

Knowledge and Practice of Vital Registration among Families of Samaru Community, Kaduna State of Nigeria

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ABSTRACT

This study on knowledge and practice of vital registration among families of Samaru community, kaduna state of Nigeria, was aimed at assessing the knowledge and practice of vital registration (birth, death, marriage and divorce) among families in Samaru community of Sabon Gari Local government, Kaduna state. Utilizing the cross-sectional, descriptive study design. Data was collected from a sample of 400 respondents with the help of questionnaires, A combination of cluster and systematic sampling techniques was employed to select the sample. The study found that knowledge and awareness of vital registration was high among the studied population as 81.5% of the respondents showed good knowledge on vital registration. Majority of the respondents (91%) had registered their children and other family members before. About 79% registered only births and only 2% registered deaths. However, 29.0% registered immediately after the event, 40.1% registered within 60 days after the events and 14.7% registered one year after the event. Out of 389 respondents, 64.5% registered vital events at health facility, 14.9% registered at local government secretariat and 11.0% registered at the ward head house, only 9.5 registered at nearest NPC office. Several reasons were given by the respondents regarding non-registration of vital events which include 58.8% of the respondents not registering the vital events of their family members because place of the registration is far, 22.5% said they were not aware of the registration, and 3.3 said registration of vital events is not important. About 89.5% would register subsequent births, deaths, marriages and divorces of their children/ family members, and 27.2% said the use of mass media is one of the important ways to encourage vital registration among people. The recommendations offered include; mass campaign on vital registration by governmental and nongovernmental organizations and that the registration should be made compulsory (especially death, marriage and divorce).

INTRODUCTION

To provide the most reliable information on important events, population dynamics, and development and health indicators, every nation should maintain a working vital registration system (WHO, 2007). A vital registration system is one that is concerned with the ongoing, permanent, and mandatory recording of the occurrence and characteristics of vital events including births, deaths, marriages, divorces and migration (Mba, 2006). Birth registration data are needed to develop maternal and child health initiatives, including nutrition, immunization and universal education; while data from death registration provide understanding of illness causation and information on the economic cost of disease (UNICEF, 2009).

Vital statistics derived from civil registration are global public goods that governments of developing countries and development partners need for generation of comprehensive and detailed health outcome data which are a key component of building the evidence base for health importance (Kenji, Parasanta, Alan and Francis, 2007). They are the most widely used national state and local data for identifying and addressing major public health issues (Hetzal, 2007)

Birth and death are two major events which must be registered in Nigeria (United Nations International Children's Education Fund, UNICEF, 2006). Birth and death registration are the official recording of birth of a child or death of a person by a state administrative process (United Nations International Children's Education Fund, UNICEF, 2006).

The complete process of collecting information through civil registration or enumeration of the frequency with which certain and defined vital events occur, as well as the frequency with which certain and defined vital events occur, is known as the vital statistics system and relevant characteristics of the events themselves and of the person or persons concerned (United Nations Statistical division, 2003). The right to be registered at birth is founded in article 7 of the United Nations Convention of the rights of the child, now well over a decade old (Tobin, 2013). Unfortunately, the accuracy of birth and death records, particularly in developing countries, has come under question in several studies with the with the rising knowledge that, despite greater awareness of the problem, each year importance of vital registration, and the commitment of states under international law to ensure this right, several births and deaths go uncounted (Mba, 2007).

Globally, each year, about two-thirds of 57 million annual deaths (representing 38 million deaths) go unregistered, and as much as 40% (48 million) of 128 million births go unregistered, representing one out of three children. (WHO, 2007). Although it can be argued that while censuses and other large sample surveys may be useful in supplementing demographic data in countries where vital registration systems are still in their infancy, they are costly to conduct on a regular basis, and are frequently marred by politics, disagreements over figures, underfunding, and topographical challenges; and should instead serve as a supplement to vital registration data that complements in a comprehensive health information system.(Hill, 2007)

Nigeria, as a member to the convention, has required birth and death registration since 1979, with the National Population Commission (NPC) being founded and charged with the statutory responsibility of production of vital and demographic data in 1992. (Akande 2005). However, several decades after, only a small proportion of these events are actually registered, with the national average for birth registration put at 30%, with 49% in urban areas and 22% rural areas in the 2008 census (Alertnet, 2012). Thus, about 70% of the over 5 million births annually go unregistered (Tobin, 2013). Surprisingly, no national average for death registration exists. Surprisingly, no national average for death registration exists. The few published studies in the country that have looked into the reasons for these low rates suggest that a considerable majority of the population is aware of the importance of vital registration, particularly birth registration, but the practice remains poor (Tobin, 2013). Thus, gaps in awareness, a lack of clarity about the registration procedure, and individual perceptions must all be evaluated to see if they contribute to the observed pattern.

RESEARCH METHODOLOGY

This chapter explains the research design adopted, Population of study, Sample size used, Sampling technique, and Instrument for data collection, Method of data collection and Method of data analysis used in the research as well as ethical considerations.

Research Design

A descriptive cross-sectional descriptive studys research design was adopted to assess the knowledge and practice of vital registration among families in Samaru community.

Sampling Technique

The cluster and systematic sampling techniques was employed in this study in which houses were selected using systemic sampling technique from different cluster of the community. According to residential areas the researcher identified six (6) clusters in samaru community which are: New extension, Layin Sarki, Samaru Town, Dan Raka, Silver Jubilee, and Aviation. The researcher utilized simple random sampling and selected three (3) residential areas (clusters), which are Samaru Town, New Extension, and Dan Raka.

Method of Data Collection

A self-administered questionnaire was used for data collection. The questionnaire was self administered by literate respondents in Samaru community while those that cannot read were interviewed with the questionnaire. In each of the three selected clusters, houses were numbered serially and selected. In each selected house a questionnaire was given to the literates' parents, (the house hold or the wife) and sometimes to literate elder son or daughter in the house to respond.

Method of Data Analysis

Collected data was analyzed by the use of descriptive statistics. The statistical packaged for the social sciences (SPSS) version 20.0 was used.

PRESENTATION AND ANALYSIS OF DATA

This chapter covers analysis of data and presentation of results. Thus 400 questionnaires were administered to the respondents and 389 were retrieved. Data were analyzed using frequency tables.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 1.1: Distribution of Socio-demographic data of Respondents

AGE	Frequency	Percentage (%)
15-25years	142	36.5
23-35years	116	29.8
36-45years	54	14.0
46years and above	77	19.7
Total	389	100
SEX		
Male	251	64.5
Female	138	35.5
Total	389	100
ETHNIC GROUP		
Hausa	222	57.1
Yoruba	58	14.9
Igbo	50	12.8
Others	59	15.2
Total	389	100
RELIGION		
Islam	292	75.1
Christianity	97	24.9
Total	389	100
MARITAL STATUS		
Married	301	77.4
Single	51	13.1
Widowed	16	4.1
Divorced	21	5.4
Total	389	100
LEVEL OF EDUCATION		
Primary	61	15.7
Secondary	98	25.2
Tertiary	142	36.5
Non formal education	88	22.6
Total	389	100
OCCUPATION		
Civil servant	103	26.5
Farming	82	21.1
Trading	106	27.2
Housewife	51	13.1
Student	47	12.1
Total	389	100

From table 1.1: Majority of the respondents (36.5%) fall within the age group of 15-25years and 29.8% fall within the range of 23-35years, 19.7% fall within 46 and above years. Also 64.5% of the respondents were male whereas 35.5% were female. Most of the respondents were Muslims (75.1%) and the rest were Christians (24.9%). The major ethnic group of the respondents appeared to be Hausa (57.1%), 14.9% were Yoruba, 12.8% were Igbo and other ethnic groups

accounted for 15.2% which include Kataf, Ebra, Fantswam, Igala, kurama, among others. Majority of the respondents were married (77.4%), 13.1% were single, few were widowed (4.1%) while 5.4% divorced. Similarly 36.5% of the respondents had tertiary education, 25.2% secondary education, 15.7% had primary education and 22.6% had no formal education. Concerning occupation of the respondents, majority were traders (27.2%) followed by civil servants (26.5%), farmers (21.1%), 13.1% were house wives and the rest were students (12.1%).

KNOWLEDGE ON VITAL REGISTRATION

Personally the researcher marked and scores the questionnaires according to the respondent knowledge on vital registration. Thus the respondents were categorized into three which include: Good, Average and Poor knowledge.

Table 1.2: Distribution of Respondents' Knowledge of on Vital Registration

Knowledge on vital registration	Frequency	Percentage (%)
Good knowledge	317	81.5
Average knowledge	51	13.1
Poor knowledge	21	5.4
Total	389	100

Table 1.2: shows that majority of the respondents (81.5%) had good knowledge of vital registration while 13.1% had average knowledge and 5.4 had poor knowledge of vital registration.

PRACTICE OF VITAL REGISTRATION

Table 1.3: Respondents' Practiced of Vital Registration.

Have you ever registered your child/family member vital event?	Frequency	Percentage(%)
Yes	354	91.0
No	35	9.0
Total	389	100
If yes which one?		
Birth	300	77.1
Death	7	1.8
Marriage	27	6.9
Divorce	55	14.1
Total	389	100
How many did you registered?		
1-3	104	26.7
4 and above	285	73.3
Total	389	100
When did you register?		
Immediately after the event	113	29.0
Within 60 days of the event	156	40.1
One year after the event	57	14.7
At your convenience	63	16.2
Total	389	100
Where did you register them?		
Health facility	251	64.5
Ward head's house	43	11.0
Nearest NPC office	37	9.5

L.G Secretariat	58	14.9
Total	389	100

From table 1.3: Most of the respondents (91%) had registered their children and family while 9% did not. Concerning registration of vital events majority of the respondents (97.9%) practiced birth registration only 2% registered deaths recorded, while 11% registered divorce and the 7% registered for marriages. Findings showed that 73.3% of the respondents registered vital events 4 times and above, 26.7% registered vital events for 1 to 3 times, while 29.0% registered immediately after the event. Also 40.1% registered within 60 days after the event, 14.7% registered one year after the event, while 16.2% registered at convenient time. Out of 389 respondents, 64.5% registered vital events at health facility, 14.9% registered at Local Government secretariat and 11.0% registered at ward head house, while only 9.5% registered at nearest National Population Commission (NPC) office.

REASONS FOR NON REGISTRATION OF VITAL EVENTS

Table 1.4: Distribution of Respondents who have not Registered Vital Events

	How many births of your children were not Registered?	Frequency	Percentage (%)
	1 -4	292	75.1
	5-7	75	19.2
	8 and above	22	5.7
	Total	389	100
	How many deaths of your children were not Registered?		
	1-4	4	1.0
	5-8	15	3.9
	9 and above	370	95.1
	Total	389	100
	How many marriages of your children were not Registered?		
	1-3	23	5.9
	4-9	356	91.5
	10 and above	10	6.2
	Total	389	100
	How many divorces of your children were not Registered?		
	1-4	310	79.6
	5-7	36	9.3
	8 and above	43	11.1
	Total	389	100
	What was the reason for not registering them?		
	Not aware of the registration	41	22.5
	Place of the registration is far	107	58.8
	I don't know where to register	12	6.6
	I don't think is important	6	3.3
	Others like I don't have time	16	8.8
	Total	182	100
	What other reason do you think are responsible for non-registration of births and deaths?		
	Ignorance and Lack of awareness	135	34.7

	Western agenda	104	26.7
	Lack of facilities	73	18.8
	Negligence	24	6.2
	Other factors like inadequate NPC staffs	13	3.3
	No response	40	10.3
	Total	389	100

From table 1.4: About 75.1% of the respondents had not registered the births of 1 to 4 of their children. Most of the respondents (95.1%) had not registered the deaths of 9 and above of their children. About 91.5% had not registered the marriages of 4 to 9 of their children. And also 79.6% of the respondents had not registered for marriage of 1 to 4 of their children. While concerning the reason of non-registration, 58.8% of the respondents gave the reason for not registering the vital events of their family members as place of the registration is far, 22.5% said they are not aware of the registration, only 3.3 said registration of vital events is not important, and others (8.8%) said they don't have time, some said registering vital events is just a waste of time, some said it has no value in Nigeria, some said child can survive without birth registration. Majority of the respondents (34.7%) considered ignorance and lack of awareness to be the major factor for non-registration of vital events, 26.7% western agenda, 18.8% lack of facilities for registration, another 6.2% considered negligence to be a factor, 3.3% said it is not important. Also 10.3% didn't respond to the question.

Table 1.5: Respondents Future Plan to register vital events and how to encourage vital Registration among People

Would you like to register your subsequent birth, death, marriage and divorce of your children or family members?	Frequency	Percentage (%)
Yes	348	89.5
No	41	10.5
Total	389	100
If no why?		
It is not important	28	34.1
Waste of time	14	17.1
Other reasons like child can survive without	40	48.8
Total	82	100
In your own opinion, how can vital registration be encouraged among the people?	Frequency	Percentage (%)
Use mass media to educate the population on importance of vital registration.	106	27.2
Employments of more personnel's for vital registration	31	8.0
NPC staffs should go door to door to educate parent on importance of vital registration.	13	3.3
Government should provide adequate NPC offices in the community.	95	24.4
Link vital registration with census and enact compulsory registration.	11	2.8
No response	133	34.2
Total	389	100

From the Table 1.5: Majority of the respondents (89.5%) indicated that they will register subsequent births, deaths, marriages and divorces of their children/ family members while 10.5% said they will not register vital event, thus giving various reasons such as; it is not important (34.1%), it is a waste of time (17.1%), other reasons such as; it is a western agenda and the child can survive without it (48.8%).

For the respondents' opinion on how vital registration can be encouraged, majority of the respondents (27.2%) said the use of mass media is one of the important ways to encourage vital registration among people, while 34.2% of the respondents did not respond to the question. Also 24.4% said Government should provide adequate NPC offices in the community, 8% indicated employment of more personnel's for vital registration, and 2.8% said that vital registration should be linked with census and be compulsory registration.

DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter comprises of discussion on findings, summary of the research work, conclusion and recommendations.

Discussion

The study of knowledge and practice of vital registration was carried out among families in Samaru community using a sample size of 400. Out of the 400 questionnaires distributed, 389 were retrieved. Majority of the respondents (36.5%) fall within the age group of 15-25years, 64.5% of the respondents were male while 35.5% were female. Most of the respondents were Muslims (75.1%) and the rest were Christians (24.9%). The major ethnic group of the respondents appeared to be Hausa (57.1%), 14.9% were Yoruba, 12.8% were Igbo and other ethnic groups account for 15.2% which include Kataf, Ebra, Fantswam, Igala, among others. This is typical of northern Nigeria where majority of the population are Hausas and Muslims (Core Welfare Indicator Questionnaire Survey, 2006). Also 77.4% respondents were married, 13.1% single, 36.5% had tertiary education, 25.2% secondary education, 15.7% had primary education and 22.6% had no formal education. Concerning occupation of the respondents, majority (27.2%) were petty traders.

Out of the 389 respondents, 81.5% of the respondents had good awareness and knowledge on vital registration while 13.1% had average knowledge and 5.4 had poor knowledge on vital registration especially for deaths and births and the major source of information was through health workers. This is similar to the study conducted by Akande and Sekoni (2005) in Oke-Oyi town of Kwara state which shows that; out of the 279 respondents interviewed, 97.6% were aware of birth registration and 32% were aware that death supposed to be registered. This could be due to the fact that majority of the respondents (76.4%) had formal education.

According to this study 91% of the respondents had registered their children and family before while 10% did not. Concerning practicing of vital registration (events) majority of the respondents (79%) were registered for birth which is in line with the study conducted by UNICEF (2002) which stated that; the estimated figure for the rate of registration of children in China is over 90%, Australia 90%, Malaysia over 90% and 70-80% in Pakistan (Liu, 2005). This may be so because birth certificate is obtained in the process of registration which is used for official purposes including enrolment in schools. Only 2% registered for death. This is similar to the study of Parasanta et al (2002) which shows that death registration system is stagnant worldwide with only 22 countries reporting yearly data for the number of death since 1961 (United Nation Statistical Division, 2004). In relation to this study, this may be possible because the level of awareness of death registration is low. Similarly, UNICEF actively promotes birth registration as a human right and has supported national initiatives on this matter but it does not accord similar priority to the registration of deaths (UNICEF, 2005).

Findings showed that only 11% registered for divorce and 7% were registered for marriage. Also 73.3% of the respondents registered vital events 4 times and above, while 26.7% registered vital event 1 to 3 times, and 29.0% registered immediately after the event. This is similar to the study conducted by UNICEF (2008) which shows that in Nigeria alone 70% of the 5 million children born annually are not being registered at birth, 40.1% registered within 60 days after the event followed by 16.2% registered at convenient time. This is in line with the study conducted by (Sani, 2011) on knowledge attitudes of births and deaths registration which showed that 15% and 15.4% registered the birth and death respectively at their convenient time. About 14.7% registered one year after the event. Others registered their children at their own convenient time to have birth certificates for the benefit of school.

Out of the 389 of the respondents, 64.5% registered vital events at health facility; Very few of the respondents were aware of National Population Commission (NPC), as only 9.5% registered at nearest NPC office. This is due to the scarcity of the NPC centers with 3 centers in each local government one at the headquarter town (Singha, 2002). Registration of the vital events at the ward head's house is not effective in the studied area likewise at Local Government Secretariat. Among the 309 respondents that registered their family members, only 11.0% registered at the ward head' house and none of the respondents registered the death of his family members in the ward head's house while 14.9% registered at Local Government Secretariat. This is simply because the major source of information about the registration comes from the health workers.

Also, About 75.1% of the respondents had not registered the births of 1 to 4 of their children. Most of the respondents (95.1%) had not registered the deaths of 9 and above of their children. This is similar to the study of Parasanta et al (2002) which shows that death registration system is stagnant worldwide with only 22 countries reporting yearly data for the number of deaths since 1961 (United Nation Statistical Division, 2004). In relation to this study, this may be possible because the level of awareness of death registration is low. About 91.5% had not registered the marriages of 4 to 9 of their children. And also 79.6% of the respondents had not registered for marriage of 1 to 4 of their children.

Numerous reasons were given by the respondents regarding non-registration of vital events. And 58.8% of the respondents gave the reason for not registering the vital events of their family members as place of registration are far, 22.5% said they are not aware of the registration, while 3.3% said registration of vital events is not important. Others resources indicate 8.8% that said they don't have time, some said there's no absolute reason for them to register vital events, some said registering vital events is just a waste of time, some said it has no value in Nigeria, and others said their children can survive without birth registration.

Other factors responsible for non-registration of birth and deaths given by the respondents include Ignorance and lack of awareness (34.7%) , it is a western agenda 26.7%, due to lack of facilities for registration (18.8%), while 6.2% considered negligence to be a factor, and 10.3% didn't respond to the question.

Majority of the respondents (89.5%) wanted to register their subsequent births, deaths, marriages and divorces which will enable their children to have birth certificates and enroll in schools and have identity and to claim property in case of deaths while 10.5% said they will not do subsequent registration of vital events.

On the respondents' opinion on how vital registration can be encouraged, majority of the respondents (27.2%) said the use of mass media is one of the important ways to encourage vital registration among people, while 34.2% of the respondents didn't respond. About 24.4% said Government should provide adequate NPC offices in the community, 8% said there should be employment of more personnel's for vital registration, 2.8% said linking vital registration with census and making it compulsory registration is one of the important ways to encourage vital registration among people. This is similar to the opinion of Singha (2002) that the office of National Population Bureau (NPB) was established to carry out the dual functions of census and organizing compulsory registration all over the nation.

CONCLUSION

A functional vital registration system in any country should be maintained to supply the most reliable data on vital events and population dynamics as well as to provide indicators for health and development for the country (WHO, 2007). Vital registration especially for Birth and death need to be complete for planning purposes. The study of knowledge and practice of vital registration among families in Samaru community found that birth registration system is effective in the community and that of death, marriage and divorce registration are deficient.

REFERENCES

- [1] Akinsola, H.A (2008), A-Z of community Health in Medical, Nursing and Health education practice, 2nded, Ibadan, Nigeria. College press and publishers limited.
- [2] Archibald, M. Morrison, D., Marilyn; N. D, Murowchick, E., Rogers G.M, Wilsdon, A., Wells, E., (2002). "Teen Sexual Behavior: Applicability of the Theory of Reasoned Action". *Journal of Marriage and Family Volume 64*. Pg 885-897.
- [3] Arun, S., Sujatta, B.R (2004), Birth Registration in India A background note, community Development foundations, Bangalore, <http://books.google.ng/books>
- [4] Claudia M.S , Frances A.M (2000), Community Heath Nursing, Theory and Practice, 2nd, ed. London, WB Saunders Company.
- [5] Ajzen, I. (1998). Attitude, Personality and Behavior, Chicago, Illinois: The Dorsey Press. National-Core Welfare Indicator Questionnaire Survey (CWIQ) 2006, 3rded, AkwaIbom State, National Bureau of Statistic – Federal Government of Nigeria – FGN-Funding.
- [6] Mba, C.J. (2002), Civil Registration System and Census exercise in Nigeria; The challenges of demographic estimation, Union for African Population studies. 5nd African Population conference. Arusha, Tanzania. Available from:www.uaps2002.princeton.edu/abstractviewer.aspx?submissionId=70109
- [7] Daniel, M.L. (2007), The Family History Zone, Vital Records, most accessed from [www. Amazon.com](http://www.Amazon.com) pp 1-5.

- [8] Akeseode, F.A (2007), Registration of birth and death in Lagos, Nigeria. *Journal of tropical of Pediatric*; 17: 97 – 100.
- [9] Florida, (2007), Vital Records Registration Handbook 5th, ed. Florida publishing company Hetzel, A.M. and Hyattsville, M.D. (2007), History and Organization of Vital Statistics System. National Centre For Health statistics. Available: http://www.cdc.gov/nchs/data/dvs/panelreport_acc.pdf
- [10] Parasanta m., Kenji S., Alan D., Francis C., Simon S. (2007), Civil Registration System And Vital Statistics: successes and missed opportunities accessed from <http://www.thalancet.com>
- [11] Ifeyinwu, O. (2007) National Birth Registration as a Must accessed on <http://www.vanguardonline.com>
- [12] National Population Commission of Nigeria, (2005/2010), <http://www.population.gov.ng/files/nationafinal.pdf>
- [13] Nations Children’s Fund NY Child Protection (2008) @[unicef.org](http://www.unicef.org)
- [14] Sharon D., Martins N.(2005/2002), A Guide to Iravanex Preparation on the convention of right of Child (CRC). Available from <http://www.unicef.org/crc/>
- [15] Singha P. (2002), Introduction Text on Demography, for medical and paramedical students, 2nded, Calcutta, krepublishers.
- [16] Swain, G.R., Ward, G.K, Hartlaub pp. (2006), Death Certificate, Let get it right, American family Physician accessed from: www.pubmed/index.com
- [17] The Convention on the right UNICEF, (2006), Child Protection sheet on birth registration, United Nations children’s fund NY Child Protection @[unicef.org](http://www.unicef.org).
- [18] Yu, S.H, Chang, Y.S, Kim, K.J (1971), Study of Knowledge, Attitude and Practice of Maternal And Child Health Among Women in Yansen community health care, Kunming, china, Karesa Press med., 4(1),pp 77 88.<http://www.planinternational.org/birthregistration/files/count.everychild-2009>.
- [19] Richardson, Brian; Wang, Zuoming; Hall, Camille, (2012). "Blowing the Whistle Against Greek Hazing: The Theory of Reasoned Action as a Framework for Reporting Intentions".*Communication Studies*. Available on :[https://en.m.wikipedia.org/theory of reasone and action](https://en.m.wikipedia.org/theory_of_reasoned_action)
- [20] World Health Organization (2007). Civil registration: Why counting births and deaths is important. Fact Sheet No 324.
- [21] The challenges of demographic estimation. Union for African Population Studies. 5th African Population Conference Arusha, Tanzania (2007). Available from: www.uaps2007.princeton.edu/abstractViewer.aspx?submissionId=70109. [Last accessed in2010].
- [22] Hill K, Lopez AD, Shibuya K, Jha P. (2007) Interim measures for meeting needs for health sector data: Births, deaths and causes of death. *Lancet*;320:1726-35.
- [23] Akande TM, Sekoni OO, (2005), A survey of birth and death registration in a semi-urban settlement in middle belt, Nigeria.*European Journals of Scientific Research*; 8:56- 60.
- [24] United Nations Children’s Fund, (2007). Progress for Children: A World Fit for Children Statistical Review (paperback).
- [25] Tobin EA, Obi AI, Isah EC. (2013) Status of birth and d eath registration and associated factors in the South-south region of Nigeria. *Annals of Nigerian Medicine vol. 7; 7:3-7*
- [26] Hetzel, A.M. (2007), History and Organization of Vital Statistics System. National Centre For Health statistics. Available from: http://www.cdc.gov/nchs/data/dvs/panelreport_acc.pdf
- [27] Parasanta m., Kenji S., Alan D., Francis C., Simon S. (2007), Civil Registration System And VitalStatistics: successes and missed opportunities accessed on <http://www.thalancet.com>
- [28] UNICEF (2006), Birth Registration Right From The Start: Innocenti Research Center, pp 7-10.
- [29] UNICEF (2005), Brith Registration Right From The Start: Innocenti Research Center, pp 5-5.
- [30] UNICEF (2006), Nigeria at a Glance: @[unicef.org](http://www.unicef.org)
- [31] Pais SM, (2009), Birth registration right from the start. UNICEF Innocenti Digest Juvenile justice, ;2:1-32.
- [32] Mba CJ. (2000) Civil registration system and census exercise in Nigeria: The challenges of demographic estimation, Union for African Population studies. 5nd African Population conference. Arusha, Tanzania. Available from:www.uaps2002.princeton.edu/abstractviewer.aspx?submissionId=70109