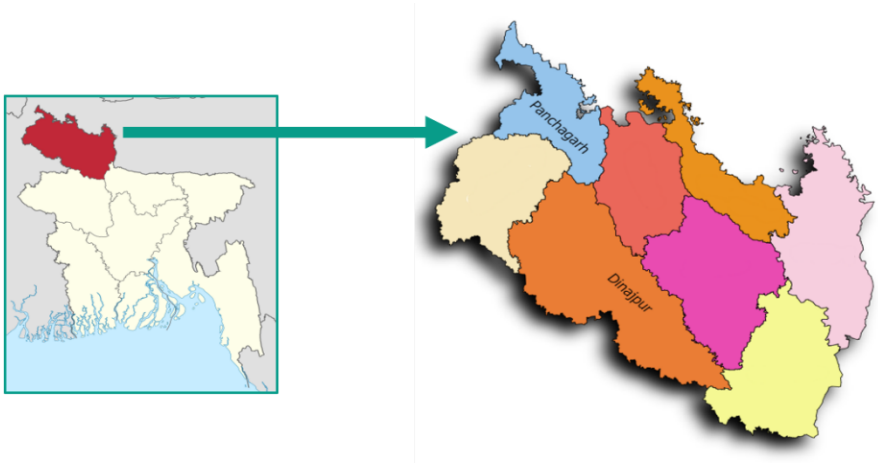


**Figure 2: Study Sites**

Within Rangpur division, two districts were purposively selected: Dinajpur and Panchagarh, representing relatively high (22%) and low (4%) levels of female death registration, respectively—though even the higher-performing district reflects significant under-registration. Within each district, a balance of urban and rural sub-districts was chosen for representation. Figure 2 below gives an overview of the selected study sites:

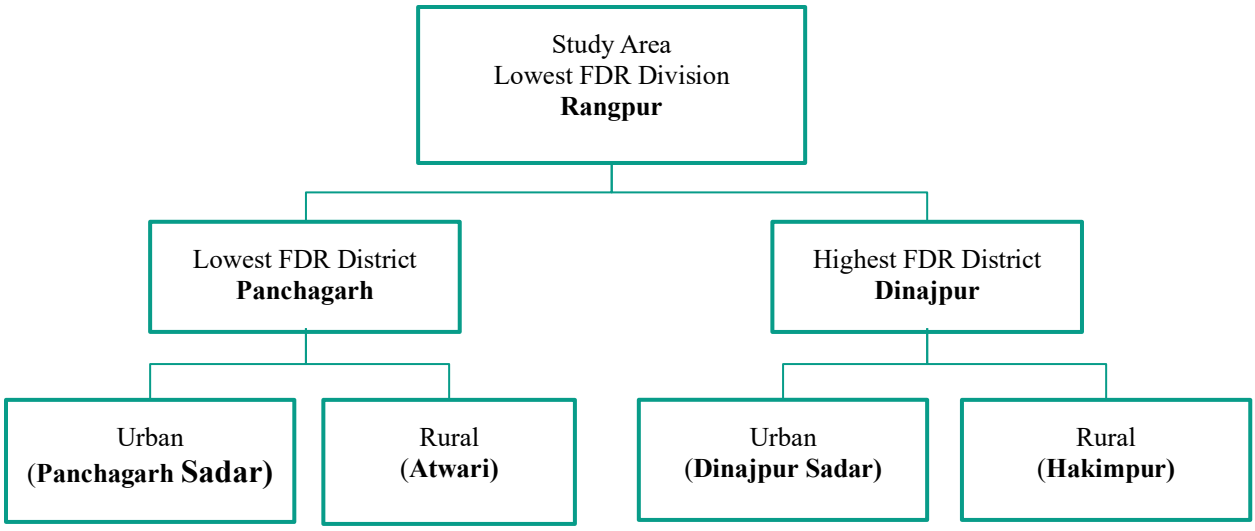


**Figure 3: Study site selection strategy**

## 3.2 Participatory Rural Appraisal

To identify households where a female death had occurred in the last five years, particularly those not captured in official records, the research team conducted Participatory Rural Appraisals (PRAs) in each of the four selected study sites. These sessions were held in open and commonly accessible spaces, such as in front of Union Parishad offices, local markets, or gathering spots within communities. With the active participation of local residents, including both men and women, the team collaboratively created detailed hand-drawn maps of the area. Community members helped identify and mark households where female deaths had occurred, especially those that had not been formally registered. While addresses for registered deaths were collected from Union Parishads or municipalities, the data often lacked house-level details. In such cases, the PRA process was instrumental in locating those households as well. Two PRAs were conducted in each study site, providing a rich and inclusive mapping exercise that significantly enhanced the identification of both registered and unregistered female deaths.

Image 2: Community members collaboratively create a hand-drawn map during a Participatory Rural Appraisal (PRA), identifying households where a female death occurred in the past five years.

## 3.3 Study Participants and Sample Size

### *3.3.1 In-depth Interviews*

A total of forty IDIs were conducted with primary caretakers of the female who died and further stratified by whether the household registered the death or not. Primary caretakers were defined as '*those who provided physical and emotional care and support to the deceased female'*. In each district, interviews were evenly divided between one urban and one rural sub-district, resulting in 10 interviews per sub-district. Within each sub-district, five interviews were conducted with caretakers of registered female deaths and five with those of unregistered female deaths, ensuring equal representation. This stratified sampling approach led to a balanced distribution of 20 interviews per district, 10 in urban areas and 10 in rural, and an overall equal representation of registered (n=20) and unregistered (n=20) female deaths.

### *3.3.2 Focus Group Discussion*

FGDs were conducted with health care providers and family members (male and female) across different households who either registered or did not register their female family members' deaths. With 6-8 participants, the FGDs were stratified by urban and rural settings, while the FGDs among family or

household members were further stratified by sex. A total of twelve FGDs were conducted, with six FGDs per district, two of which were conducted with community health workers (CHWs) and four with family or household members. The FGDs with family or household members were sex-stratified, with separate discussions held for male and female participants.

### *3.3.3 Key informant interviews*

Forty key informant interviews (KIIs) were also conducted; six with local-level government respondents per district (n=12), eight with community leaders/representatives/religious leaders per district (n=16), eight with national-level government respondents. Our primary inquiry was to understand the barriers and facilitators for female death registration in their respective district.

**Table 7: Overview of the participant types and sample sizes**

| Method | Participant type | Sample Size | | Unit of Interview | Total no Participant |
|---|---|---|---|---|---|
| | | High FDR district | Low FDR district | | |
| **IDI** | Primary caretakers | 20 | 20 | 40 | 40 |
| **KII** | Local Government Respondents | 6 | 6 | 12 | 12 |
| | Community leaders/ Representatives/Death notifiers/Persons involved with DR/Religious leaders | 8 | 8 | 16 | 16 |
| | National level stakeholders | - | - | 7 | 7 |
| **FGD** | Family and household members | 4 | 4 | 8 | 56 |
| | Health care providers | 2 | 2 | 4 | 32 |
| | **Total** | | | **87** | **163** |

### *3.3.4 Participant Selection Criteria*

Participants for this study were recruited based on clearly defined inclusion and exclusion criteria, categorized by the type of respondent: In-depth Interview (IDI), Key Informant Interview (KII), and Focus Group Discussion (FGD). IDI participants were adult residents (18 years or older) of Dinajpur and Panchagarh who had experienced a female death in their household within the past five years and were aware of the death registration process. KII participants were selected for their professional knowledge of

female death registration, while FGD participants included community health workers and family members with relevant experience of a female death. Exclusion criteria across all groups included lack of informed consent, not residing in the study sites, language barriers (inability to speak Bangla or English), and, for FGDs, prior participation in other interviews within this study to avoid duplication.

## 3.3 Data Collection Process

The data collection started with regular visits to local registration offices in the selected areas where we talked to registration officers, like the Union Parishad (UP) Secretary and other staff, to collect official death records. These records included basic information such as the name of the person who died, their parents' names, union name, gender, date of death, and date of registration. To find the families of these deceased women, village police who may have been personally acquainted with the bereaved family were contacted for our study.


**Figure 4: Steps of Data Collection**

Image 3: Collecting Death Records from Union Parishad

## 3.4 Data analysis

To begin the process, the coding team, which comprised of four research team members, thoroughly read the transcripts to identify preliminary codes and reach an agreement on the parent codes and child codes to ensure they accurately represented participants' perspectives. The data was then analyzed using Atlas.ti software version 23, with a focus on identifying emerging themes. After developing the initial codebook, a consensus coding exercise was conducted on five transcripts, which included a mix of IDIs, KIIs, and FGDs, with participation from five coders. Based on the consensus coding and subsequent discussion, the codebook was revised. Intercoder reliability (ICR) testing was then conducted on 20% of all transcripts, again with the same five coders, using both parent and child codes. Once gold standard reliability (Cohen's Kappa ≥0.8) was established, one coder who did not meet the required threshold with the gold standard coder was excluded from further coding. The remaining transcripts were divided among the four coders who met the standard for full coding. Finally, the coded data was then analyzed thematically using the socioecological model (SEM) as the guiding framework (Figure 4) chosen for its logical fit for this study to understand the influencing factors for female death registration in Bangladesh. This study used several strategies to enhance reliability. Peer review was applied during the coding process, where team members reviewed each other's work and discussed differences to ensure consistent interpretation of codes. Data

saturation was monitored by assessing when no new themes emerged from the transcripts, ensuring comprehensiveness. Detailed documentation was maintained for all coding decisions, codebook revisions, and analytical steps, providing a transparent audit trail. Prolonged engagement in the community allowed the research team to build trust with participants and gather in-depth, accurate data. Ongoing team discussions throughout the analysis phase helped resolve discrepancies—any differences in coding were addressed through group consensus, and where consensus could not be reached, the final decision was made by the lead qualitative researcher.


**Figure 5: Socio-ecological Model**

## 3.5 Ethical approval

This study received ethical approval from two institutional review boards: the Institutional Review Board (IRB) of Johns Hopkins University (JHU), and the Institutional Review Board of BRAC James P. Grant School of Public Health, BRAC University, Bangladesh. All research activities were conducted in accordance with the ethical guidelines set forth by these institutions, ensuring the protection, confidentiality, and informed consent of all participants involved in the study.

# CHAPTER FOUR

## Conclusion and Programmatic Implications

### 4.1 Conclusion

This study explored the multifaceted barriers and facilitators influencing female death registration in Dinajpur and Panchgarh district of Rangpur Division of Bangladesh using the Socio-ecological Model (SEM)as an analytical framework. Data were collected between February 13th to March 15th 2025 through IDI's, FGDs and KIIs with a diverse range of participants, including family members of deceased females, religious leaders, local government representatives, health workers, and civil registration staff. Participants were purposefully selected to capture variations in geography (rural and urban) and death registration status (registered and unregistered).

Findings highlighted that registering female deaths are embedded across all levels from individual-level knowledge gaps to broader structural and policy constraints. At the individual level, lack of knowledge and awareness about the importance and procedures of death registration emerged as a significant barrier. Individuals with previous experience have a greater tendency to comply with registration practices.

In South Asia, particularly in rural areas of Bangladesh and India, recent research highlights limited public awareness about the significance of death registration. The primary reason cited in another study (Haider, 2021) conducted in Bangladesh for not registering a death was a lack of awareness about its importance (72%), followed by a complete absence of knowledge regarding the death registration process (26–32%). Many respondents reported having no information on the process, along with other barriers such as time constraints, financial difficulties, and insufficient understanding of civil documentation. A study from Karachi, Pakistan (Muzzammil et al., 2024) , also underscores similar challenges in citizens' awareness, knowledge, and practices related to death certification and registration.

Within the interpersonal and family context, gendered power dynamics often limit women's ability to have their deaths formally recognized, especially in male-headed households where decision-making is centralized. Women who own property or have money in the bank tend to have their deaths registered by their family members, as legal and financial procedures require a death certificate. These findings are consistent with previously conducted studies in Bangladesh too (Barua etal 2022).

In the community, there was no strong social stigma stopping families from registering women's deaths. The main barrier was the lack of perceived value for death registration, so families did not always register females' deaths. Women's death registration often depends on whether they own property, showing

inequality in asset ownership between genders. Because of this inequality, data on women's deaths is often incomplete. Improving women's financial rights and access to property can help make death registration more accurate.

We have seen that at the institutional level, barriers included shortages of human resources, limited availability of registration centers, and unresponsive service providers. Finally, at the policy level, the absence of gender-sensitive death registration policies, coupled with limited enforcement and monitoring, constrained systematic improvements. However, government interest in improving vital statistics and integration with health systems offered promising entry points for reform.

Addressing female death registration requires a holistic, multisectoral approach that simultaneously tackles sociocultural, structural, and systemic barriers. Efforts must prioritize community engagement, gender-sensitive policy reforms, and strengthening service delivery mechanisms to ensure equitable and inclusive death registration processes.

## 4.2 Programmatic Implications

To address the persistent under-registration of female deaths in Bangladesh, especially at the community level, a series of targeted and structural interventions are needed. The following programmatic recommendations draw directly from field insights and are designed to inform future policy decisions, donor priorities, and CRVS system strengthening efforts.

**Make Death Registration Permanently Free and Publicize Widely**

Although the law currently waives the registration fee if done within 45 days of death, this provision is poorly understood by the public. Many community members, especially those in rural or marginalized settings, either remain unaware of the fee waiver or are misled by unofficial intermediaries into paying bribes or "processing fees." The perception that "there's always a cost" discourages the poor from initiating the process. Making death registration permanently free, regardless of the time of registration, would remove this financial and psychological barrier. This could be particularly impactful for female death registration, as women's deaths are often deprioritized in household decision-making when resources are limited. Eliminating all fees would help ensure that financial constraints do not disproportionately limit the registration of female deaths.

Furthermore, birth registration is a mandatory prerequisite for death registration. Therefore, if a woman was never registered at birth, the family must first complete her birth registration posthumously, often at an additional cost. Making both birth and death registration free would eliminate this compounding barrier and

encourage compliance. Public communication campaigns must also explicitly state that registration is free to counteract misinformation and reduce room for exploitation.

**Balance Public Awareness Efforts Between Birth and Death Registration**

Current communication campaigns and public outreach focus almost entirely on birth registration. Death registration, particularly for women, remains absent from posters, miking announcements, or NGO awareness sessions. This disproportionate emphasis reinforces the idea that death registration is less important or optional. Future awareness campaigns should address both birth and death registration equally, using targeted messages for different demographics. For instance, customized Information Education and Communication (IEC) materials could be designed for widows, elderly caregivers, and households managing property transitions. These materials should also clarify the practical benefits of death registration, such as loan closure, inheritance, and legal identity updates. A diversified communication strategy, incorporating miking, courtyard meetings, religious gatherings, and school outreach, can help normalize the process across age and gender groups.

**Strengthen Human Resources in Local Registration Offices**

Both UP and municipality offices suffer from chronic understaffing, which directly affects their ability to process death registrations in a timely and people-centered manner. In many cases, one staff member handles multiple responsibilities, from data entry and verification to public engagement. This not only delays processing but also reduces their ability to support marginalized or less literate citizens through the process. The government should consider deploying dedicated civil registration officers, supported by field outreach workers (such as health assistants, village police, or local youth volunteers) to create a more responsive and decentralized registration ecosystem. In high-need areas, even temporary recruitment or secondment of staff could help relieve bottlenecks. Without increasing frontline capacity, no policy or awareness campaign can be truly effective. Also, for improving female death registration specifically, gender balance among these workers is important. Having female staff available to receive and process registrations may make the process more approachable for women or female family members, especially in conservative or rural contexts where cultural norms can discourage interactions with male officials

**Expand the Number of Services That Require a Death Certificate**

Currently, a death certificate is only required for a limited set of legal transactions, such as pension closure, bank settlements, and a few property claims. This limited utility weakens the perceived importance of death registration among the public. If the death certificate becomes a precondition for accessing additional services, families would have greater motivation to complete the process. The government should review and consider linking death registration to additional services. Such functional linkages would create demand from within the system, rather than relying solely on individual awareness or goodwill. While we recognize that additional requirements could potentially create new barriers in some contexts, in Bangladesh, where many deaths, particularly of women, go unregistered due to a lack of perceived necessity, well-designed linkages, accompanied by strong facilitation measures, could serve as a powerful driver to improve coverage without disproportionately burdening families.

**Integrate Death Registration with Funeral and Burial Systems**

Funeral rituals, such as burial, cremation, and related religious ceremonies are one of the most universally practiced and emotionally significant events following death. Integrating the registration process with these events offers a powerful opportunity for behaviour change. A formal mechanism could be established where cemeteries, graveyards, cremation grounds, or religious leaders issue a simple burial/cremation acknowledgment slip, which becomes a trigger or entry point for death registration. These slips could be handed over to the family or submitted directly to the registration office. This system would capture deaths early, encourage timely action, engage religious and cultural leaders as trusted messengers, and normalize registration as a standard step in funeral practice. When combined with free and simplified registration, this model has the potential to rapidly scale up compliance, even in low-literacy or low-trust communities.

**Streamline the Registration Process to Minimize Burden on Families**

The current registration system often places a disproportionate burden on the deceased's family, who must navigate digital systems, gather documents, and often face logistical and emotional challenges shortly after bereavement. The process should be restructured such that local registration offices handle key administrative tasks, including birth verification and digital data entry. For example, if a family lacks access to the deceased woman's digital birth certificate, the registration officer should retrieve or verify it directly through the central system rather than expecting the family to complete that step. This would make the experience more humane, reduce errors, and discourage third-party involvement or exploitation.

**Reduce Documentation Requirements and Use NID as a Primary Identifier**

Death registration often requires multiple documents, digital birth certificate, NID, application forms, and occasionally witness verification. For many rural women, who may never have had access to education or legal identification, this creates an impossible barrier. The system should adopt a simplified, single-document approach wherever possible. Given its widespread use and official status, the NID should be accepted as the primary and sufficient identifier for adults. In cases where NID is unavailable, alternative documentation like health cards, NGO ID, or verbal verification by local elected officials should be considered. Streamlining this process will reduce time, cost, and dropout rates.

**Connect Health Facilities and Morgues with the Civil Registration System**

A large proportion of deaths, especially in urban and peri-urban areas, occur in hospitals, community clinics, and government health centres. Yet, these facilities are rarely involved in the civil registration process. This represents a major missed opportunity. A clear referral or reporting mechanism should be established between health facilities and local registration offices. When a death is recorded at a hospital or morgue, the facility should automatically inform the local registrar. This institutional linkage would ensure that deaths are not missed in the system, particularly for women who may not receive attention from traditional community networks. It would also enable more accurate mortality data for planning and public health purposes.

## 4.3 Study Limitations

This study faced several limitations, particularly in conducting research at the local level. The retrieval of death registration data from Union Parishad (UP) and Municipality offices was also constrained by disorganized and incomplete recordkeeping. Additionally, organizing focus group discussions (FGDs) with family members of deceased women presented logistical limitations, especially in remote or dispersed communities. A notable limitation was the widespread lack of awareness about death registration among low-income and marginalized families, which influenced their participation and limited the range of perspectives captured. Furthermore, locating households of deceased individuals whose deaths were registered proved difficult due to insufficient or unclear address documentation, which meant that our participants may be more engaged with the bureaucratic system than those we were unable to reach. . These limitations underscore the broader systemic and contextual barriers surrounding the issue of female death registration and may have affected the scope and depth of data collection in certain areas.

A death registration system that counts all deaths is important. However, given the underreporting of female deaths, it is important to target interventions to areas that are focused on improving female death registration specifically, Women and girls face different cultural norms and gender roles, and interventions that work for men and boys do not always work for women and girls. Strengthening female death registration is not only vital for ensuring that health care resources are directed toward causes of death that disproportionately affect women and girls, but also for supporting gender-responsive policy-making, enabling accurate monitoring of progress toward national and global gender equality goals, and safeguarding women's legal and property rights.

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# Annexture

## Annex 1

*Table 1: Demographic characteristics of Household members participated in In-Depth Interview*

| **Characteristics** | **n** | **%** |
|---|---|---|
| High Registration District (Dinajpur) | 20 | 50.00% |
| Low Registration District (Panchagarh) | 20 | 50.00% |
| **District** | | |
| *High Registration District (Dinajpur)* | | |
| - Dinajpur Sadar (Urban district) | 10 | 25.00% |
| - Hakimpur (Rural district) | 10 | 25.00% |
| *Low Registration District (Panchagarh)* | | |
| - Panchagarh Sadar (Urban district) | 10 | 25.00% |
| - Atawari (Rural district) | 10 | 25.00% |
| **Type of Ward** | | |
| Municipality | 20 | 50.00% |
| Union | 20 | 50.00% |
| **Female death registration status** | | |
| Household registered Female Death | 20 | 50.00% |
| Household unregistered Female Death | 20 | 50.00% |
| **Gender of Participants** | | |
| Female | 5 | 13.00% |
| Male | 35 | 87.00% |
| **Education level of Participants** | | |
| No schooling | 4 | 10.00% |
| Primary | 13 | 32.50% |
| Secondary | 10 | 25.00% |

| | | |
|---|---|---|
| Higher/University | 13 | 32.50% |

**Annex 2: Demographic characteristics of Key-Informant Interview participants**

*Table 2: Demographic characteristics of Key-Informant Interview participants*

| **Characteristics** | **n** | **%** |
|---|---|---|
| High Registration District (Dinajpur) | 14 | 40.00% |
| Low Registration District (Panchagarh) | 14 | 40.00% |
| National Level | 7 | 20.00% |
| **District** | | |
| *High Registration District (Dinajpur)* | | |
| - Dinajpur Sadar (Urban district) | 7 | 20.00% |
| - Hakimpur (Rural district) | 7 | 20.00% |
| *Low Registration District (Panchagarh)* | | |
| - Panchagarh Sadar (Urban district) | 6 | 17.14% |
| - Atawari (Rural district) | 8 | 22.86% |
| *National Level* | 7 | 20.00% |
| **Gender of Participants** | | |
| Female | 5 | 20.00% |
| Male | 30 | 80.00% |
| **Education level of Participants** | | |
| No schooling | 0 | 0.00% |
| Primary | 1 | 2.86% |
| Secondary | 5 | 14.29% |
| Higher/University | 29 | 82.86% |

**Annex 3: Demographic characteristics of Focus Group Discussion Participants**

*Table 3: Demographic characteristics of Focus Group Discussion Participants*

| **Characteristics** | **n** | **%** |
|---|---|---|
| High Registration District (Dinajpur) | 40 | 45.45% |
| Low Registration District (Panchagarh) | 48 | 54.55% |
| **District** | | |
| *High Registration District (Dinajpur)* | | |
| - Dinajpur Sadar (Urban district) | 19 | 21.59% |
| - Hakimpur (Rural district) | 21 | 23.86% |
| *Low Registration District (Panchagarh)* | | |
| Panchagarh Sadar (Urban district) | 25 | 28.41% |
| Atawari (Rural district) | 23 | 26.14% |
| **Type of Ward** | | |
| Municipality | 46 | 52.27% |
| Union | 42 | 47.73% |
| **Gender of Participants** | | |
| Female | 49 | 55.68% |
| Male | 39 | 44.32% |
| **Type of Respondent** | | |
| Health Worker | 32 | 36.36% |
| Family member | 56 | 63.64% |

**Annex 4: Demographic profile of deceased female from IDI & FGD Participants**

| | IDI (n=40) | | FGD | |
|---|---|---|---|---|
| Characteristics | Frequency | Percentage (%) | Frequency | Percentage (%) |
| **Age** | | | | |
| - Below 18 | 1 | 2.50 | 0 | 0.00 |
| - Above 18 | 39 | 97.50 | 56 | 100.00 |
| **Place of Death** | | | (n=40) | |
| - Home | 31 | 77.50 | 42 | 70.00 |
| - Hospital | 9 | 22.50 | 14 | 30.00 |
| **Cause of Death** | | | (n=54) | |
| - Stroke or brain related | 6 | 15.00 | 16 | 29.63 |
| - Chronic and other disease | 14 | 35.00 | 15 | 27.78 |
| - Cancer or Tumor | 4 | 10.00 | 6 | 11.11 |
| - Aging or natural causes | 9 | 22.50 | 9 | 12.96 |
| - Suicide | 2 | 5.00 | - | - |
| - Unknown and others | 5 | 12.50 | 10 | 18.52 |

**Annex 5 : Eligibility criteria for the IDI, FGD and KII participants**

| Participant category | Inclusion Criteria | Exclusion Criteria |
|---|---|---|
| **In-depth Interview (IDI) participant** | - Lived in Dinajpur and Panchagarh,<br>- female death occurred in last 5 years<br>- Have heard of death registration<br>- 18 years and older | - Does not speak Bangla or English<br>- Refuses provide consent to recording |
| **Key Informant interviews (KII)** | - Have knowledge about female death registration process<br>- 18 years or older | - Not living in study sites<br>- Does not speak Bangla or English<br>- Refuses provide consent to recording |
| **Focus Group Discussion (FGD) participant** | - Health worker working in the area<br>- Family member who experienced female death in the last 5 years<br>- 18 years and older | - Can't provide informed consent<br>- Previous participant in an IDI, FGD or KII under this study.<br>- Does not speak Bangla or English |