

Rwanda



2019-20 Demographic and Health Survey Summary Report





The 2019-20 Rwanda Demographic and Health Survey (2019-20 RDHS) was implemented by the National Institute of Statistics of Rwanda (NISR) in collaboration with the Ministry of Health (MOH). The funding for the 2019-20 RDHS was provided by the Government of Rwanda, United States Agency for International Development (USAID), the United Nations Children Fund (UNICEF), the United Nations Population Fund (UNFPA), Enabel (Belgian Development Agency), UNWOMEN, and Centers for Disease Control and Prevention (CDC). ICF provided technical assistance through The DHS Program, a USAID-funded project that provides support and technical assistance in the implementation of population and health surveys in countries worldwide.

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ABOUT THE 2019-20 RWANDA DHS

The 2019-20 Rwanda Demographic and Health Survey (RDHS) is designed to provide data for monitoring the population and health situation in Rwanda. The 2019-20 RDHS is the 6th Demographic and Health Survey conducted in Rwanda since 1992, and the objective of the survey was to provide reliable estimates of fertility, use of family planning methods, breastfeeding practices, nutritional status of women and children, maternal and child health, adult and childhood mortality, women's empowerment, domestic violence, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health-related issues such as smoking. It also tested for the prevalence of anemia, malaria, HIV, and selected micronutrient indicators. The information collected through the 2019-20 RDHS is intended to assist policymakers and program managers in designing and evaluating programs and strategies for improving the health of the country's population.

Who participated in the survey?

A nationally representative sample of 14,634 women age 15-49 in 12,949 selected households and 6,513 men age 15-59 in half of the selected households were interviewed. This represents a response rate of greater than 99% of women and men. The sample design for the 2019-20 RDHS provides estimates at the national and provincial levels, and for urban and rural areas.

RWANDA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Rwandan households have an average of 4.3 members. Nearly one-third (32%) of households are headed by a woman. Forty-two percent of the household population in Rwanda is under age 15.

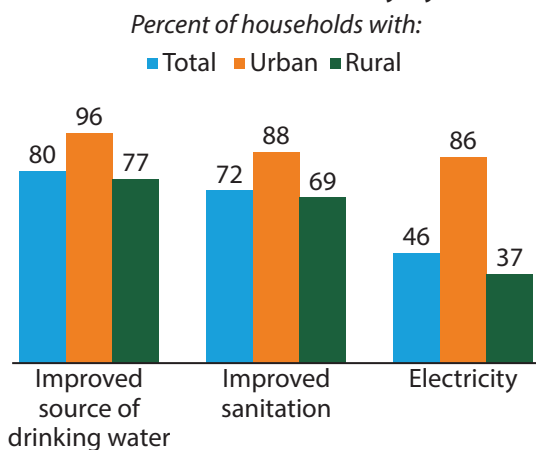
Water, Sanitation, and Electricity

Four in five households in Rwanda have access to an improved source of drinking water. Nearly all households in urban areas (96%) and 77% of households in rural areas have access to an improved water source. For 35% of households it takes more than 30 minutes to get drinking water.

Seventy-two percent of Rwandan households have access to an improved sanitation facility. This includes 88% of households in urban areas and 69% of households in rural areas. One in four households use an unimproved sanitation facility, and 3% of households have no sanitation facility.

In Rwanda, 46% of households have electricity. Households in urban areas (86%) are more than twice as likely to have electricity than are households in rural areas (37%).

Water, Sanitation, and Electricity by Residence



Ownership of Goods

Seventy-one percent of households own a mobile phone, including 90% of households in urban areas and two-thirds of households in rural areas. Two in five households own a radio, 14% own a television, and 2% of households own a car/truck. Households in rural areas are more likely to own agricultural land (67%) and farm animals (54%) than are households in urban areas (24% and 19% respectively).



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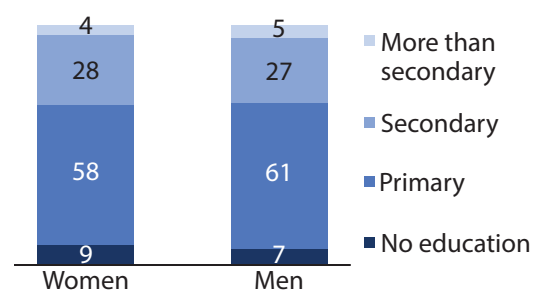
Education

Nine percent of women and 7% of men age 15-49 in Rwanda have no education. Fifty-eight percent of women and 61% men age 15-49 have attended primary school. Nearly one-third of women and men age 15-49 (32%) have secondary or higher education.

Eighty-five percent of Rwandan women and 86% of Rwandan men age 15-49 are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

Currently, women in Rwanda have an average of 4.1 children. Fertility in Rwanda remained stable between 1992 and 2005, and has since decreased steadily.

Fertility varies by residence; women in urban areas have an average of 3.4 children, compared to 4.3 children for women in rural areas.

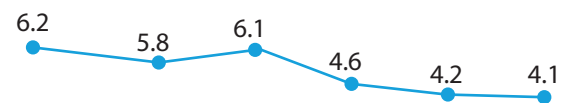
Fertility varies by province. Women in West province have the most children (4.5 on average), while women in the City of Kigali have the fewest (3.6).

Generally, fertility decreases as education level increases. Women in Rwanda with primary education have 4.4 children, compared to 3.3 children for women with more than primary education.

Fertility decreases by household wealth*. Women in the poorest households have 4.9 children on average, while women in the wealthiest households have an average of 3.4 children.

Trends in Total Fertility Rate

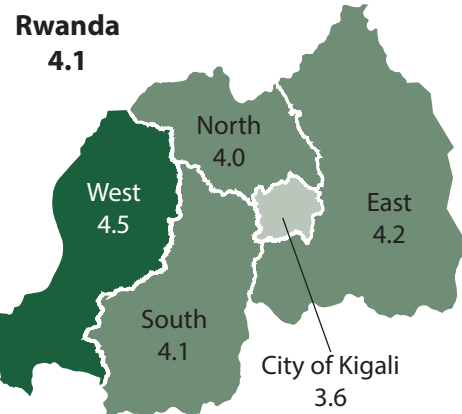
Total fertility rate for the 3 year period before the survey



1992 RDHS	2000 RDHS	2005 RDHS	2010 RDHS	2014-15 RDHS	2019-20 RDHS
6.2	5.8	6.1	4.6	4.2	4.1

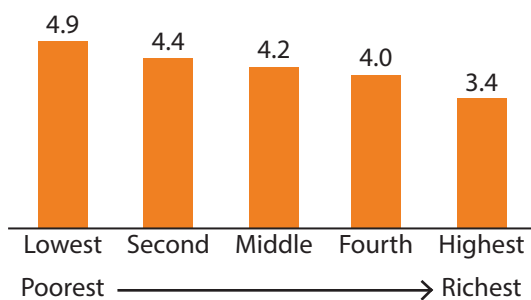
Total Fertility Rate by Province

Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



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* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Sexual Intercourse, Marriage and Birth

In Rwanda, women have their first sexual intercourse before men. Among women age 25-49, the median age at first sexual intercourse is 20.7 years, compared to 22.3 years for men age 25-49. Two percent of women and 3% of men had sex before age 15. One in five women had sex before age 18, compared to 14% of men.

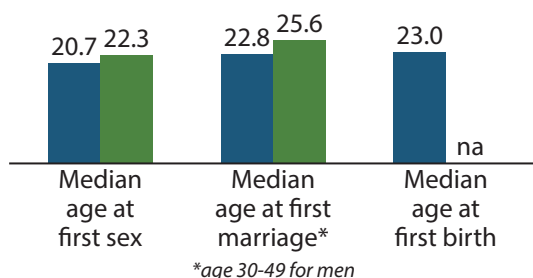
Nine percent of women and 2% of men age 25-49 are married by age 18. Nearly a quarter of women and 7% of men age 25-49 are married by age 20. Women marry at a median age of 22.8 years. Men (age 30-49) marry three years later, at a median age of 25.6 years.

In Rwanda the median age at first birth for women age 25-49 is 23.0 years. The median age at first birth increases as level of education increases. The median age at first birth for women with no education is 21.8 years, compared to 24.7 years for women with secondary education.

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49

■ Women ■ Men



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Teenage Fertility

Five percent of adolescent women age 15-19 are already mothers or are pregnant with their first child. This varies by province, from 4% of adolescent women in both West and the City of Kigali to 6% of adolescent women in East and South provinces.

Adolescent women with secondary education (3%) are less likely to have begun childbearing than young women with primary education (7%). Teenage childbearing decreases by wealth, with 8% of adolescent women in the lowest quintile compared to 3% of young women in the highest wealth quintile.

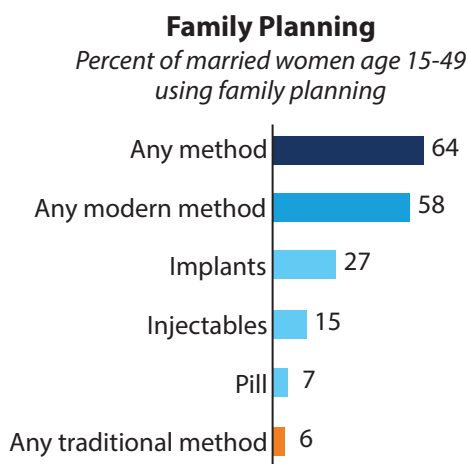
Polygyny

Eight percent of women and 3% of men age 15-49 are in polygynous unions. Among women, polygyny is most common in East and South provinces (9% each). Polygyny is most common among women with no education and women from the poorest households (12% each). Among men, polygyny is most common in the City of Kigali (4%).

FAMILY PLANNING

Current Use of Family Planning

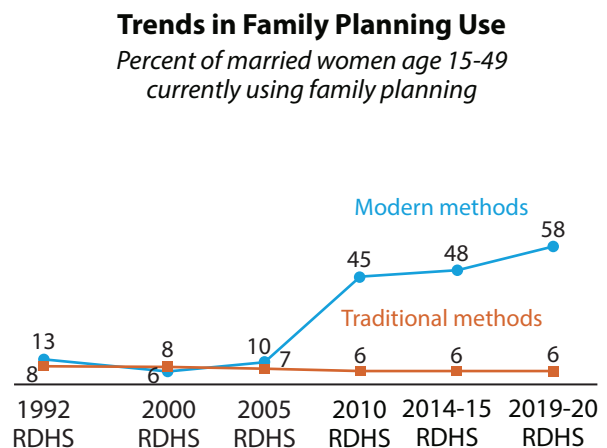
Nearly two-thirds (64%) of married women age 15-49 use any method of family planning; 58% use a modern method and 6% use a traditional method. The most popular modern methods among married women are implants (27%), injectables (15%) and the pill (7%). Among sexually active unmarried women age 15-49, 48% use a modern method and 2% use a traditional method of family planning. The most popular modern methods among sexually active unmarried women include implants (22%), injectables (15%), and the male condom (6%).



Modern method use varies by education; married women with no education are the least likely to use a modern method (52%), and women with primary education are the most likely (60%). Women in the wealthiest households are the least likely (52%) to use modern methods of family planning.

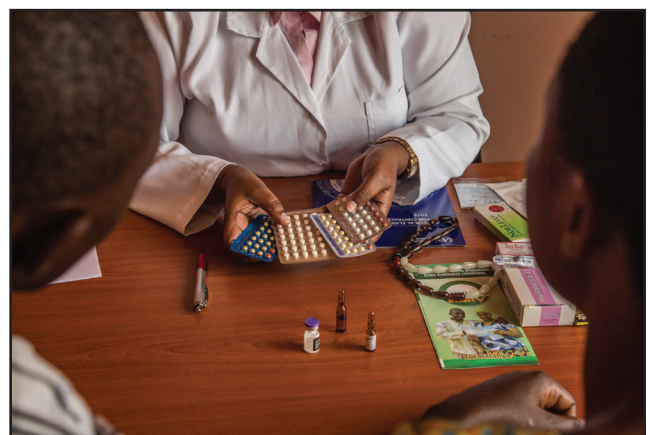
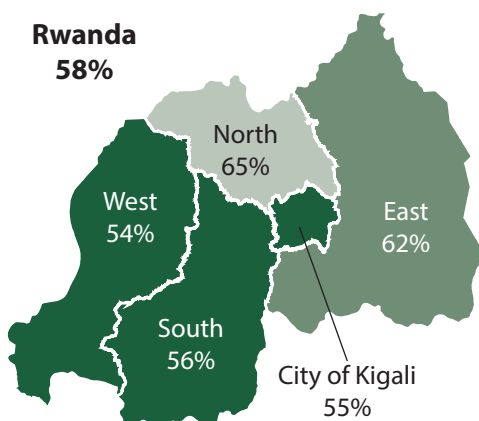
Trends in Family Planning Use

The use of modern methods of family planning by married women has increased by 10 percentage points between 2014-15 and 2019-20. Use of traditional methods has remained unchanged since 1992.



Among married women in Rwanda, use of modern methods is more common in rural areas (59%) than urban areas (55%). Modern method use varies by province, from 54% in West province to 65% in North province.

Use of Modern Methods by Province
Percent of married women age 15-49 currently using a modern method



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Demand for Family Planning

Among married women age 15-49, 35% want to delay childbearing (delay their first birth or space out births) for at least two years, and 43% do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning in Rwanda is 78%.

The total demand for family planning includes both met need and unmet need. Met need is the contraceptive prevalence rate. In Rwanda 64% of married women are using any method. The total demand for family planning (78%) has increased by six percentage points since 2014-15.

Unmet Need for Family Planning

Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. Unmet need has declined from 19% in 2014-15 to the current level of 14%. This includes 7% of married women age 15-49 who want to delay childbearing and 7% who want to stop childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. In Rwanda, the demand satisfied by modern methods has increased from 66% in 2014-15 to the current level of 75%.



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Exposure to Family Planning Messages

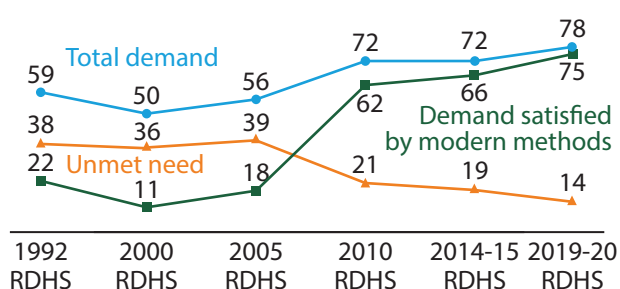
Over half (53%) of women and two-thirds of men age 15-49 have heard or seen a message about family planning in the media in the months before the survey. Radio is the most common source of family planning messages, heard by 49% of women and 63% of men.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Sixty-one percent of women age 15-49 using modern methods were informed about side effects, 57% were informed what to do if they experience side effects, 77% were informed about other family planning methods available, and 53% were informed of all three.

Trends in Demand for Family Planning

Percent of married women age 15-49



CHILDHOOD MORTALITY

Rates and Trends

The infant mortality rate (deaths to children before their first birthday) in Rwanda is 33 deaths per 1,000 live births for the 5-year period before the survey. The neonatal mortality rate is 19 deaths per 1,000 live births. The under-5 mortality rate is 45 deaths per 1,000 live births. This means that about 1 in every 22 children dies before his or her fifth birthday.

Neonatal mortality has decreased from 44 deaths per 1,000 live births in 2000 to 19 deaths in 2019-20, while infant mortality has decreased from 107 to 33 deaths per 1,000 births during the same period. Under-5 mortality has dramatically decreased from 196 to 45 deaths per 1,000 live births.

Mortality Rates by Background Characteristics

Under-5 mortality is higher in rural areas (48 deaths per 1,000 live births) than in urban areas (35 deaths per 1,000 live births) (for the 5-year period before the survey). Under-5 mortality differs by province, ranging from 31 deaths per 1,000 live births in the City of Kigali to 57 deaths per 1,000 live births in North province (for the 10-year period before the survey).

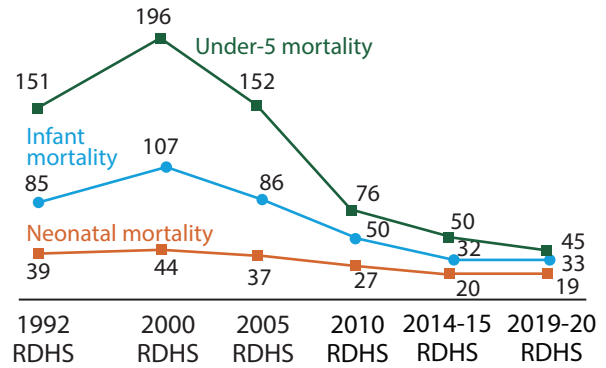
Under-5 mortality decreases as mother's education and household wealth increase. Under-5 mortality among the poorest households is 72 deaths per 1,000 live births, compared to 30 deaths per 1,000 live births among the wealthiest households.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Rwanda is 40.8 months.

Children born less than 24 months after the preceding birth have higher mortality rates. The under-5 mortality rate for children born less than two years after the preceding birth is 81 deaths per 1,000 live births, compared to 42 deaths per 1,000 live births for children born two years and four or more years after the preceding birth. Fifteen percent of all children are born less than two years after their siblings.

Trends in Childhood Mortality
Deaths per 1,000 live births for the 5-year period before the survey

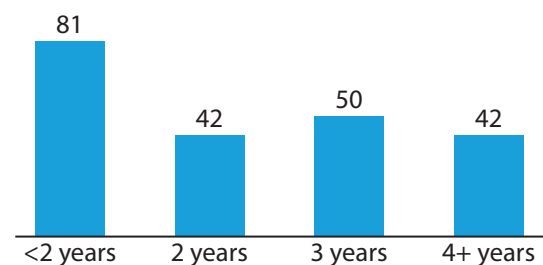


Under-5 Mortality by Province
Deaths per 1,000 live births for the 10-year period before the survey



Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

Almost all women (98%) age 15-49 received antenatal care (ANC) from a skilled provider (doctor, nurse/midwife, auxiliary midwife, community health worker, community health mother and child). The number and timing of ANC visits are also important. Fewer than half of women (47%) make four or more ANC visits. However, 59% of women have their first ANC visit in the first trimester as recommended.

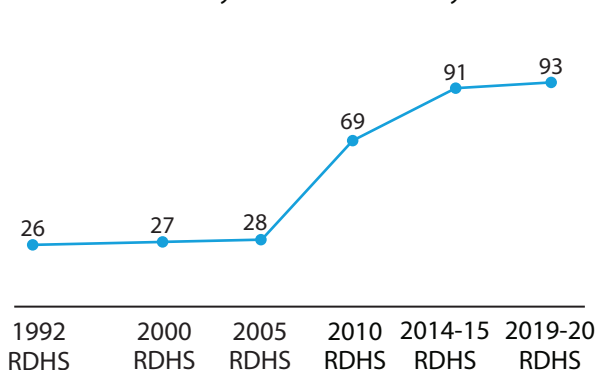
Eighty-one percent of women take iron tablets or syrup during pregnancy. Seventy-nine percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 89% had their blood pressure measured, 85% had a urine sample taken, and 98% had a blood sample taken.

Delivery and Postnatal Care

In Rwanda, 93% of births are delivered in a health facility, most (91%) in a public sector facility. Only 5% of births are delivered at home.

Health facility deliveries have increased markedly from 28% in 2005 to the current level of 93%. Health facility deliveries increase as mother's education and household wealth increase. In Rwanda, 94% of births are assisted by a skilled provider (doctor, nurse/midwife, auxiliary midwife, community health worker, community health mother and child). Nearly all births delivered in health facilities and 16% of births delivered elsewhere are assisted by a skilled provider.

Trends in Health Facility Delivery
Percent of live births delivered at a health facility in the five years before the survey



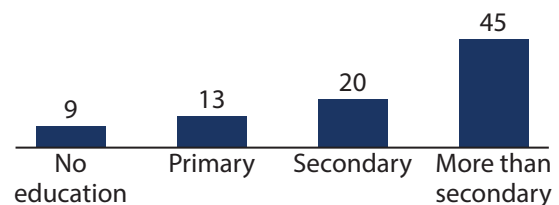
Postnatal care helps prevent complications after childbirth. Seventy percent of women and 75% of newborns received a postnatal checkup within two days of delivery. However, 28% of women and 25% of newborns received no postnatal checkup within 42 days of delivery.

Cesarean Sections

In Rwanda, 15% of births are delivered by Cesarean section (C-section). Over half of births delivered in private health facilities are C-section (56%). C-section deliveries are most common among women with more than secondary education (45%), women in the wealthiest households (27%), and women in urban areas (25%).

Cesarean Section by Education

Percent of live births delivered by cesarean section in the five years before the survey



Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Rwanda is 203 maternal deaths per 100,000 live births for the 5-year period before the survey. The confidence interval for the 2019-20 RDHS MMR ranges from 125 to 281 deaths per 100,000 live births.

The 2014-15 RDHS used a definition of maternal mortality that included deaths due to accidents or violence, and therefore MMR estimates are not comparable to estimates from previous surveys.

CHILD HEALTH

Basic Vaccination Coverage

In Rwanda, 96% of children age 12-23 months have received all basic vaccinations – one dose of BCG, three doses of DPT-HepB-Hib, three doses of oral polio vaccine (OPV), and one dose of measles and rubella vaccine. Basic vaccination coverage has increased from 76% in 2000 to 96% in 2019-20.

Age Appropriate Vaccination Coverage

According to the 2019-20 Rwanda DHS, 84% of children age 12-23 months have received all age appropriate vaccinations – this includes three doses of pneumococcal, two doses of rotavirus, an additional dose of OPV, and one dose of inactivated polio vaccine. Age appropriate vaccination coverage has increased from 57% in 2000 to 84% in 2019-20. Age appropriate vaccination coverage varies by province, from 73% in North province to 91% in the City of Kigali.

Children age 24-35 months should also receive all age appropriate vaccinations. These include the vaccinations given to children age 12-23 months and a second dose of measles and rubella vaccine. In Rwanda, 69% of children age 24-35 months have received all age appropriate vaccinations.

Age appropriate vaccination coverage of children age 24-35 months varies by province, from 55% in North province to 77% in the City of Kigali.

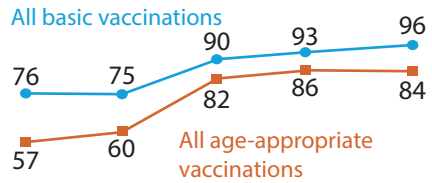
Childhood Illnesses

Two percent of children under five had symptoms of acute respiratory infection (ARI) in the two weeks before the survey. Among these children, treatment or advice was sought for 73%.

Fourteen percent of children under five had diarrhea in the two weeks before the survey. One in four children age 12-23 months had diarrhea. Among children under five with diarrhea, 52% had advice or treatment sought.

Trends in Vaccination Coverage

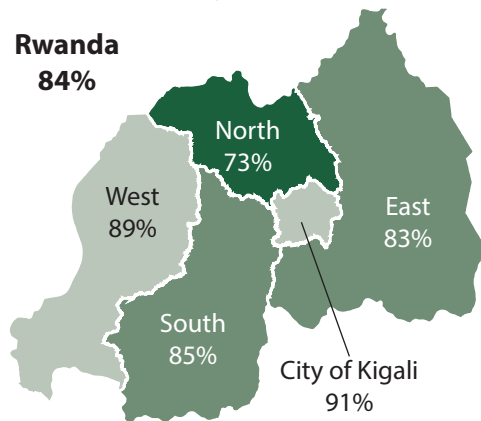
Percent of children 12-23 months



Year	2000	2005	2010	2014-15	2019-20
RDHS	RDHS	RDHS	RDHS	RDHS	RDHS

Age appropriate Vaccinations by Province

Percent of children age 12-23 months who have received all age appropriate vaccinations



Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT), which include oral rehydration salts (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhea should receive zinc. While 42% of children under five with diarrhea received ORT, 27% received no treatment. Nearly one in five children under five with diarrhea received ORS and zinc (19%).

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Nearly all (99%) children in Rwanda were ever breastfed, and 85% of children were breastfed in the first hour of life. Four percent of children received a prelacteal feed.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. In Rwanda, 81% of children under six months are exclusively breastfed. Children under three are breastfed for a median duration of 26.2 months and are exclusively breastfed for 5.4 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Rwanda, 79% of children age 6-8 months are breastfed and receive complementary foods.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In Rwanda, 84% of children age 6-23 months ate foods rich in vitamin A the day before the survey, and 87% of children age 6-59 months received vitamin A supplements in the six months before the survey. Eighteen percent of children age 6-23 months were given Ongera intungamubiri (multiple micronutrient powders) in the seven days before the survey.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anemia and other complications. Sixteen percent of women age 15-49 took iron tablets or syrup for at least 90 days during their last pregnancy.



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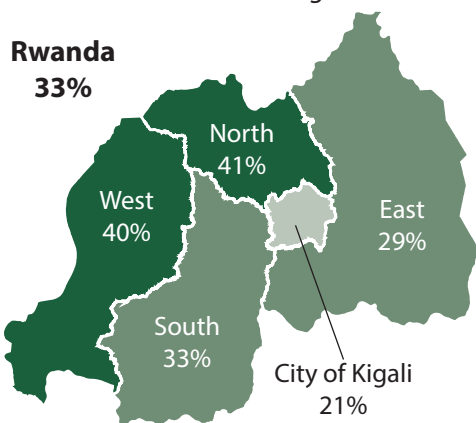
NUTRITIONAL STATUS

Children's Nutritional Status

The 2019-20 Rwanda DHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. One in three children under five are stunted. Stunting is an indication of chronic undernutrition. Stunting varies by province, from 21% in the City of Kigali to 41% in North province. Stunting decreases as mother's education and household wealth increase.

Stunting in Children by Province

Percent of children under 5 who are stunted, or too short for their age

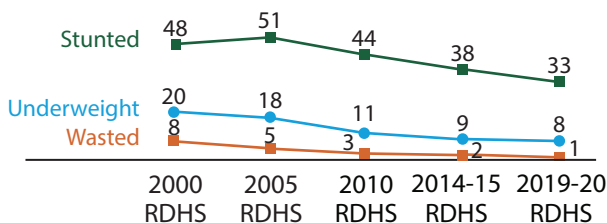


In Rwanda, 1% of children under five are wasted. Wasting is an indication of acute malnutrition. Eight percent of children under five are underweight, and 6% of children under five are overweight.

Childhood stunting has decreased in Rwanda, from 48% in 2000 to 33% in 2019-20. During the same time period, the proportion of children underweight has declined from 20% to 8%. Childhood wasting has decreased from 8% to 1% over the same period.

Trends in Children's Nutritional Status

Percent of children under 5, based on 2006 WHO Child Growth Standards



Women's Nutritional Status

The 2019-20 Rwanda DHS also took weight and height measurements of women age 15-49. Six percent of women are thin (body mass index or BMI < 18.5), and more than one in four women (26%) are overweight or obese (BMI ≥ 25.0). Overweight and obesity among women increase with household wealth, from 13% of women from the poorest households to 44% of women from the wealthiest households. Overweight and obesity have increased from 16% in 2010.

Anemia

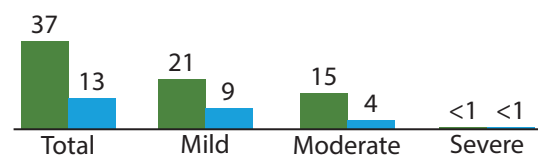
In Rwanda, 37% of children age 6-59 months are anemic—21% are mildly anemic and 15% are moderately anemic. Anemia in children is most common among those in the poorest households (42%) and among those whose mothers have no education (41%). Anemia among children has remained unchanged since 2014-15.

Anemia is less common in women than in children. Among women age 15-49, 13% are anemic—9% are mildly anemic and 4% are moderately anemic. Anemia among women has decreased from 19% in 2014-15 to 13% in 2019-20.

Prevalence of Anemia in Children & Women

Percent of children age 6-59 months and women age 15-49 with anemia

■ Children ■ Women

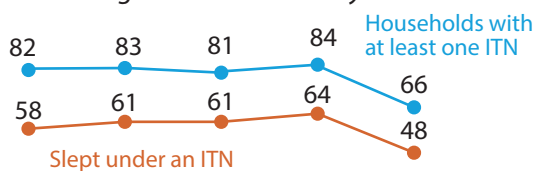


MALARIA

Mosquito Nets

Two-thirds of households in Rwanda have at least one insecticide-treated net (ITN). However, only 34% of households have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, 51% have access to an ITN and 48% slept under an ITN the night before the survey. Access to ITNs varies by province, from 44% in West province to 81% in the City of Kigali. Household ownership and use of ITNs have declined since 2017.

Trends in Ownership and Use of ITNs
Percent of households with at least one insecticide-treated net (ITN) and percent of household population who slept under an ITN the night before the survey



2010	2013	2014-15	2017	2019-20
RDHS	RMIS	RDHS	RMIS	RDHS

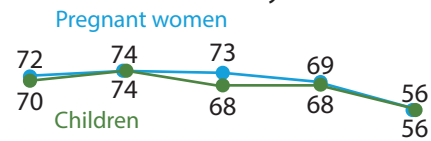
Children and pregnant women are most vulnerable to malaria. Over half of children (56%) under five slept under an ITN the night before the survey. Among children under five in households with at least one ITN, 78% slept under an ITN the night before the survey.

Children in urban areas (74%) are more likely to sleep under an ITN than are children in rural areas (52%). ITN use by children increases as household wealth increases, from 36% of children in the poorest households to 73% of children in the wealthiest households.

Over half of pregnant women (56%) age 15-49 slept under an ITN the night before the survey. Among pregnant women in households with an ITN, 82% slept under an ITN. Use of ITNs by children under five and pregnant women has declined since 2017.

Trends in ITN Use Among Children and Women

Percent of children under 5 and pregnant women age 15-49 who slept under an ITN the night before the survey



2010	2013	2014-15	2017	2019-20
RDHS	RMIS	RDHS	RMIS	RDHS

Management of Malaria in Children

In Rwanda, 19% of children under five had a fever in the two weeks before the survey. Treatment or advice was sought for 62% of children with recent fever. Among children under five with fever in the two weeks before the survey, 41% had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Rwanda. Among children under five with recent fever who received an antimalarial medication, 92% received the recommended treatment of any ACT.

Malaria Prevalence

In Rwanda, 1% of children age 6-59 months tested positive for malaria by microscopy. Malaria prevalence is higher among rural children (1%) than urban children (<1%). In the 2019-20 RDHS, women age 15-49 were also tested for malaria. Less than 1% of women tested positive for malaria by microscopy.

Due to COVID-19, data collection for the 2019-20 RDHS was paused between April and June 2020, which coincided with peak malaria transmission in the South and East provinces. The survey collected data in these two provinces in June and July 2020, during the off-peak malaria season. For this reason, malaria prevalence results presented here cannot be compared to results from previous surveys that were conducted during peak malaria season.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge of HIV Prevention Methods

In Rwanda, 83% of both women and men age 15-49 know using condoms and limiting sex to one uninfected partner can reduce the risk of HIV. Women in urban areas (79%) are less likely than women in rural areas (84%) to have knowledge of both HIV prevention methods, while men in urban areas (88%) are more likely than men in rural areas (82%) to know this.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

While 92% of women and 90% of men know that HIV can be spread by breastfeeding, only 73% of women and 64% of men know that HIV can be transmitted from mother to child during pregnancy. However, 94% of women and 92% of men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

Higher-Risk Sexual Intercourse

In the 12 months before the survey, 9% of women and 12% of men had sexual intercourse with a person who was neither their spouse nor lived with them. Among those, 46% of women and 70% of men used a condom during last sexual intercourse. Women have an average of 1.7 sexual partners in their lifetime, compared to 2.8 average sexual partners for men.

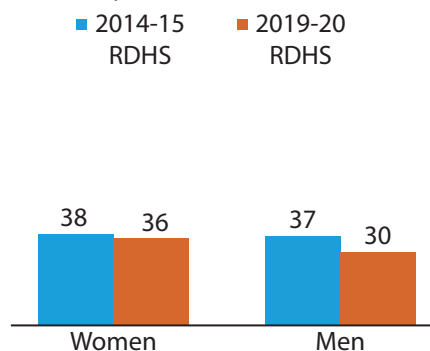
HIV Testing

Nearly all women (97%) and men (98%) know where to get an HIV test. Seventy-eight percent of women and 64% of men have ever been tested for HIV and received the results. Twenty percent of women and 35% of men have never been tested for HIV.

In the 12 months before the survey, 36% of women and 30% of men have been tested for HIV and received their results. Recent HIV testing has slightly declined since 2014-15 for both women and men.

Eighty-six percent of pregnant women received HIV counseling, testing, and their result during ANC.

Trends in Recent HIV Testing
Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received their results



WOMEN'S EMPOWERMENT

Employment

In Rwanda, 84% of married women and nearly all married men (>99%) were employed at any time in the 12 months before the survey. Among employed women, 37% earned cash and 23% were not paid, compared to 48% of employed men who earned cash and 8% who were not paid. Among employed women who earn cash, 91% report that they decide alone or jointly with their husband how to spend their earnings; 9% report that mainly their husband decides. Fifty-eight percent of employed women who earn cash say they earn less than their husband, 26% earn the same, and 12% earn more.

Ownership of Assets

In Rwanda, 42% of both women and men own a home, alone or jointly. In addition, 31% of women own land, alone or jointly, compared to 34% of men.



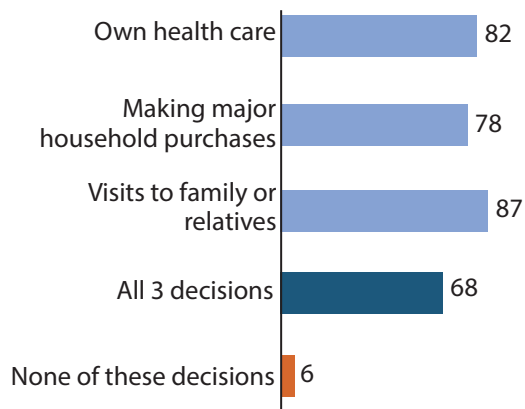
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Participation in Decision Making

The 2019-20 RDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. In Rwanda, 82% of married women have sole or joint decision making power in their own health care, 78% make decisions about major household purchases alone or jointly, and 87% make decisions about visits to her family or relatives. More than two-thirds of married women (68%) participate in all three above decisions, and 6% of women participate in none of the decisions. Women's participation in all three decisions increases as level of education increases, from 63% of women with no education to 88% of women with more than secondary education.

Participation in Decision Making

Percent of married women age 15-49 who make decisions alone or jointly with their spouse



Problems in Accessing Health Care

Nearly half of women (49%) age 15-49 report at least one problem in accessing health care. Forty percent of women have trouble getting money for treatment, 21% report that distance to the health facility is a problem, and 14% of women do not want to go alone.

DOMESTIC VIOLENCE

Attitudes toward Wife Beating

In Rwanda, 65% of women and 39% of men believe a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, refuses to have sex with him, has sex with someone else, or looks in his phone. Both women and men are most likely to agree that wife beating is justified if the wife has sex with someone else (61% and 36%, respectively).

Experience of Physical Violence

In Rwanda, 37% of women and 30% of men have experienced physical violence since age 15. Sixteen percent of women and 9% of men have experienced physical violence in the last 12 months before the survey.

The most common perpetrators of physical violence among ever-married women include their current husband/partner (60%) and former husband/partner (27%). Among never married women, the most common perpetrators of physical violence are their mother/stepmother (42%) and teacher (23%).

Experience of Sexual Violence

Nearly one in four women (23%) and 6% of men have experienced sexual violence. Women who are divorced/separated/widowed are more likely to have experienced sexual violence (42%) than never married women (19%) or married women (22%). Eight percent of women have experienced sexual violence in the last 12 months.

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Six percent of women who have ever been pregnant have experienced violence during pregnancy.

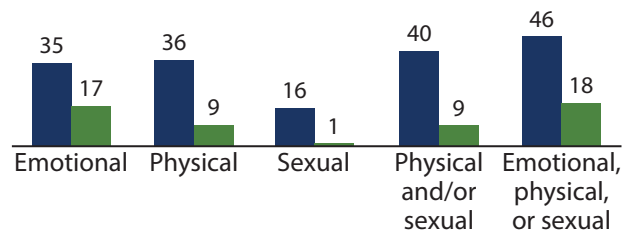
Spousal Violence

In Rwanda, 46% of ever-married women age 15-49 have experienced spousal violence, whether physical, sexual, or emotional, compared to 18% of men age 15-49. The most common form of spousal violence among ever-married women is physical violence (36%). The most common form of spousal violence among ever-married men is emotional violence (17%). Experience of spousal violence decreases as education increases: 54% of women and 24% of men with no education have experienced spousal violence, compared to 19% of women and 6% of men with more than secondary education.

Spousal Violence

Percent of ever-married women and men age 15-49 who have ever experienced the following types of spousal violence

■ Women ■ Men



Help-seeking Behavior

Forty-three percent of women and 40% of men who have experienced physical or sexual violence sought help to stop the violence. The most common sources of help for women and men are their neighbors (40% and 32%, respectively) followed by their own family (33% and 24%, respectively).

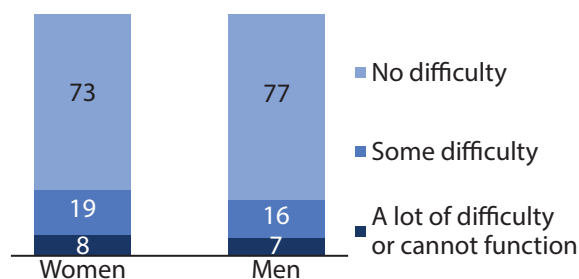
DISABILITY

Disability

The 2019-20 RDHS included questions about six domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above. Overall, 80% of the household population age five and above have no difficulty in any domain, while 14% have some difficulty and 6% have a lot of difficulty or cannot function in at least one domain. Among the household population age 15 and above, 8% of women and 7% of men have a lot of difficulty or cannot function in at least one domain.

Disability among Adults

Percent distribution of household population age 15 and above by highest degree of difficulty in functioning in at least 1 domain



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EARLY CHILDHOOD DEVELOPMENT

Birth Registration

In Rwanda, 86% of children under five have had their birth registered with the civil authorities, while only 17% of children under five have a birth certificate.

Access to Education

Ninety-two percent of primary school-aged girls and 91% of primary school-age boys are attending school, known as the net attendance ratio for primary school. For secondary school, the net attendance ratio is only 39% for girls and 34% for boys.

Early Childhood Education

Nearly one in four children (24%) age 24-59 months attends early childhood education. Early childhood education increases with age; while only 7% of children age 24-35 months attend early childhood education, 27% of children age 36-47 months and 44% of children age 48-59 months attend early childhood education.



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Support for Learning

Adults can promote learning and school readiness among children under five by engaging in the following activities: reading books or looking at picture books; telling stories; singing songs; taking the children outside the home, compound, or yard; playing with the children; and spending time with the children naming, counting, or drawing things. In Rwanda, 36% of children under five engaged in four or more of these activities in the three days before the survey with adult household members. One in ten children did not engage in any of the activities with adult household members. Only 2% of children live in a household with three or more children's books for the child.

Inadequate Care

One in four children were left under the supervision of another child younger than age 10 in the past week, and 9% of children were left alone in the past week.



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ADULT HEALTH ISSUES

Tuberculosis

In Rwanda, 68% of both women and men age 15-49 know that tuberculosis can be spread from person to person by air when someone with tuberculosis coughs, sneezes, or talks. Knowledge of tuberculosis infection increases with household wealth, ranging from 57% of women and 58% of men from the poorest households to 78% of women and 81% of men from the wealthiest households.

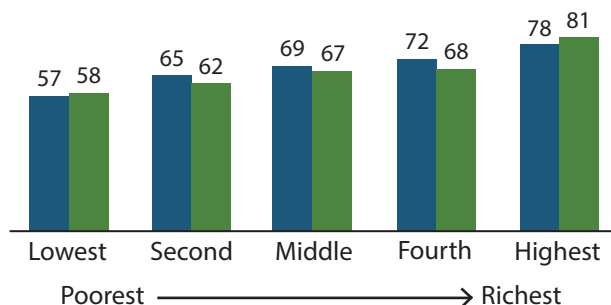
Only 38% of women and 37% of men know that any person can be at risk of having tuberculosis, while 55% of women and 59% of men would seek care when they experience symptoms suggestive of tuberculosis.

Twelve percent of women have at least one suggestive sign/symptom of tuberculosis, and among those, 39% have sought care or help. Among men, 8% have a suggestive sign/symptom of tuberculosis, and 41% have sought care or help.

Knowledge of Tuberculosis Infection

Percent of women and men age 15-49 who say that TB can be spread by air when someone with TB coughs, sneezes, or talks

■ Women ■ Men





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INDICATORS

Fertility	RWANDA	Residence	
		Urban	Rural
Total Fertility Rate (number of children per woman)	4.1	3.4	4.3
Median age at first marriage for women age 25-49 (years)	22.8	24.8	22.5
Women age 15-19 who are mothers or currently pregnant (%)	5	5	5
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	64	61	65
Current use of a modern method of family planning (%)	58	55	59
Unmet need for family planning ¹ (%)	14	15	13
Maternal Health			
Births delivered in a health facility (%)	93	98	92
Births assisted by a skilled provider ² (%)	94	98	93
Child Health (among children age 12-23 months)			
Children who have received all basic vaccinations ³ (%)	96	97	95
Children who have received all age-appropriate vaccinations ⁴ (%)	84	88	84
Nutrition			
Children under five who are stunted (%)	33	20	36
Women age 15-49 who are overweight or obese (%)	26	42	22
Childhood Mortality (deaths per 1,000 live births)⁵			
Infant mortality	33	28	34
Under-five mortality	45	35	48
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	66	76	64
Children under five who slept under an ITN the night before the survey (%)	56	74	52
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	56	70	53
HIV/AIDS			
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	36	40	34
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	30	35	29
Domestic Violence			
Women who have experienced physical violence since age 15 (%)	37	33	38
Women who have ever experienced spousal violence committed by their current or most recent husband/partner (%)	46	42	47
Early Childhood Development (among children age 24-59 months)			
Children who are attending an organized early childhood education program (%)	24	32	22

¹Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor, nurse/midwife, auxiliary midwife, community health worker, community health mother and child. ³All basic vaccinations include one dose each of BCG and Measles and rubella, three doses each of DPT-HepB-HiB and oral polio vaccine (OPV), excluding polio

Province					
City of Kigali	South	West	North	East	
3.6	4.1	4.5	4.0	4.2	
24.9	23.5	22.6	22.1	21.9	
4	6	4	5	6	
61	63	62	69	66	
55	56	54	65	62	
16	14	16	10	13	
97	92	92	96	92	
97	93	94	97	93	
97	97	95	94	95	
91	85	89	73	83	
21	33	40	41	29	
43	20	22	25	27	
23	41	32	40	35	
31	56	44	57	56	
86	65	64	66	59	
81	56	52	53	48	
77	58	58	56	42	
39	36	39	36	31	
32	27	36	34	25	
35	38	39	38	34	
46	47	48	48	42	
27	23	28	20	22	

vaccine given at birth. ⁴Age appropriate vaccinations include all basic vaccinations plus three doses of Pneumococcal, two doses of Rotavirus, an additional dose of OPV, and one dose of inactivated polio vaccine. ⁵Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

