

**BIRTH REGISTRATION AND ASSOCIATED FACTORS: A CASE
STUDY OF KIBAHA DISTRICT, COAST REGION, TANZANIA**

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Master of Public Health Dissertation

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance the dissertation entitled *Birth Registration and Associated Factors: A Case Study of Kibaha District, Coast Region, Tanzania* in partial fulfilment of the requirements for the degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.



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(Supervisor)

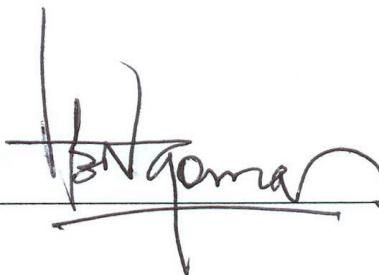
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Finally, to all who have not been mentioned by names but who contributed to my success, I extend my sincere word of thanks.

DEDICATION

I dedicate this work to my beloved parents, my father Joseph R. Ngoma and my mother Manka P. Joseph who suffered great pains physically, socially and economically in order to get me to where I am; and as well as to my lovely wife Esther who shouldered the pain of caring for the family on her own with joy and prayer while I was away. Her sacrifice and love made it possible for me to pursue this course with undivided mind. Lastly I dedicate this work to my sons Jubi and Necha who missed my smile, tender love and care.

God Bless them All, Amen.

ABSTRACT

In Tanzania, birth registration is compulsory. It provides legal recognition of the identity of a child. It provides critical health planning and research data through birth certificate. A cross sectional study was done to investigate levels of birth registration and associated factors among under-five children in Kibaha District, Coast Region, Tanzania. Quantitative methods were used targeting 400 randomly selected parents/caretakers with under-five children from four villages, four streets and six hamlets. Data were collected between July and August 2008. Age of respondents ranged from 16 to 69 years. Equal numbers of respondents were selected from urban and rural areas. Age of children ranged from 0 to 59 months with mean age (SD) at 27.8 (19.6) months. Among 400 children, two thirds (66%) of them were males. This study has observed that despite its importance, the level of birth registration is low. About a quarter (24.5%) of children were registered in Kibaha district. Parents/caretakers living in urban areas were almost twice (OR=1.9; 95% CI, 1.1-3.2) with ($p < 0.05$) as likely to register their children compared to those living in rural areas. Some of the problems associated with birth registration include costs incurred while registering the child; and poor accessibility of registration centers especially in rural areas where distances between places of residence and registration center was quite considerably. The study suggests that there is need to examine the socio-economic barriers that hinder parents/caretakers to register their children. A qualitative study design may be more appropriate. This study recommends collaboration between antenatal and birth registration services so as to make registration easier than it is now. Birth registration will improve availability of IMR and under-five mortality rate data for a better estimate of different health indicators of children below five years.

TABLE OF CONTENTS

CERTIFICATION	ii
DECLARATION AND COPYRIGHT	iii
ACKNOWLEDGEMENT	iv
DEDICATION.....	vi
ABSTRACT.....	vii
LIST OF FIGURE	xii
ABBREVIATIONS	xiii
CHAPTER ONE	1
INTRODUCTION	1
Background information	1
Problem statement.....	7
Rationale of the study	10
Research questions/problems.....	10
STUDY OBJECTIVES.....	10
Broad objective	10
Specific objectives	11
CHAPTER TWO	12
Literature review.....	12
CHAPTER THREE.....	30
METHODOLOGY	30
Study area	30

Study population	31
Study design.....	31
Sample size	31
Sampling procedure	32
Data collection	33
Training and recruitment of research assistants.....	34
Study variables.....	34
Pre testing	34
Duration of data collection	35
Data management	35
Data analysis	35
Ethical consideration.....	35
CHAPTER FOUR.....	37
RESULTS	37
Level of birth registration	39
Awareness on birth registration	43
Problem associated with birth registration.....	43
Parents/caretakers perception on birth registration.....	45
CHAPTER FIVE	48
Discussion.....	48
CHAPTER SIX	57
CONCLUSIONS	58

Recommendations 61

REFERENCES 63

Appendix one

Areas selected

Appendix two

Questionnaire for study participants

Appendix three

Dodoso (Kiswahili version)

Appendix four

Consent form

Appendix five

Consent form (Kiswahili version)

LIST OF TABLES

Table 1.	Distribution of parents/caretakers by socio-demographic characteristics	38
Table 2.	Distribution of under-fives in Kibaha District by selected characteristics	39
Table 3.	Age distribution of the children at registration	40
Table 4.	Association between socio-demographic factors and birth registration	42
Table 5.	Problems associated with birth registration	44
Table 6.	Logistic regression analysis results-Factors associated with birth registration	47

LIST OF FIGURE

Figure 1 Current age distribution of the registered children 40

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CI	Confidence Interval
CRC	Convention on the Rights of the Child
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
IMR	Infant Mortality Rate
MCH	Mother and Child Health
MDG	Millennium Development Goals
MKUKUTA	Mpango wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MPH	Master of Public Health
MUHAS	Muhimbili University of Health and Allied Sciences
NBS	National Bureau of Statistics
NGOs	Non Governmental Organizations
OR	Odds Ratio
RITA	Registration, Insolvency and Trusteeship Agency
SADC	Southern African Development Cooperation
SD	Standard Deviation
TBAs	Traditional Birth Attendant
TDHS	Tanzania Demographic Health Survey
TSPA	Tanzania Service Provision Assessment Survey
UN	United Nations

UNHCHR	United Nations High Commission for Human Rights
UNICEF	United Nations Child's Fund
URT	United Republic of Tanzania
WEOS	Ward Executive Officers
VEOS	Village Executive Officers

CHAPTER ONE

INTRODUCTION

Background Information

Definition of Birth Registration

Birth registration is the process by which a child's birth is recorded in the civil register by the applicable government authority. It provides the first legal recognition of the child and is generally required for the child to obtain a birth certificate (Todres, 2003).

Birth registration is a fundamental human right and an essential means of protecting a child's right to an identity. Birth registration is the first point of contact between a child and the state. And it is the door to other rights, providing a measure of protection against age-related exploitation and abuse of a child (Sharp, 2005).

Birth Certificate

Birth certificate is a statement of an individual, usually the attendant at birth that a child was born to certain parents at a stated time and place. It is important that the registered child receives a birth certificate, since it provides a permanent, official and visible evidence of a state's legal recognition of his or her existence as a member of society (UNICEF, 2002).

Although the information revealed in a birth record and on a birth certificate may vary from country to country, the names of the child, sex, the address and nationality of both parents, the attending physician, midwife, birth attendant or other witnesses are generally included, together with the date and place of birth, name and signature of the registrar.

Birth registration data

Birth registration data when properly collected, can therefore play an important role in the planning of economic and social development of a country. Disaggregated population data can help identify geographic, social and economic, gender disparities within national boundaries; which in turn will improve the ability of a government to plan, implement, monitor, evaluate and report on the effect of its social and economic policies. Thus equipped, the government will also be able ensure that resources are allocated to where they are needed most within different geographical areas or different groups in the community (UNICEF, 2004).

Birth Registration Worldwide

Most countries have mechanisms for registering births. Though coverage, type of information, and use of the data differ in each country based on infrastructure, administrative capacity to register births, available funds for registration, access to the population and technology for data management.

Although the vast majority of unregistered children in the world are found in developing countries in general, registration rates differ widely between countries. It is possible to find efficiently working registration systems, with full coverage even in very poor countries so long as registration is made a main concern (UNICEF, 2002).

In 2003 UNICEF estimated that, 48 million births went unregistered worldwide. This figure accounts for about 36 per cent of all estimated births worldwide that year. South Asia has the largest number of unregistered children. These are more than 23 million such children, which is 63 per cent of all births in the region and accounts for 47 per cent of all unregistered births worldwide.

In Sub-Saharan Africa, 55 per cent of children under five have not been registered. In the Middle East and North Africa, 16 per cent of the children were not registered at birth, while In East Asia and the Pacific, 19 per cent of births were unregistered (UNICEF, 2005). In 2002 a survey conducted by UNICEF shows that in Kenya 81 percent of urban and 57 percent of rural births were registered, out performing other East African countries.

In some countries, such as, Afghanistan, Bangladesh, United Republic of Tanzania and Zambia birth registration rates are low. In Bangladesh and Zambia, UNICEF estimates that only 10 per cent of births are registered while in the United Republic of Tanzania

the registration rate is about 8 per cent (UNICEF, 2007). This is mainly due to the absence of effective and functioning birth registration system.

Importance of Birth Registration

Birth registration may not be regarded as vital by the community at large; by a government facing severe economic difficulties; by a country at war; or by families struggling with day-to-day survival. But a child whose birth is not registered and who is not provided with a birth certificate is denied the right to a name and nationality, a condition that may also lead to barriers in accessing other rights including health care, education, or social assistance. Later on in life this certificate will protect the child against early marriage, child labor, early recruitment in the armed forces or, if accused of a crime, prosecution as an adult. Registration also helps the person to access further identity documents, including a passport.

The value of birth registration as a basic human right is often overlooked due to the continuing lack of awareness that registration is a serious measure to secure the recognition of every person before the law, to protect his or her rights and to ensure that any violation of these rights is not overlooked (UNICEF, 2002).

Birth registration in Tanzania

In 15 December 1920, the colonial government of Tanganyika Territory established the births and deaths registration act under the Department of the Administrator General.

The act was aimed at making provision for birth registration by medical practitioners and deaths certificates that should include the cause of death. In this Act unless the context otherwise requires the minister responsible for legal affairs, prescribed particulars means as to any birth, the sex, name, date and place of birth, and also the names, residence, occupations and nationality of the parents and such other particulars as the minister may by rules prescribe. Although this Act was prescribed for the entire territory, urban and rural areas, it was observed more in urban than rural areas.

In a 1999 survey estimate it was observed that, over 49 per cent of children whose mothers had more than secondary education were registered, compared to only 2.7 per cent of children whose mothers had no education. The main reasons for not registering child included not knowing that it is necessary to register then ending to, not knowing where to go to do so. As might be expected, birth registration is more common in urban areas and among population with more education (NBS, 2000).

In a survey conducted by UNICEF (2002), the percent point difference of birth registration rates between rural and urban areas in Tanzania is 3 percent and 22 percent respectively. The birth registration rate in rural areas is much lower compared to urban areas. The variability between rural and urban situation is the area to be addressed. Also low rate of birth registration reflects significantly the right of child in the country. Birth registration and access to health care in particular are closely related especially for children of under-five years.

In the United Republic of Tanzania, where overall birth registration is very low, there is a strong difference between rich and poor with only 2 per cent of the poor being registered children compared to 25 per cent of the richest (UNICEF, 2007).

The issue of unregistered children is a global problem. According to the most recent figures from UNICEF 2008, 36 per cent or over 48 million children are not annually registered at birth. The problem exists in every country, although most unregistered births are in South Asia (63 percent) and Sub Saharan Africa (55 percent). Even in industrialized countries two percent of infants are not registered (UNICEF, 2005).

The level of birth registration in many developing countries is very low. The availability of reliable crude estimates of the problem is lacking and if available is incomplete and unreliable. Therefore, there were many efforts in different parts of the world to improve rate of birth registration called Universal Birth Registration under the Plan and UNICEF which aim to draw attention to all countries to have the sustainable strategies in order to alleviate the situation.

These efforts in Tanzania include establishing an agency which deals with vital registration (RITA) by decentralization of registration centers to district levels but these is still cumbersome to the consumers, and also improvement of Health Management Information System (HMIS) of our health statistics but this again is a problem (Kazaura

M, et al 1997). Other efforts are through research findings from different organizations such as Plan, UNICEF, TDHS and individuals who worked in vital registration in the country.

Therefore, in June 2006, the governments of Tanzania created an agency which deals with registration, insolvency and trusteeship (RITA) within the Ministry of Law and Justice in order to get the information on key events on behalf of the government.

Problem Statement

The exact number of children who are missing from national registries is unknown. These children remain 'invisible' and their existence can only be estimated based on available statistics. Data on birth registration are provided primarily by household surveys, specifically, the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS).

Every child should be registered at birth. It is estimated that, each year the births of over 48 million children are not registered worldwide (UNICEF, 2004). Although the vast majority of unregistered children live in developing countries, the issue of unregistered children is a global problem.

However, in 2007 UNICEF estimate that around 51 million births go unregistered every year in developing world. These unregistered children are almost always from poor,

marginalized or displaced families or from countries where systems of registration are not in place or functioning.

The TDHS 2004-05 indicates that, birth registrations are very low especially outside Dar es Salaam only 5.7 per cent of births are registered both rural and urban areas although notification is free at the time of birth and up to 90 days after birth, but only few parents registered their child early.

According to TDHS 2004-05, 47 per cent of births were assisted by health professionals like doctors, clinical officers, nurses, midwives and MCH aides. Trained and Traditional birth attendants assist 19 percent of deliveries, relatives and other untrained people assist 31 per cent of births. 3 per cent of births are delivered without assistance. Countrywide medical birth registration is low since 50-60% of births in Tanzania still take place at home (Bergsjø, 1993). Therefore the more likely registered birth and get proper vaccination are those delivered in health facilities because the mothers of the children born, they receive the birth notification form after birth for registration.

During the budget reports of 2006/07 to the Member of Parliament, the Ministry of Laws and Justice mentioned that the total number of children registered at birth countrywide were 829,384 (NBS, 2006). But the total number of births in the country was not included in the report in order to get the real picture of the rate of birth registration in the country.

Lack of vital registration in most developing countries including Tanzania make them to rely on census data that is always outdated or on projection. In order to improve child survival need to know for example IMR who's the denominator is 68 deaths per 1,000 live births and under-five mortality rate was estimated at 112 deaths per 1,000 live births meaning that one child in nine died before the fifth birthday (TSPA, 2006). Birth registration would improve availability of such events. Eventually, better estimate of different health indicators of children below five years.

There is an urgent need to develop effective strategies towards universal registration and improve service delivery of the birth certificates.

Therefore there is a need to assess the pattern and level of birth registration in Tanzania. There is also a need of understanding different factors that influence low rate of birth registration in both rural and urban areas. Furthermore, a detailed study is needed to come up with sufficient information on how to increase rate of birth registration effectively.

A study is therefore planned to investigate levels of birth registration and associated factors among under-five years in a community.

Rationale of the study

Results from this study will be useful for understanding the levels of birth registration and associated factors among under-five in the community. Information generated from the study will provide an insight on people's perspective of effectiveness of birth registration that leads to more accurate planning and implementation of development policies and programmes, particularly in health, education, housing, water and sanitation, employment, agriculture and industrial production.

Furthermore, information from this study will be useful to the Registration, Insolvency and Trusteeship Agency (RITA) for raising public awareness on the importance and effectiveness of birth registration. The results from this study will also help to emphasize on better enforcement of policies, laws and regulations on birth registration in Tanzania.

Research Questions/Problems

1. What is the level of birth registration in Kibaha District community?
2. Are parents/caretakers of children under five years aware of birth registration services?
3. What are the possible factors affecting birth registration in a community?

Study Objectives

Broad Objective

The broad objective is to identify birth registration level and the associated factors among children of under-five years in a community.

Specific Objectives

Specifically, this study thought to accomplish the following tasks:

1. To determine birth registration rate among children of under-five years in Kibaha District.
2. To assess awareness on birth registration among parents/caretakers of children under-five years in Kibaha District.
3. To determine factors influencing birth registration in Kibaha District.
4. To assess parents/caretakers of children under-five years on perception of birth registration practices in Kibaha District.



CHAPTER TWO

LITERATURE REVIEW

Vital registration is the recording of vital events as they occur. Vital events include birth, death, marriage and divorce. Migration (immigration and emigration are also vital events but generally not treated as such). Recording of vital event is compulsory in most countries.

There are some important limitations of vital registration data. If the vital event were registered at the time of the occurrence, then the accuracy and the completeness of the characteristics of the events are assured, however if there is time lapse that there is a danger of some information to be overlooked. In case of longer time lapse, the valuable data could be forgotten (Siegel, 2001).

The vital registration system provides a measure of the occurrence of the events. Therefore, it provides the level of incidence of the events occurring and not prevalence statistics. Vital registration system is difficult to establish and maintains records of births, deaths, marriages, and divorces regardless of when in the year or where in the nation the event took place (SADC, 2004).

Birth and death data derived from civil registration systems are regarded as essential indicators of health status and important for population planning; in developing

countries they are usually perceived by civil servants and researchers to be very incomplete. The demographic data provided by civil registration allow a country to keep track of its own population statistics, trends and differentials. The data can be used to identify the geographic, social, economic and gender disparities within national boundaries. The use of this data can lead to more accurate planning and implementation of development policies and programmes, particularly in health, education, housing, water and sanitation, employment, agriculture and industrial production (UNICEF, 2002).

Vital registration including births is necessary for effective planning, implementation and monitoring of programmes targeted at developing people and nations. Birth registration for instance, records special characteristics of the event or the child. These include date of birth, date of registration of birth, name of the child, name of the parents, marital status of the parents, type of birth, sex of child and other characteristics (Pol *et al*, 1997).

The article 7 of the Convention on the Rights of the Child of United nations states that;

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, and the right to know and be cared for by his or her parents.

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1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, and the right to know and be cared for by his or her parents.

2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

The right to a name and nationality contained in article 7 of the Convention on the Rights of the Child reaffirms government's commitment to ensure the birth registration of all children and to invest in, care for, educate and protect children from harm and exploitation. In order to attain these goals, it is necessary for governments to have accurate population data in order to plan service provision for children and their caregivers. Birth registration, therefore, is not only a fundamental right in itself but also key to ensuring the fulfillment of additional rights.

It was estimated that one third of births in the world go unrecorded which was between 48 and 50 million babies every year will join those who will spend the rest of their lives without an official identity or citizenship. The problem exists in every country, although most unregistered births are in South Asia (63 percent) and Sub Saharan Africa (55 percent). Even in industrialized countries two percent of infants are not registered (UNICEF, 2005).

Unregistered children may not have access to health services and may be overlooked for immunisation and other public health initiatives. More than 30 countries require birth

registration before a child can be treated in a health centre. In at least 20 countries children cannot be legally immunized without proof of birth (UNICEF, 2005).

Unregistered children find it difficult to access their human rights. These include the right to a name and nationality, the right to be free from all forms of exploitation, the right to protection in the childish justice system, the right to education and the right to health care.

UNICEF, 2005 report 71 percent of countries have national birth registration rates above 50 percent however, it is ranging from 99 percent in Albania, the Democratic People's Republic of Korea, the Occupied Palestinian Territory and Uzbekistan to less than 10 percent in the United Republic of Tanzania and Zambia.

Uzbekistan has provided an incentive-based system in which the state pays a bonus to parents registering their children. As a result almost 100 percent of children under-five years are registered. Other countries have successes even without offering a financial incentive, often by building on their existing healthcare infrastructure. For example, in Algeria, 92 percent of children are born in medical facilities and registered immediately. As a result of this approach, 97 percent of children born in Algeria are registered within five days of their birth (Todres, 2003).

In the study conducted by Plan International in Indonesia shows that 37 percent of 298 unregistered respondents admitted they did not know it was required, and 14 percent did not know the procedure for registering birth (Plan, 1999).

The World Health Organization defines a live birth as a baby that breathes or shows any other sign of life after delivery, irrespective of the duration of pregnancy. The UN view is that all babies born alive should be registered and their existence recognized whatever their gestational age and regardless of whether they are still alive at the time of registration (UN, 2001). Not all countries adopt this internationally recommended definition. Other countries have yet to apply definitions of live birth nationwide. Some states in Mexico for example, follow the international recommendations, while others do not require the registration of the birth or death of children who die within 24 hours of delivery (UN Training Programme on Civil Registration and Vital Statistics, 2000).

In England or Wales babies are registered soon after they are born, it is a legal requirement to register the birth within 42 days and receive a birth certificate. Without such a certificate, it can be very difficult for a person to lay claim to nationality or to exercise the rights associated with citizenship (UNICEF, 2000). In Mongolia the child must be registered within 30 days of birth and there is no provision for violation of this rule.

In China registration has to take place at the mother's official residence these bureaucratic practices are often roadblocks and affecting up to 10 million children of migrant workers not registered. In the Philippines, a baby with a gestational life of less than seven months is not regarded as live-born if the child dies within 24 hours of delivery. In this case, the baby's birth and death go unrecorded. However, if a full-term baby is born dead, it is considered a foetal death and recorded as such (Lalicon, 2000).

Nurses and midwives are usually the key and often the only health care providers for families and the main actors involved with newborn babies. They are present in urban and in rural areas. Children who are delivered by a skilled attendant are significantly more likely to be registered (Lisa *et al*, 1988).

Birth registration in an area where nurses and midwives can take positive action and make a real difference. They are working at local level and hence they can directly encourage and support parents to register their children. Also, at national level they can highlight barriers to registration and advocating for accessible birth registration systems (ICN and ICM, 2007).

Currently, there is very low level of birth registration in Nigeria due to the low level of awareness on its significance, multiple registration practices and inadequate coordination by the National Population Commission (Idris *et al*, 2006). For example level of completeness of birth and death registration of under-five is overestimated

because they just assumed. Therefore they decide to go house by house for at least to get a complete data for good enumeration of infant or under-five mortality rate in their country (Olusola *et al*, 1979).

Birth registration serves two major purposes, legal and statistical. Ideally, birth registration is part of an effective civil registration system that legally acknowledges the existence of the person, enables the child to obtain a birth certificate, establishes the child's family ties, and tracks major life events from live birth to marriage and death.

The importance of birth registration also goes beyond the individual child. It is a critical element of civil registration systems which provide information on vital events including live birth, death and foetal death (Orr, 2004). Birth registration is particularly important as birth records are the only information available about the characteristics of the childbearing population and the health status of its newborns.

One of the growing trends in child exploitation is child trafficking for prostitution and other contemporary forms of slavery, often appeared in the household domestic work. The trafficking of children has reached alarming levels, with several million children now caught up in criminal trafficking networks (Annan, 2001). Yet, there are no solid statistics on the links between unregistered children and those who are trafficked, a child who has no official identity or proven nationality and who can therefore remain hidden and unprotected must be a more attractive prospect to a trafficker. This also means that

geographic areas where registration levels are low are more likely to be targeted by trafficking operations.

In Zimbabwe for instance, Plan and UNICEF are working with the Registrar General and national and local NGOs on birth registration efforts through their National Plan of Action on Children Orphaned and made Vulnerable by AIDS, also they pay a particular attention to ensuring the registration of marginalized children including those children affected by HIV and AIDS.

AIDS has orphaned at least 10.4 million children currently under 15 years worldwide and unknown numbers are denied their right to inherit parental property because there is no proof of their identity. Birth registration for all children, including giving proof of identity to those without parents, would be an effective way to ease the impact of HIV/AIDS on the children left behind (UNAIDS, 2001).

Lacking registration at birth and the acknowledged legal protection of the state, the child is vulnerable. Indeed, statistical analysis of unregistered children demonstrates that they are the same children who have disadvantage in terms of their socio economic status, education, health care and protection (UNICEF, 2002).

If births remain unregistered, there is an implication that these children are not recognized as persons before the law. Their access to fundamental rights and freedoms

may be compromised (Plan, 2005b). In this respect, special measures for facilitating birth registration may need to be introduced such as assisting families to acquire the necessary documentation for registration, organizing an amnesty for undocumented individuals to register themselves retrospectively and without fines.

In 1996 in Jamaica, vital statistics are underestimating the prevalence of perinatal and infant deaths. Post neonatal deaths were more likely to be registered than early neonatal deaths. Frequently the birth was not registered when the infant died. Birth registration rates were highest in parishes with high rates of hospital deliveries where institutions notify the registrar of each birth. Hospital deaths, however, were less likely to be registered than community deaths as registrars are not automatically notified of these deaths (Affette *et al*, 1996).

Ethiopia is among the developing countries due to lack of vital events registration and laboratory diagnosis it is difficult to know the exactly causes of under-five death. The study survey in 2005 shows that neonatal mortality rate were 38 per 1000 live birth while infant mortality rate were 76.4 per 1000 live birth (Deribew *et al*, 2007), this figure does not reflect to the whole nation probably could be overestimated or underestimated.

In the study conducted 1994 in rural district of South Africa found that local people had complex notions of personhood, before birth and in the years following. Personhood was

viewed as a process rather than a stage which is achieved through live birth, as is implied in discourses of vital registration. The women interviewed knew about birth registration although most had registered some or none of their children, they did not know of death registration. There was little knowledge of why registration was necessary and perceptions of this among all informant groups mostly related to the need for a certificate to achieve something else, such as an identity document or welfare payment. Confusion about the procedures to be followed was found among both women and professionals, who advised them. In circumstances in which certificates were officially required, for school entry and burial, other documentation was reported to be accepted (Rachel *et al*, 1998).

This suggests that the dominance of vital registration as a means of establishing official identity was not recognized. Registration was regarded as a means of achieving something else rather than an end in itself, which discourses of statistical and juridical importance imply. Accurate and complete birth registration information is a prerequisite for all economic planning to address poverty and hunger issues (UNICEF, 2005).

Despite widespread commitment to the protection of children's rights and the near universal ratification of the CRC, child exploitation and abuse appear to be on the rise and thrive on non-registration (UNHCHR, 1999).

All governments need to provide universal birth registration for children, without these children can not access social services or schools and minimum age for employment can be neither monitored nor enforced. Yet many nations lack effective systems for recording births. Awareness raising campaigns are essential to ensure that parents are aware of the importance of registration and know how to go about it (ILO, 2002).

In India for example, children under the age of 14 are prohibited by law from working in hazardous industries, yet violations are widespread and many children are reported laboring in quarries or factories that produce matches, fireworks, glass or bricks (UNHCHR, 1994).

In Kenya, an estimated 3.5 million children aged 6 to 15 are working more than one quarter of all children in the country (UNICEF, 2001). Genuine enforcement of legislation to end such abuses requires the clear establishment of a legal minimum age for access to employment and a backdrop of effective birth registration to confirm the age of the children concerned.

In Tanzania vital registration of births and deaths are incomplete since many births and deaths occur outside health care facilities. But cause of death and probably diagnosis are determined by using Verbal Autopsies (VA), which helps to estimate reasonable cause of specific mortality (Kamugisha *et al*, 2007).

Tanzania is one of a signatory to the convention of the Rights of the Child (CRC) and has an Act of parliament on the Rights of the Child, both of which firmly establish birth registration as a fundamental right of children and through that the government of Tanzania planned to establish an agency which will deals with registration, insolvency and trusteeship in order to enhance birth registration countrywide (TDHS, 2004/05).

In 2006 the government of Tanzania establishes the Registration, Insolvency and Trusteeship Agency (RITA) which is the custodian of the country's information on key life events on behalf of the government. Apart from registration of births and deaths, RITA also deals with matters of administration of deceased estates, bankruptcy and incorporation of trustees, registration of marriages, divorces and adoptions and acts as official receiver. However, the current system of vital registration in Tanzania Mainland suffers a number of challenges that calls for urgent redress of the systems. Although the law provides for the compulsory registration of births and deaths in reality it is not worthy working. A small proportion of Tanzanian mainland population is registered. (RITA Report, 2007).

In United Republic of Tanzania birth registration was decentralized to the districts level. The district registrar of a district shall keep a register, and shall enter therein every birth, whereof the prescribed particulars are reported to him, of a child born alive within his district (The births and deaths registration act CAP 108, 2002).

One of the most important things in child registration is to enhance the nation through provision of unique numbers to persons from the point of entry (birth to death) whereby other systems would utilize this number as reference in various transactions. RITA will produce proper records on births and deaths registration which will reduce government expenditure through sharing primary data generated.

Some of the areas that the government could reduce the expenditure through national identity exercise, electoral commission, census, health and institutions of Higher Education Students' Loans Board. Others would be banking and financial institutions, immigration Department, and employment organization (The Guardian, 2007/11/12).

The mode of birth registration in Tanzania illustrate that every person registering the birth of a child shall to the best of his knowledge and ability give the prescribed particulars and shall certify to the correctness either by signing or if he is illiterate by affixing his mark to the register or if the registration is effected without personal attendance by signing or affixing his mark to the prescribed form on which the prescribed particulars are reported to the district registrar.

In the case of every child born alive after the commencement of this Act, the registration of whose birth is compulsory, it shall be the duty of the father and mother and in default of the father and mother, of the occupier of the house in which to his knowledge such

child is born, and of each person present at the birth, and of the person having charge of such child, to register the birth within three months of the birth.

If the child born out of wedlock no person shall be bound as father to register the birth of a child born out of wedlock and no person shall be entered in the register of child as the father of such child except at his own request and upon his acknowledging himself to be the father of the child and signing or affixing his mark to the register as such.

Also the Act shows that if any living new-born child, the registration of whose birth is compulsory, is found exposed, it shall be the duty of any person finding such child, and of any person in whose charge such child may be placed, to give such information as the informant possesses for the purpose of registering such birth (The births and deaths registration act CAP 108, 2002).

Where the birth of any child has been registered before it has received a name, or the name by which it was registered is altered, the parent or guardian of such child may, within two years of registration on payment of the prescribed fee and on providing such evidence as the district registrar may think necessary, register the name that has been given to the child.

In United Republic of Tanzania, registration of the birth of a child shall be compulsory if either one or both parents are European or American origin or descent or, in the case of a

child born out of wedlock and not recognized by its father, if the mother is of European or American origin or descent.

The Minister may by order published in the Gazette extend from a date to be named in the order, the provisions of this Act relating to the compulsory registration of births and deaths to all persons in Tanzania of any particular race, class, tribe, or other group, or to all or some of the inhabitants of any particular town, district, or other area, and from and after the said date the registration of births and deaths shall, in such cases, be compulsory instead of being optional (The births and deaths registration act CAP 108, 2002).

Major factors that influence the birth registration levels in a country include, the magnitude of national commitment to birth registration as a priority, the value that individuals and families place on birth registration, the existence of an adequate legislative framework, the existence of sufficient infrastructure to support the logistical aspects of registration, and the number of barriers that families encounter during registration (UNICEF, 2002).

Other factors that prevent registration include mistrust of authorities due to the fear of discrimination or persecution and cultural practices that conflict with birth registration systems. The fees, preparation of documents and travel expenses associated with registration can be problem and also the family planning policies that penalise large

families (e.g. in Indonesia and China). Poor nation like Tanzania often lack the resources and the political will to fulfill their responsibility to ensure that every child is registered after birth. Parents are forced to travel long distances to a major city because civil registries are often centralized. Also, because the birth registration process is usually initiated in hospital, babies born at home are less likely to be registered (UNICEF, 2002).

Furthermore, where the child survival rate is low, parents may be reluctant to register their child because they do not want to incur the cost of doing so. Other, informal ways for providing proof of identity do exist. For example, parents can produce vaccination cards and even horoscopes to prove the name and age of their child. However, a birth certificate is better than these other methods. It provides legal proof of identity right from the start.

Education is the key that unlocks the door to many of life's opportunities, but in some parts of the world, it is a legal requirement to produce a birth certificate in order to enroll in school. This has a negative effect if birth registration is not universally accessible. Many countries specify an age for compulsory enrollment in education in their national legislation, but this cannot be effectively implemented if parents and the state do not know how old a child is. This means that children of extremely varied ages and levels of ability, may be put in the same class a situation that can make the learning environment ineffective (Plan,2005).

The children of under-five years who have been left without the right to identity tend to be poor, they live in rural areas, have limited access to health care, are not attending early childhood education, have higher levels of malnutrition and have higher mortality rates. They are likely to have been born without the support of a health professional or midwife, and their mothers have low levels of formal education and are less likely to have adequate knowledge of signs of some child illnesses, birth registration and HIV/AIDS transmission (www.childinfo.org/eddb/birthreg/index.htm).

Birth registration advocacy and programming have been based on the assumption that household wealth, access to government services and education of children's caretakers would increase the likelihood of a child being registered at birth. For example, most countries show that birth registration is highest among the richest 20 per cent of the population, confirming that poverty is associated with low levels of birth registration. Families with scarce resources may be deterred by fees for birth certification due to its direct costs and opportunity costs time, absence from work and household responsibilities (UNICEF, 2008). In addition, unregistered children rescued from their situation of exploitation as child soldiers. This is often because they lack any legal document proving their age, family links or country and place of birth (Plan, 2005).

The process of the birth registration should be made much easier and consideration should be given to tying birth registration to provision of immunization services because

immunization coverage is very high (MKUKUTA, 2006). There is a need for a nation to estimate birth registration completeness in order to know the exactly number and percentage of birth registration currently (Sam, 1950).

As part of effective civil registration systems, improved rates of birth registration in all countries would assist the international community in monitoring progress towards the Millennium Development Goal of reducing under-five mortality by two-thirds between 1990 and 2015 (UNICEF, 2004).

CHAPTER THREE

METHODOLOGY

Study design and settings

Selection of the study area

This study was carried out in Kibaha district which is among the six districts in the Coast Region. It was established officially in 1978. The district has an area of 1,630 square km. The area suitable for agricultural activities is 142,162 hectares, which is about 87% of the total arable land. Currently only 31% of the arable land is utilized. The District has a population estimated of 131,242 people (65,797 male and 65,445 women) (URT Census, 2002). The district is divided into nine wards, five of which are classified as rural and four as urban or mixed. The district has 3 administrative divisions, namely Ruvu, Kibaha and Mlandizi. There are 10 wards and 39 registered villages (Under the 1975 Village registration Act.).

Kibaha district borders with four districts, these are Kinondoni District (Dar es Salaam region) on the North- East, Bagamoyo District on the North and North- West, Kisarawe District on the South and South-West and Morogoro Rural District on South -West.

There are two main rainy seasons around the months of November and December (short rain) and March-May (long rain). The district's inhabitants are mainly peasants and charcoal selling is one of the main businesses among Kibaha district residents. The

district has one hospital, one health centre and twenty two dispensaries. Kibaha district was selected conveniently out of the other six districts of the Coast Region because it has two councils Kibaha rural and urban with an average of 30,477 households. This district is assumed to represent what is happening in the urban and rural setting. The district was selected randomly as the research problem cuts across other districts of rural and urban for convenience purposes.

Target and Study Population

The study population consisted of either men or women who were parents/caretakers of children under-five years found in the household, who reside in the randomly selected villages, streets or hamlets in Kibaha District.

Study Design

The study design was cross-sectional study, which involved randomly selected households. The selected household have at least one under-five and a parent or caretaker of the child was interviewed.

Sample size determination

Sample size (n) of parents/caretakers in this study was determined by applying the single proportional formula by Bland, 1995 as follows:

$$n = (z^2) p (1-p) / d^2$$

Where: n = the desired total sample.

z = standard normal deviate value (set at 1.96 which corresponded to the 95% confidence interval level).

d = the degree of accuracy desired (was taken to be 3% in this study).

p = the proportional of parents/caretakers utilizing birth registration services

(Was taken to be 10%). Lowest 3%, highest 22% (TDHS, 2004/05).

Substituting these figures in the above formula gives a minimum sample size of 385.

Then, rounded up to 400 so as to accommodate the unforeseen problems such as non response to some or all questions and other errors. This sample assumes that a household has one under five. In case a household has more than one under five, one child was randomly selected to avoid clustering of information.

Sampling procedure

A multistage sampling technique was used to select study areas. The total numbers of 400 households were included in this study. Rural was 200 and urban 200 households been selected for the study. These were including men or women who are parents or caretakers of children under five years in the household from each village or street/hamlets. The sampling was started by selecting division level, followed by ward level up to the household level. Number of divisions and wards were obtained from the district administrative secretary, whereby the list of divisions and wards were prepared.

Procedures were as follows:

1. List of 3 divisions forming the framework.

2. Two out of the three divisions were selected randomly one for rural (Ruvu) and other (Kibaha) for urban (see selected areas appendix I).

3. Out of 10 wards 4 wards from each of the two divisions were selected at randomly (Soga and Ruvu) for rural and (Tumbi and Kongowe) for urban areas.

4. Among 39 villages or streets/hamlets in these four wards, (4) villages, (4) streets and (6) hamlets were randomly selected for the study, namely (Bomu, Kidogzero, Mkwajuni, Mlimani, Mwegeani, Relini and Soga) for rural areas and (Darajani, Kongowe, Kwa Mfipa, Mkoani, Mwanalugali, NSSF and Ungindoni) for urban areas. All the villages or streets/hamlets in the selected wards were listed before random sampling was made.

5. Finally, from each village, street or hamlet selected randomly the lists of ten cell leaders were obtained. With the assisted of the local government leaders and Village health workers all households which have one or more than one under fives were identified.

Data Collection

Data were collected by using questionnaires with both closed and open ended questions. The questions were translated from English to Kiswahili language by the principal researcher. The questionnaire was designed to collect information on socio-demographic characteristics of parents/caretakers, awareness on birth registration, perception on birth registration, level of birth registration and factors associated with birth registration. Each

interview took approximately 15 to 20 minutes. Field monitoring of data quality was done through supervisory visits and data were collected daily except Sundays.

Recruitment and Training of Research Assistants

Five persons were recruited and trained by the principal researcher for one day about the aim of the study and how to collect data. The five research assistants were both males and females two form four, one form six and two from university. The training focused on the general overview of the study, interviewing skills and procedures, and finally, familiarization with the study instruments. The training emphasized on how to obtain consent, maintain neutrality, privacy issues, personal relation and ethics.

Pre testing

Pre testing was done in order to test the clarity of questions and study logistics. It was also help the research assistants to exercise flexibility in the wording of questions and probing. This exercise was carried out in Maili Moja Street an area not selected for the study and was done before the actual study took place. There were no major corrections and adjustments.

Study variables

Dependent Variables: Birth registration status.

Independent Variables: Sex of child, residence(rural or urban), age, years in school, religion, occupation, marital status, income of the respondent or wealth of the family,

cost of registration, distance to the registration centers, time of waiting services, awareness of importance of birth registration and community's perception on birth registration.

Duration of data collection

Data were taken for 8 days in a month of July 2008. The principal researcher (PR) together with five research assistants (RA) conducted structured interviews for data collections.

Data Management

At the end of each day of data collection, the PR assessed the completed interviews for omissions and inappropriate responses. That helped to improve the quality of data collected. There was also frequent debriefing meeting to discuss the progress of data collection. All the completed interviews and the transcribed data were stored in a locked cabinet, and only the PR has the key to that cabinet.

Data Analysis

The data obtained from questionnaires were then processed by using Statistical Package for Social Sciences (SPSS) program 15.0 version and analyzed after data cleaning.

The questionnaires were given serial numbers before data entry. Descriptive statistics (frequencies and percentages) were calculated to give characteristics of variables. Cross tabulation to determine relationship between variables and birth registration practices

was performed; Chi-Square test was used to compare proportions and P-value used to interpret the statistical significance tests at α level of 5% with 95% CI. Logistic regression was done to identify which factors predicted parents/caretakers to register their children. Birth registration status was the outcome of interest (dependent variable), adjusted for marital status, respondents occupation, years in school, age of the respondents, income, residence, religion and sex of the child were the independent variables.

Ethical Consideration

Ethical clearance to conduct this study was obtained from the University Research and Publications Committee of Muhimbili University of Health and Allied Sciences (MUHAS). Permission to carry out this study was obtained from Kibaha District Administrative Secretary and the respective local government leaders in the study area.

Each respondent in the study was explained on what the study is all about and be informed that their participation will be voluntary and nobody was forced them to participate in the study. The benefits of the study to the participants were clarified and no harmful risks will be involved. Participants were not compensated for their time. Also the respondents were assured the confidentiality and anonymity. No participants' names appeared in the interview sheet. Before the interview, participant was requested to give their consent for participation.

CHAPTER FOUR

RESULTS

The results from this study focused on social-demographic characteristics of the respondents (parents/caretakers), awareness on birth registration among parents/caretakers, birth registration level among children of under-five and parents/caretakers perception on birth registration practices. Also the factors influencing birth registration are outlined.

Table 1 shows the distribution of parents/caretakers by socio-demographic characteristics in Kibaha District. A total of 400 parents/caretakers of under-fives were interviewed. The age of parents/caretakers ranged from 16 to 69 years with mean age (SD) of 30 (8.8) years. About 183 (45.7%), of respondents were aged between 25-34 years. While respondents aged below 25 years were 114 (28.5%), and those above 34 years of age were 103 (25.8%). The majority of the respondents 360 (90%) had spent in school above 5 years. Only 40 (10.0%) of the respondents spent below 5 year (see table 1). Among 400 of parents/caretakers, 179 (44.8%) of respondents were peasants and small proportion 20 (5.0%) were employed. About 89 (22.3%) of all respondents were house wife while 112 (28%) were self employees. Regarding respondents' marital status, two third of the respondents were married while 135 (33.8%) were single or never married at the time of study. A large number 319 (79.8%) of the respondents were Moslem while the rest were Christians (Roman Catholics, Protestants and Born-again Christians).

About 109 (27.3%) of respondents have average monthly income below 40,000 Tanzanian shillings and the rest of respondents earned average income above 40,000.

Table 1: Distribution of parents/caretakers by socio-demographic characteristics

Characteristics	Number (%)
Age Group (Years)	
Below 25	114 (28.5)
25-34	183 (45.7)
Above 34	103 (25.8)
Residence	
Rural	200 (50.0)
Urban	200 (50.0)
Years in School	
Below 5	40 (10.0)
5 and above	360 (90.0)
Marital Status	
In Union	265 (66.3)
Not in Union	135 (33.8)
Respondent's occupation	
Peasant	179 (44.8)
House wife	89 (22.3)
Employed	20 (5.0)
Self employed	112 (28.0)
Income level	
Low (Below 40,000)	109 (27.3)
High (Above 40,000)	291 (72.8)
Religion	
Moslem	319 (79.8)
Christian	81 (20.3)

Table 2 below shows distribution of under-fives by their selected characteristics. Children's age ranged from 0 to 59 months with mean age (SD) of 27.8 (19.6) months. One third of the children were in the age group of 0-12 months. Among 400 children, two thirds 264 (66%) of the children were males and the rest were females.

Table 2: Distribution of under-fives in Kibaha District by selected characteristics

Age Group (Months)	Male n (%)	Female n (%)	n (%)
0-12	85 (64.4)	47 (35.6)	132 (33.0)
13-24	48 (64.9)	26 (35.1)	74 (18.5)
25-36	41 (59.4)	28 (40.6)	69 (17.3)
37-48	49 (70.0)	21 (30.0)	70 (17.5)
49-59	41 (74.5)	14 (25.5)	55 (13.8)

Level of birth registration

Figure 1 shows current age distribution of the children who registered. The total number of children who had registered was 98 (24.5%). Although the proportion of birth registration was higher among male children 67 (25.4%) as compared to females 31 (22.8%), the difference was not statistically significant.

Place of residence showed to have influence on birth registration. Sixty three (31.5%) of children whose parents/caretakers lived in urban areas were registered as compared to 35 (17.5%) whose lived in rural areas. The place of residence was significantly associated with birth registration ($p < 0.01$).

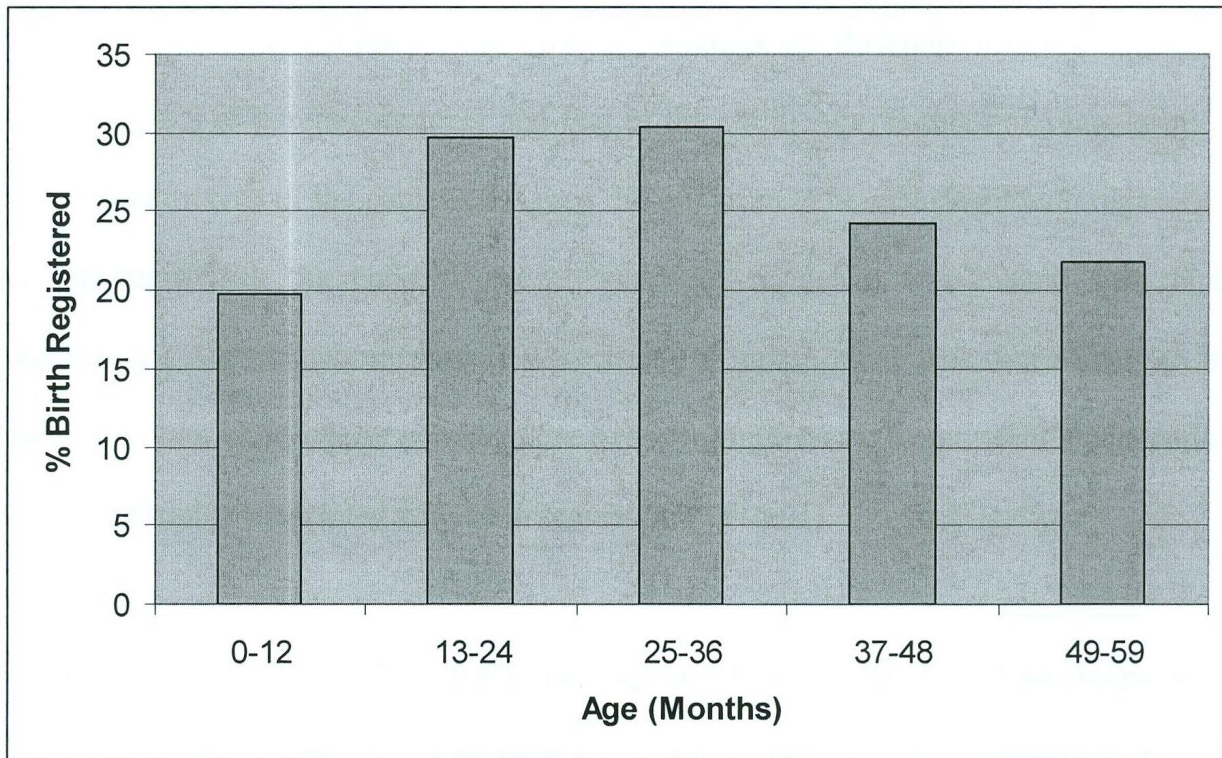
Figure 1: Current age distribution of the registered children (n=98)

Table 3 below shows age of the children at registration. Among the registered children, the majority 60(61.2%) were registered at their infancy. And, the proportion of registration significantly decreased with increasing age of the children ($X^2_{trend}=45.3$, $p<0.01$).

Table 3: Age distribution of the children at registration (n=98)

Child's age group (months)	Number	%
<12	60	(61.2)
13-24	14	(14.3)
25-36	15	(15.3)
37-48	8	(8.2)
49-59	1	(1.0)

Socio-demographic factors and birth registration

Table 4 shows the proportion of birth registration by different socio-demographic characteristics of parent/care-taker and that of the child. Age, number of years spent in school and income of the parent-caretaker, did not seem to be associated with registering or not registering the child. However, place of residence was related with birth registration. A child whose parents were living in urban areas was more likely to be registered than child whose parents were living in rural areas. Respondent's occupation was significantly associated with birth registration ($p < 0.01$).

Parent/care-taker in union 71 (26.8%) had registered birth of their children compared to 27 (20%) of parent/care-taker who were not in union. The statistical differences in birth registration among the marital status categories did not differ significantly among the respondents of religion categories. The proportion of Christian parents/caretakers registering their children was significantly bigger 31 (38.3%), as compared to Moslem parents/caretakers, 67 (21.0%), ($p < 0.01$).

Table 4: Association between social demographic factors and birth registration

Characteristics	N	Number (%) registered	X ² (p-value)
Respondent's age group (Years)			
Below 25	114	23 (20.2)	1.70 (0.43)
25-34	183	49 (26.8)	
Above 34	103	26 (25.2)	
Residence			
Rural	200	35 (17.5)	10.6 (<0.01)
Urban	200	63 (31.5)	
Years in School			
Below 5	40	11 (27.5)	0.22 (0.64)
Above 5	360	87 (24.2)	
Marital Status			
In Union	265	71 (26.8)	2.23 (0.14)
Not in Union	135	27(20.0)	
Respondent's occupation			
Peasant	179	31 (17.3)	12.38 (<0.01)
House wife	89	23 (25.8)	
Employed	20	9 (45.0)	
Self employed	112	35 (31.3)	
Income level			
Low (below 40,000)	109	29 (26.6)	0.36 (0.55)
High (40,000+)	291	69 (23.7)	
Religion			
Moslem	319	67 (21.0)	10.4 (<0.01)
Christian	81	31 (38.3)	
Sex of Child			
Male	264	67 (25.4)	0.32 (0.57)
Female	136	31 (22.8)	

Awareness on birth registration

Almost two third 266 (66.5%) of respondents were aware of birth registration services however, they didn't know exactly the importance of having a birth certificate. Among 266 respondents who were aware of birth registration, 92 (34.6%) parents/caretakers registered their children. Awareness of birth registration was significantly associated with high rate of birth registration ($p < 0.01$).

A large number 215 (53.8%) of respondents received information regarding birth registration from the hospital. Other respondents reported to get information from various sources such as mass media 153 (38.3%) and through their colleagues 32 (8%). However, motivation to registration varied according to source of information. For instance, 75 (34.9%) of respondents who reported to have got information from hospital registered their children, 10 (31.3%), of respondents who got information from their colleagues registered their children and 13 (8.5%) of respondents who got information from mass media registered their children. Source of information was significantly associated with birth registration ($p < 0.01$).

Problems associated with birth registration

Respondents who perceived costs of registration to be about right (fair and low) significantly registered their children more 59 (47.2%), than those who perceived costs to be high, 35 (15.2%), ($p < 0.01$).

Time waiting for birth registration services and time to get a birth certificate influenced the rate of birth registration. For instance, respondents who perceived waiting time to get services to be about right (less than 2 hours) were significantly registered their children more 46 (40.1%), than those who thought they spent too long (≥ 2 hours) ($p < 0.01$).

Table 5: Problem associated with birth registration

Characteristics	n	Number (%) registered	X ² (p-value)
Cost			
Very high	231	35 (15.2)	42.9 (<0.01)
About right(fair or low)	125	59 (47.2)	
Time to wait services			
Too long (≥ 2 hours)	233	48 (20.6)	15.1 (<0.01)
About right (<2 hours)	114	46 (40.4)	
Time to get certificate			
Too long (2+ months)	237	50 (21.1)	15.4 (<0.01)
About right (<2 months)	103	43 (41.8)	
Distance to registration centre			
Far (≥ 3 km)	261	57 (21.8)	2.9 (0.09)
Close (<3km)	139	41 (29.5)	
Place of birth			
Hospital/Assisted by TBA	331	97 (29.3)	24.0(<0.01)
Home	69	1 (1.4)	

The proportion 41 (29.8%) of parents/caretakers who lived less than three kilometers from the registration centre registered their children compared to those 57 (21.8%) who lived more than three kilometers. However, the difference was not statistically significance ($p=0.09$).

Place of birth and birth registration

The proportion of birth registration was significantly higher among children delivered at hospital or assisted by TBAs 97 (29.3%) than those delivered at home 1 (1.4%), ($p < 0.01$).

Parents/caretakers perception on birth registration

Place of registration was statistically associated with birth registration, the majority of parents/caretakers 222 (55.5%) who registered or not registered their children they perceived that place of registering birth was not friendly as compared to 97 (24.3%) respondents reported that place of birth registration was somehow friendly ($p < 0.01$).

A total of 88 (23.7%) respondents reported that there was no cultural barrier which hinders them from registered birth and 10 (34.5%) of respondents reported that there was cultural barrier. However, this observed difference was not statistically significantly.

Among 171 (42.8%) respondents satisfied with birth registration, fifty seven (33.3%) registered their children as compared to 41 (17.9%) of the respondents who were not satisfied. Satisfactions on birth registration services were associated with birth registration, the relationship was statistically significant ($p < 0.01$).

Table 6 shows the factors associated with birth registration which revealed that parents/caretakers living in urban areas were almost twice (OR=1.9; 95% CI, 1.1-3.2) to register their child as compared to those living in rural areas. In addition, parents/caretakers who are Christian were almost two times (OR=1.8; 95% CI, 1.0-3.1) registering their children as compared to those who were Moslem.

The study found that respondents being in school for more than five years were 0.7 times more likely not to register their child as compared to those in school below five years (OR=0.7;95%CI,0.3-1.4). However the association was not statistically significant ($p=0.3$). Regarding marital status the study revealed that living in union were 1.5 times more likely to register their children as compared to those who were not in union (OR=1.5;95% CI,0.7-3.1). However, the relationship was not statistically significant ($p=0.3$).

Furthermore the study found that respondent's occupation house wife, employed and self employed were not statistically significant. Peasant were more likely to registered birth than there counterparts.

In addition, the study revealed that female children were 1.2 times more likely not to be registered as compared to male children (OR=1.2;95% CI,0.6-2.5). However, the association was not statistically significant ($p=0.6$). Also the study found that income was not associated with birth registration.

Table 6: Logistic regression analysis results- Factors associated with birth registration.

Factors	N Registered n (%)		OR (95% CI)	P-value
Age Group (Years)				
Below 25	114	23(20.2)	Reference	Reference
25-34	183	49(26.8)	1.2 (0.6, 2.2)	0.6
Above 34	103	26(25.2)	1.2 (0.6, 2.4)	0.6
Residence				
Rural	200	35(17.5)	Reference	Reference
Urban	200	63(31.5)	1.9 (1.1, 3.2)	0.02
Religion				
Moslem	319	67(21.0)	Reference	Reference
Christian	81	31(38.3)	1.8 (1.0, 3.1)	0.04
Years in School				
Below 5	40	11(27.5)	Reference	Reference
Above 5	360	87(24.2)	0.7(0.3,1.4)	0.3
Marital Status				
In Union	265	71(26.8)	1.5(0.7,3.1)	0.3
Not In Union	135	27(20.0)	Reference	Reference
Occupation				
Peasant	179	31(17.3)	Reference	Reference
House wife	89	23(25.8)	0.8(0.3,2.4)	0.7
Employed	20	9(45.0)	0.7(0.2,2.1)	0.5
Self employed	112	35(31.3)	0.5(0.2,1.3)	0.2
Sex of Child				
Male	264	67(25.4)	Reference	Reference
Female	136	31(22.8)	1.2(0.6,2.5)	0.6
Income level				
Below 40,000	109	29(26.6)	Reference	Reference
Above 40,000	291	69(23.7)	1.2(0.7,1.9)	0.5

CHAPTER FIVE

DISCUSSION

This section provides an interpretation of the study findings. It also makes inference to what is known to influence birth registration. The level of birth registration, awareness, perception and factors associated with birth registration are critically analyzed.

Level of birth registration

The level of birth registration in Kibaha district is very low. This study has revealed that 98 (24.5%) of under-five children were registered at birth; and they do possess birth certificates. More male children were registered than females. Sixty seven (25.4%) male children were registered compared to the thirty one (22.8%) female children. The level of birth registration was higher in urban areas than in rural areas. Sixty three (31.5%) of the registered children came from the urban areas while thirty five (17.5%) came from the rural area. The findings in this study were consistent with the results found by UNICEF in the study which was carried out in Tanzania, in 2002. In that study the level of birth registration in urban and rural areas were 22% and 3% respectively. There is an increase in the level of birth registration in the current study for both urban and rural areas than was the case previously. This might either be due to increased awareness on the part of parents/caretakers as regards birth registration or due to limitations composed by the small sample of the study.

In a study which was done in Niger in 2000, the proportion of children registered in urban areas was more than twice that of children registered in rural areas at 85% and 40% respectively (www.childinfo.org/eddb/birthreg/index.htm). The level of birth registration in Niger was higher than it is in Tanzania. In Niger birth registration system was more efficacious than is the case in Tanzania where the majority of parents-caretakers are less aware of the importance of birth registration, and government commitment is minimal.

A study conducted by Placek in the United States in 1984 indicated that 99.3% of all births that occurred that year were registered. Estimates of infant mortality rate based on such level of registration are sound to be more accurate than would be the case in Tanzania. However, high rate of birth registration was not directly related to the accuracy or completeness of the data entered.

UNICEF did a study in Kenya in 2001 on birth registration. It found out that 81% of children from urban areas were registered while only 57% from rural areas were registered. This result is not similar with my results, because Kenya Government has more experience in birth registration, having initiated the practice from the colonial government (UNICEF, 2005).

Socio-demographic factors and birth registration

The current study indicates that 87 (24.2%) of registered births were from parents/caretakers who had attained five years and above in school compared with 11 (27.5%) registered births whose respondents had attained less than five years in school. Although the association was not statistically significant, these findings indicate that the number in years spent at school does not necessarily lead to changes in birth registration practices. Knowledge does not necessarily lead to changes in practice. Other reasons may be the fact that respondents who attended five or more years at school may have been pre-occupied with other socio-economic activities, so much so that they did not have time to register birth of their children; and birth registration being time consuming due to the length of the procedures may also have caused them not to register their children. This result was not similar with results produced by the NBS and TDHS in 2000. In that study it was observed that over 49% of children registered were from respondents with more than secondary education compared to only 2.7% of no education at all.

In yet another study done in Togo in 2005 it was observed that the national level of birth registration was 82%. 82% of mothers who had not attended school had registered their children compared to 34% of those who had attended primary school (UNICEF, 2005). These results were almost similar to those in the current study.

The number of years spent at school alone can not be the basis to influence birth registration. Because it has been shown that both respondents who had spent five years at school and those who had spent below five years at school showed the same tendency with regard to registering their children.

Furthermore, the present study has shown that more respondents who were in union had registered their children as compared to those who were not in union. This study was similar to the survey conducted by UNICEF in 2005 in Angola, Republic of Dominican, Republic of Moldova and Myanmar. That study revealed that the level of birth registration was higher to children who lived with two parents than those living with single parent.

The present study has shown that respondents with low income had a great propensity to register their children. The study showed that 29 (26.6%) of respondents with a low level of income were more likely to register their children than 69 (23.7%) respondents with higher level of income. The study also showed that employed respondents 9 (45%) registered their children after birth more than their counterparts (peasants, house wife and self employed). These findings was contradicted what was observed with in Tanzania in 2007 by UNICEF, in which it was shown that 25% of the respondents with higher income registered their children compared to 2% of the people with low income. These might be due to the sample size of the current study which revealed that majority 179 (44.8%) of the parents/caretakers who interviewed were peasants.

Awareness on birth registration

This study has shown that, although 266 (66.5%) parents/caretakers had heard or been aware of birth registration services, only one third of them did register their children at birth. Almost half of the respondents were aware of the law of birth registration. Half of the respondents know the institution which deals with birth registration. A study conducted in Nigeria showed that the level of birth registration was very low due to the low level of awareness of the respondents of the importance of birth registration. In addition, there was inadequate coordination by the National Population Commission (Idris *et al*, 2006). However, that study was contradicted by the current study. The high level of awareness in the current study might have come about through getting information from hospital, mass media and colleagues following frequent announcements on birth registration services. In addition, the district has an on going programme under Plan International on awareness of birth registration.

In a study done in Uganda 2005 by The African Child Policy Forum showed different results from those of the current study. The Uganda study shows that there is a lack of awareness on the part of the respondents of the importance of birth registration as well as lack of support from institutions dealing with birth registration. These limitations account for the low birth registration.

Also, in this study 215 (53.8%) of respondents were received information on birth registration from hospital and have birth notification. These had a higher level of birth

registration than those who had received information from colleagues and the mass media. This higher level of birth registration might be due to the birth notification which they receive after delivery from health facilities and nurses and midwives who notify them to register their children at the district office.

Problems associated with birth registration

There are several problems associated with birth registration in the district. These problems related to costs. Parents/caretakers have to travel sometimes great distances to get services for registration. After registration which has to be paid for, the parents/caretakers have to spend some time waiting for the certificates. For peasants those costs may account for a substantial part of their means of livelihood. So much so that some of them decide to ignore registration completely. These same reasons were explained by Plan 2005 in the Uganda case that registration might be too costly for poor parents because of the fee associated with it and the expenses involved in traveling long distance to register births.

The current study has shown that distance from residential premises to the registration centre does influence the level of birth registration. Parents/caretakers who lived three or more kilometers from the registration center were less likely to register their children than those living less than three kilometers. These are similar reasons as observed by UNICEF, 2002 in Uganda that distance from residential premises to the registration centre hinders parents to registered births.

These results were not similar with those of the study done in Tanzania by TDHS, 2004/05 in which respondents with high level of education, for example, secondary and above were more likely to register their children compared to those who had not attained secondary education. Another study done by NBS 1999, estimates that over 49% of children whose mothers had more than secondary education were registered compared to only 2.7% of children whose mothers had no education.

Place of birth and birth registration

About 97 (29.3%) of the children delivered from hospital or assisted by TBAs as well as 1 (1.4%) who was delivered at home were registered. But compared to the number of children delivered from health facilities, the registration level is generally very low.

In a study done in Algeria by Todres 2003 it was shown that 92% of the children were born at health facilities. Of these, 97% were registered within five days. These figures were higher than the ones in the current study. This low percentage of the children delivered from hospital compared to the Algeria study would appear to indicate that parents/caretakers did not know the importance of utilizing MCH services as reported by TDHS 2004/05. According to TDHS although, 47% of births in Tanzania were delivered in hospitals, no data were available to show rate of birth registration.

UNICEF did a study in Qatar in 2005. Results of the study were not similar to the current study. The study showed that 99% of babies were born in hospitals and had their

birth registered. In Qatar health and birth registration systems are closely linked. Birth registration is done in hospital and sent on line information to the department of preventive health and central statistics office.

In another study done by Ndong et al 1994 in Cameroon reported that of the 98% of births which were delivered in hospitals, only 62% were registered. This was not similar with current study because the Cameroon registration rate was almost twice as much as the current study. This might be due to the fact that in Cameroon, women utilize MCH more than their counterparts in Tanzania, especially, in Kibaha district.

The majority 68 (98.6%) of all children delivered at home were not registered because their parents/caretakers do not have birth notification. This in turn, misleads parents/caretakers who mistakenly think because they do not have birth notification, they can not register their children. A similar situation studied in Tanzania was also observed by a Bergsjø, 1993 which shows that 50-60% of births occurred at home, and the majority of the children were not registered at birth. This may be due to the fact that maternity facilities and medical costs were too costly for the parents/caretakers to afford.

In addition Nicola Sharp, 2005 reported that traditional birth attendants working with Plan in Kenya assist deliveries for babies born at home and then register the births immediately, therefore, involving the health sector in registration will also provide the

government with data for identifying health threats and for allocating resources to combat them.

Parents/caretakers perception on birth registration

41 (17.9%) respondents, who were registered, said that they were not satisfied with birth registration services because they perceived that there was corruption and the procedures were too long. However, 57 (33.3%) of the respondents registered, satisfaction with the services. This was not similar with the survey conducted in United Kingdom by Oxfordshire County Council 2007, which reported that 87.9% of the respondents were satisfied with the registration services. The system of birth registration in the United Kingdom was friendlier and encourages parents to register their babies easily and efficiently, with no possibility for corruption.

While 10 (34.5%) respondents reported that there were cultural barriers which hindered them to register their children. 88 (23.7%) respondents who registered their children showed that there were no cultural barriers. The results from this study were similar to the results of the survey conducted in Uganda, 2002 by UNICEF in which it was conceded that there were cultural barriers which hindered the majority of the people to register their children at birth.

Furthermore parents/caretakers living in urban areas were almost twice as likely to register their children as compared to those living in rural areas because since

registration services were decentralized to district levels accessibility to the registration center was easy. Respondents from Urban areas they were more aware of the importance of birth registration and procedures on birth registration than respondents from rural areas. These reasons were similar to more given by Sharp, 2005 and The African Child Forum, 2005 concerning the situation in most developing countries; as were results of the study done in Indonesia and China by UNICEF 2002 which had similarities with results of the current study.

The current study has also shown that Christians are almost two times more likely to register their children than Moslem. To the best of my knowledge, there are no recent available studies that have assessed the trends of birth registration between Christians and Moslem.

Although the current study is based on cross sectional community-based study (household to household) as compared to birth registration agency-based data, community-based studies have their own limitations. There is a possibility of recall bias in this study. Some of parents/caretakers were unable to recall age of child at registered. These may lead to under or over reporting the age of the children at registration but was rectified by looking at birth certificates. I would have wished to make a comparative study between urban district and typical rural district setting but due to scarce resources especially time, this has not been possible hence I do in one district which has urban and rural settings.

CHAPTER SIX

CONCLUSIONS

The level of birth registration in Kibaha district is very low. Only a quarter 24.5% of children was registered at birth. Almost three quarters of the children 75.5% were not registered. It is important for the district to increase efforts, through campaigns and other means, to enhance awareness on importance of birth registration.

Birth registration system in Tanzania is highly decentralized. But the expenses which must be incurred in travelling from residential premises to the nearest civil registration office and a hindrance many parents/caretakers living in rural or inaccessible areas. Remoteness from villages to district offices hinders people from accessing registration and certification services. Parents/caretakers living in urban areas are more likely to register their children than those living in rural areas. For a parents/caretakers living from hand to mouth it is very costly to move from villages to where district offices are located to acquire certificates. Apart from travelling expenses, certificates have to be paid for; and sometimes considerable time is lost when following up registration services. That is why birth registering in rural areas is lower compared to urban areas. Therefore, the district has to increase its efforts to move registration services close to the people by using local government offices or in the dispensary.

Parents/caretakers they are not satisfied with birth registration services because they are of the opinion that the system is not clean enough and friendlier. Some complains of the length of time it takes to get the services as well as the birth certificate.

Birth registration alone does not guarantee that a child will have access to adequate health care, receive an education, or be free from abuse or exploitation. But without it, the child is exposed to greater risks of human rights violations. Therefore, it is very important for the district administration to raise awareness on the part of parents/caretakers on the importance of birth registration and contribute to the efficaciousness of the system by coordinating and linking the health sector and the birth registration centers.

RECOMMENDATIONS

My study recommends that birth registration should be made easier than it is today. There is a need to make collaboration between antenatal and birth registration services in the environment of Tanzania perspectives.

Community sensitization on the importance of birth registration should be reinforced to enable the Kibaha district to increase level of birth registration of 24.5% both in rural and urban areas.

In this study it is noted that two third of respondents were aware but only one third registered their children, therefore a continuous awareness campaign should be done at grass root level by training WEOS, VEOS and persons involved in registration centers (health centers) like nurses and clinical officers. Certification should be done by division secretaries so that they may issue certificates in their areas.

The process of birth registration should be made much easier and consideration should be given to tying birth registration to provision of immunization services because immunization coverage is very high.

The Kibaha district should improve registration offices and acquire modern technology in doing its business (computerization of systems). This will make the process easier and faster on one hand, and on the other will be a control mechanism for double registration.

Kibaha district registration office should establish a feedback mechanism in order to assess the progress and challenges met during registration exercise. This will spearhead improvement on registration systems. The follow up should be regular.

Due to poor infrastructure, mobile services are mostly encouraged. Many people will access registration and certification if they will be followed. However this motive will be successful if registration office set a one stop center fully fledged with all services required like registration materials, revenue stamps and a person for attestations.

Introduction of 'one stop centre' this means that all services for processing late registration application forms should be found under the same roof. Services such as revenue stamps and a person for attestation they should be found at the centre.

The government should declare that birth registration will be carried out free of charge within a period of 90 days from the date of birth. This will improve rate of birth registration because majority of the people in the country are poor.

Suggestion to further study, on why awareness on birth registration does not go to practice, because people they were aware but they didn't go for registering their children. Also, variability of birth registration between rural and urban areas needs to be addressed. In addition, further research on reliability and validity of birth certificates.

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APPENDIX ONE

Areas Selected

Stages of selection	Area selected	No. of selected area/participants
1. Selection of divisions	2 divisions (Kibaha and Ruvu)	2 divisions
1. Selection of wards	4 wards (Tumbi, Kongowe, Soga and Ruvu)	4 wards
2. Selection of villages/ streets/hamlets	4 Streets, 4 Villages & 6 hamlets	4 villages, 4 streets & 6 hamlets
3. Selection of households	Mkoani street 18 parents/caretakers	18 parents/caretakers with under-fives
	Mwanalugali street 21 parents/caretakers	21 parents/caretakers with under-fives
	NSSF street 9 parents/caretakers	9 parents/caretakers with under-fives
	Ungindoni street 14 parents/caretakers	14 parents/caretakers with under-fives
	Darajani village 26 parents/caretakers	26 parents/caretakers with under-fives
	Bomu village 25 parents/caretakers	25 parents/caretakers with under-fives
	Soga village 36 parents/caretakers	36 parents/caretakers with under-fives
	Relini village 31 parents/caretakers	31 parents/caretakers with under-fives
	Kwa Mfipa hamlets 78 parents/caretakers	78 parents/caretakers with under-fives
	Kongowe hamlets 34 parents/caretakers	34 parents/caretakers with under-fives
	Mlimani hamlets 16 parents/caretakers	16 parents/caretakers with under-fives
	Kidogozero hamlets 10 parents/caretakers	10 parents/caretakers with under-fives
	Mwegeani hamlets 24 parents/caretakers	24 parents/caretakers with under-five
	Mkwajuni hamlets 58 parents/caretakers	58 parents/caretakers with under-fives
Total	400	400

APPENDEX TWO

QUESTIONNAIRE FOR STUDY PARTICIPANTS

Form number..... Date of interview.....

Name of Village/Street

1. May I begin the interview?

1) Yes

2) No

[]

If no, stop the interview.

2. Age of respondent (years)

3. Marital status of respondent.

1) Currently Married

2) Never married

3) Widowed

4) Separated

5) Co-habiting

[]

4. What is your religion?

1) Muslim

2) Christian

3) Traditional believer

4) Other, (mention) -----

[]

5. How many years of education did you complete, starting from primary school? -----

-

6. What is your main occupation?

1) Peasant

2) House wife

3) Petty trade

4) Business

5) Employed

[]

6) Others (specify) -----

7. What is the occupation of your partner?

1) Peasant

2) House wife

[]

3) Petty trade

4) Business

5) Employed

6) Others (specify) -----

8. What is your family income per month? -----

9. Have you ever heard or aware of birth registration?

1) Yes

2) No

[]

10. If yes, where did you get information?

1) Hospital

2) Colleague

3) Mass Media (Radio, TV, Newspapers)

[]

4) Others. (Specify).

11. Do you know any institutions dealing with child registration in this area?

1) Yes

2) No

[]

12. What is the relationship with this child?

1) Mother

2) Father

[]

3) Caretaker

13. Sex of child

01 = male 02 = female

[]

14. How old is this child (Months).....

15. Place of birth

1) Hospital

2) Home

[]

3) Assisted by TBA

4) Others mention

16. Has this child been registered?

1) Yes

2) No

[]

If yes, may I see the card, card available?

17. How old was your child at registered her/his birth?

1) Month(s)

2) Year(s)

18. What are the reasons for registering a child?

1).....

2)

3).....

19. Why don't other people register their children?

1).....

2)

3).....

20. Have you ever registered your older children?

1) Yes

2) No

[]

If yes, why not this?

21. If no, what are the reasons you never register?

.....

22. How friendly are the facilities conducting birth registration process?

1) Very friendly

2) Some how

3) Very unfriendly

[]

4) Unfriendly

5) Don't know

6) Others (Specify)

23. In your house, who decides for birth registration of the child after birth?

- 1) Father
- 2) Mother []
- 3) Both
- 4) Others (Specify) -----

24. If you registered this child, what do you consider of cost?

- 1) Very high
- 2) Very low []
- 3) Fair
- 4) Others (What are they?).....

25. If you registered this child, what do you consider of waiting time to get services?

- 1) Too much waiting time
- 2) Moderate waiting time []
- 3) Very fast
- 4) Others (Specify).....

26. If you registered this child, what do you consider of time to get a birth certificate?

- 1) Very long time
- 2) Very short time []
- 3) Moderate time
- 4) Others (Specify)

27. How close are birth registration services from your residence?

- 1) One Kilometer
- 2) Two Kilometers []
- 3) Three kilometers
- 4) Others (Specify)

28. Do you think are many people aware or informed of the law on birth registration?

- 1) Yes
- 2) No []

3) Don't know

29. Are there any cultural barrier that hinders people from registered birth in your area?

(1) Yes []

(2) No

If yes what are they?

- 1.....
- 2.....
- 3.....
- 4.....

30. Are you satisfied with the services of birth registration in your area?

1) Yes

2) No []

If no, what are they?

- 1).....
- 2).....
- 3).....
- 4).....

END

THANK YOU FOR YOUR COOPERATION GOD BLESS YOU

APPENDIX THREE

DODOSO (KISWAHILI VERSION)

Utambulisho

Nambari ya Fomu Tarehe ya Usaili.....

Jina la Kijiji/Mtaa

1. Je, tunaweza kuanza mahojiano?

1) Ndiyo []

2) Hapana

Kama ni hapana mwisho wa mahojiano

2. Kwa sasa una umri wa miaka mingapi?.....

3. Kwa sasa, je umeolewa au umeoa?

1) Nimeolewa/Nimeoa

2) Sijaolewa/sijaoa

3) Mjane []

4) Tumetengana

5) Naishi bila ndoa

4. Je , wewe ni muumini wa dini gani?

1) Muislamu

2) Mkristo []

3) Dini ya asili

4) Dini nyingine (taja) -----

5. Elimu yako umeipata kwa muda gani, ukianzia na ya shule ya msingi?.....

6. Je, shughuli zako kuu za kujipatia kipato ni zipi?

1) Mkulima

2) Mama wa nyumbani []

3) Biashara ndogondogo

4) Mfanyabiashara

5) Mwajiriwa

6) Kazi nyingine(taja)-----

7. Je, mwenza wako anafanya shughuli gani za kuingiza kipato?

- 1) Mkulima
- 2) Mama wa nyumbani
- 3) Biashara ndogondogo
- 4) Mfanyabiashara
- 5) Mwajiriwa
- 6) Kazi nyingine(taja)-----

8. Je, unatumia shilingi ngapi kwa mwezi kwa ajili ya chakula, malazi, nguo nakadhalika?.....

9. Je umeshawahi kusikia au unalewa huduma ya kumwandikisha mtoto anapozaliwa?

- 1) Ndiyo
- 2) Hapana

10. Kama ndiyo, taarifa hizi ulizipata wapi?

- 1) Hospitali
- 2) Kwa jamaa wa karibu na wewe
- 3) Kwenye matangazo ya (radio, TV, Magazeti)
- 4) Nyingine(Taja)-----

11. Je unajua shirika au chombo kinachojishughulisha na kumwandikisha mwanao anapozaliwa?

- 1) Ndiyo
- 2) Hapana

12. Una uhusiano gani na huyu mtoto?

- 1) Mama
- 2) Baba
- 3) Mlezi

13. Jinsia ya mkuu wa kaya?

- 01= mwanaume
- 02=Mwanamke

14. Mtoto wako ana umri gani?(miezi).....

15. Mahali alipozaliwa

- 1) Hospitali
- 2) Nyumbani

3) Kwa mkunga wa jadi

4) Nyingine taja.....

16. Je, huyu mtoto ameandikishwa?

- 1) Ndiyo
- 2) Hapana []

Kama ndiyo, naweza kuona cheti chake?

17.Mtoto wako umemwandikisha akiwa na umri gani?

- 1) Mwezi/miezi..... []
- 2) Mwaka/miaka.....

18. Kuna sababu zipi za kumwandikisha mtoto anapozaliwa?

1).....

2).....

3)

19. Kwanini watu wengine hawawaandikishi watoto wao?

1)

2)

3)

20. Je, ulishawahi kumwandikisha mtoto wako wa umri mkubwa?

- 1) Ndiyo []
- 2) Hapana []

Kama ndiyo, kwanini hukufanya mapema?

.....

.....

21. Kama hapana, kuna sababu gani zilikufanya usimwandikishe mtoto?

.....

.....

22. Je kitengo cha kuandikisha watoto wanapozaliwa kina ushirikiano mzuri?

- 1) Ushirikiano mzuri sana
- 2) Ushirikiano kiasi
- 3) Ushirikiano mbaya sana []
- 4) Ushirikiano sio mzuri

5) Sijui

23. Katika kaya yako nani huwa anabeba jukumu la kumwandikisha mtoto anapozaliwa?

1) Baba

2) Mama

3) Wote baba na mama

[]

4) Mwingine(taja)-----

24. Endapo ukimwandikisha mtoto wako, je unadhani gharama zitakuaje?

1)Za juu sana

2) Za chini sana

3) Za wastani

[]

4) Nyinginezo (Ni zipi hizo zitaje).....

25. Endapo ukimwandikisha huyu mtoto, unadhani muda wa kusubiri huduma ukoje?

1) Muda mrefu kusubiri kupata huduma

2) Muda wa wastani kusubiri

3) Ni haraka sana kupata huduma

[]

4)Nyingine (Taja).....

26. Unapomwandikisha mtoto huyu, ni muda gani unatumia mpaka upate cheti cha kuzaliwa?

1) Muda mrefu sana

2) Muda mfupi sana

3) Muda wa wastani

[]

4) Nyingine (Taja)

27. Je kuna umbali gani toka unapoishi mpaka wanapoandikisha watoto?

1) Kilometa moja

2) Kilometa mbili

[]

3) Kilometa tatu

4) Nyingine taja.....

28. Unafikiri watu wanafahamu au wamekwisha julishwa kuhusu sheria ya kumwandikisha mtoto anapozaliwa?

1) Ndiyo

2) Hapana

[]

3) Sijui

29. Je kuna mila zozote ambazo zinawazuia watu wasiende kuwaandikisha watoto wao katika eneo hili?

1) Ndiyo

2) Hapana

[]

Kama ndiyo ni zipi hizo?

1).....

2).....

3).....

4).....

30. Je unaridhishwa na hii huduma ya kumwandikisha mtoto anapozaliwa?

1) Ndiyo

2) Hapana

[]

Kama hapana ni sababu zipi?

1)

2)

3)

4).....

MWISHO

ASANTE KWA USHIRIKIANO WAKO NA MUNGU AKUBARIKI

APPENDIX FOUR

MUHIMBILI UNIVESITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS, MUHAS

CONSENT FORM

ID-NO

--	--	--	--	--	--	--	--	--	--

Consent to participate in this study

Greetings! My name is.....I am working on this research project with the objective of investigating the factors associated with birth registration in Kibaha District.

Purpose of the study

This study has the purpose of collecting information on **Birth Registration and Associated Factors in Kibaha District**. You are being asked to participate in this study because you live in one of the communities where this study is taking place and have particular knowledge and experiences with the community, or other knowledge and experiences that my be important to the study.

What Participation Involves

If you agree to participate in this study the following will occur:

1. You will select any location to have your interview. You can choose to have your interview in your home, in the study vehicle or in a location where you feel comfortable.
2. You will sit with a trained interviewer and answer questions about your awareness on birth registration services provided in the community, what factors you think will motivate or hinder parents or caretakers including you to use these services and finally your comments on what should be done to increase the number of birth registration in your district.

3. No identifying information will be collected from you during this interview, except your age, level of education, marital status, religion and your current occupation.

4. You will be interviewed only once for approximately 30 minutes in your choice.

Confidentiality

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will be compiling a report, which will contain responses from several parents or caretakers without any reference to individuals. We will not put your name or other identifying information on the records of the information you provide.

Risks

You will be asked questions about your awareness on birth registration services provided in the community, what factors you think will motivate or hinder parents or caretakers including you to use these services and finally your comments on what should be done to increase the number of birth registration. Some questions could potentially make you feel uncomfortable. You may refuse to answer any particular question and may stop the interview at anytime.

Rights to Withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will continue to receive the birth registration services provided in your community as usual. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

There may be no direct benefit to you from participating in this study. However, the information you provide will help to increase our understanding on the factors associated with birth registration rates in Kibaha district.

In Case of Injury

We do not anticipate that any harm will occur to you or your child as a result of participation in this study. However, if any physical injury resulting from participation in this research should occur, we will provide you with medical treatment according to the current standard of care in Tanzania. There will be no additional compensations. The study does not have any program to provide compensation to you if you experience injury or other bad effects, which are not the fault of the investigators.

Who to contact

If you ever have questions about this study, you should contact the **Principal Investigator, Omari Barkery Ngoma**, Muhimbili University of Health and Allied Sciences, P.O.Box 65001, Dar es Salaam, (Tel. no. 0784 320 668). If you ever have questions about your rights as a participant, you may call **Prof. E.F Lyamuya, Chairman of the University Research and Publications Committee**, P.O.Box 65001, Dar es Salaam, Tel: 2150302-6.

Signature

Do you agree?

Participant agrees..... Participant does NOT agree

I _____ have read the contents in this form.

My questions have been answered. I agree to participate in this study.

Signature of participant _____

Signature of witness (if participant cannot read) _____

Signature of research assistant _____

Date of signed consent _____

APPENDIX FIVE

CHUO KIKUU CHA SAYANSI YA AFYA CHA MUHIMBILI

KURUGENZI YA UTAFITI NA MACHAPISHO

FOMU YA RIDHAA

NAMBA YA UTAMBULISHO

Ridhaa ya kushiriki katika utafiti huu

Habari! Jina langu ni.....Nafanya kazi katika mradi huu wa utafiti wenye lengo la kuchunguza sababu zinazopelekea watoto chini ya miaka mitano wasiandikishwe wanapozaliwa katika wilaya ya Kibaha.

Malengo ya utafiti

Utafiti huu una lengo la kukusanya taarifa za sababu zinazopelekea wazazi au walezi kutokutumia huduma ya kuandikisha watoto chini ya miaka mitano wanapozaliwa katika wilaya ya Kibaha.

Unaombwa kushiriki katika utafiti huu kwa sababu unaishi katika moja ya jamii ambazo utafiti huu unafanyika na una uelewa na uzoefu maalum na jamii, au uelewa mwingine wowote au uzoefu ambao unaweza kuwa muhimu kwa utafiti.

Utaratibu wa kushiriki

Ukikubali kushiriki katika utafiti huu, yafuatayo yatatokea:

1. Utachagua sehemu utakayotaka kufanyia mahojiano. Unaweza kuamua kuhojiwa nyumbani kwako, katika gari la utafiti, au kwenye sehemu yoyote utakayojisikia kufanyia mahojiano.
2. Utakaa na msaili/mtafiti aliyepewa mafunzo ya jinsi ya kuhoji na kujibu maswali yahasuyo ufahamu wako kuhusu huduma ya kuandikisha watoto chini ya miaka mitano itolewayo kwenye jamii yako, kwa unavyofikiri wewe ni sababu zipi zinawafanya

wazazi au walezi watumie au ni vikwazo gani vinawafanya wasitumie huduma hii na mwisho kabisa kwa maoni yako ni nini kifanyike ili kuongeza idadi ya watoto wanaopata huduma hii ya uandikishwaji.

3. Hakuna taarifa zozote za utambulisho tutakazokusanya kutoka kwako wakati wa mahojiano, isipokuwa umri wako, kiwango chako cha elimu, hali yako ya ndoa, dini na kazi yako kwa sasa.

4. Utahojiwa kwa takriban dakika 30 kwenye sehemu utakayochagua.

USIRI

Nakuhakikishia kwamba taarifa zote nitakazokusanya kutoka kwako zitakuwa ni siri. Ni watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi. Tutajumuisha ripoti ambayo itakuwa na majibu kutoka kwa wazazi au walezi kadhaa bila kuweka vitambulisho vyao. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakayotupa.

Madhara

Utaulizwa maswali juu ya ufahamu wako kuhusu huduma ya kumuandikisha mtoto pindi anapozaliwa na sababu unazofikiri zinawahamasisha au zinazowazuia wazazi au walezi ikiwa ni pamoja na wewe kutumia huduma hii na mwisho maoni yako ya ni nini kifanyike ili kuongeza idadi ya watoto wanaopata huduma ya uandikishwaji pindi wanapozaliwa. Baadhi ya maswali yanaweza kukufanya usijisikie vizuri. Unaweza kukataa kujibu swali lolote na unaweza kusimamisha mahojiano wakati wowote.

Haki ya kujitoa na mbadala wake

Kushiriki katika utafiti huu ni uchaguzi wako. Kama utachagua kutoshiriki katika utafiti huu au utaamua kusimamisha kushiriki katika utafiti huu, utaendelea kupata huduma ya kumuandikisha mtoto wako anapozaliwa au yule mwenye umri chini ya miaka mitano katika jamii yako kama kawaida. Unaweza kusimamisha kushiriki katika utafiti huu wakati wowote, hata kama ulisharidhia kushiriki. Kukataa kushiriki au kujitoa katika utafiti hakutaambatana na adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

Faida

Haitakuwepo faida ya moja kwa moja kwako kwa kushiriki katika utafiti huu. Hata hivyo, taarifa utakayotupatia itasaidia kuongeza uelewa wetu kuhusu sababu zinazopelekea watoto kutokuandikishwa wanapozaliwa na ni wapi watoto wameandikishwa kwa wingi aidha mijini au vijijini katika wilaya ya Kibaha.

Watu wa kuwasiliana nao

Kama una maswali kuhusu utafiti huu, unaweza kuwasiliana na mratibu mkuu wa mradi **Omari Barkery Ngoma** wa Chuo kikuu cha sayansi ya Afya cha Muhimbili, P.O. Box 65001, Dar es Salaam (Simu: 0784 320 668). Kama utakuwa na maswali yoyote kuhusu haki zako kama mshiriki, unaweza kupiga simu kwa **Prof. E .F. Lyamuya**, ambaye ni Mwenyekiti wa kamati ya chuo ya utafiti na machapisho, P.O.Box 65001, Dar es Salaam (simu: 2150302-6).

Sahihi

Unakubali?

Mshiriki amekubali..... Mshiriki hajakubali

Mimi _____ Nimesoma na kuelewa hii fomu. Maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki _____

Sahihi ya shahidi (kama mshiriki hawezi kusoma na kuandika) _____

Sahihi ya mtafiti mwandamizi _____

Tarehe ya makubaliano _____