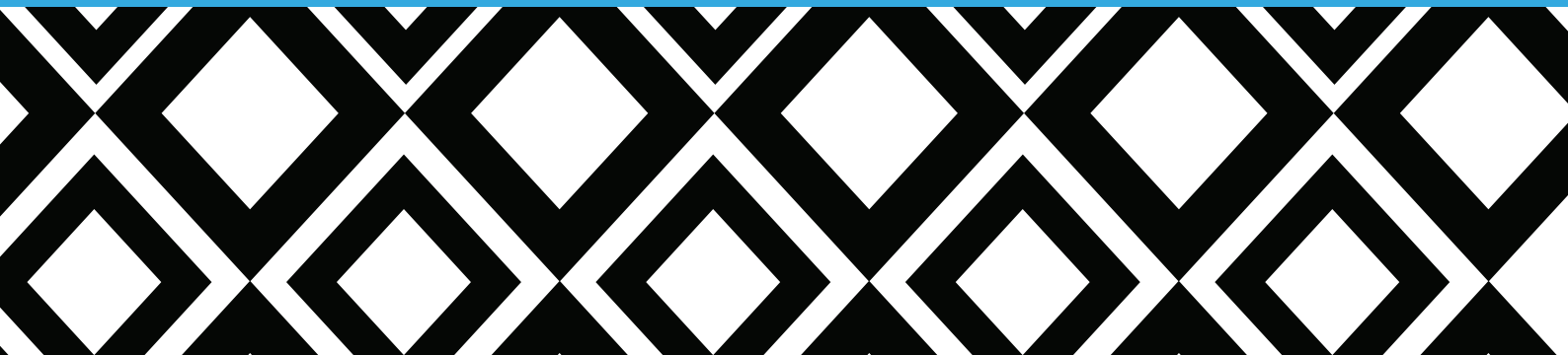




Republic of Rwanda



# Rwanda Demographic and Health Survey 2019-20



## District Profile

## South Province



Republic of Rwanda

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## District Profile

## South Province

**National Institute of Statistics of Rwanda  
Kigali, Rwanda**

**Ministry of Health  
Kigali, Rwanda**

**The DHS Program**

**ICF**

**Rockville, Maryland, USA**

February 2022



Rwanda Demographic and Health Survey 2019-20, District profile, South Province is produced by the National Institute of Statistics of Rwanda (NISR).

Additional information about RDHS 2019-20 District profile may be obtained from National Institute of Statistics of Rwanda: P.O. Box 6139, Kigali, Rwanda;

Telephone: +250788383103, E-mail: [info@statistics.gov.rw](mailto:info@statistics.gov.rw);

Website: [www.statistics.gov.rw](http://www.statistics.gov.rw)

Recommended citation:

National Institute of Statistics of Rwanda (NISR), *Rwanda Demographic and Health Survey 2019-20, District profile, South Province*, February 2022.

ISBN: 978-99977-43-09-1

## ACKNOWLEDGMENTS

The National Institute of Statistics of Rwanda (NISR) wishes to acknowledge the efforts of a number of organizations and individuals who contributed substantially to the success of the sixth Rwanda Demographic and Health Survey (2019-20 RDHS).

First, we sincerely acknowledge the men and women who generously agreed to respond to all questions they were asked. The response rate was high.

We also present our sincere thanks to the Ministry of Local Government and to the local government authorities as well as community health workers for their assistance and contribution to the smooth implementation of the survey.

We express our profound gratitude to the team from ICF International, their technical assistance contributed to the success of the survey.


We would like to express our sincere appreciation to the Ministry of Health for close collaboration with the National Institute of Statistics of Rwanda (NISR) during preparation and implementation of the survey. The orientation and directives given by the steering committee members are appreciated.

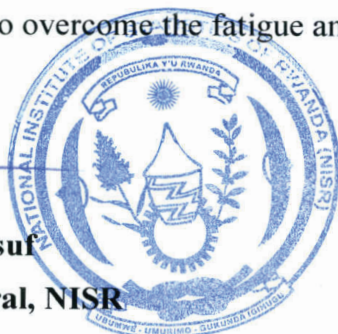
We also express our gratitude to many international organizations for their vital financial assistance. Contributions from the United States Agency for International Development (USAID), the One United Nations (ONE UN), the Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), ENABEL, and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN) were of immense importance to the effective accomplishment of the survey.

We wish to express great appreciation for the work carried out by the Technical Committee (TC) staff, namely coordinators, supervisors, cartographers, and data processors from NISR, MOH, and RBC Divisions, especially Malaria & OPD, HIV, Maternal and Child Health (MCH), and the National Reference Laboratory (NRL) that worked with dedication and enthusiasm to make the survey a success.

We recognize the valuable support provided by NISR departments, especially administration, finance and procurement services; their interventions allowed this survey to run smoothly, safely, and in good conditions. We congratulate the supervisors, cartographers, listers, team leaders, interviewers, and biomarkers technicians for their valuable efforts, and also the drivers who were able to overcome the fatigue and other challenges inherent in this type of operation.

Thank you

  
**Murangwa Yusuf**  
**Director General, NISR**





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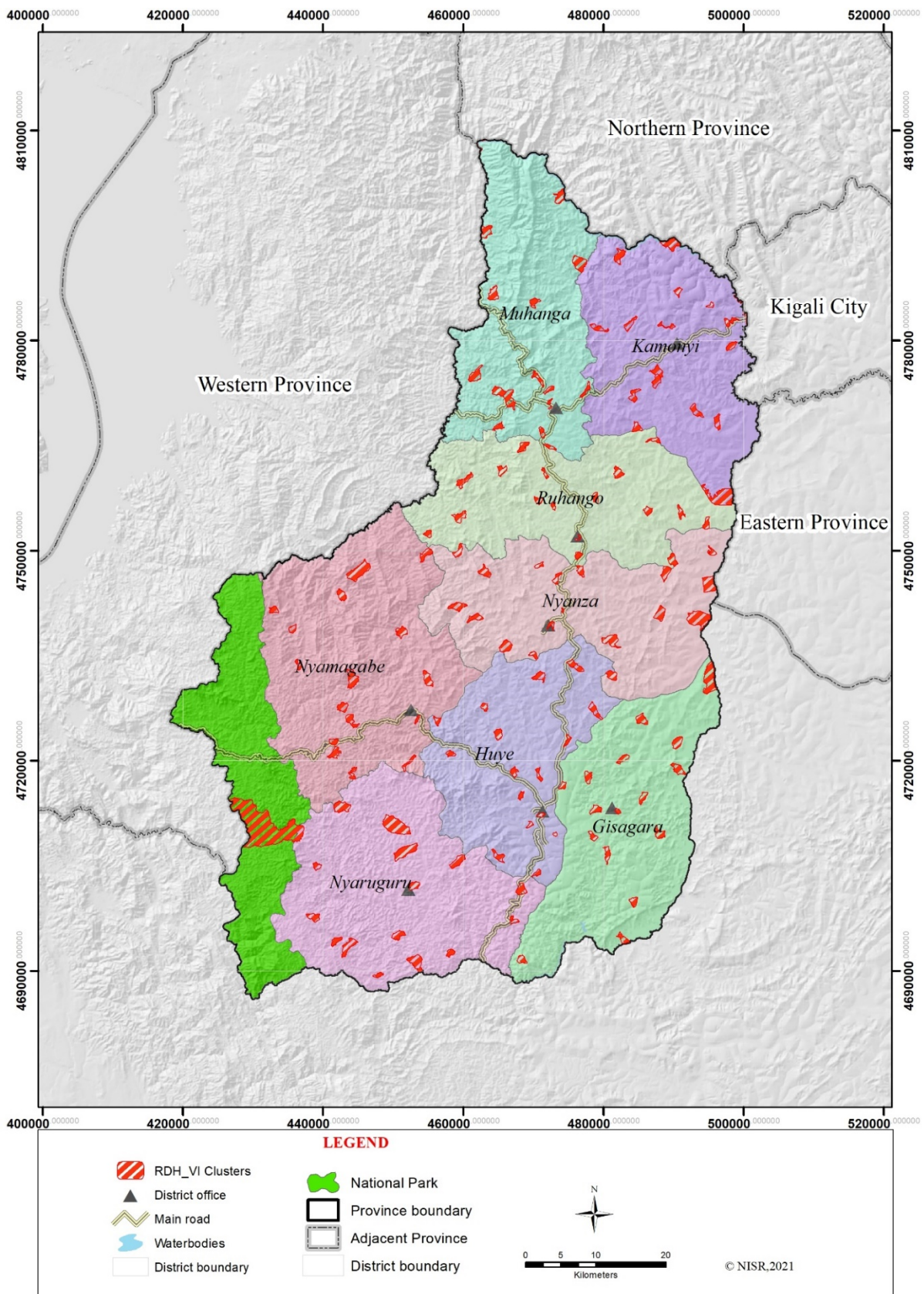
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# South Province Map, RDHS 2019-20





## Introduction

The National Institute of statistics of Rwanda in collaboration with the worldwide Demographic and Health Surveys Program implemented the 2019-20 Rwanda Demographic and Health Survey (RDHS) to collect data for monitoring progress on health programs and policies in Rwanda.

The key indicators and the main report have been produced and published at national level, this document is elaborated to disseminate RDHS 2019-20 results at decentralized level.

As for the main report, the chart book gives information on demographic and health indicators such as family planning, maternal mortality, infant and child mortality, nutrition status of mothers and children, antenatal care, delivery care, and childhood diseases. In addition, the survey was designed to measure the prevalence of anemia and malaria among women and children.

The target groups in these surveys were women age 15-49 and men age 15-59 who were randomly selected from households across the country. Information about children age 5 and under also was collected, including the weight and height of the children.

Through this document, each province will be able to trace the level attended in health care and other health related indicators through different charts that are produced. This document will also help in the design and implementation of District Development Strategy (DDS).

The National Institute of Statistics of Rwanda is pleased to invite District planners and other users to play an active role in using this valuable information to contribute to a better quality of life for the Rwandan population.



## Chapter 1: Household characteristics

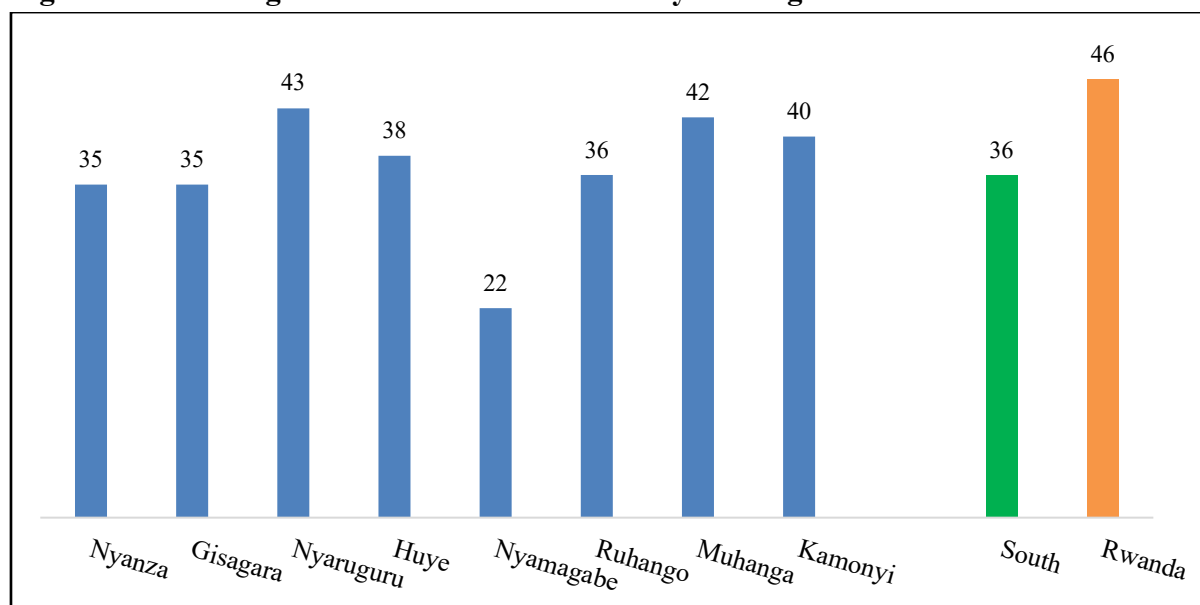
The Rwanda Demographic Health Survey (RDHS\_2019-20) collected household information. This chapter presents some of the indicators that were selected, namely; access to electricity, possession of selected durable goods, availability of hand washing place to evaluate the socioeconomic and living conditions of the household in the Districts of the South Province.

### 1.1 Electricity coverage

Figure 1 shows that 36 percent of the households in South province compared to 46 percent of the households at the national level have access to electricity. The results show large disparities between districts in the South Province. This percentage is higher in Nyaruguru District (43 percent) and lower in Nyamagabe District (22 percent) as compared to the rest of the districts in the South Province.

**Trends:** Comparing the findings of the RDHS 2014-15 and RDHS 2019-20 in the South Province, the electricity coverage has increased significantly from 11 percent to 36 percent. This change has triggered by the highest increase in Nyaruguru District from 4 percent to 43 percent.

**Figure 1: Percentage of household with electricity coverage**



Source: RDHS 2019-20

### 1.2 Household durable good

Figure 2 shows that, Mobile telephone (61 percent) is the most owned household good in South Province as compared to 71 percent at the national level. The proportion of households owning Mobile telephone is much higher in Muhanga District (64 percent). The ownership of Mobile telephone is lower in Ruhango District with 48 percent followed by Nyaruguru District with 50 percent.

The second most common household asset is a Radio, owned by 37 percent of households in the South Province compared to 40 percent at the national level, by Radio possession we only asked standalone Radio sets. Households in Muhanga and Kamonyi Districts (51 percent and

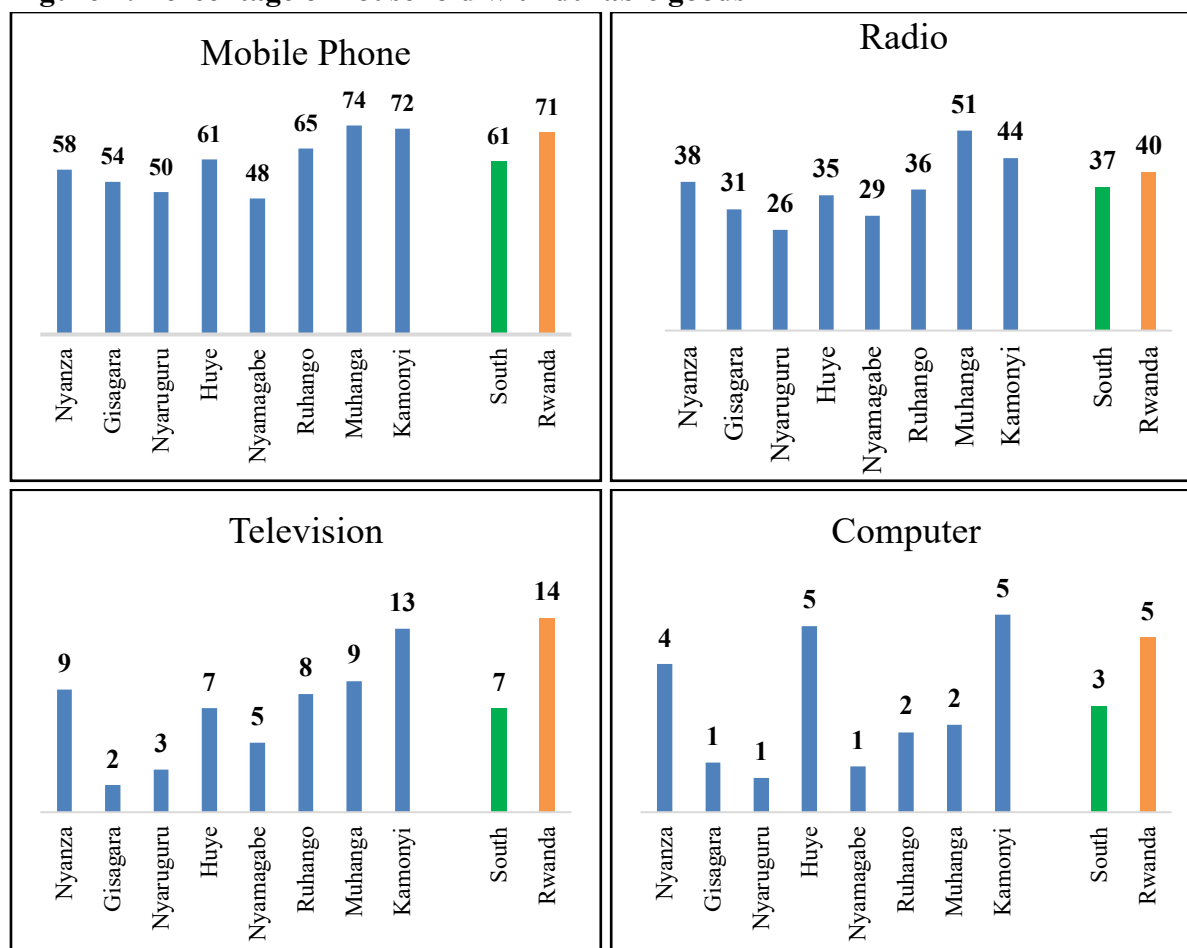
44 percent respectively) are the most likely to possess radio than households in Nyaruguru District (26 percent).

Seven percent of households own televisions in the South Province compared to 14 percent at national level. Kamonyi has the higher percentage in ownership of television with 13 percent while Gisagara has the lowest with 2 percent and it is followed by Nyaruguru with 3 percent.

Only 3 percent of households in the South Province have computers compared to 5 percent at the national level. Ownership of computer is higher in Kamonyi (5 percent), Huye (5 percent) and lower in Nyaruguru, Nyamagabe and Gisagara (each 1 percent).

**Trends:** Over five years, the percentage of households with Mobile phone has increased from 50 percent to 61 percent. It is important to note that the ownership of radio decreased in the South Province, from 50 percent to 37 percent. The percentage of household with television has increased from 5 percent to 7 percent in the South Province. Additionally, the percentage of households with computers in this province has slightly increased from 2 percent to 3 percent. The changes have observed to be the same in all the districts.

**Figure 2: Percentage of household with durable goods**



Source: RDHS2019-20

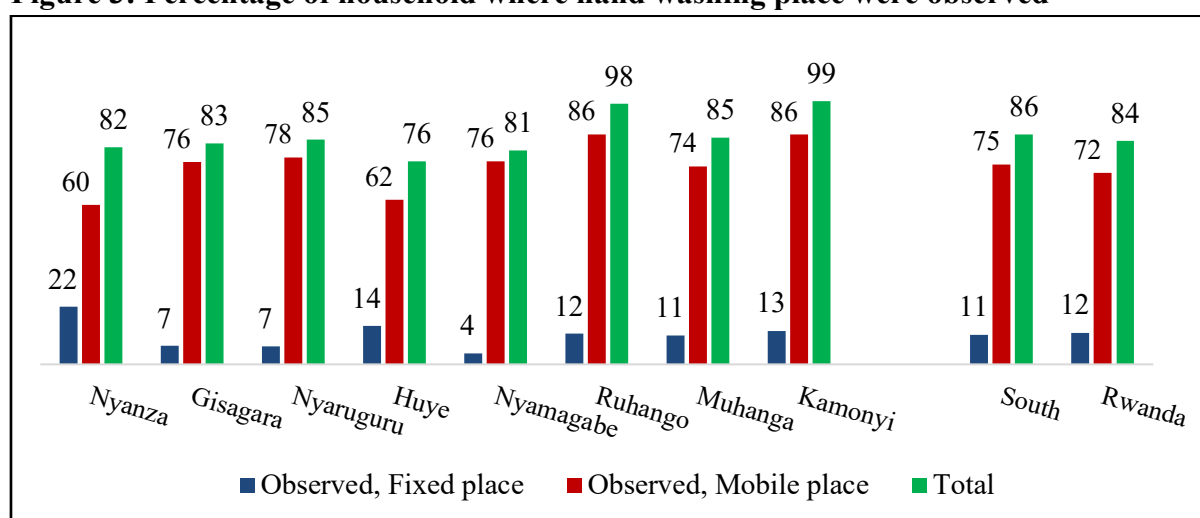
### 1.3 Hand washing place observed

Washing hands with water and soap before eating, while preparing food, and after leaving the toilet is a simple, inexpensive, and good practice that protects against many diseases. During the survey, the interviewers asked each household if there was a place used for hand washing, and, if so, they asked if they could observe the place to see if water and soap or some other hand cleansing means were available.

Figure 3 shows that 86 percent of households in the South Province and 84 percent at the national level had a fixed place or a mobile place for hand washing that was observed by an interviewer. Kamonyi District is the highest with 99 percent compare to Huye District. Fixed place for hand washing was the highest in Nyanza District (22 percent) followed by Huye District (14 percent) and the lowest in Nyamagabe District (4 percent).

**Trends:** The comparison is based on hand washing place, this report considers only place observed, the percentage of households with place for hand washing observed has decreased from 14 percent to 11 percent in the South Province and this percentage has decreased in Huye District from 39 percent to 14 by looking that at the findings of the RDHS 2014-15 and RDHS 2019-20.

**Figure 3: Percentage of household where hand washing place were observed**



Source: RDHS 2019-20





## Chapter 2: Respondent characteristics

### 2.1 Education attainment

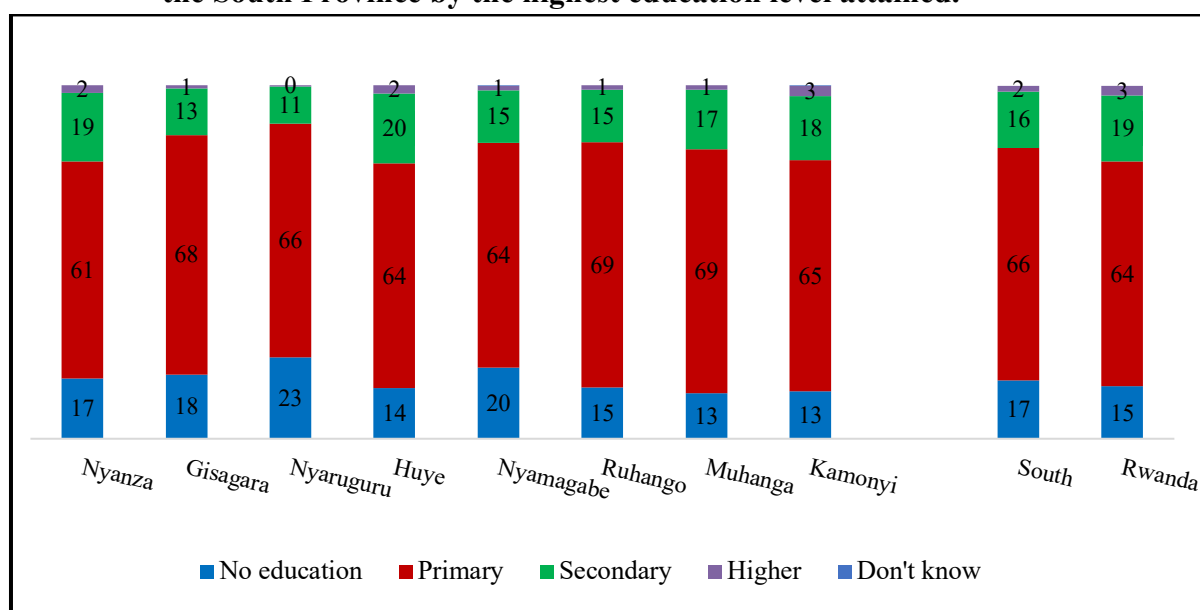
Figure 4 and Figure 5 show the distribution of female and male respondents by highest level of education attained by sex and by district of the South Province. The proportion of men who attained primary school is slightly higher to that of women in the South Province (72 percent and 66 percent, respectively), and has decreased compared to the findings of the RDHS 2014-15 (73 percent and 68 percent, respectively) compared to (66 percent and 71 percent, respectively) at national level.

At the secondary education level, the proportions are 16 percent for women and 14 percent for men in the South Province, and it is higher in Huye and Nyanza Districts (20 percent and 19 percent, respectively) and lower in Nyaruguru District (11 percent) among females. Among men, the highest proportion of respondents who attended secondary is observed in Kamonyi District (18 percent), followed by Huye District (17 percent), and it is the lowest in Gisagara District (9 percent).

About no education, Nyaruguru District has a high number of females with 23 percent compared to 17 percent and 14 percent at the provincial and national level respectively.

**Trends:** By comparing the findings from both RDHS 2014-15 and RDHS 2019-20, the Proportion of women and Men with no education in the South Province has decreased from 19 percent to 17 percent among women and from 15 percent to 12 percent among men. By district level, this proportion has decreased from 26 percent to 23 percent among women and from 20 percent to 19 percent among men in Nyaruguru.

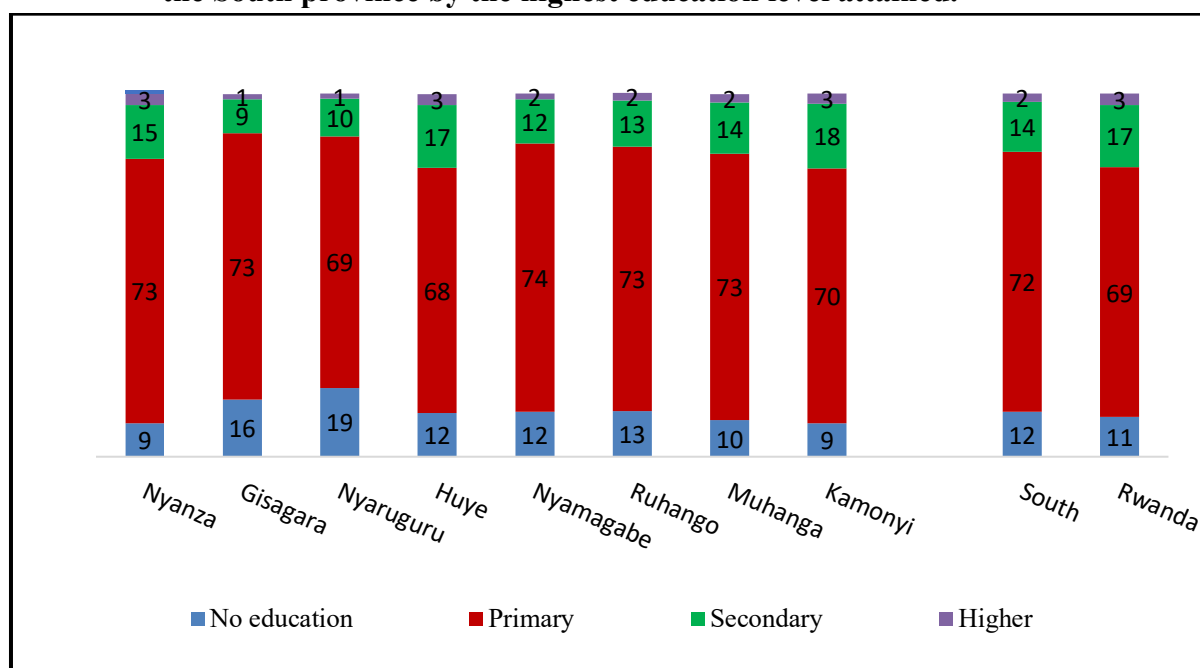
**Figure 4: Percent distribution of de facto female household population age 6 and over in the South Province by the highest education level attained.**



Source: RDHS2019-20

\*Here the zero (0) represents the figure that is less than 0.5.

**Figure 5: Percent distribution of de facto male household population age 6 and over in the South province by the highest education level attained.**



Source: RDHS2019-20

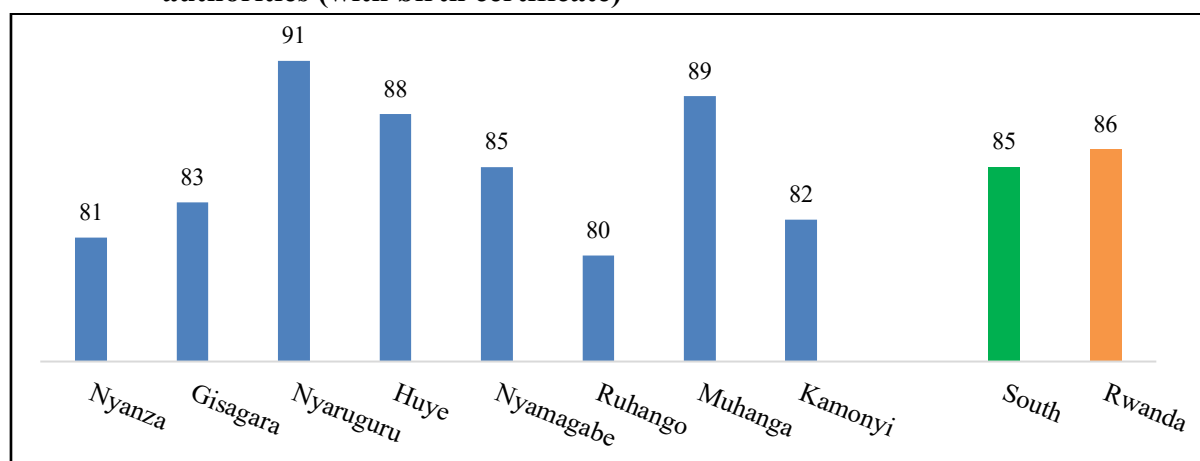
## 2.2 Birth registration of children under age 5

Registering a child's birth with civil authorities establishes the child's legal family ties and his or her right to a name and nationality prior to the age of majority. It confers on the child the right to be recognized by his or her parents and the right to state protection if his or her rights are abused by parents. It gives the child access to social assistance through the parents, including health insurance, and establishes family lineage. Registration is therefore an essential formality. Registration of a child with civil authorities, if performed correctly, also provides a reliable source of socio demographic statistics. For this reason, the survey asked, for all children age 0 to 4 in each household, whether the child had a birth certificate or whether the child's birth had been registered with the civil authorities.

Figure 6 shows that 85 percent of children have been registered with the civil authorities in the South Province compared to 86 percent at the national level. The percentage is higher in Nyaruguru District (91 Percent) and in Muhanga District (91percent) and lower in Ruhango District (80 Percent).

**Trends:** According to the RDHS 2014-15 and RDHS 2019-20 findings, the percentage of children who have been registered with the civil authorities has increased from 50 percent to 85 percent. It is important to mention that the percentage of children registered with the civil authorities has increased significantly where all districts have registered at least 80 percent of children.

**Figure 6: Percentage of de jure children under age 5 whose births are registered with civil authorities (with birth certificate)**



Source: RDHS2019-20

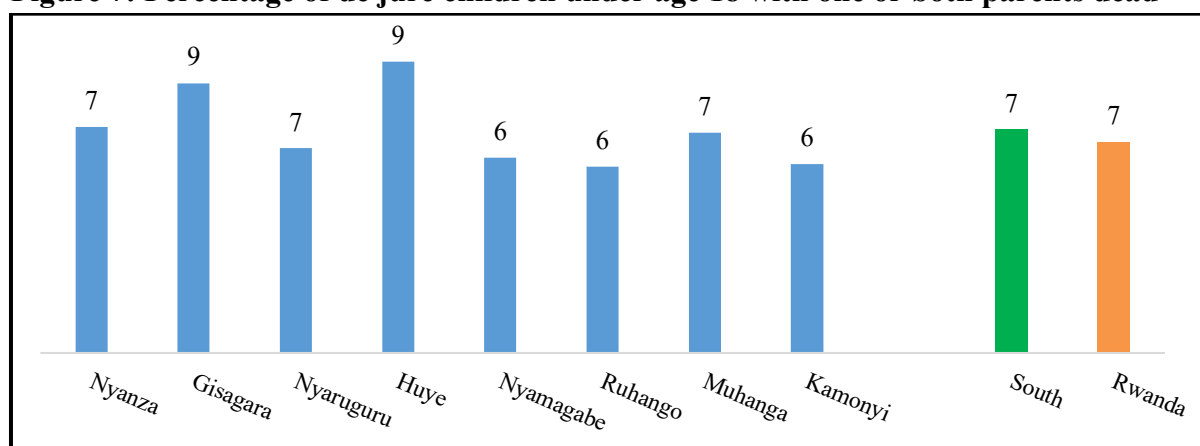
### 2.3 Children's orphanhood

Because the family is the primary safety net for children, any strategy aimed at protecting children must place a high priority on strengthening the family's capacity to care for children. It is therefore essential to identify orphaned children and to determine whether those who have one or both parents alive are living with either or both surviving parents.

Overall, the percentage of children under age 18 in South Province, is slight the same at national level (7 percent) have lost one or both parents. This number has decreased from 10 percent to 7 percent at provincial level and from 9 percent to 7 percent at national level. Huye District (9 percent) has a higher percentage of orphaned children followed by Gisagara District (9 percent) who have lost one or both parents. This percentage is lower in Ruhango, Kamonyi and Nyamagabe Districts (6 percent for each district).

**Trends:** Comparatively to the RDHS 2014-15, the percentage of children under age 18 in the South Province who have lost one or both parents were decreased from 10 percent to 7 percent in the South Province and from 9 percent to 7 percent at National level. The percentage has also decreased in all districts of the South Province.

**Figure 7: Percentage of de jure children under age 18 with one or both parents dead**



Source: RDHS2019-20

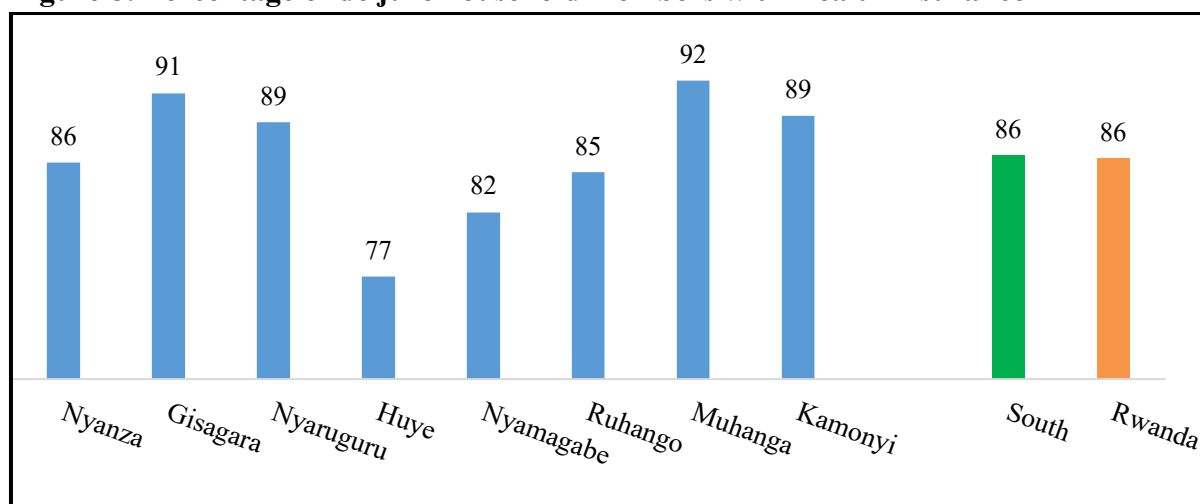
## 2.4 Health insurance among adult women and men

Information on health insurance coverage was collected during the survey. The percentage of household's members with health insurance coverage is shown in figure 8.

Eighty-six percent of the population is covered by any health insurance in the South Province which is slight the same at national level. This number has increased from 68 percent at provincial level and from 71 percent at national level to 86 percent. This proportion is higher among respondents in Muhanga District (92 percent), and lower in Huye District (77 percent).

**Trends:** The percentage of household members with health insurance coverage has increased in the South Province, at National level as well as in all districts of the South Province except in Huye District (decreased from 79 percent in RDHS 2014-15 to 77 percent in RDHS2019-20).

**Figure 8: Percentage of de jure household members with Health insurance**



Source: RDHS2019-20

## 2.5 Exposure to mass media

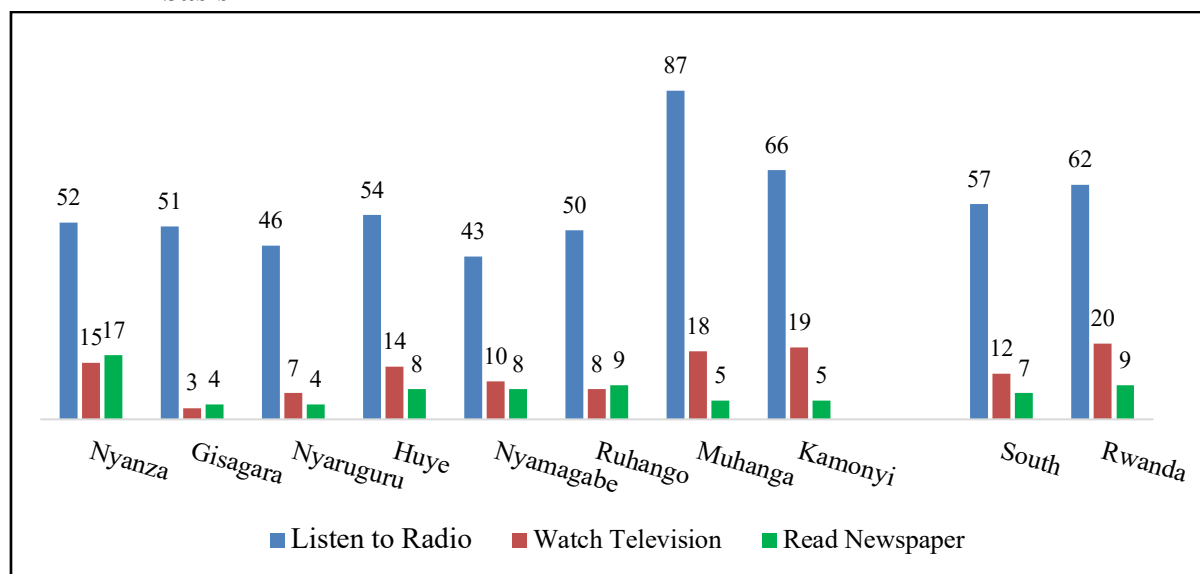
Data on the exposure of women and men to mass media are especially important to the development of education programs and the dissemination of all types of information, particularly information about health and family planning. Figure 9 and 10 present data on the exposure of women and men to mass media (print or broadcast). It should be stated at the outset that it is not necessary for a household to own a radio or television or to buy a newspaper to have access to these media, because many people listen to the radio or watch television at the homes of friends and neighbors.

Figure 9 and 10 show that, at the provincial level, Radio is the most common form of media exposure: 57 percent of women and 76 percent of men report listening to the radio at least once a week. At the district level, this percentage is higher in Muhanga and Kamonyi Districts among women (87 percent and 66 percent, respectively) while it is lower in Nyamagabe District (43 percent). Among men, listening to the radio is high in Muhanga District (94 percent) and low in Nyamagabe District (51 Percent). Men watch television more frequently than women; 12 percent of women and 19 percent of men watch television at least once a week at provincial level. Only 9 percent of men and 7 percent women report reading a newspaper at

least once a week. The proportions of women and men who are exposed to media across all districts of the South Province follow almost the same pattern.

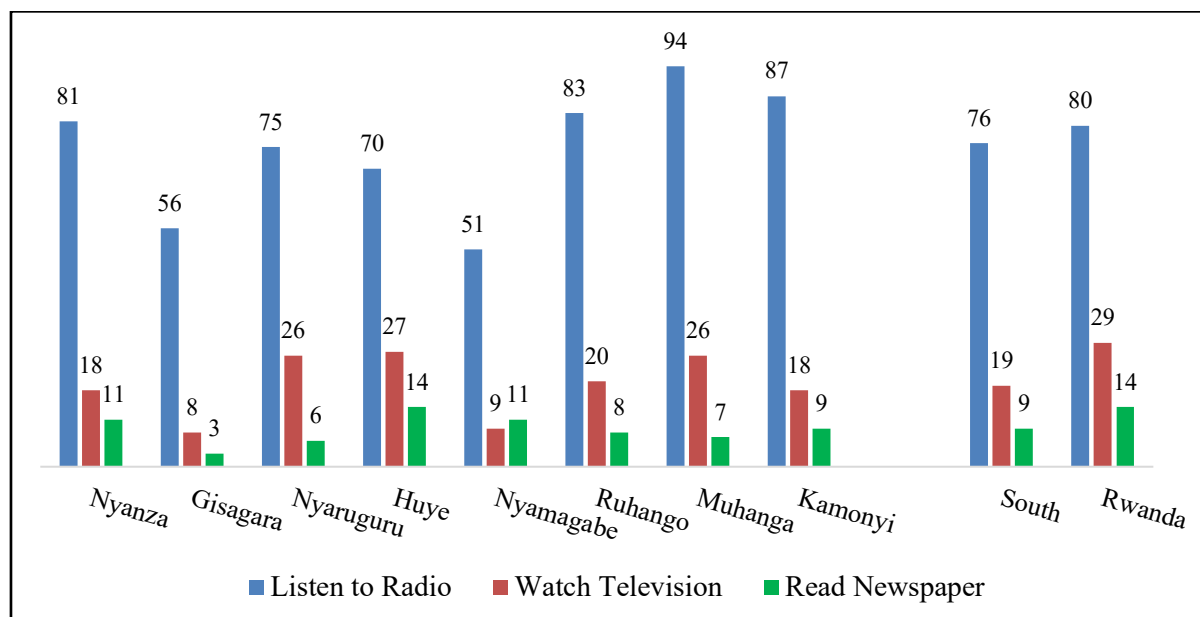
**Trends:** The percentage of female who listen the radio was decreased from RDHS 2014-15 to RDHS 2019-20 in the South Province (from 64 percent to 57percent, respectively) but no change at national level. At district level, it has decreased except in Muhanga (from 69 percent to 87 percent). The Percentage of Female who watched television has increased except in Gisagara (from 7 percent to 3 percent). No major changes occurred for the newspaper.

**Figure 9: Percentage of women aged 15-49 who are exposed to specific media on a weekly basis**



Source: RDHS2019-20

**Figure 10: Percentage of men aged 15-49 who are exposed to specific media on a weekly basis**



Source: RDHS2019-20

## 2.6 Current marital status

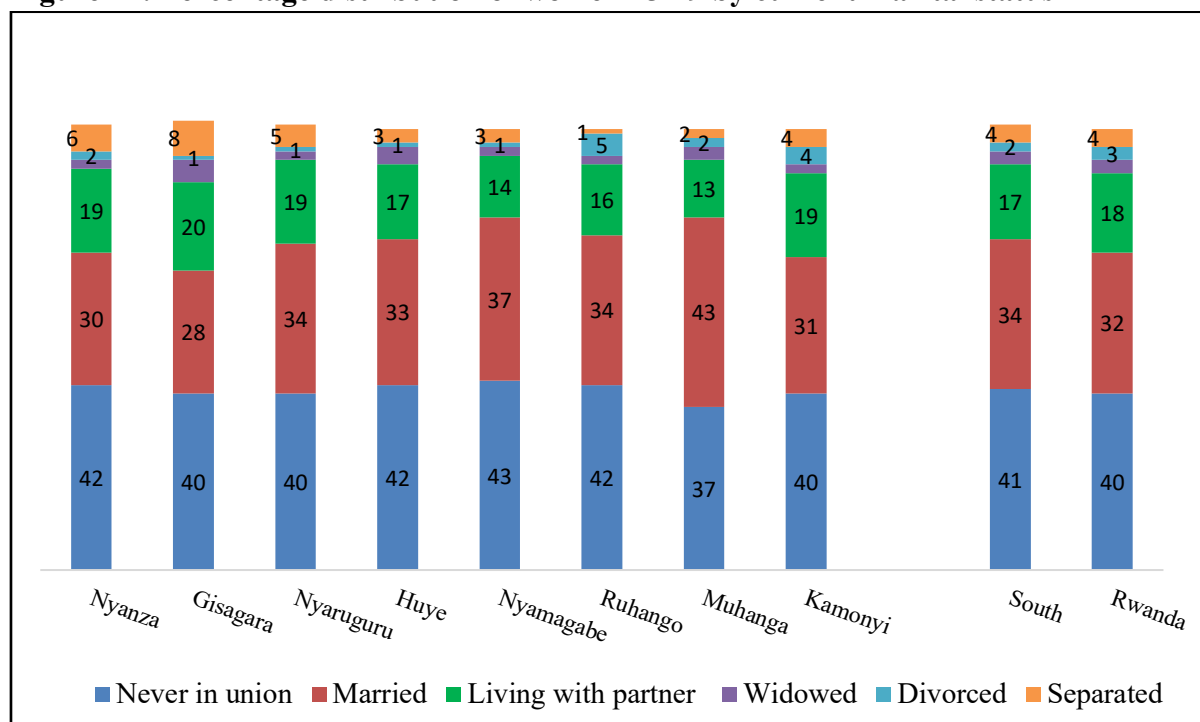
In the figures 11 and 12 displayed below, the term married refers to men and women bound together legally, while living together refers to couples cohabiting in informal unions. People are considered never married if they have never been married or lived together with a partner. Ever-married people include those who are currently married as well as those who are living with a partner, widowed, separated, or divorced.

Figure 11 and 12 show the distribution of women and men by marital status, according to age at the time of the survey in the South Province in comparison with the national figures. In the South province 41 percent of women aged 15-49 are not in union compared to 45 percent of men aged 15-49. The percentage of women aged 15-49 that are not in union is higher in Nyamagabe District (43percent) and lower in Muhanga District (37 percent) among women. Among men, the proportion varies from 49 percent in Muhanga District to 40 percent in Nyamagabe District. Overall 51 percent of women compared to 52 percent of men who were interviewed in the South Province were in a union (Married or living in union).

This proportion is almost the same in all districts of the South Province. The South Province counts 3 percent of women that are widowed, 3 percent divorced and 4 percent separated. Among men this proportion is under two percent in each category.

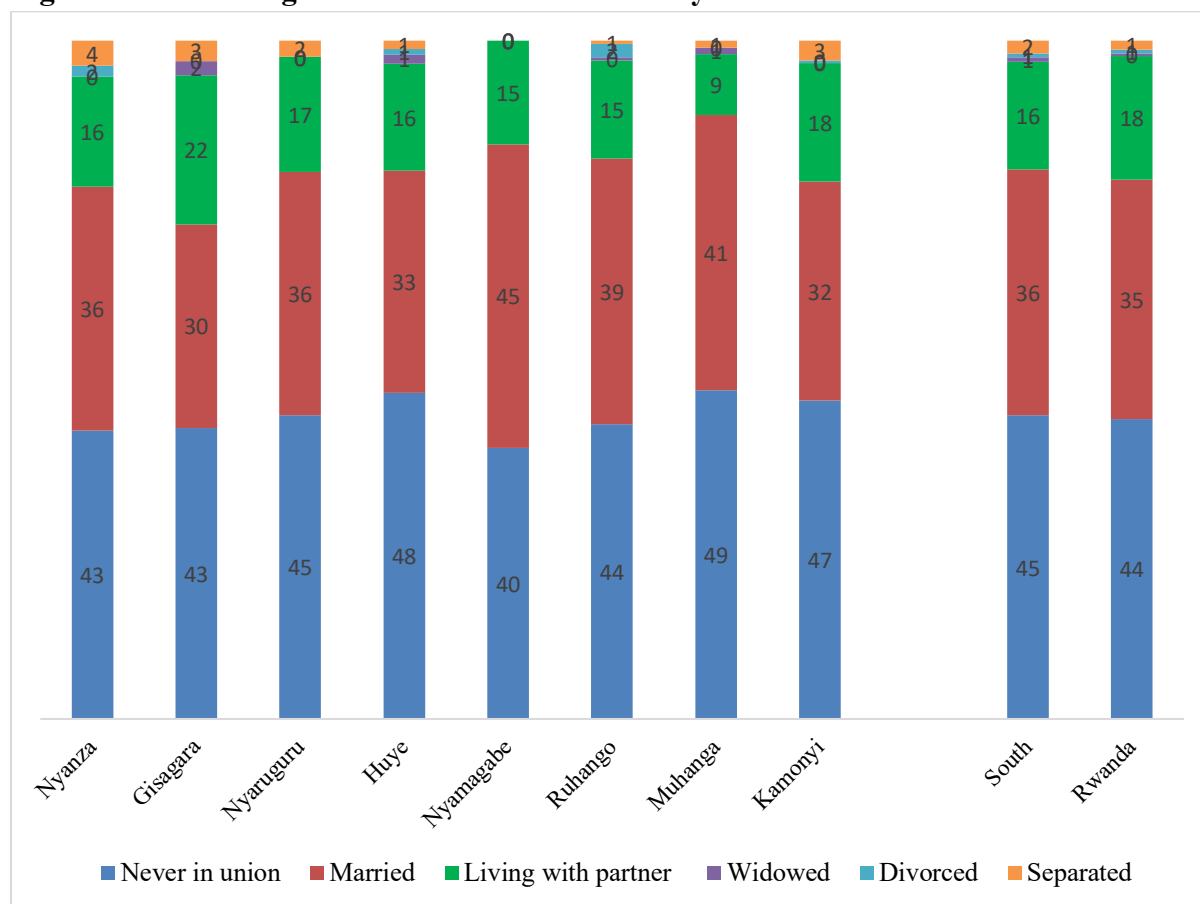
**Trends:** This proportion is almost the same in all districts of the South Province, and it has decreased in almost districts from RDHS 2014-15 to RDHS 2019-20. The proportion of female in union or married has decreased in almost districts. For Men, the proportion of people in never in union has decreased in Huye from 58 percent to 48 percent. For married people or living together, this proportion has increased in Nyanza from 32 percent to 36 percent.

**Figure 11: Percentage distribution of women 15-49 by current marital status**



Source: RDHS 2019-20

**Figure 12: Percentage distribution of men 15-49 by current marital status**



Source: RDHS, 2019-20

\*Here the zero (0) represents the figure that is less 0.5.





## Chapter 3: Fertility determinants and fertility rates

This chapter analyzes the fertility data gathered in the 2019-20 RDHS, presents data on age at first birth and birth intervals, and concludes with an analysis of teenage fertility.

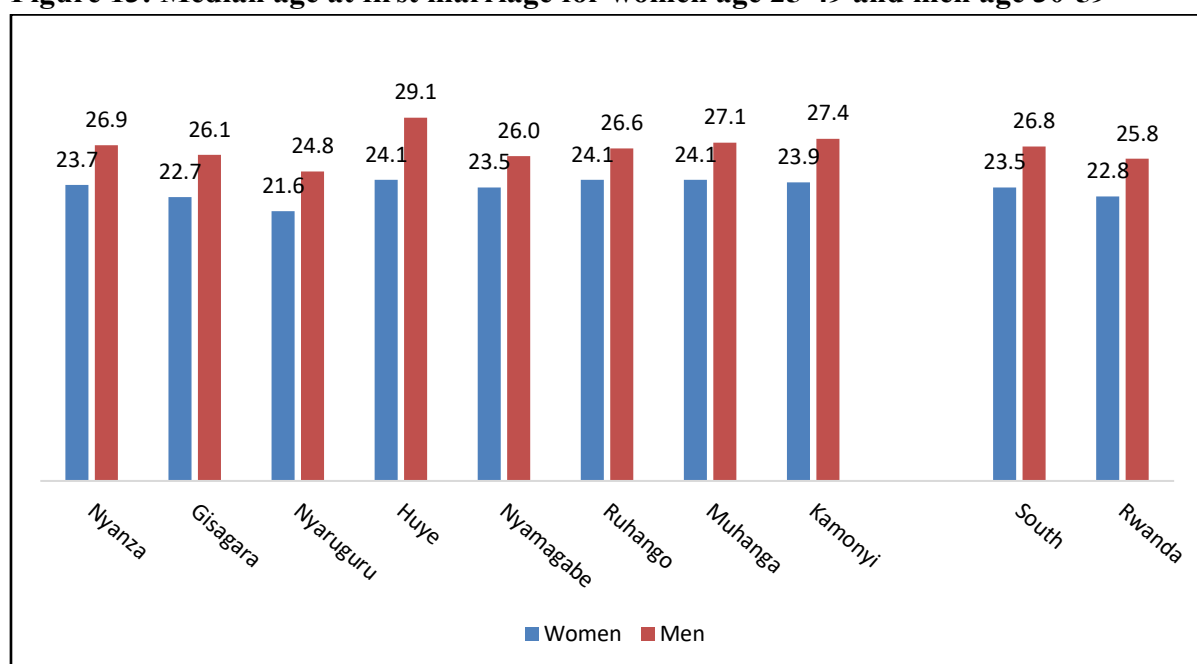
### 3.1 Median age at first marriage

Figure 13 shows the median age at first union among women aged 25-49 and men aged 30-59. The median age at first marriage is 23.5 years and 26.8 years among women and men respectively in the South Province compared to 22.8 years versus 25.8 years for women and men at the national level.

The data show variations by District; among women, Nyaruguru have the earliest age at first union (21.6 years), while Huye, Ruhango and Muhanga Districts have the latest age at first union with 24.1 years in each district. Among men, Nyaruguru District has the earliest age at first union (24.8 years), latest was with 26.6 years and leave the rest of the districts to be above the provincial and national average.

**Trends:** By comparing the RDHS 2014-15 and the RDHS 2019-20 respectively, it is important to note that the median age at first marriage has slightly increased from 22.6 years to 23.5 years among women and from 26.0 years to 26.8 years among men in the South Province.

**Figure 13: Median age at first marriage for women age 25-49 and men age 30-59**



Source: RDHS, 2019-20

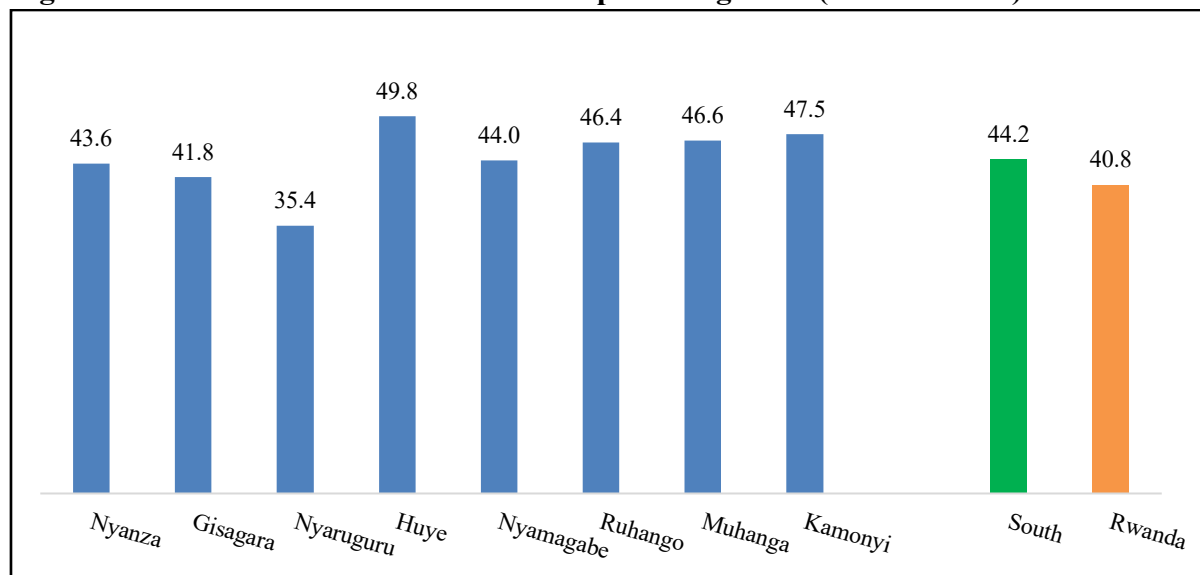
### 3.2 Birth interval

Birth intervals, or the length of time between two successive live births, are important not only because they influence the health status of both mother and child but also because they play a role in fertility analysis and in the design of reproductive health programs. Short birth intervals, particularly those less than 24 months, place newborns and their mothers at increased health risk.

The median interval between births is 44.2 months in the South Province compared to 40.8 months at the national level. By District, the birth interval varies from a low of 35.39 months in Nyaruguru to a high of 47.5 months and 49.8 months in Kamonyi and Huye District, respectively.

**Trends:** In south province, the median number of month since preceding birth (birth interval) has significantly increased from 39.1 months in RDHS 2014-15 to 44.2 months in RDHS 2019-20. Additionally, in all districts of the South Province, the median interval between birth has increased.

**Figure 14: Median number of month since preceding birth (birth interval)**



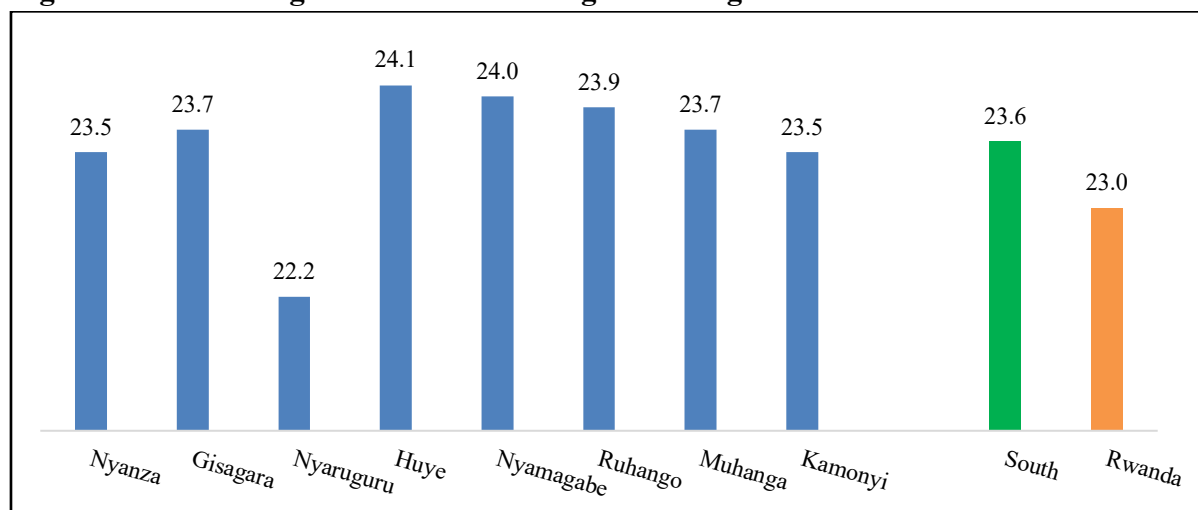
Source: RDHS, 2019-20

### 3.3 Median age at first birth

Figure 15 below shows median age at first birth according to age of women by district. Women aged 25-49 in the South province have 23.6 median ages at first birth compared to 23.0 at the national level. At the district level, the median age at first birth among women aged 25-49 varies from the lowest of 22.2 years in Nyaruguru to the highest of 24.1 years in Huye district.

**Trends:** In the South province, the median age at first birth among women aged 25-49 has stayed as it was in the previous RDHS. It is also important to note that this median age did not change in all districts by comparing both RDHS 2014-15 and RDHS 2019-20 findings.

**Figure 15: Median age at first birth among women age 25-49**



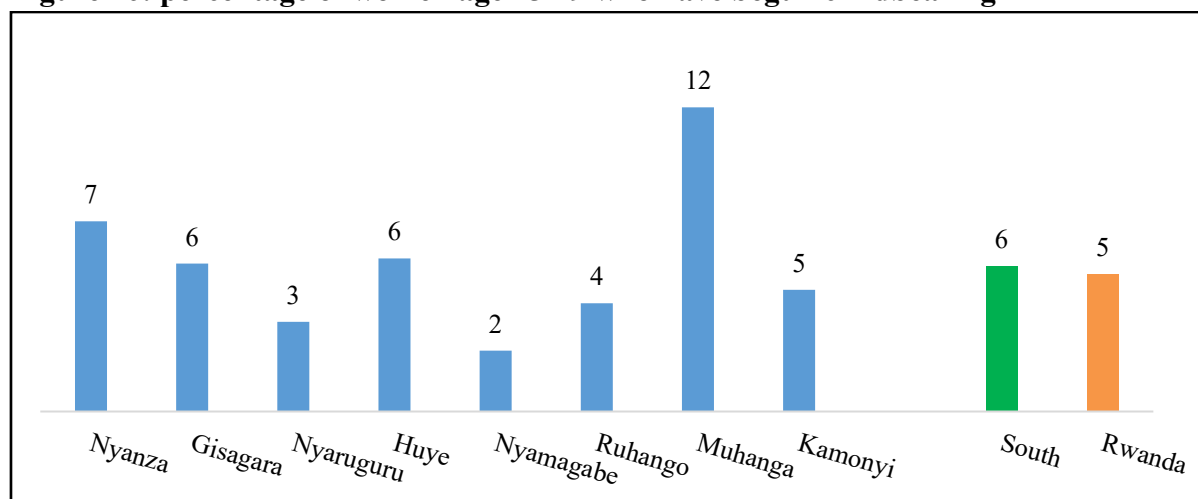
Source: RDHS, 2019-20

### 3.4 Teenage pregnancy and motherhood

Figure 16 shows the proportion of young women aged 15-19 who have begun their child bearing in their teenage. Six percent of young women between age 15 and age 19 in the South Province and 5 percent at the national level have already begun childbearing. The percentage of women who have begun childbearing in the districts of South Province varies from the lowest of 2 percent in Nyamagabe District to the highest of 12 percent in Muhanga District.

**Trends:** It is of great important to note that in the South Province, the proportion of young women aged 15-19 who have begun their child bearing in their teenage did not change albeit some changes occurred in districts.

**Figure 16: percentage of women age 15-19 who have begun childbearing**



Source: RDHS, 2019-20

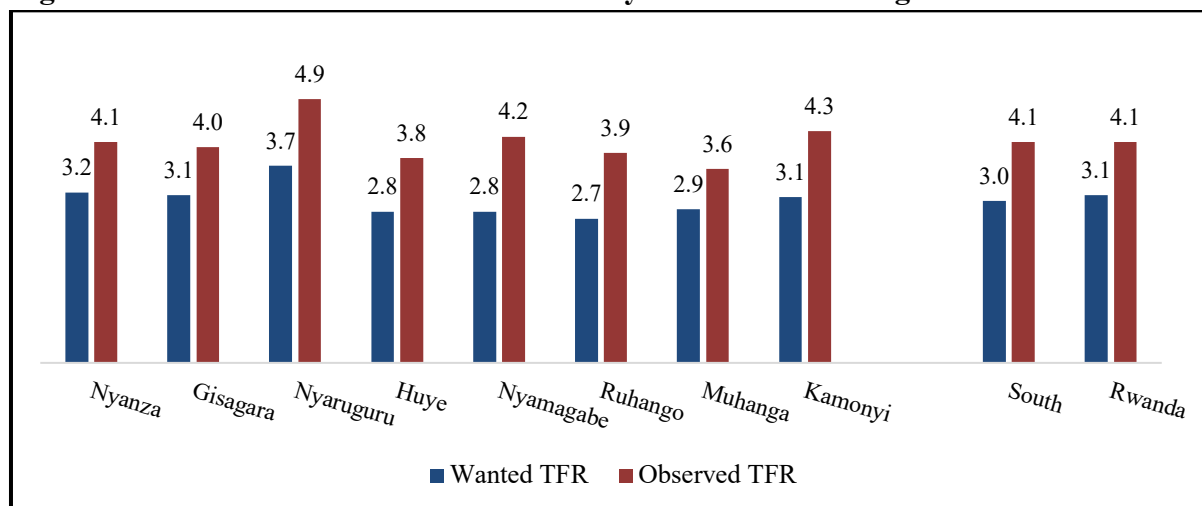
### 3.5 Total fertility rates

Figure 17 compares the total wanted fertility rate (TWFR) with the current total fertility rate (TFR) for the five years preceding the survey. Calculation of the TWFR is the same as for the

TFR, except those unwanted births are omitted. If all unwanted births were eliminated, the TFR for the South province women would be 3.0 children rather than 4.1 children compared to 3.1 children and 4.1 children at national level. The TWFR is the lowest in Ruhango District (2.9 children) and the highest in Nyaruguru District (3.7 children).

**Trends:** The Observed TFR is the lowest in Muhanga District with 3.6 children and the highest in Nyaruguru 4.9 children. According to RDHS 2014-15, no remarkable changes occurred in RDHS 2019-20.

**Figure 17: Wanted and observed total fertility rates for women age 15-49**



Source: RDHS2019-20

## Chapter 4: Family planning

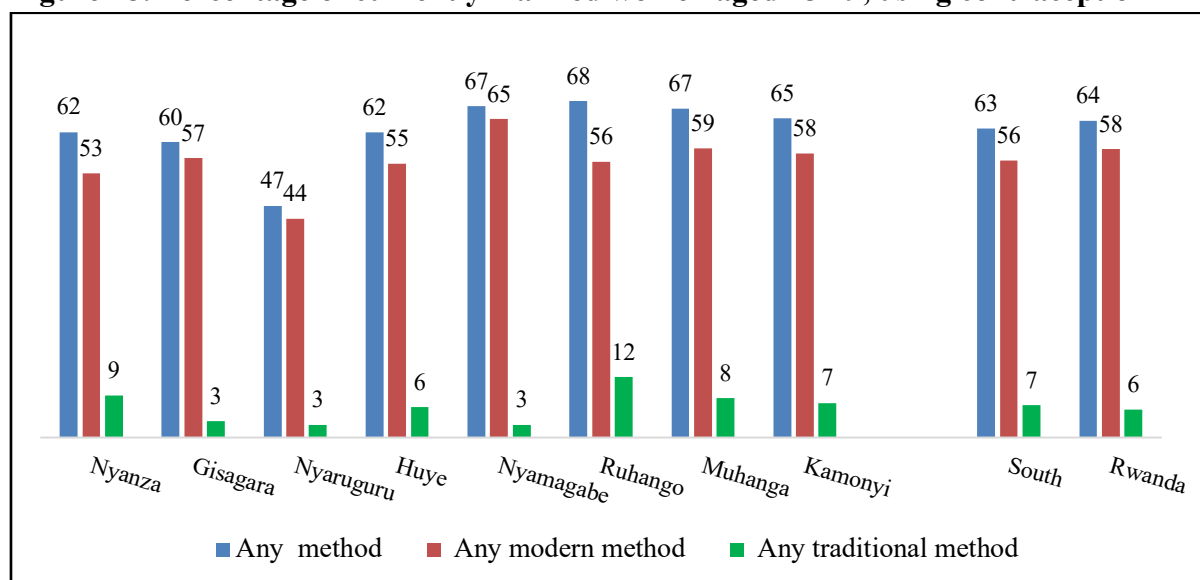
This section presents information on the prevalence of current contraceptive use among women aged 15-49 at the time of the survey. Level of current use of contraceptives is one of the indicators most frequently used to assess the success of family planning program activities and one of the determinants of fertility. This section focuses on levels of family planning in the South Province in comparison with the national level.

### 4.1 Current use of contraception

Figure 18 shows that 63 percent of married women aged 15-49 in the South Province are currently using any family planning method, 56 percent of them use any modern method, and 7 percent of them are using any traditional method. These figures are relatively the same at the national level. Women who are currently using contraceptive method are high in Ruhango and Nyamagabe Districts (68 percent and 67 percent respectively) and lower in Nyaruguru District (47 percent). Nyamagabe District records the highest percentage in using modern method with 64 percent and Nyaruguru records the lowest with 44 percent. This figure shows that the majority of women using any modern method and the minority using the traditional methods.

**Trends:** By comparing the findings of the RDHS 2014-15 and the RDHS 2019-20 in the South Province, the percentage of currently married women aged 15-49, using any method increased from 53 percent to 63 percent. For those using any modern method, the percentage increased from 48 percent to 56 percent. Any traditional method has a low percentage of women and made a slight change (from 5 percent to 7 percent).

**Figure 18: Percentage of currently married women aged 15-49, using contraception**



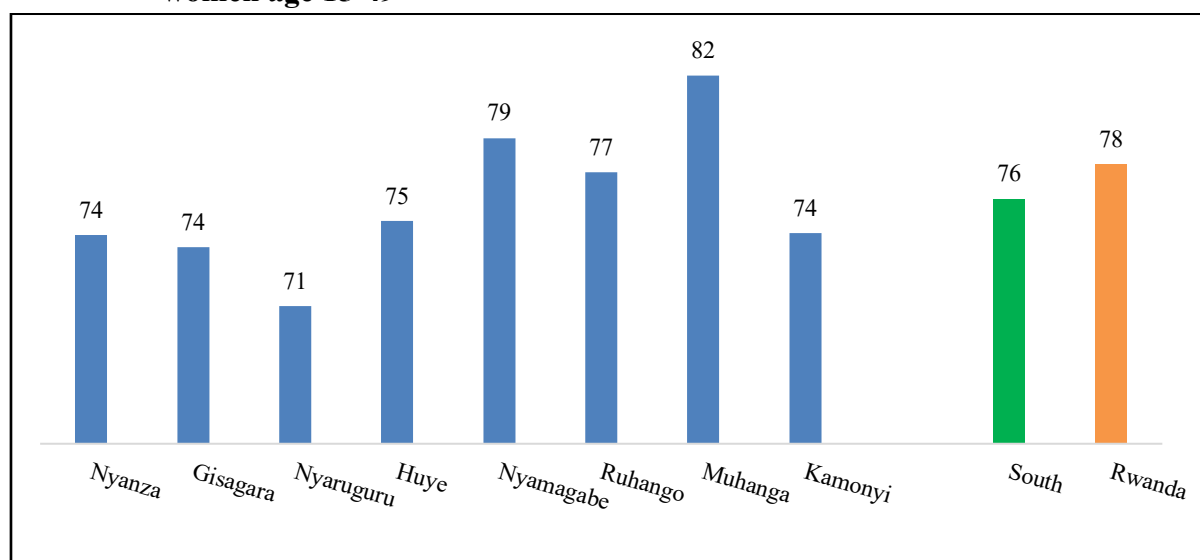
Source: RDHS, 2019-20

## 4.2 Demand for family planning

Figure 19 shows that the total demand for family planning among currently women is at 78 percent at the national level compare to 76 percent in the South Province. At the district level, the total demand for family planning is higher in Muhanga District (82 percent) and in Nyamagabe District (79 percent) and it is lower in Nyaruguru District (71 percent) among currently married women.

**Trends:** In Both RDHS 2014-15 and RDHS 2019-20, the percentage of total demand for family planning has increased slightly from 72 percent to 76 percent in the South Province. This percentage has also increased in all districts.

**Figure 19: Percentage of total demand for family planning among currently married women age 15-49**



Source: RDHS 2019-20

## 4.3 Exposure to family planning messages

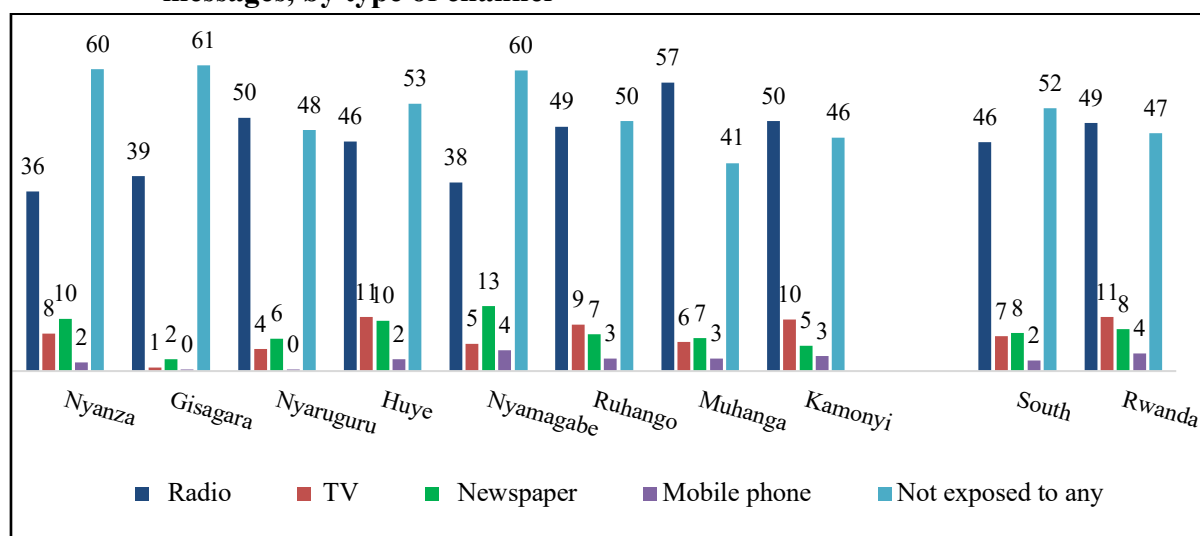
The mass media play an important role in communicating messages about family planning. Data on levels of exposure to radio, television, and printed materials are important for program managers and planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of family planning information disseminated through various media, respondents were asked if they had been exposed to family planning messages on the radio, television, and in print (newspapers and magazines) in the few months preceding the survey.

Figure 20 and Figure 21 show that radio is the most widely accessed source of family planning messages in the South Province with 46 percent of women and 61 percent of men aged 15-49 having heard a family planning message on the radio in the past few months, as compared to 49 percent of women and 63 percent of men at the nation level. Seven percent of each woman and men reported having seen a family planning message on television; while 8 percent of women and 13 percent of men reported having seen a family planning message from or in a newspaper/magazine in the South Province.

It is also important to note that, 52 percent of women and 38 percent of men in the South Province have not been exposed to any family planning messages in any of the three specified media sources. At national level, this proportion is at 47 percent for women and 34 percent for men.

**Trends:** In Both RDHS 2014-15 and RDHS 2019-20, the percentage of women aged 15-49 who heard or saw a family planning messages on radio has decreased from 52 percent to 46 percent in the South Province and it has decreased for men from 66 percent to 61 percent. In general, this percentage has decrease in most districts of the South Province among women but increased among men.

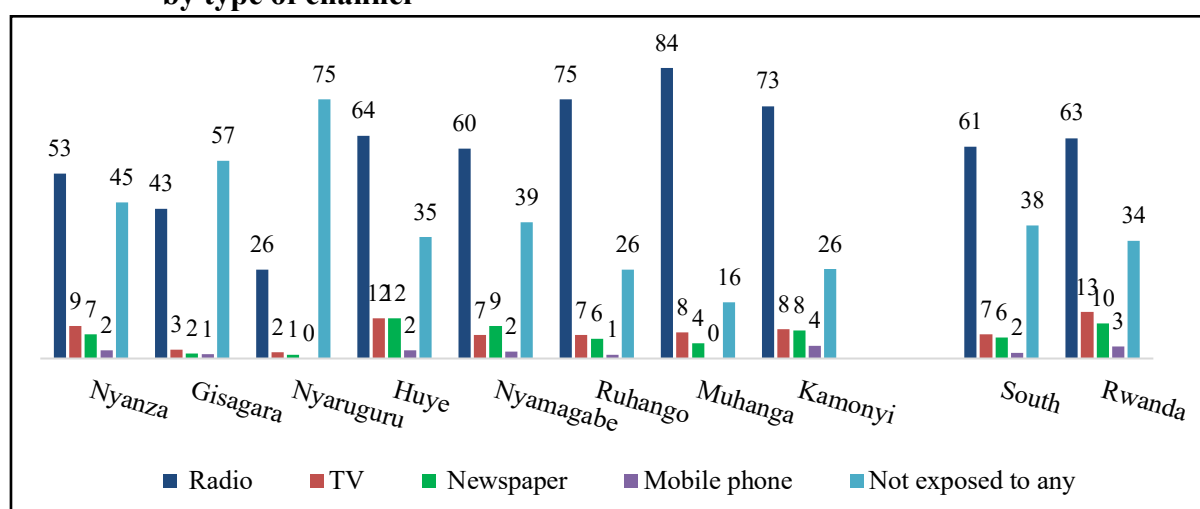
**Figure 20: Percentage of women aged 15-49 who heard or saw a family planning messages, by type of channel**



Source: RDHS, 2019-20

\*Here the zero (0) represents the figure that is less 0.5

**Figure 21: Percentage of men aged 15-49 who heard or saw a family planning messages, by type of channel**



Source: RDHS, 2019-20

\*Here the zero (0) represents the figure that is less 0.5





## Chapter 5: Maternal health

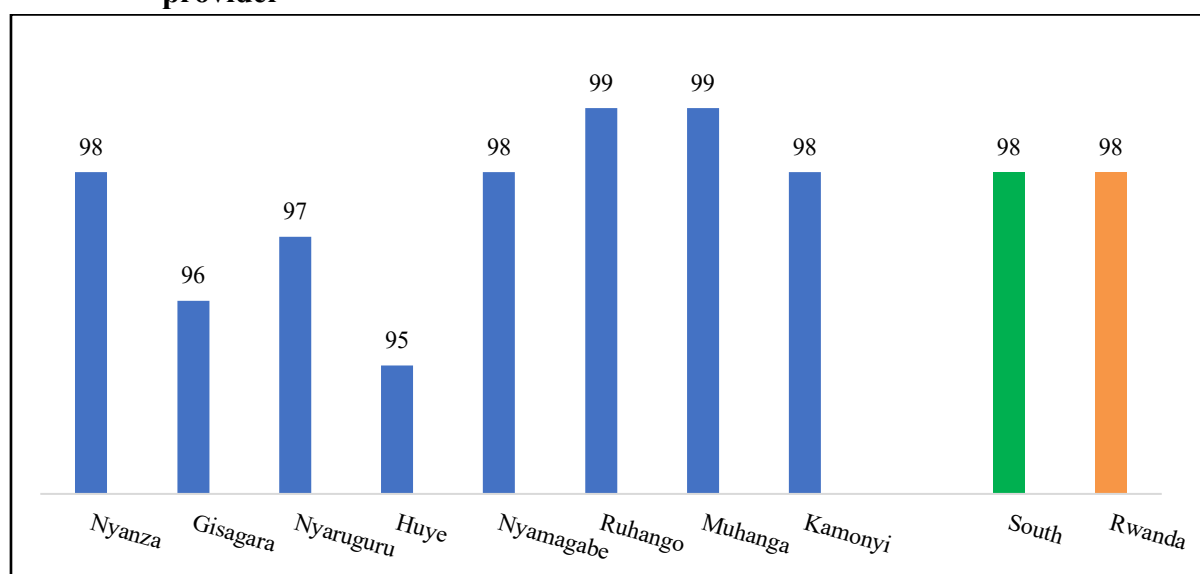
### 5.1 Antenatal care

Monitoring of pregnant women through antenatal care visits helps to reduce risks and complications during pregnancy, delivery, and the postpartum periods. The RDHS 2019-20 asked women who had had a live birth in the five years preceding the survey whether they had received antenatal care (ANC). Figure 25 shows the percentage of women who had consulted any skilled health provider during the pregnancy for their most recent birth.

Nearly all mothers (98 percent) in the South Province received at least one antenatal care from skilled provider for their most recent live birth in the five years preceding the survey as it is in Rwanda. Universal ANC from skilled personnel is almost the same in the districts of the South Province except in Huye District where this proportion is at 95 percent and in Gisagara District with 96 percent.

**Trends:** In south Province, the percentage of women aged 15-49 who received antenatal care from a skilled provider did not made a significant change by comparing the findings from the RDHS 2014-15 and the RDHS 2019-20.

**Figure 22: Percentage of Women age 15-49 who received antenatal care from a skilled provider**



Source: RDHS, 2019-20

**Note:** A skilled provider includes; medical doctor, midwife, medical assistant and nurse.

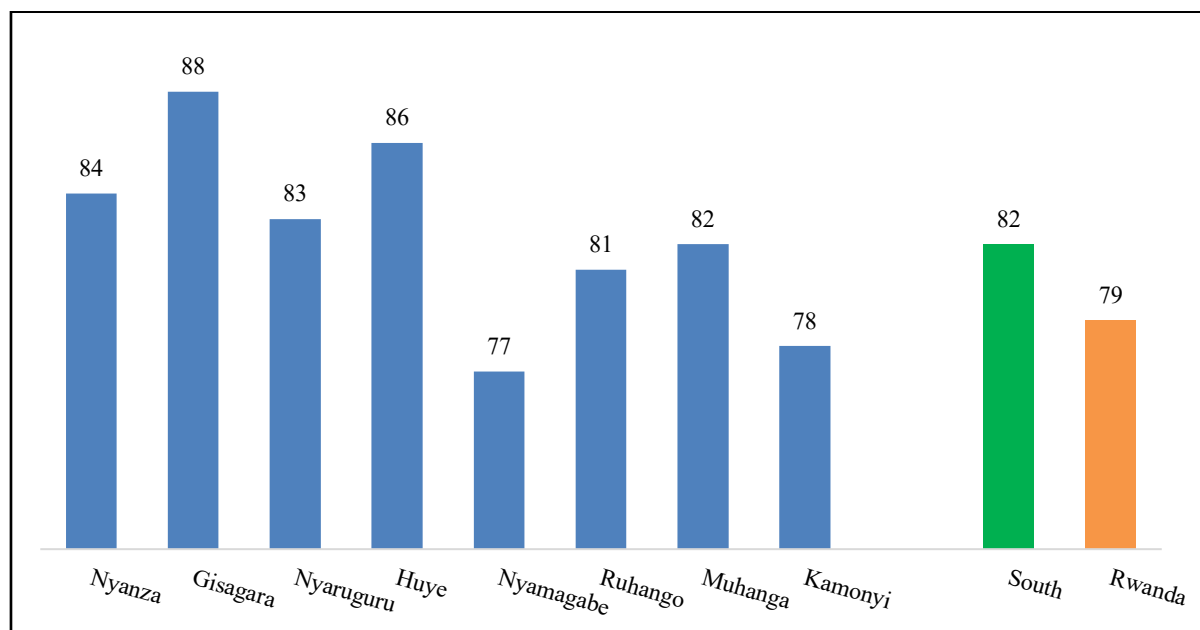
### 5.2 Mothers whose last birth was protected against neonatal tetanus

Neonatal tetanus is a major cause of death among newborns in developing countries. Tetanus toxoid injections given to the mother during pregnancy protect both mother and child against this disease. Figure 23 shows that in the South Province among mothers who had previous protection against tetanus, the proportion protected against tetanus is 82 percent; this means that 18 percent of pregnant women were not protected against tetanus, as it is at the national level. At the district level, the proportion of mothers whose last birth was protect against

neonatal care is higher in Nyaruguru and Ruhango Districts (90 percent, each), and lower in Nyamagabe and Muhanga Districts (81 percent, each).

**Trends:** The percentage of mothers whose last birth was protected against neonatal tetanus in the South Province has declined from 85 percent in the RDHS 2014-15 to 82 percent in the RDHS 2019-20. The reduction was mostly triggered by Kamonyi District (from 88 percent to 78 percent).

**Figure 23: Percentage of mothers 15-49 whose last birth was protected against neonatal tetanus**



Source: RDHS, 2019-20

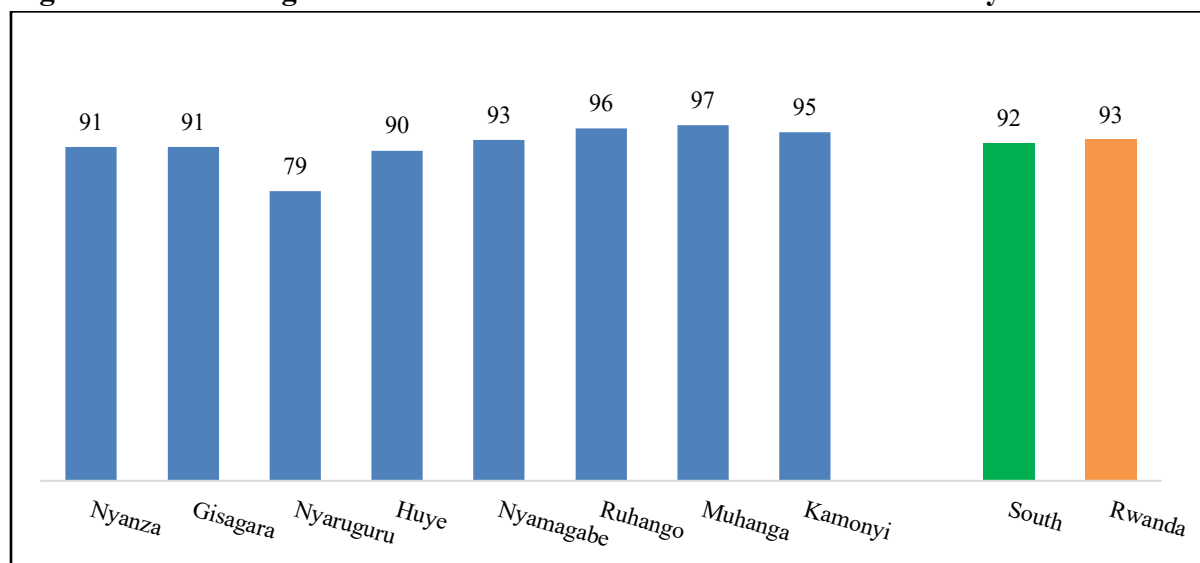
*Note: Neonatal Tetanus includes mothers with two injections during the pregnancy of their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.*

### 5.3: Place of delivery

Since every pregnancy may be subject to complications, women are advised to deliver their babies in a health facility so that they access emergency services if needed during labor, delivery, and post-delivery. Figure 24 shows that in the South Province 92 percent of births in the five years before the survey were delivered at a health facility, compared with 93 percent at the national level. At the district level, Mothers in Muhanga and Ruhango Districts (97 percent and 96 percent respectively) are more likely to deliver in the health facilities while Nyaruguru District has the lowest percentage with 79 percent.

**Trends:** The percentage of deliveries taking place at health facilities has increased over time in the South Province, from 90 percent in RDHS 2014-15 to 92 percent in RDHS 2019-20. In Nyanza District, the percentage has increased significantly from 85 percent to 91 percent.

**Figure 24: Percentage of mothers 15-49 who delivered in a health facility**



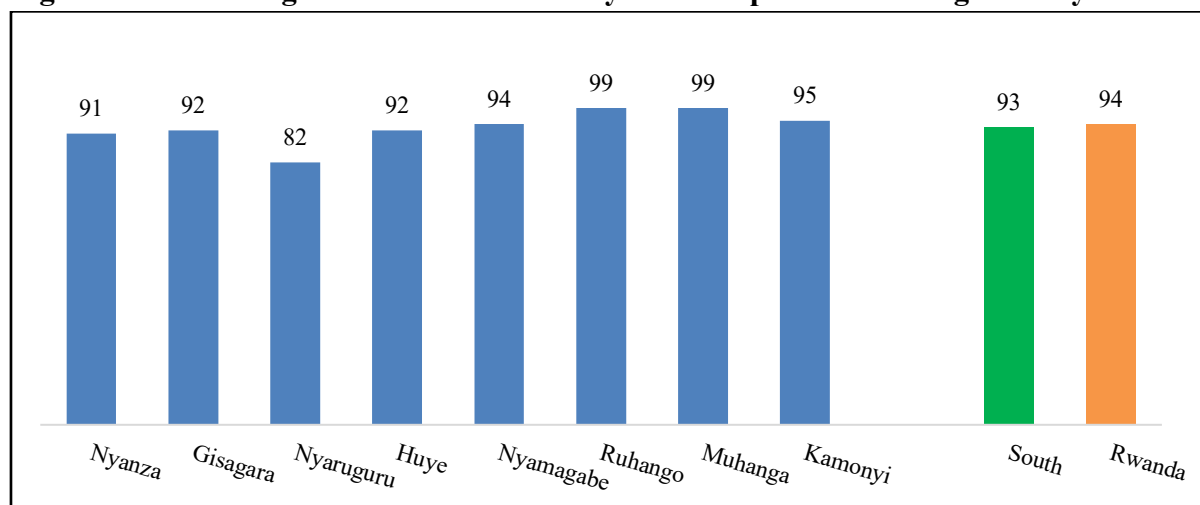
Source: RDHS, 2019-20

#### 5.4: Assistance during delivery

To avoid the risk of complications and maternal deaths, women should be assisted during delivery by personnel who have received training in childbirth and who are able, if needed, to diagnose, treat, and refer complications on time. Figure 25 presents the percentage of mothers provided with assistance during the delivery by a health skilled provider. The results show that 93 percent of mothers were assisted by a skilled health provider in the South Province, and it is slight lower than at national level (94 percent). This percentage is much higher in Muhanga District and Ruhango District (99 percent each) and lower in Nyaruguru District (82 percent).

**Trends:** By considering both the results of the RDHS 2014-15 and RDHS 2019-20, the percentage of mothers assisted by a skilled provider during delivery has increased from 90 percent to 93 percent in the South Province. Albeit the good progress found in the South Province, in Huye District, this percentage decreased from 96 percent to 92 percent.

**Figure 25: Percentage of mothers assisted by a skilled provider during delivery**



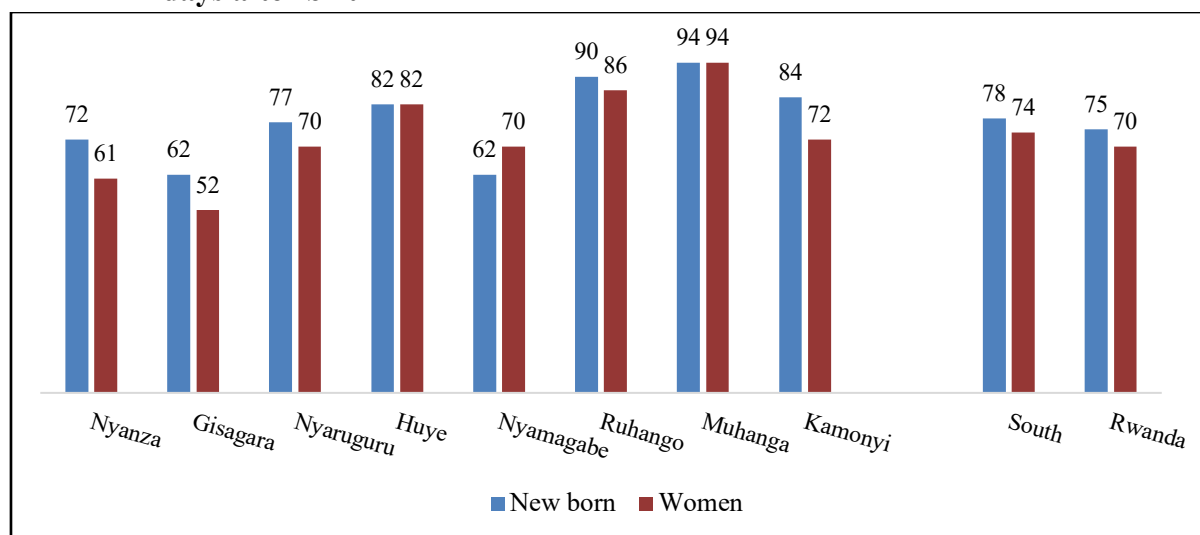
Source: RDHS, 2019-20

## 5.5: Postnatal checkups

Figure 26 describe the post-natal checkups among women and newborn. In the South Province 74 percent of women had a postnatal checkup in the first two days after delivery, compared to 70 percent at the national level. The proportion of women who received a postnatal checkup is high in Muhanga District (94 percent) and lower in Gisagara District (52 percent). Overall, in the South Province, 78 percent of newborns received postnatal care in the first two days after birth, compared to 75 percent in Rwanda. The proportion is much higher in Muhanga District (94 percent) and lower in Nyamagabe and Gisagara Districts (62 percent in each).

**Trends:** Both percentages of women and newborn who received postnatal checkup in the first two days after birth have increased significantly by comparing the findings from RDHS 2014-15 and those of RDHS 2019-20. In the South Province, the percentage of women has increased from 49 percent to 74 percent while the percentage of new born increased from 28 percent to 78 percent.

**Figure 26: Percentage of women/newborn who received postnatal checkup in the first two days after birth**



Source: RDHS, 2019-20

## Chapter 6: Child health

To assess the prevalence of infections, mothers were asked if their children under age 5 had been ill with a cough during the two weeks preceding the survey and, if so, whether the cough had been accompanied by short, rapid breathing. It should be borne in mind that these data are subjective (i.e., based on the mother's perception of illness) and not validated by a medical examination.

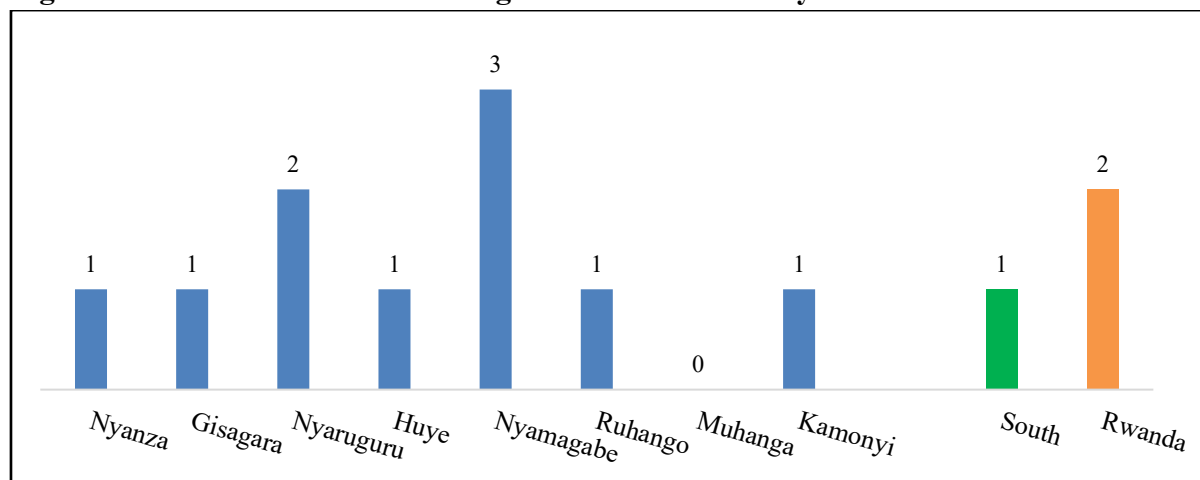
### 6.1 Prevalence of Acute Respiratory Infection (ARI)

Acute respiratory infections (ARIs), particularly pneumonia, constitute one of the main causes of child deaths. Figure 27 shows that 1 percent of children under age 5 in the South Province had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey, compared to 2 percent at the national level.

According to the RDHS 2019-20 findings in the South Province, a higher prevalence of ARI is in Nyamagabe District (3 percent) and Nyaruguru District (2 percent) while Muhanga District has the lowest with 0 percent.

**Trends:** Prevalence of ARI among children Under-five years has decreased significantly in all districts of the South Province. In general, this prevalence has decreased from 8 percent in the RDHS 2014-15 to 1 percent in the RDHS 2019-20. The most decrease found in Muhanga District where it fallen from 7 percent to 0 percent.

**Figure 27: Prevalence of ARI among children Under-five years**



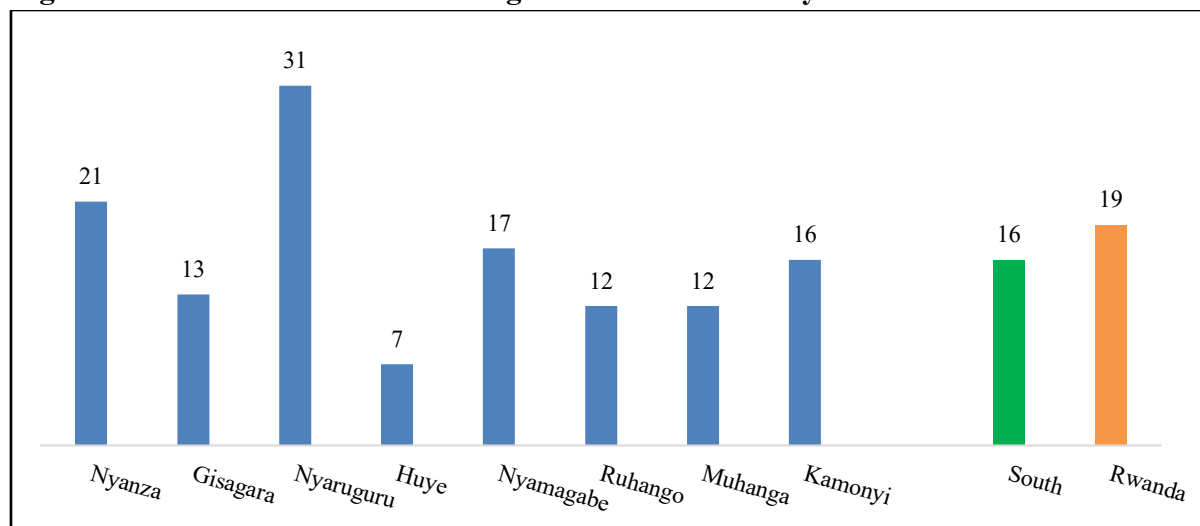
Source: RDHS, 2019-20

### 6.2 Prevalence of fever

Fever is the primary symptom of many illnesses such as ARI, malaria and measles among others, which cause numerous deaths. For this reason, mothers were asked whether their children had suffered from a fever during the two weeks preceding the survey. Figure 28 shows that, during this time period, 16 percent of children had a fever in the South Province compared to 19 percent at the national level. Nyaruguru District has the highest percentage of children who had had fever with 31 percent while Huye District has the lowest percent with 7 percent of children.

**Trends:** The prevalence of fever among children under-five years stayed to be the same at the national level with 19 percent by comparing the findings of the RDHS 2014-15 and the RDHS 2019-20. However, this prevalence has decreased significantly in the South Province from 21 percent to 16 percent. It is of great importance to note that Huye District decreased from 23 percent and reached to 7 percent.

**Figure 28: Prevalence of fever among children under-five years**



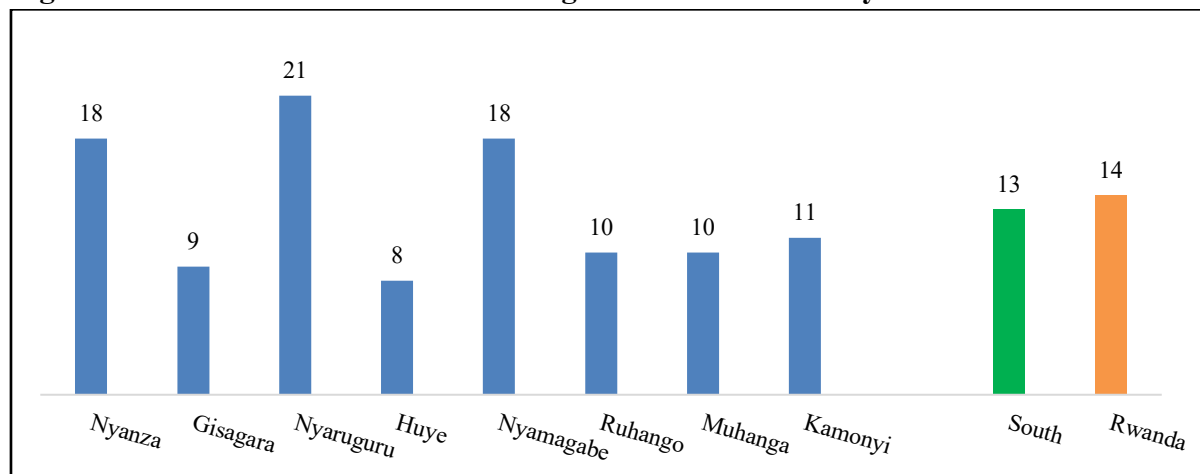
Source: RDHS, 2019-20

### 6.3 Prevalence of Diarrhea

The Figure 29 shows that, according to mothers' reports, 13 percent of children had diarrhea in the two weeks preceding the survey in the South Province compared to 14 percent at national level. The prevalence of diarrhea is higher among children in Nyarugugu District with 21 percent while the prevalence of diarrhea among children Under-five years is the lowest in Huye District with 8 percent. It is of great important to note that diarrhea prevalence has a positive relationship between the ages at which children begin to be weaned and consume foods other than breast milk.

**Trends:** By looking at the findings of both the RDHS 2014-15 and the RDHS 2019-20, the percentage of children with diarrhea in South Province has increased from 12 percent to 13 percent. In Nyanza District, the prevalence of diarrhea has increased from 8 percent to 18 percent while it was decreased from 17 percent to 9 percent in Gisagara District. Moreover, Huye District made a good improvement where the percentage of children with diarrhea has declined from 18 percent of children to 8 percent.

**Figure 29: Prevalence of Diarrhea among children Under-five years**



Source: RDHS, 2019-20

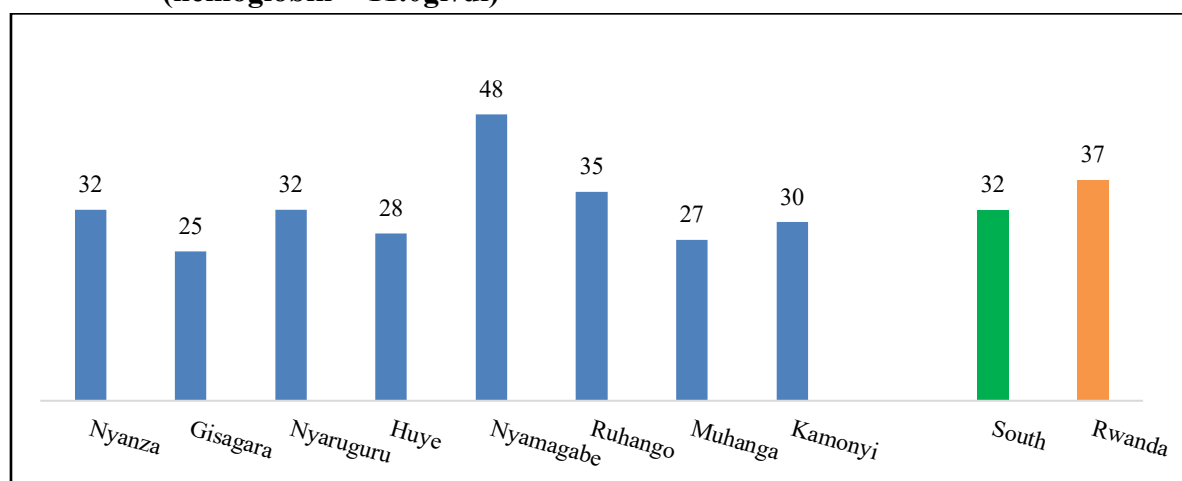
#### 6.4: Anemia among children

Anemia is a condition characterized by a reduction in red blood cell volume and a decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. Figure 30 presents results of RDHS2019-20 of anemia prevalence for children aged 6-59 months. Children with hemoglobin level less than 11.0 g/dl are anemic. Overall, 32 percent and 37 percent of children aged 6-59 months in the RDHS 2019-20 in the South Province and in Rwanda respectively have some level of anemia.

By district, children in Nyamagabe District (48 percent) are the most likely to be anemic, followed by those in Ruhango District and Nyaruguru District (35 percent and 32 percent, respectively), while children in Gisagara District are the least likely to be anemic (25 percent).

**Trends:** It is of great important to note that, the percentage of children age 6-59 months classified as having anemia has decreased from 39 percent in the RDHS 2014-15 to 32 percent in the RDHS 2019-20 in the South Province. In all Districts, the percentages have declined significantly except in Huye and Ruhango Districts.

**Figure 30: Percentage of children aged 6-59 months classified as having anemia (hemoglobin < 11.0gr/dl)**



Source: RDHS, 2019-2





## Chapter 7: Nutrition among children and women

Nutritional status is the result of complex interactions between food consumption and the overall status of health and care practices. Numerous socioeconomic and cultural factors influence decisions on patterns of feeding and nutritional status. Adequate nutrition is critical to child growth, health, and development, especially during the period from conception to age 2. During this period, children who do not receive adequate nutrition can be susceptible to growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhea and acute respiratory infections (ARIs). Among women, malnutrition can result in reduced productivity, an increased susceptibility to infections, slow recovery from illness, and a heightened risk of adverse pregnancy outcomes. A woman, who has poor nutritional status, as indicated by a low body mass index (BMI), short stature, anemia, or other micronutrient deficiencies, has a greater risk of obstructed labor, of having a baby with a low birth weight, of producing lower quality breast milk, of mortality due to postpartum hemorrhage, and of morbidity for both herself and her baby.

### 7.1 Nutritional status of children under-five years

Nutritional status of children under age 5 is an important measure of children's health and growth. The anthropometric data on height and weight collected in the 2019-20 RDHS permit the measurement and evaluation of the nutritional status of young children in Rwanda.

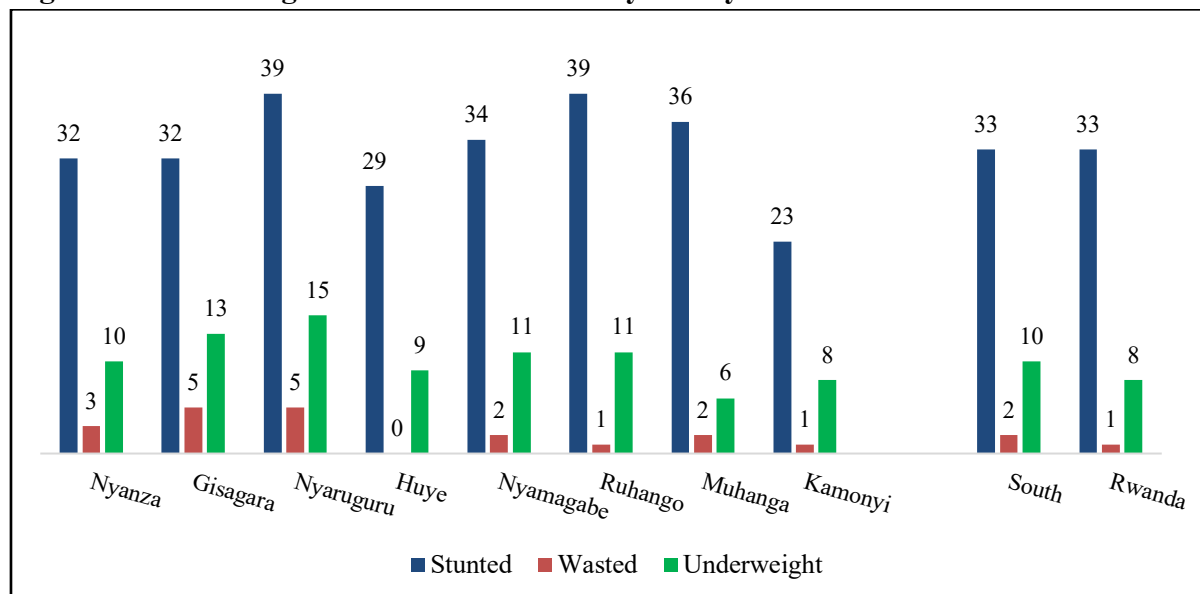
Provincially and at National level, 33 percent of children under age 5 are stunted (Too short for their age. Figure 31). Variation in children's nutritional status by district is quite evident, with stunting being highest in Nyaruguru and Ruhango Districts (39 percent each) and lower in Kamonyi Districts (23 percent).

Two percent of children under age 5 are wasted (too thin for their height) in the South Province compared to one percent at the national level. The wasting prevalence among children is higher in Gisagara and Nyaruguru Districts (5 percent each district) and lower in Huye District (0 percent) and in Kamonyi District (1 percent).

Figure 31 shows that ten percent of children under age 5 in the South Province and 8 percent of children under age 5 in Rwanda are underweight (low weight-for-age). Variation in children underweight by district shows that Nyaruguru District is the highest (15 percent) followed by Gisagara District (13 percent) of children while Muhanga District has the lowest with 6 percent of children who are underweight.

**Trend:** Comparatively to the RDHS 2014-15, the percentage of children under age 5 who are stunted in the South Province has decreased of 8 percent. At district level, it decreased from 53 percent to 34 percent in Nyamagabe District.

**Figure 31: Percentage of children under-five years by Nutritional status**



Source: RDHS, 2019-20

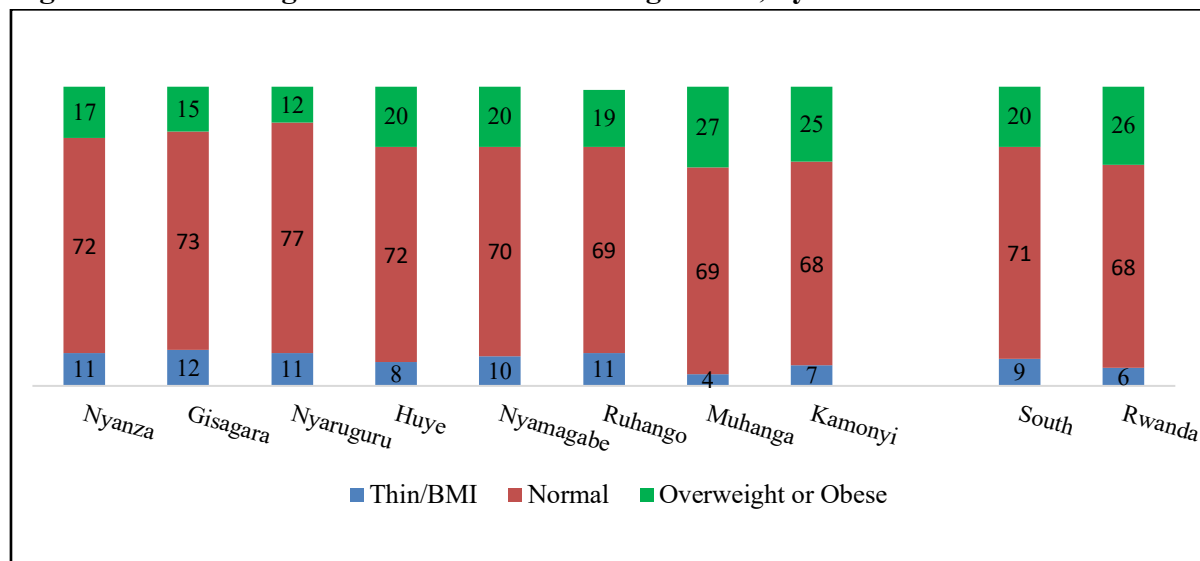
## 7.2 Nutritional status among women

Figure 32 presents the nutritional status and the proportions of women falling into two high-risk categories of nutritional status. At the provincial level, 9 percent of women are considered to be thin (BMI below 18.5), as compared to 6 percent at the national level. This proportion is much higher in Gisagara Districts (12percent), followed by Nyanza and in Ruhango Districts (11 percent each district) and lower in Muhanga District (4 percent).

Twenty percent of women are overweight or obese in the South Province as compared to 26 percent at the national level. Variation among District is much higher in Muhanga District (27 percent) followed by Kamonyi District with 25 percent, and lower in Nyaruguru District (12 percent).

**Trends:** Compared to the RDHS 2014-15 findings, the proportion of women who are thin, was decreased from 7 percent to 6 percent at national level and no change at provincial level (9 percent). The proportion of women who are overweight or obese have increased from 16 percent to 20 percent in the South Province. At District level, the change of women who are overweight or obese observed in Muhanga District where the percentage increased from 17 percent to 27 percent, and the percentage of women who are thin, was decreased from 8 percent to 4 percent in the same period in this district.

**Figure 32: Percentage distribution of women age 15-49, by nutrition status**



Source: RDHS, 2019-20

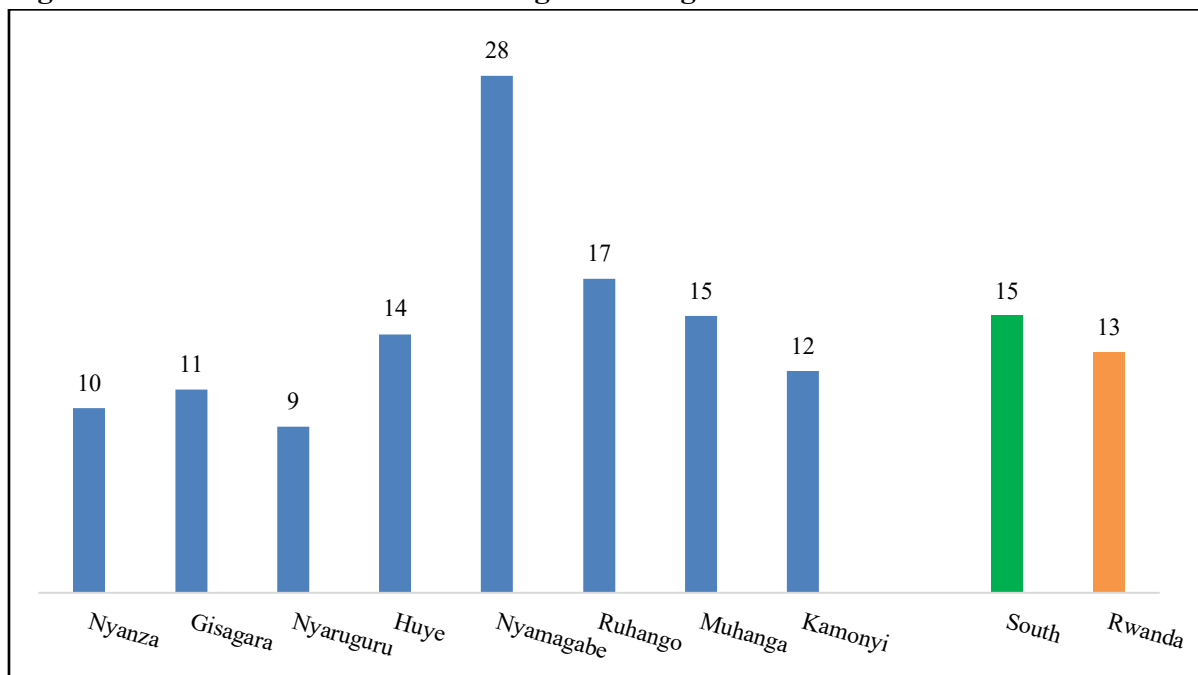
### 7.3 Prevalence of anemia among women

Figure 33 presents anemia prevalence among women aged 15-49 based on hemoglobin levels. Raw measured values of hemoglobin were obtained using the HemoCue instrument and adjusted for altitude and smoking status.

The data show that anemia is less prevalent among women than children (figure 33); from the figure below, 15 percent of women in the South Province have some level of anemia, as compared with 13 percent of women in Rwanda. The great majority of women with anemia are in Nyamagabe District (28 percent), followed by Ruhango District with 17 percent and the lowest prevalence is in Nyaruguru District with 9 percent of anemic for women aged 15-49.

**Trends:** By comparing both the RDHS 2014-15 and the RDHS 2019-20, the percentage of women with anemia has decreased from 23 percent to 15 percent in the South Province and from 19 percent to 13 percent at national level. At District level, a positive change was observed in Gisagara District where this percentage has declined from 47 percent to 11 percent, and a negative change was observed in Nyamagabe District where it changed from 23 percent to 28 percent.

**Figure 33: Prevalence of anemia among women age 15-49**



Source: RDHS, 2019-20

## Chapter 8: Malaria

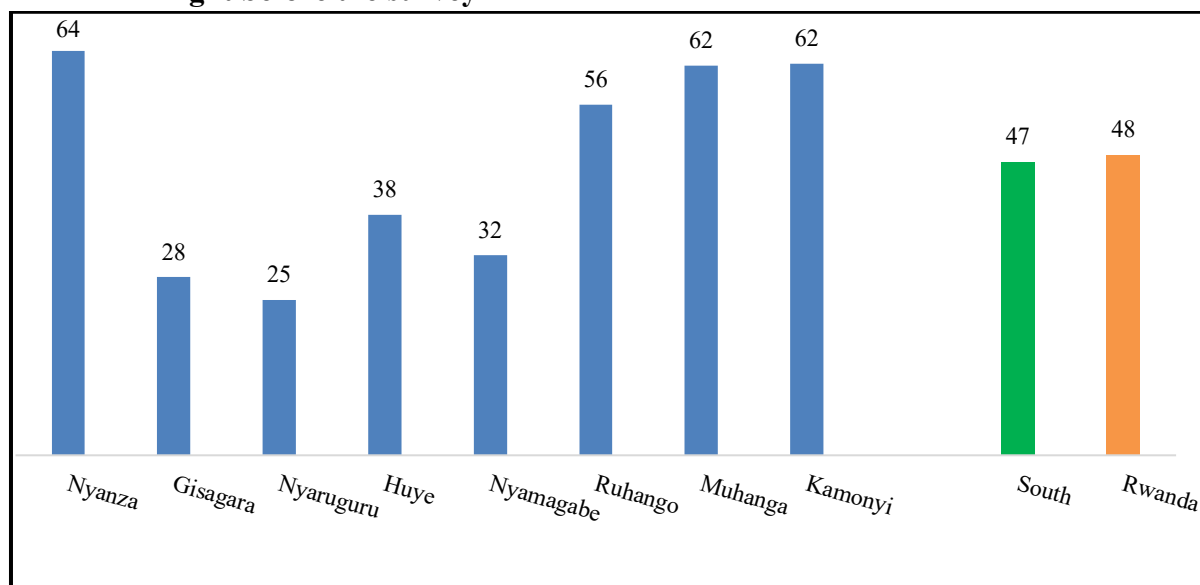
Malaria has been a major cause of morbidity and mortality in Rwanda for several years, with periodic epidemics in low altitude areas. This section presents the 2019-20 RDHS household-level findings on use of mosquito nets, and malaria prevalence particularly among children under 5 years of age.

### 8.1 Use of Insecticide-Treated Nets (ITNs)

Figure 34 shows that 47 percent of the household population in the South Province slept under Insecticide-treated net (ITN) the night before the survey, while 48 percent slept under an ITN at the national level. The proportion of the population that slept under an ITN the night before the survey is relatively low in Nyaruguru District (25 percent) and high in Nyanza District (64 percent).

**Trends:** According to the RDHS 2014-15 and RDHS 2019-20 findings, the percentage of people who slept under an ITN the night before the survey was decreased from 66 percent to 47 percent in the South Province and from 61 percent to 48 percent at national level. At district level, a high decrease has been observed in Gisagara District from 68 percent to 28 percent and in Nyaruguru District from 50 percent to 25 percent.

**Figure 34: Percentage of de facto household's population who slept under an ITN the night before the survey**



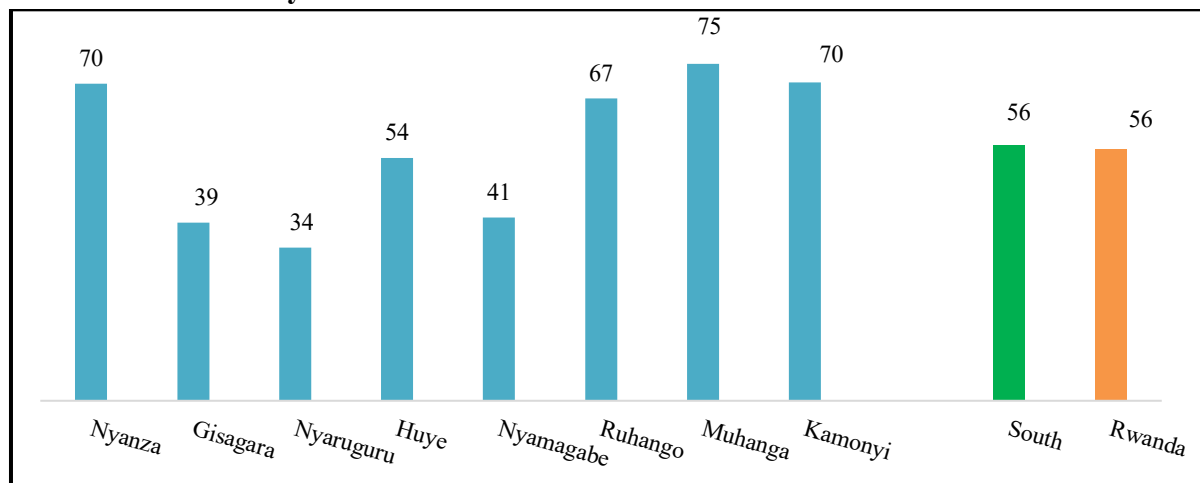
Source: RDHS, 2019-20

### 8.2 Use of ITNs among children

Children under 5 years' age are most vulnerable to severe complications of malarial infection due to their reduced immunity. Figure 35 shows the use of mosquito nets by children under 5 years' age. Fifty-six percent of children under 5 years' age slept under a mosquito net the night before the survey in the South Province as the same at national level. The percentage of children who slept under any an ITN is higher in Muhanga District (75 percent), and lower in Nyaruguru District (34 Percent).

**Trends:** By looking at the RDHS 2014-15 and RDHS 2019-20, the percentage of Children under age 5 who slept under an ITN has declined from 72 percent to 56 percent in the South Province and from 68 percent to 56 percent at national level. The decreased occurred both at the provincial and at national level was triggered by the decreased of percentage of Children under age 5 who slept under an ITN in all districts except Muhanga District.

**Figure 35: Percentage of children under age 5 who slept under an ITN the night before the survey**



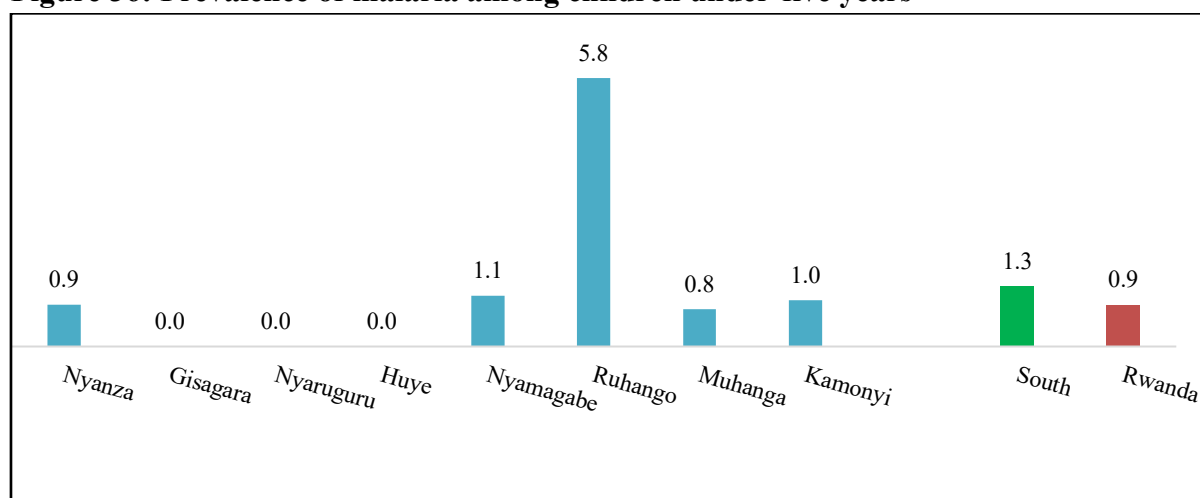
Source: RDHS, 2019-20

### 8.3 Prevalence of Malaria among children

Figure 36 shows the results of the microscopic diagnostic test (blood smear) among children who were tested. In the South province, 1 percent of children aged 6 to 59 months are infected with at least one form of malarial parasites, it is slightly the same (1 percent) at the national level. The percentage of children with malaria is higher in Ruhango District (5.8 percent) and lower in Gisagara, Nyaruguru, and Huye Districts (0 percent in each District).

**Trends:** The 2019-20 RDHS was conducted between November 2019 and July 2020, with more than a 2-month break between April and June 2020 due to the COVID-19 lockdown. The lockdown coincided with peak malaria transmission in the South. The survey collected data in this province in June and July, during the off-peak malaria season. The malaria prevalence results presented here cannot be compared to the results from previous surveys that were conducted during peak malaria season.

**Figure 36: Prevalence of malaria among children under-five years**



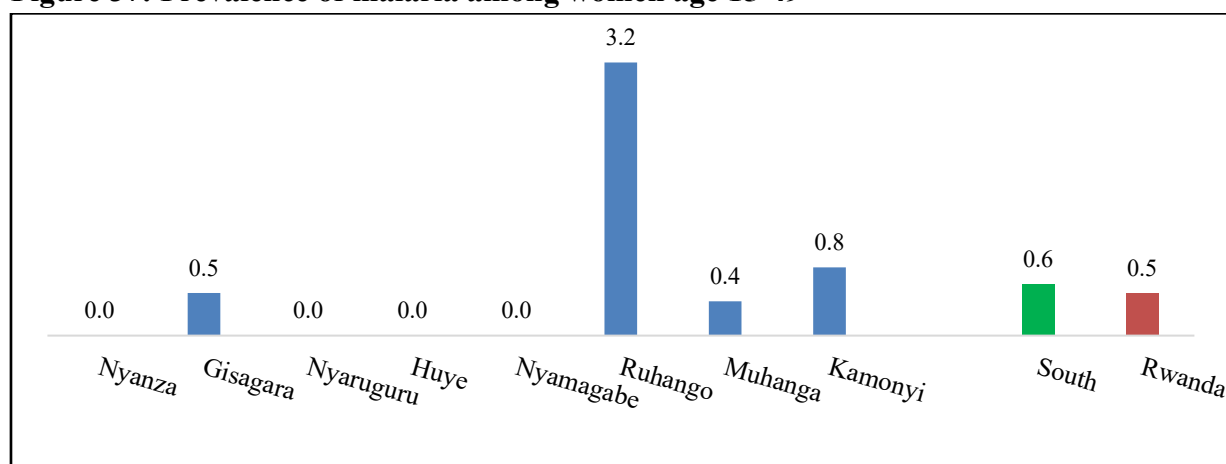
Source: RDHS, 2019-20

#### 8.4 Prevalence of malaria among women

Women are less likely to be infected with malaria than children from the figure presented above. In the South province, only one percent of women has malaria (figure 37). The proportions of women with malaria is higher in Ruhango District (3 percent), followed by Kamonyi and Gisagara Districts (1 percent each district) as compared to other districts like Nyanza, Nyaruguru, Huye and Nyamagabe (0 percent each).

**Trends:** Similar to children, the survey collected data during the off-peak malaria season. The malaria prevalence results presented here cannot be compared to the results from previous surveys that were conducted during peak malaria season.

**Figure 37: Prevalence of malaria among women age 15-49**



Source: RDHS, 2019-20





## Chapter 9: HIV Attitude and Knowledge

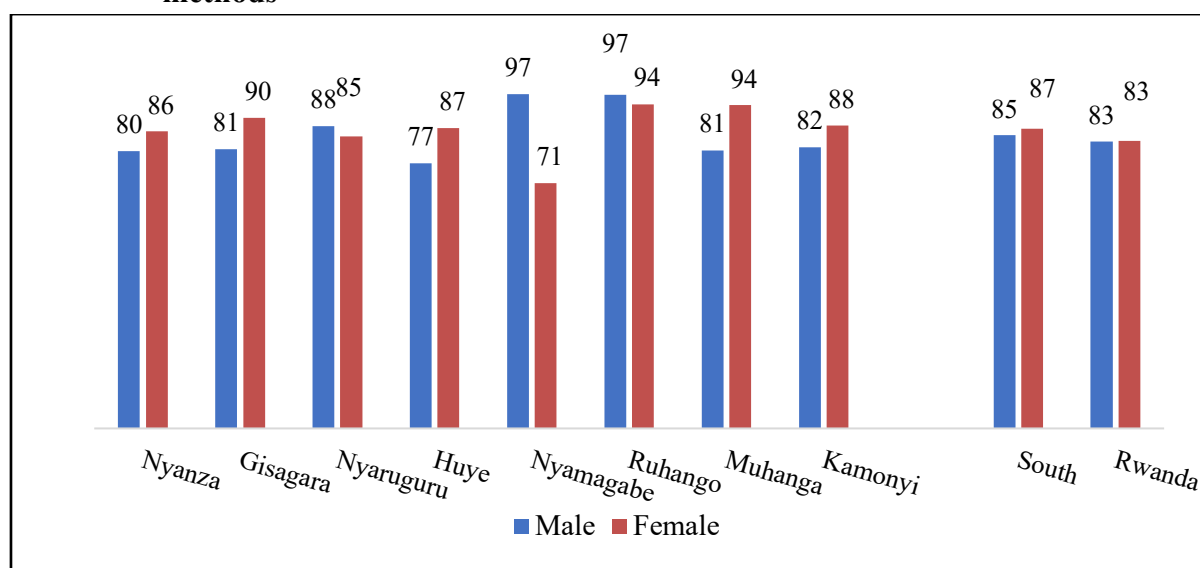
HIV infection is a major public health concern in Rwanda, where it is among cause of mortality with negative social and economic consequences that affect people and the country. The following section will discuss the knowledge, attitudes and HIV prevalence among youth and adults.

### 9.1 Complete knowledge of HIV prevention methods

Figure 38 presents the percentage with complete knowledge of HIV and AIDS prevention methods among women and men aged 15-49, by districts of the South Province. In South Province 87 percent of women and 85 percent of men are aware that the risk of contracting the HIV can be reduced by limiting sex to one uninfected partner who has no other partners, and using condoms, compared to 83 percent of women and men each at national level. Female are likely to have complete knowledge than men in almost districts of the South Province except in Nyaruguru, Nyamagabe and Ruhango Districts.

**Trends:** According to the findings of the RDHS 2014-15 and RDHS 2019-20, the percentage of men with complete knowledge of HIV and AIDS prevention methods among men age 15-49 has decreased from 89 percent to 85 percent in the South Province and from 88 percent to 83 percent at National, no change occurred for female.

**Figure 38: Percentage of respondents with complete knowledge of HIV prevention methods**



Source: RDHS, 2019-20

### 9.2 Comprehensive knowledge about HIV transmission.

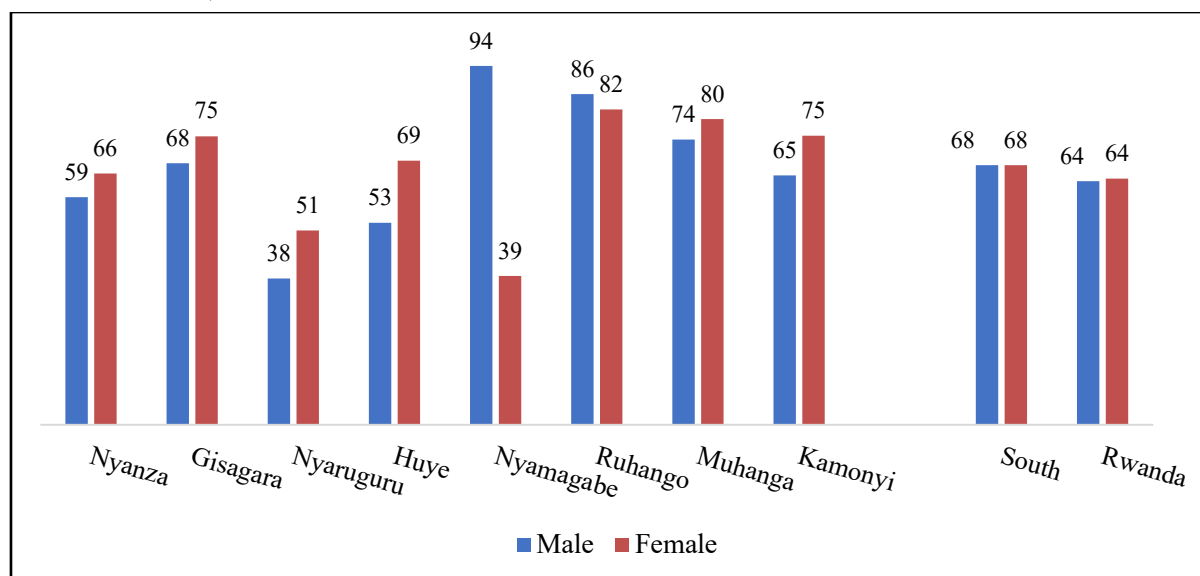
The 2019-20 RDHS included questions on common misconceptions about transmission of HIV/ AIDS. Respondents were asked whether they think it is possible for a healthy-looking person to have the HIV/AIDS virus and whether a person can contract the HIV virus from mosquito bites, by supernatural means, or by sharing food with a person who has HIV/AIDS.

The results in figure 39 indicate that some Rwandan adults lack accurate knowledge about the ways in which HIV can and cannot be transmitted. Nevertheless, more than 68 percent of

women and men aged 15-49 in the South Province and 64 percent of Women and Men of the same age at the national level have comprehensive knowledge about HIV/AIDS; that means they know that: a healthy-looking person can have the HIV/AIDS, and are aware that the virus cannot be transmitted by supernatural means or by sharing food with a person who has AIDS or by a mosquito bite. Variations in the districts of the South Province are highest in Nyamagabe District with 94 percent for men and Ruhango District with 82 percent for women, the lowest is Nyaruguru District with 38 percent for men and Nyamagabe District with 39 percent for women.

**Trends:** By comparing the findings from both the RDHS2014-15 and RDHS2019-20, a decrease of percentage point for female and male have been observed where it declined from 72 percent to 68 percent for women and from 73 percent to 68 percent for men in the South Province. The percentage among women has decreased in the half of the districts of the South Province while it increased in Gisagara, Ruhango, Muhanga, and Kamonyi Districts.

**Figure 39: Percentage of women and men age 15-49 with comprehensive knowledge on HIV**



Source: RDHS, 2019-20

### 9.3 Multiple sexual partners

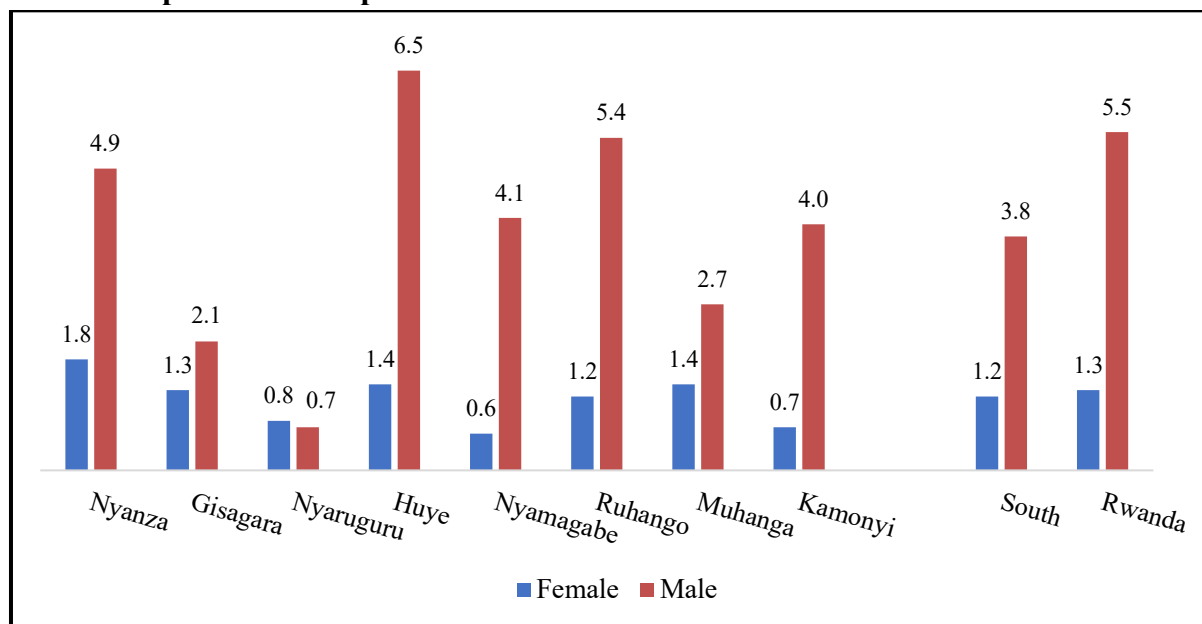
Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the disease. Given that questions about sexual activity are sensitive, it is important to remember when interpreting the results in this section that respondents' answers are likely subject to at least some reporting bias.

Figure 40 shows that the percentages of women and men aged 15-49 who had sexual intercourse with more than one partner in the 12 months before the survey. Four percent of men and 1.2 percent of women in the South Province had sexual intercourse and this percentage is the same among women at national level while men stands on 5.6 percent. Also women in Nyanza District (1.8 percent) are more likely to have had more than one sexual partner than other women in the districts of the South Province. Additionally, men in Huye District (6.5

percent) are more likely to have had more than one sexual partner than other men in the other districts

**Trends:** In the South Province, comparing the findings from the RDHS 2014-15 and RDHS 2019-20, the percentage of men who have had multiple partners over the past 12 month, increased from 3 percent to 4 percent.

**Figure 40: Percentage of women and men who had sexual intercourse with more than one partner in the past 12 months**



Source: RDHS, 2019-20

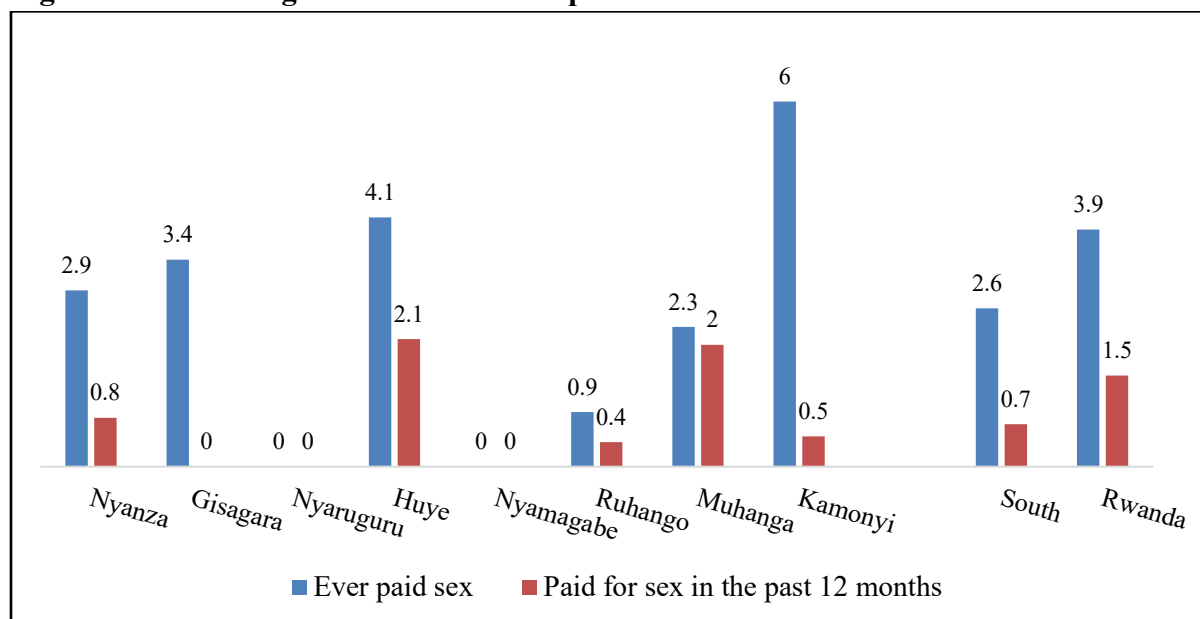
#### 9.4 Payment of sex

Male respondents in the 2019-20 RDHS who had had sex in the 12 months before the survey were asked whether they had ever paid anyone in exchange for sex and whether they had done so in the past 12 months.

The results in Figure 43 show that only 3 percent of men aged 15-49 in the South Province as well as 4 percent in Rwanda have ever paid for sexual intercourse and 1 percent of the women in the South Province and 2 percent of the women in Rwanda have paid for sex in the past 12 months. Men who live in Kamonyi District (6 percent) are the most likely to have ever paid for sex in the past 12 months before the survey.

**Trends:** According to the RDHS 2014-15 and RDHS 2019-20 findings, the percentages of men ever paid for sex in the South Province from 6 percent to 3 percent. In all districts except Kamonyi, the percentage of men aged 15-49 who ever paid sex has declined.

**Figure 41: Percentage of men 15-49 who paid for sex**



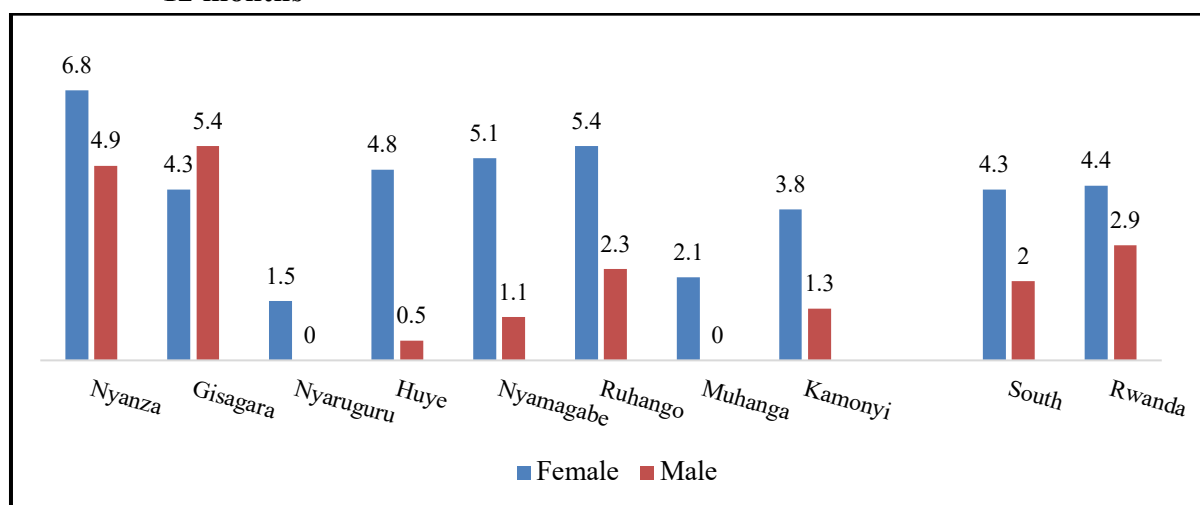
Source: RDHS, 2019-20

### 9.5 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Figure 43 shows the self-reported prevalence of STIs and STI symptoms among women and men aged 15-49 that have ever had sexual intercourse. In the South province, 4 percent of women and 2 percent of men had either STI or symptoms of any STI in the 12 months preceding the survey, as compared to 4 percent of women and 3 percent of men at the national level. Having any STI and STIs symptoms among women is highly prevalent in Nyanza District (7 percent), as compared to other districts. Among men having either any STI or symptoms of an STI in the 12 months preceding the survey is also higher in Gisagara District (5 percent) as compared to the rest of the districts of the South Province.

**Trends:** According to the RDHS 2014-15 and RDHS2019-20 findings, the percentage of women and men self-reported to have had STIs and STI symptoms has decreased from 13 percent to 4 percent for women and from 4 percent to 2 percent for men in the South Province.

**Figure 42: Prevalence of sexually transmitted infections (STIs) and STI symptoms in last 12 months**



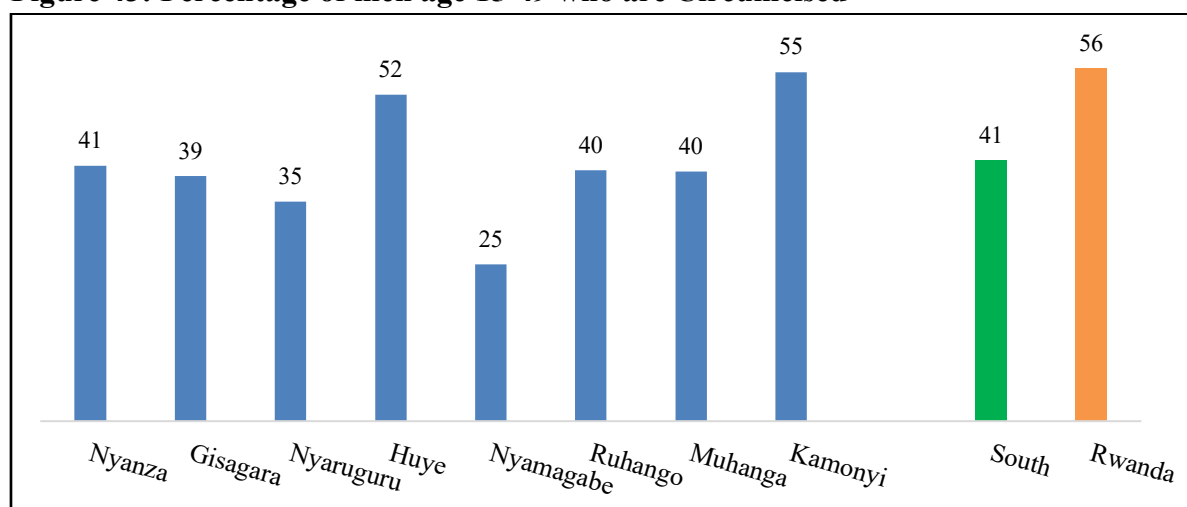
Source: RDHS2019-20

### 9.6 Practice of Circumcision

Studies have shown that male circumcision, which involves the removal of the foreskin of the penis, is associated with lower susceptibility to transmission of STIs, including HIV. Consequently, WHO recommends male circumcision as an HIV prevention method. Forty-one percent of men aged 15-49 have been circumcised in the South Province and 56 percent of men at national level (Figure 50). At district level, the proportion of men who are circumcised is the highest in Kamonyi District (55 percent) and lowest in Nyamagabe District (25 percent).

**Trends:** According to the RDHS 2014-15 and RDHS 2019-20, the percentage of men who are circumcised has increased from 17 percent to 41 percent in the Southern Province and from 30 percent to 56 percent at national level. The improvement in the circumcision practice has been observed in all districts of the South Province where each district recorded a percentage which is higher than the percentage from the previous survey.

**Figure 43: Percentage of men age 15-49 who are Circumcised**



Source: RDHS2019-20



## Chapter 10: Women empowerment

Women empowerment is an important factor in development, poverty reduction, and improvements in the standard of living. This chapter presents information on factors that affect the status of women in society: control over cash earnings, earnings relative to those of their husband, and participation in decision-making.

### 10.1 Control over women's cash earnings and relative magnitude of women's cash earnings

To assess women's autonomy, currently married women who earned cash for their work in the 12 months preceding the survey were asked who usually decides how their earnings are spent and women who earned cash for their work were also asked the relative magnitude of their earnings compared with those of their husband. This information is an indicator of women's control over their own earnings, as it is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive them as significant relative to those of their husband.

Figure 44 shows the percent distribution of currently married women aged 15-49 who received cash earnings for employment in the 12 months preceding the survey, by the person who decides how the cash earnings are used.

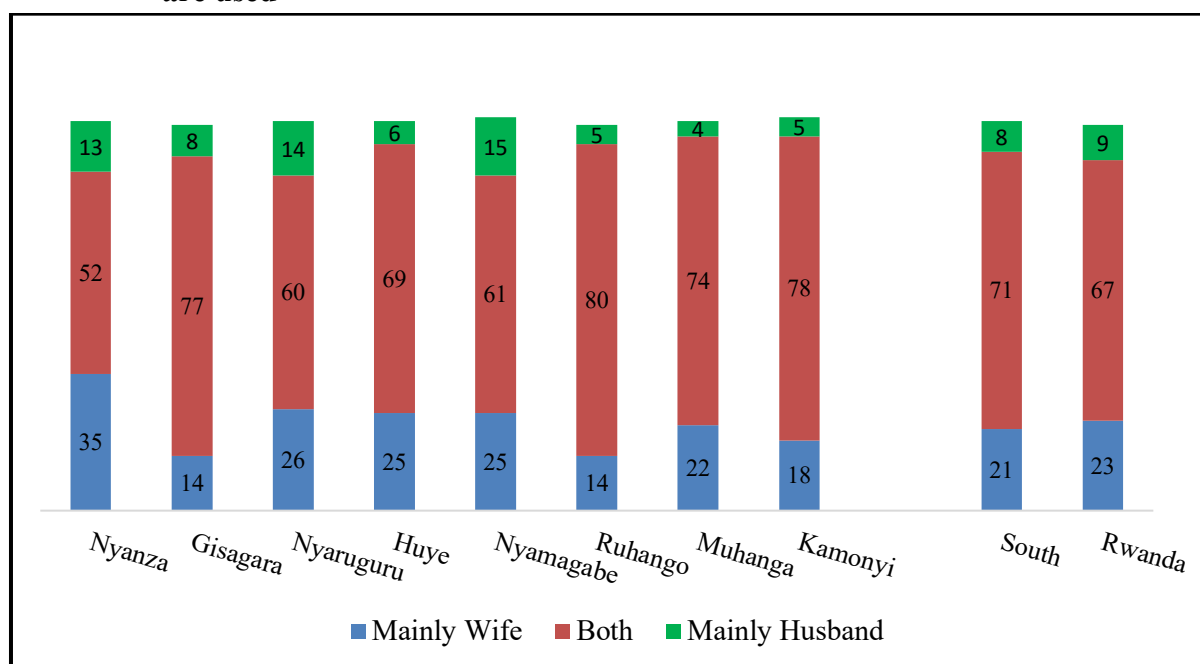
Twenty-one percent of women in the South Province and 23 percent at national level mainly decide for themselves how their earnings are used, where as 71 percent of women in the South Province and 67 percent at the national level said that they make joint decisions with their husbands. Eight percent of women in the South province compared to 9 percent at the national level reported that decisions regarding how their earnings are spent are made mainly by their husbands.

The percentage of women who mainly decide themselves how their earnings are spent is higher in Nyanza District (35 percent) and lower in Gisagara and Ruhango Districts (14 percent).

**Trends:** According to the RDHS 2014-15 and the RDHS 2019-20, in the South Province, the percentage of mainly wife who decided for themselves how their earnings are used has increased from 18 percent to 21 percent whereas the percentage of women who decided that they make joint decision has also increased from 67 percent to 71 percent. It is important to note that the percentage of mainly husbands who decided for themselves how their earnings are used has declined from 14 percent to 8 percent.



**Figure 44: Percentage distribution of person who decides how the wife’s cash earnings are used**

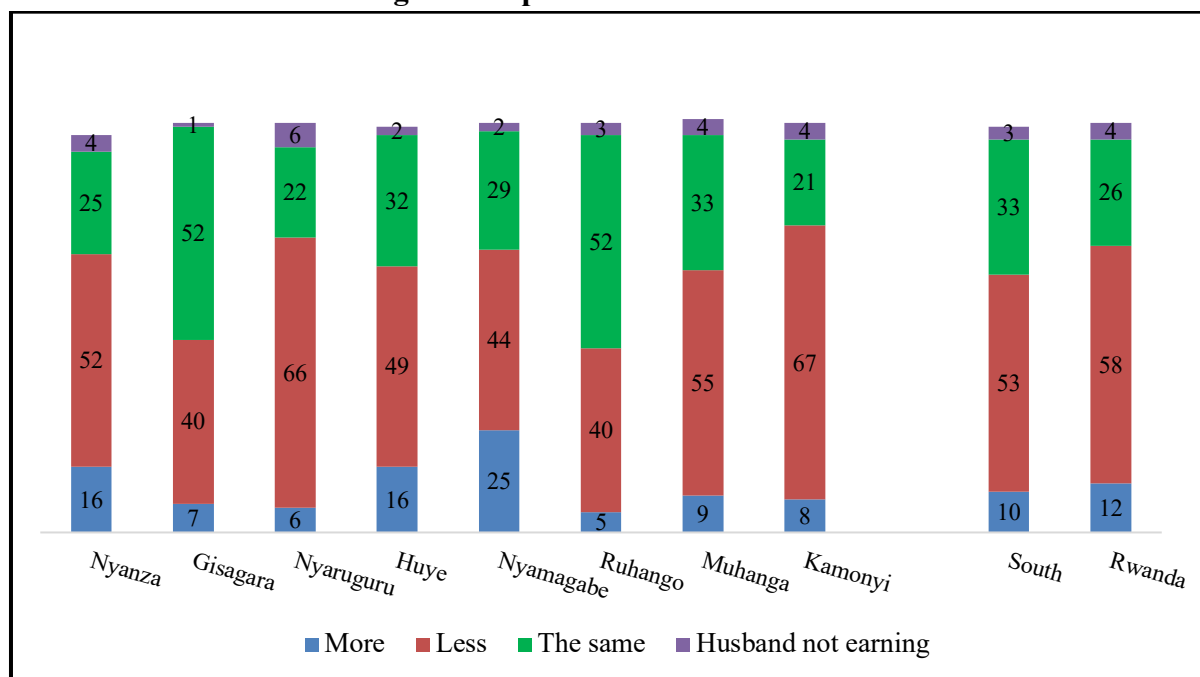


Source: RDHS, 2019-20

Figure 45 shows that women’s earnings relative to their husbands’ earnings during the 12 months preceding the survey. Fifty-three percent of women in the South Province report that they earn less than their husbands, 10 percent report that they earn more than their husbands, and 26 percent earn about the same as their husbands. The proportion of women who earn less than their husbands at the national level is estimated at 58 percent, where as 12 percent report earning more than they husbands, and 4 percent report that their husbands not earning. Women in the Gisagara and Ruhango (52 percent) are most likely to report that they earn the same as their husband, those in Nyamagabe (25 percent) are most likely to earn more than their husband (32 percent) and 67 percent reported that them earn less than their husband.

**Trends:** In the South Province, the percentage of currently married women aged 15-49 who reported to earn more than their husbands has declined from 14 percent to 10 percent and for those who reported to earn less than their husbands also declined from 59 percent to 53 percent by comparing findings of both the RDHS 2014-15 and the RDHS 2019-20. The percentage of women who reported to earn as the same as their husbands has increased from 24 percent to 33 percent. In addition to this, the percent of women who reported that their husbands did not earn has increased from 2 percent to 3 percent.

**Figure 45: Percentage distribution of currently married women age 15-49 according to their cash earnings in comparison to their husbands**



Source: RDHS, 2019-20

## 10.2 Control over men's cash earnings

Figures 46 and 47 shows the percent distributions of currently married men age 15-49 who receive cash earnings and currently married women age 15-49 whose husbands receive cash earnings by the person who decides how men's cash earnings are used, in the South Province.

In general, women's reports on who makes decisions about how their husband's earnings are spent are comparable to men's reports (Figures 46 and 47). Twenty-four percent of women in South Province whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 4 percent of men who reported themselves the same information. Seventy-one percent of women report that decisions are made jointly, as compared with 82 percent of men who made the same declaration, and 6 percent of women report that they mainly decide how to use their husband's earnings, while only 14 percent of men reported the same information.

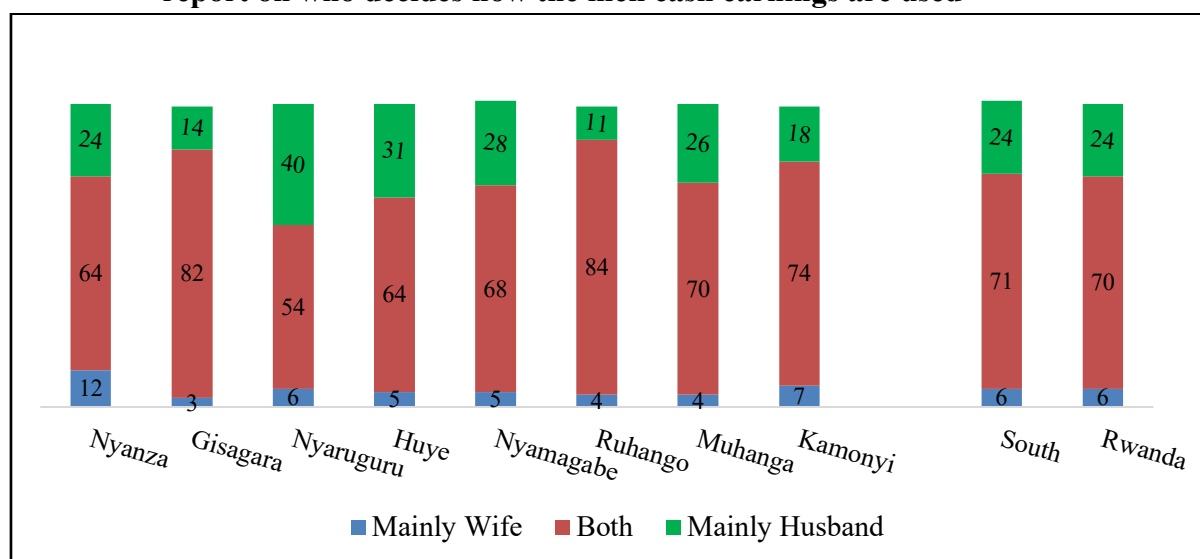
Forty percent of women in Nyaruguru District (Figure 47), whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used compared to 11 percent of women in Ruhango District. In the same way, the percentage of men who declared being main decision-makers regarding their own earnings is higher in Nyanza District (11 percent) than that of other districts.

At the national level, 24 percent of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 3 percent reported by men themselves (Figure 51).

**Trends:** By comparing the findings from RDHS 2014-15 and the RDHS 2019-20, women in South Province whose husbands have cash earnings report that their husband mainly decides

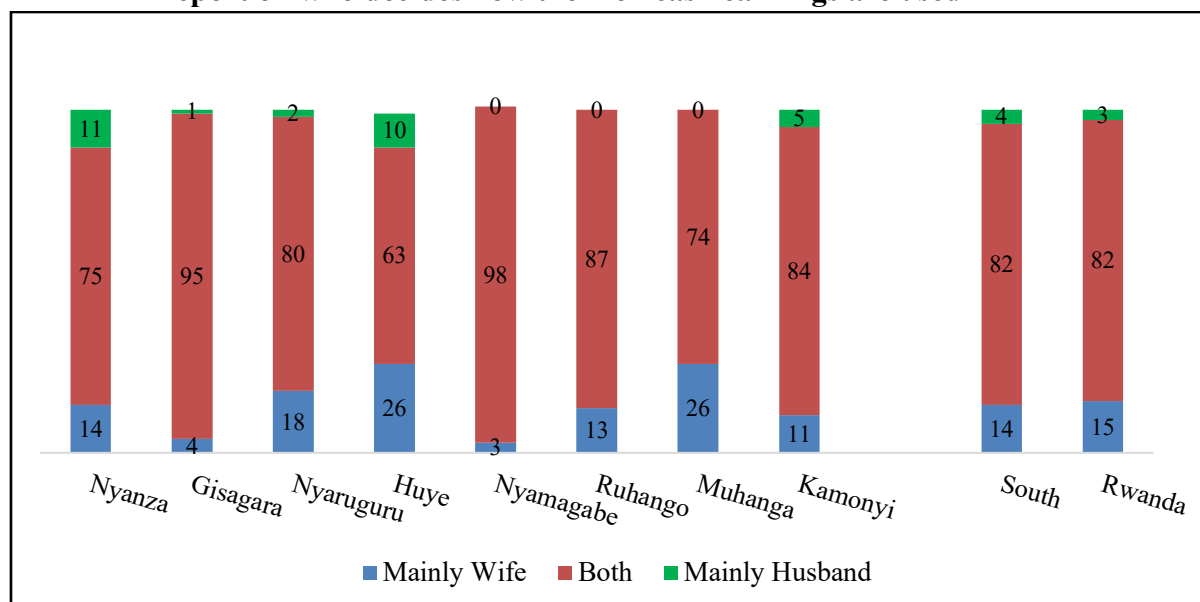
how his cash earnings are used has declined from 27 percent to 24 percent while the percentage of men who reported themselves the same information has also declined from 17 percent to 4 percent. In Nyaruguru District, women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used has increased significantly from 23 percent to 40 percent, whereas the percentage of men who reported the same information has declined in all districts.

**Figure 46: Percentage distribution of currently married women 15-49 according to their report on who decides how the men cash earnings are used**



Source: RDHS, 2019-20

**Figure 47: Percentage distribution of currently married men 15-49 according to their report on who decides how the men cash earnings are used**



Source: RDHS, 2019-20

### 10.3 Women's participation in decision-making

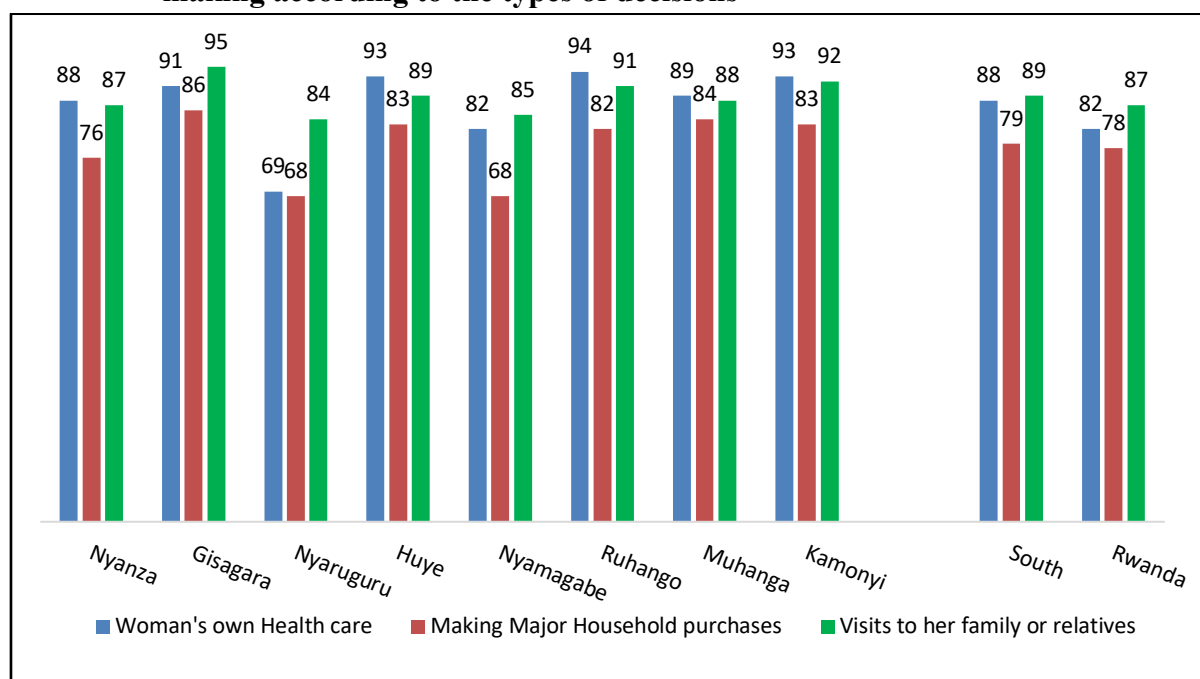
The ability of women to make decisions that affect their personal circumstances is essential for their empowerment and serves as an important factor in national development. To assess

women’s decision-making autonomy, the 2019-20 RDHS collected information on married women’s participation in three types of decisions: their own health care, major household purchases, and visits to family, relatives, or friends.

Figure 48 shows that in the South Province 88 percent of currently married women aged 15-49 said they usually make decisions about their own health care either by themselves or jointly with their husbands and 79 percent of women said they usually participate in decisions about major household purchases. Eighty-nine percent of married women said they usually participate in decisions about visits to their own family or relatives. Participating in purchase of major household asset is the least likely participating decision among currently married women

**Trends:** It is of great important to note that the percentage of currently married women aged 15-49, participating in decision making according to woman’s own health care, major household purchase and visits to her family or relatives has increased significantly in all mentioned types of decisions compared to RDHS-V. This increase also occurred in almost all districts of the South Province.

**Figure 48: Percentage of currently married women aged 15-49, participating in decision making according to the types of decisions**



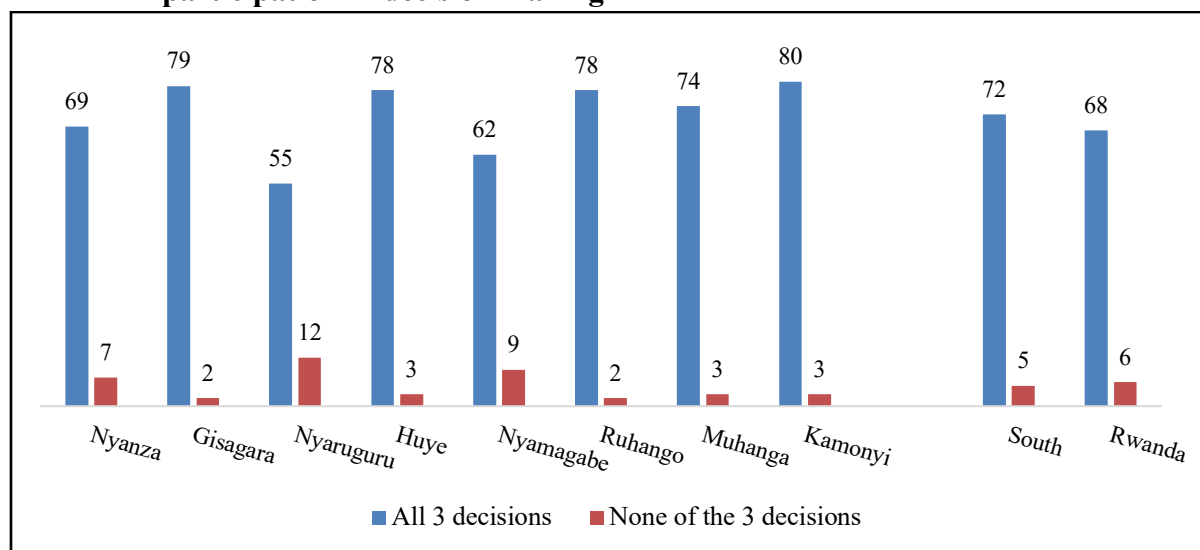
Source: RDHS, 2019-20

Figure 49 shows how is the women’s participation in all three decisions by districts of the South Province. Seventy-two percent of married women aged 15-49 in the South Province report taking part in all three decisions, while 5 percent of women aged 15-49 have no say in any of the three decisions, as compared to 68 percent of married women aged 15- 49 who report taking part in all three decisions, and 6 percent of women aged 15-49 have no say in any of the three decisions at national level. By district, married women aged 15-49 in Kamonyi District (80 percent) and Gisagara District (79 percent) are more likely to report that they participate in all three decisions compared to married women aged 15-49 in other districts. In addition, married

women aged 15-49 in Gisagara and Ruhango Districts (2 percent each) have no say in any of the three decisions.

**Trends:** By comparing the findings of the RDHS 2014-15 and RDHS 2019-20, the percentage of married women aged 15-49 in the South Province report taking part in all three decisions has increased in all the districts of this province except in Nyaruguru District where this percentage declined from 64 percent to 55 percent. This increase occurred in most districts, it triggered the change in whole province where it changed from 61 percent to 72 percent.

**Figure 49: Percentage of currently married women age 15-49 according to the participation in decision making**



Source: RDHS, 2019-20

#### 10.4 Attitude toward wife beating

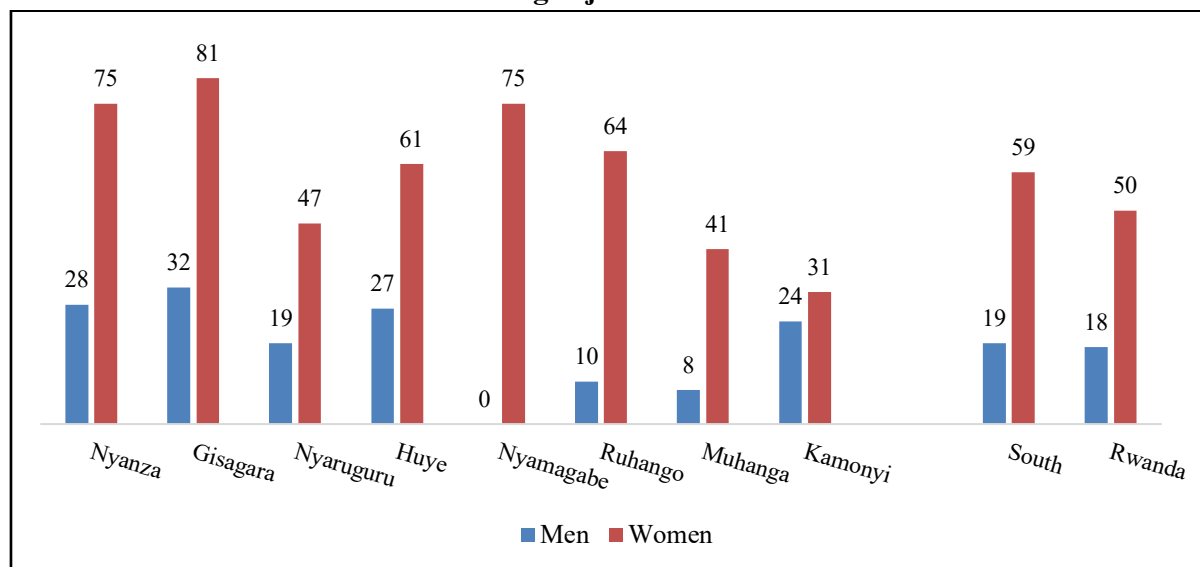
The 2019-20 RDHS collected information on the degree of acceptance of wife beating by asking all women and men whether they believe that a husband is justified in beating his wife in five situations: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him.

Figure 50 shows the percentages of women and men who feel that wife beating is justified for at least one of the specified reasons. Agreement of a high proportion of respondents that wife beating is acceptable is an indication that they generally accept the right of a man to control his wife's behavior even by means of violence. Figure 54 shows that 59 percent of women in the South Province and 50 percent at national level believe that wife beating is justified for at least one of the specified reasons. Men are least likely to agree that a man is justified in beating his wife for at least one reason in the South Province and at national level (19 percent and 18 percent, respectively). Women in Kamonyi District (31 percent) are less likely to agree that wife beating is justified for at least one reasons than women in other districts. Agreement with at least one reason justifying wife beating, among men, range from 32 percent of men in Gisagara District, to less than 1 percent in Nyamagabe District.

**Trends:** The percentage of women in the South Province believe that wife beating is justified for at least one of the specified reasons has increased from 51 percent to 59 percent by

comparing both the findings from the RDHS 2014-15 and the RDHS 2019-20. The most increase in this percentage observed in Gisagara District where it changed from 46 percent to 81 percent.

**Figure 50: Percentage of currently married women and men age 15-49 who agree with attitude toward wife beating is justified.**



Source: RDHS, 2019-20



## Annex 1: Tables

Table 1: Household possessions

	Radio sets	Television	Mobile Telephone	Computer
<b>Rwanda</b>	<b>40.4</b>	<b>13.6</b>	<b>71</b>	<b>4.6</b>
<b>City of Kigali</b>	<b>59.2</b>	<b>42.2</b>	<b>91.2</b>	<b>16.4</b>
Nyarugenge	54.2	42.4	93	11.7
Gasabo	57.5	37.1	89.4	11.7
Kicukiro	66.4	51.7	93.4	29.1
<b>South Province</b>	<b>36.6</b>	<b>7.3</b>	<b>60.8</b>	<b>2.8</b>
Nyanza	38	8.6	57.8	3.9
Gisagara	30.9	1.9	53.7	1.3
Nyaruguru	25.7	3	50.1	0.9
Huye	34.5	7.3	61.4	4.9
Nyamagabe	29.3	4.9	47.7	1.2
Ruhango	35.9	8.3	65.3	2.1
Muhanga	51	9.2	73.5	2.3
Kamonyi	44	12.9	72.3	5.2
<b>West Province</b>	<b>33.5</b>	<b>10.1</b>	<b>69.5</b>	<b>2.2</b>
Karongi	35.3	6.7	66.5	1.9
Rutsiro	24.6	3.1	68	0.3
Rubavu	39.3	20.5	70.2	6.1
Nyabihu	33.7	6.7	71.6	1.3
Ngororero	28.7	5	60.8	0.4
Rusizi	37.9	17.8	75.7	1.8
Nyamasheke	32.4	7	73.3	2
<b>North Province</b>	<b>40.9</b>	<b>6.7</b>	<b>66.8</b>	<b>3.1</b>
Rulindo	52.5	6.6	74.8	2.5
Gakenke	41.8	2.7	63.3	1.3
Musanze	41.7	14	78.7	7.8
Burera	36.3	6.8	61.9	3.3
Gicumbi	34.4	2.8	55.8	0.1
<b>East Province</b>	<b>38.9</b>	<b>11</b>	<b>73</b>	<b>2.6</b>
Rwamagana	47.1	17.3	75.4	6.4
Nyagatare	34.8	7.9	78.2	1
Gatsibo	38.8	9	63.6	1.3
Kayonza	37.9	11	76.8	1.6
Kirehe	37.3	5.7	69.7	1.9
Ngoma	37.6	11	73.7	2.2
Bugesera	39.8	16.1	74.7	4.5



Table 2: Percentage of de jure population with household where hand washing place were observed

	Observed, Fixed place	Observed, Mobile place	Total
<b>Rwanda</b>	<b>11.9</b>	<b>72</b>	<b>83.9</b>
<b>City of Kigali</b>	<b>17.7</b>	<b>70</b>	<b>87.8</b>
Nyarugenge	12	60.8	73.5
Gasabo	13	74.9	87.8
Kicukiro	30.7	67.7	98.3
<b>South Province</b>	<b>11.2</b>	<b>75.1</b>	<b>86.4</b>
Nyanza	21.6	59.9	81.8
Gisagara	7	76.1	83.3
Nyaruguru	6.7	77.8	84.3
Huye	14.4	61.9	76.4
Nyamagabe	4.1	76.4	80.2
Ruhango	11.5	86.4	98
Muhanga	10.9	74.4	85.2
Kamonyi	12.6	86.3	98.9
<b>West Province</b>	<b>6.7</b>	<b>71.9</b>	<b>78.5</b>
Karongi	10.6	48.2	58.8
Rutsiro	5.8	80.3	86.3
Rubavu	5.7	90.3	95.9
Nyabihu	3.8	71	74.4
Ngororero	4.2	95.7	99.8
Rusizi	7.4	38.2	45.6
Nyamasheke	9.1	74.5	83.4
<b>North Province</b>	<b>11.7</b>	<b>67.5</b>	<b>79.2</b>
Rulindo	5.8	71.4	77.4
Gakenke	31.5	44.4	76.2
Musanze	13.5	77.5	90.9
Burera	2.7	48.7	51.3
Gicumbi	5.3	90.1	95.4
<b>East Province</b>	<b>14.2</b>	<b>73.1</b>	<b>87.2</b>
Rwamagana	15.2	61.9	77
Nyagatare	15.2	69	84.2
Gatsibo	9.9	76.1	85.9
Kayonza	16.4	76.2	92.5
Kirehe	23.3	75.2	98.4
Ngoma	12.8	85.7	98.5
Bugesera	8	67.2	75.1

Table 3: Percent distribution of the facto population age 6 and over by level of highest education attained

	Female				Male			
	No Education	Primary	Secondary	Higher	No Education	Primary	Secondary	Higher
<b>Rwanda</b>	<b>14.8</b>	<b>63.7</b>	<b>18.7</b>	<b>2.7</b>	<b>11</b>	<b>68.7</b>	<b>17.1</b>	<b>3.2</b>
<b>City of Kigali</b>	<b>6.9</b>	<b>51</b>	<b>31.6</b>	<b>10.5</b>	<b>6.4</b>	<b>54.4</b>	<b>28.8</b>	<b>10.4</b>
Nyarugenge	7.6	56	29.4	7	8	55.4	29.9	6.6
Gasabo	7.5	53.2	30.1	9	7	59.3	26.1	7.6
Kicukiro	5.2	43.9	35.5	15.4	4.3	44.7	32.7	18.3
<b>South Province</b>	<b>16.5</b>	<b>65.8</b>	<b>16</b>	<b>1.6</b>	<b>12.4</b>	<b>71.6</b>	<b>13.7</b>	<b>2.3</b>
Nyanza	17.1	61.4	19.3	2.2	9.2	72.7	14.9	3.2
Gisagara	18.2	67.8	13.2	0.8	15.8	73.2	9.4	1.4
Nyaruguru	23.1	66.1	10.5	0.4	18.9	69.3	10.4	1.3
Huye	14.3	63.6	19.7	2.4	12	67.5	17.3	3
Nyamagabe	20.1	63.7	14.8	1.2	12.3	73.9	12.1	1.7
Ruhango	14.6	69.3	14.9	1.2	12.6	72.8	12.6	2.1
Muhanga	12.8	69.1	16.8	1.3	10.1	73.3	14	2.3
Kamonyi	13.4	65.4	18.1	2.9	9.2	70.2	17.7	2.9
<b>West Province</b>	<b>17.3</b>	<b>64.9</b>	<b>16.4</b>	<b>1.4</b>	<b>11.6</b>	<b>69.6</b>	<b>16.9</b>	<b>1.9</b>
Karongi	15.5	66.3	16.3	1.9	11.3	73.2	14.3	1.1
Rutsiro	19	68.3	12.4	0.3	12	76	11.5	0.5
Rubavu	18.2	58.2	19.7	4	12.9	60.3	23	3.7
Nyabihu	12.5	68	19	0.5	9	67.4	21.2	2.4
Ngororero	18.9	68.6	12.2	0.3	11.5	75.5	12.5	0.5
Rusizi	16.8	64.8	17	1.5	12	66.7	18.9	2.4
Nyamasheke	19.5	62.9	17.3	0.3	11.6	71.4	15.2	1.8
<b>North Province</b>	<b>15.2</b>	<b>67.2</b>	<b>15.9</b>	<b>1.7</b>	<b>10.5</b>	<b>72.9</b>	<b>13.8</b>	<b>2.8</b>
Rulindo	15.6	67.3	15.9	1.2	13.3	73.7	11.4	1.6
Gakenke	13.6	71.2	14	1.2	10	78.3	9.6	2.2
Musanze	9.9	65.1	20.9	4.1	4.9	67.8	21	6.2
Burera	21.7	63	13.9	1.4	14.9	68	14.4	2.5
Gicumbi	16.6	69.6	13.7	0.1	10.5	77.2	11.4	1
<b>East Province</b>	<b>14.7</b>	<b>65.1</b>	<b>18.5</b>	<b>1.7</b>	<b>11.7</b>	<b>70.2</b>	<b>16.2</b>	<b>1.8</b>
Rwamagana	13.8	62.9	19.7	3.6	11.4	65.7	19.3	3.4
Nyagatare	15.4	66.5	17	1	11.8	72.5	14	1.7
Gatsibo	15.5	64.9	18.2	1.3	12.4	70.3	15.5	1.9
Kayonza	13.1	65.7	19.1	2.1	9.4	73.4	15.9	1.1
Kirehe	17.3	64.4	17.2	1	10.8	72	15.9	0.8
Ngoma	14.1	63.7	21.3	0.9	16.6	64.1	17.5	1.7
Bugesera	13.7	66.7	16.8	2.7	9.7	71.5	16.2	2.5

Table 4: Median age at first marriage

	Women age 25-49	Men age 30-59
<b>Rwanda</b>	22.8	25.8
<b>City of Kigali</b>	<b>24.9</b>	<b>29.4</b>
Nyarugenge	23.9	28.3
Gasabo	24.8	28.9
Kicukiro	25.8	31.7
<b>South Province</b>	<b>23.5</b>	<b>26.8</b>
Nyanza	23.7	26.9
Gisagara	22.7	26.1
Nyaruguru	21.6	24.8
Huye	24.1	29.1
Nyamagabe	23.5	26.0
Ruhango	24.1	26.6
Muhanga	24.1	27.1
Kamonyi	23.9	27.4
<b>West Province</b>	<b>22.6</b>	<b>24.9</b>
Karongi	23.3	25.5
Rutsiro	21.5	23.8
Rubavu	21.7	24.2
Nyabihu	21.9	24.0
Ngororero	22.3	24.6
Rusizi	24.8	26.5
Nyamasheke	23.7	25.9
<b>North Province</b>	<b>22.1</b>	<b>24.5</b>
Rulindo	23.6	27.0
Gakenke	22.0	25.2
Musanze	22.4	23.7
Burera	21.3	23.3
Gicumbi	21.7	24.6
<b>East Province</b>	<b>21.9</b>	<b>25.0</b>
Rwamagana	24.0	26.4
Nyagatare	21.2	23.0
Gatsibo	21.6	24.7
Kayonza	22.3	25.3
Kirehe	21.8	24.6
Ngoma	22.0	26.2
Bugesera	21.6	25.1

Table 5: Total fertility and Total wanted fertility

	Total fertility rate	Total wanted fertility
<b>Rwanda</b>	4.1	3.1
<b>City of Kigali</b>	<b>3.6</b>	<b>2.8</b>
Nyarugenge	3.7	2.9
Gasabo	3.9	2.9
Kicukiro	3.2	2.7
<b>South Province</b>	<b>4.1</b>	<b>3.0</b>
Nyanza	4.1	3.2
Gisagara	4	3.1
Nyaruguru	4.9	3.7
Huye	3.8	2.8
Nyamagabe	4.2	2.8
Ruhango	3.9	2.7
Muhanga	3.6	2.9
Kamonyi	4.3	3.1
<b>West Province</b>	<b>4.5</b>	<b>3.3</b>
Karongi	4.2	3.1
Rutsiro	4.3	3.0
Rubavu	4.7	3.3
Nyabihu	4	3.0
Ngororero	4.9	4.0
Rusizi	4.6	3.5
Nyamasheke	4.7	3.4
<b>North Province</b>	<b>4</b>	<b>3.2</b>
Rulindo	3.9	2.9
Gakenke	4.2	3.3
Musanze	3.5	2.9
Burera	4.5	3.4
Gicumbi	4	3.1
<b>East Province</b>	<b>4.2</b>	<b>3.2</b>
Rwamagana	3.4	2.7
Nyagatare	4.6	3.4
Gatsibo	4.4	3.3
Kayonza	4.8	3.9
Kirehe	3.8	3.1
Ngoma	3.8	2.9
Bugesera	4.6	3.2

Table 6: Percentage of currently married women age 15-49, using contraception

	Currently used any contraceptive method	Currently used any modern method	Currently used any traditional method
<b>Rwanda</b>	<b>64.1</b>	<b>58.4</b>	<b>5.7</b>
<b>City of Kigali</b>	<b>60.6</b>	<b>54.9</b>	<b>5.7</b>
Nyarugenge	58.6	55.9	2.7
Gasabo	59	51.8	7.1
Kicukiro	65.6	60.4	5.2
<b>South Province</b>	<b>62.5</b>	<b>56</b>	<b>6.5</b>
Nyanza	61.8	53.4	8.5
Gisagara	59.8	56.5	3.3
Nyaruguru	46.9	44.3	2.6
Huye	61.7	55.4	6.2
Nyamagabe	67.1	64.5	2.6
Ruhango	68.1	55.8	12.3
Muhanga	66.5	58.5	8
Kamonyi	64.6	57.5	7
<b>West Province</b>	<b>61.5</b>	<b>54.4</b>	<b>7.1</b>
Karongi	68.4	62.6	5.8
Rutsiro	63.1	56.2	6.9
Rubavu	52.2	45.6	6.6
Nyabihu	70.3	63.5	6.7
Ngororero	63.7	58.9	4.8
Rusizi	56.9	46.8	10.1
Nyamasheke	59	49.8	9.2
<b>North Province</b>	<b>69.4</b>	<b>64.9</b>	<b>4.5</b>
Rulindo	71.1	62.8	8.2
Gakenke	74	66.5	7.5
Musanze	70.1	66.1	4
Burera	67.6	66.2	1.5
Gicumbi	64.7	62.2	2.5
<b>East Province</b>	<b>66.1</b>	<b>61.5</b>	<b>4.7</b>
Rwamagana	59.7	56.9	2.8
Nyagatare	71	64.5	6.5
Gatsibo	65.3	62.9	2.3
Kayonza	63.8	61.4	2.4
Kirehe	73.2	68.3	5
Ngoma	70.6	61.1	9.5
Bugesera	58.7	53.7	5

Table 7: Percentage of mothers 15-49 who received antenatal care, delivered by a skilled provider and delivered in a health facility

	Antenatal care	Delivered by a skilled provider	Delivered in a health facility
<b>Rwanda</b>	<b>97.7</b>	<b>94.2</b>	<b>97.7</b>
<b>City of Kigali</b>	<b>97.2</b>	<b>97.2</b>	<b>97</b>
Nyarugenge	97.2	99.3	97.2
Gasabo	96.9	96.1	96.9
Kicukiro	97.8	97.9	97.8
<b>South Province</b>	<b>97.5</b>	<b>92.9</b>	<b>91.6</b>
Nyanza	98.1	91.4	98.1
Gisagara	96.2	91.8	96.2
Nyaruguru	96.7	81.6	96.7
Huye	95.4	91.8	95.4
Nyamagabe	98.1	93.7	98.1
Ruhango	98.5	98.5	98.5
Muhanga	98.5	98.6	98.5
Kamonyi	98.2	95.4	98.2
<b>West Province</b>	<b>97.7</b>	<b>93.7</b>	<b>91.9</b>
Karongi	97	95.9	97
Rutsiro	97.7	91.6	97.7
Rubavu	95.9	92.8	95.9
Nyabihu	97.7	92.4	97.7
Ngororero	97.9	86.8	97.9
Rusizi	98.9	97.5	98.9
Nyamasheke	99.4	98.7	99.4
<b>North Province</b>	<b>98.8</b>	<b>96.7</b>	<b>95.5</b>
Rulindo	98.9	96.1	98.9
Gakenke	99.5	97.3	99.5
Musanze	98.6	95.2	98.6
Burera	98.9	97.2	98.9
Gicumbi	98.4	97.9	98.4
<b>East Province</b>	<b>97.6</b>	<b>92.7</b>	<b>92.1</b>
Rwamagana	98.9	97	98.9
Nyagatare	96	87.1	96
Gatsibo	98.2	96	98.2
Kayonza	97.7	91.6	97.7
Kirehe	97.1	93.2	97.1
Ngoma	97.6	93.9	97.6
Bugesera	98.3	92.9	98.3

Table 8: Prevalence of ARI among children under five years, Prevalence of Fever and Prevalence of Diarrhea

	Prevalence of ARI among children under five years	Prevalence of fever	Prevalence of Diarrhea
<b>Rwanda</b>	<b>1.7</b>	<b>18.8</b>	<b>14.2</b>
<b>City of Kigali</b>	<b>1.2</b>	<b>15.4</b>	<b>11.7</b>
Nyarugenge	1.2	17	10.8
Gasabo	0.7	14.7	13
Kicukiro	0.7	15.6	9.6
<b>South Province</b>	<b>1.2</b>	<b>16.2</b>	<b>13.1</b>
Nyanza	0.9	21.3	18.2
Gisagara	0.5	12.9	8.7
Nyaruguru	2.3	30.6	20.8
Huye	0.9	7	8.3
Nyamagabe	3.3	17.4	18.1
Ruhango	1.1	12.4	10.1
Muhanga	0	11.9	9.8
Kamonyi	0.5	15.6	10.8
<b>West Province</b>	<b>2.6</b>	<b>22.8</b>	<b>18.4</b>
Karongi	0.8	26.7	19.7
Rutsiro	2.3	16.5	10.5
Rubavu	2.3	18	19.3
Nyabihu	4.5	28.5	24.3
Ngororero	1.6	17.2	22.1
Rusizi	2.3	23.2	13.3
Nyamasheke	4.5	31.7	20.6
<b>North Province</b>	<b>1.6</b>	<b>21.1</b>	<b>16.2</b>
Rulindo	1.7	24.2	16
Gakenke	1	27	17.6
Musanze	0.7	22.8	16.6
Burera	0.4	4.8	11.2
Gicumbi	4.3	28.4	19.9
<b>East Province</b>	<b>1.6</b>	<b>17.5</b>	<b>11.4</b>
Rwamagana	0.5	9.7	5
Nyagatare	3.8	25.3	15.3
Gatsibo	0	7.8	5.4
Kayonza	0.6	21.6	14.8
Kirehe	2.6	22.8	15
Ngoma	1	7.1	5.1
Bugesera	2.4	24.3	16.8

Table 9: Nutrition status of children under five

	Stunted	Wasted	Underweight
<b>Rwanda</b>	<b>33.1</b>	<b>1.1</b>	<b>7.7</b>
<b>City of Kigali</b>	<b>21.3</b>	<b>1.8</b>	<b>4.8</b>
Nyarugenge	27.9	1.6	4.7
Gasabo	23.2	2.3	2.6
Kicukiro	10.7	0.6	10.4
<b>South Province</b>	<b>32.7</b>	<b>2.2</b>	<b>10.4</b>
Nyanza	32.4	3	12.6
Gisagara	31.6	4.7	15
Nyaruguru	39.1	4.6	9.3
Huye	29.2	0	15
Nyamagabe	33.6	2	9.3
Ruhango	38.5	1.2	11
Muhanga	35.8	1.6	11.1
Kamonyi	22.5	0.9	6.4
<b>West Province</b>	<b>40.2</b>	<b>0.6</b>	<b>8.1</b>
Karongi	32.4	1.7	7.6
Rutsiro	44.4	0.4	7.7
Rubavu	40.2	0	7.4
Nyabihu	46.7	0	4.4
Ngororero	50.5	1.7	11
Rusizi	30.7	0	7.3
Nyamasheke	37.7	0.5	6.1
<b>North Province</b>	<b>40.5</b>	<b>0.5</b>	<b>7.3</b>
Rulindo	29.7	0	4.9
Gakenke	39.3	0.9	6.1
Musanze	45.4	0	7.9
Burera	41.6	0.8	10
Gicumbi	42.2	0.8	6.8
<b>East Province</b>	<b>28.8</b>	<b>0.8</b>	<b>6.9</b>
Rwamagana	22.3	2	5
Nyagatare	30.7	0	2.6
Gatsibo	27.5	0	7.5
Kayonza	28.3	1.4	8.5
Kirehe	31.3	0.3	8.7
Ngoma	37.3	0.9	9.5
Bugesera	26.1	1.8	8.7



Table 10: Malaria

	Percentage of de facto household's population who slept under an ITN the night before the survey	Percentage of children under age 5 who slept under an ITN the night before the survey	Prevalence of malaria among children under-five years	Prevalence of malaria among women age 15-49
<b>Rwanda</b>	<b>47.7</b>	<b>55.6</b>	<b>0.9</b>	<b>0.5</b>
<b>City of Kigali</b>	<b>75.7</b>	<b>81.2</b>	<b>0.6</b>	<b>0.4</b>
Nyarugenge	74	80.6	0	0
Gasabo	80.8	84.3	1	0.7
Kicukiro	67.8	74.8	0	0
<b>South Province</b>	<b>46.6</b>	<b>56.4</b>	<b>1.3</b>	<b>0.6</b>
Nyanza	64.2	70	0.9	0
Gisagara	28.3	39.3	0	0.5
Nyaruguru	24.7	33.9	0	0
Huye	38.2	53.7	0	0
Nyamagabe	31.8	40.5	1.1	0
Ruhango	55.7	66.8	5.8	3.2
Muhanga	61.9	74.5	0.8	0.4
Kamonyi	62.2	70.4	1	0.8
<b>West Province</b>	<b>42.7</b>	<b>51.5</b>	<b>1.5</b>	<b>0.5</b>
Karongi	50.7	56.7	0.9	0.5
Rutsiro	30.3	37.3	0	0
Rubavu	36.1	47.2	0	0
Nyabihu	29.2	31.3	0	0
Ngororero	60.2	71.3	0	0
Rusizi	48.1	59.3	2.6	1.9
Nyamasheke	45.8	55.8	6.6	1.3
<b>North Province</b>	<b>44.2</b>	<b>52.5</b>	<b>0.3</b>	<b>0.6</b>
Rulindo	61.2	71.4	1	1.5
Gakenke	48.4	57.8	0	0
Musanze	38.1	46.4	0	0
Burera	33.7	40.8	0	0
Gicumbi	43.5	53.1	0.9	1.5
<b>East Province</b>	<b>41.3</b>	<b>48</b>	<b>0.5</b>	<b>0.4</b>
Rwamagana	37.1	46.7	1.5	0.4
Nyagatare	46	50.3	0	0.2
Gatsibo	31.8	41.4	0	0
Kayonza	26.5	38.9	1.9	1.4
Kirehe	53.5	61.6	0	0.4
Ngoma	66.6	66.8	0	0.3
Bugesera	30	38.3	0	0

Table 11: Percentage of respondents with complete knowledge of HIV prevention methods

	Female	Male
<b>Rwanda</b>	<b>83.3</b>	<b>83.1</b>
<b>City of Kigali</b>	<b>74.1</b>	<b>92.5</b>
Nyarugenge	86.5	86.9
Gasabo	70.7	94.9
Kicukiro	71.3	92.1
<b>South Province</b>	<b>86.8</b>	<b>84.9</b>
Nyanza	86	80.3
Gisagara	90	80.9
Nyaruguru	84.5	87.5
Huye	87	76.8
Nyamagabe	71	96.8
Ruhango	93.9	96.7
Muhanga	93.6	80.5
Kamonyi	87.8	81.5
<b>West Province</b>	<b>83.8</b>	<b>84</b>
Karongi	86.8	86.6
Rutsiro	86	70.5
Rubavu	92.6	84.7
Nyabihu	60.9	96.4
Ngororero	83.5	99.4
Rusizi	88.4	74.7
Nyamasheke	83.3	78.7
<b>North Province</b>	<b>83.7</b>	<b>73.7</b>
Rulindo	84.3	82.1
Gakenke	89.4	92.8
Musanze	84.6	33.4
Burera	65.6	71.4
Gicumbi	93.4	96.9
<b>East Province</b>	<b>84.8</b>	<b>81.1</b>
Rwamagana	63.4	80
Nyagatare	81	78
Gatsibo	94.1	95.2
Kayonza	87.2	31
Kirehe	92.3	97.9
Ngoma	96.2	98.7
Bugesera	74.5	88.7

Table 12: Prevalence of sexually transmitted infections (STIs) and STI symptoms in last 12 months

	Female	Male
<b>Rwanda</b>	<b>4.4</b>	<b>2.9</b>
<b>City of Kigali</b>	<b>5.9</b>	<b>4.8</b>
Nyarugenge	5.2	3.3
Gasabo	5.5	6.3
Kicukiro	6.9	3.1
<b>South Province</b>	<b>4.3</b>	<b>2</b>
Nyanza	6.8	4.9
Gisagara	4.3	5.4
Nyaruguru	1.5	0
Huye	4.8	0.5
Nyamagabe	5.1	1.1
Ruhango	5.4	2.3
Muhanga	2.1	0
Kamonyi	3.8	1.3
<b>West Province</b>	<b>3.3</b>	<b>1.8</b>
Karongi	4.1	0
Rutsiro	4.2	3
Rubavu	3.1	2.4
Nyabihu	2	1.3
Ngororero	0.8	0
Rusizi	6.2	4.2
Nyamasheke	2.6	1.2
<b>North Province</b>	<b>3.9</b>	<b>2.5</b>
Rulindo	4.6	3.8
Gakenke	1.7	1.4
Musanze	4.8	1.4
Burera	2	2.4
Gicumbi	5.7	3.7
<b>East Province</b>	<b>5</b>	<b>3.7</b>
Rwamagana	5.6	2.2
Nyagatare	3.8	5
Gatsibo	3.1	4.6
Kayonza	5.6	1.9
Kirehe	7.7	3.6
Ngoma	4	2.3
Bugesera	6.7	4.6

Table 13: Control over women's cash earnings and relative magnitude of women's cash earnings

	Respondent alone	Respondent and husband/partner	Husband/partner alone	Someone else
<b>Rwanda</b>	<b>23.3</b>	<b>67.4</b>	<b>9.2</b>	<b>0</b>
<b>City of Kigali</b>	34.1	58.8	7.1	0
Nyarugenge	39.8	46.3	14	0
Gasabo	33.4	60.4	6.2	0
Kicukiro	31.3	65	3.7	0
<b>South Province</b>	<b>21</b>	<b>70.6</b>	<b>8.2</b>	<b>0.1</b>
Nyanza	34.8	52.4	12.9	0
Gisagara	14.3	77.3	8.4	0
Nyaruguru	25.9	59.9	14.3	0
Huye	25.4	69	5.6	0
Nyamagabe	24.5	61	14.5	0
Ruhango	13.9	80.4	4.7	1
Muhanga	21.7	74.4	3.9	0
Kamonyi	17.5	77.5	5	0
<b>West Province</b>	<b>26</b>	<b>63.3</b>	<b>10.7</b>	<b>0</b>
Karongi	32.4	49.9	17.7	0
Rutsiro	13.3	78.5	8.2	0
Rubavu	22.6	68.2	9.2	0
Nyabihu	33.2	55.6	11.2	0
Ngororero	31.5	62.5	6	0
Rusizi	27.8	53.1	19.1	0
Nyamasheke	21.3	70.6	8.1	0
<b>North Province</b>	<b>21.9</b>	<b>69.7</b>	<b>8.4</b>	<b>0</b>
Rulindo	28.7	64.6	6.7	0
Gakenke	25	65.7	9.4	0
Musanze	27	65.9	7.1	0
Burera	7.4	84.9	7.7	0
Gicumbi	21.5	65.2	13.3	0
<b>East Province</b>	<b>18</b>	<b>71.7</b>	<b>10.3</b>	<b>0</b>
Rwamagana	17.6	77.7	4.7	0
Nyagatare	21.5	65.5	13	0
Gatsibo	14	67.9	18.1	0
Kayonza	14.5	80.4	5.1	0
Kirehe	24.4	63.8	11.8	0
Ngoma	12.6	81.3	6.1	0
Bugesera	24.1	66.3	9.6	0

Table 14: Percentage of currently married women age 15-49 participating in decision making according to the three types of decision.

	Decides on own health care	Decides on large household purchases	Decides on visits to family or relatives	Decides on All three decisions
<b>Rwanda</b>	<b>82.3</b>	<b>78</b>	<b>86.9</b>	<b>68.1</b>
<b>City of Kigali</b>	<b>82</b>	<b>81.2</b>	<b>86.1</b>	<b>68.1</b>
Nyarugenge	73.8	74.1	82.2	60.1
Gasabo	79.8	85	86.2	68.9
Kicukiro	93.2	79.4	89.3	73.1
<b>South Province</b>	<b>87.6</b>	<b>79.1</b>	<b>88.9</b>	<b>72.3</b>
Nyanza	87.5	76.3	86.5	69.3
Gisagara	90.9	86.2	94.5	79
Nyaruguru	69	68.1	84.1	55.1
Huye	92.8	82.9	89	77.6
Nyamagabe	81.8	68	84.8	62.3
Ruhango	94.4	81.7	91.1	78.3
Muhanga	88.6	84.4	88	74
Kamonyi	92.8	82.9	92.2	79.8
<b>West Province</b>	<b>77.8</b>	<b>71.7</b>	<b>85.4</b>	<b>61.5</b>
Karongi	70.8	66.7	79.2	52.7
Rutsiro	94.2	79.8	96.8	76.1
Rubavu	82.2	74.8	80.4	70
Nyabihu	52.4	55.8	72.9	34.2
Ngororero	87.2	74.5	93.6	65.5
Rusizi	61	63.9	80.5	46.5
Nyamasheke	91.9	84	94.6	79.8
<b>North Province</b>	<b>78.7</b>	<b>77.9</b>	<b>85.8</b>	<b>65.8</b>
Rulindo	78.9	73.9	85.5	61.8
Gakenke	71.5	70.6	83	52.7
Musanze	79	81.6	87.7	70.3
Burera	92.5	93	96.1	89.3
Gicumbi	72.7	69.2	77.1	53.8
<b>East Province</b>	<b>84</b>	<b>80.5</b>	<b>87.8</b>	<b>71.6</b>
Rwamagana	93.5	91.1	95.8	87.4
Nyagatare	72	67	81.1	53.1
Gatsibo	90.1	84.1	92.3	77.8
Kayonza	92.2	90.2	90.7	84.2
Kirehe	73.5	74.2	79	57
Ngoma	89	86.5	92.8	82.3
Bugesera	79.6	73.7	84	63.1

## **Annex 2: Persons who contributed to the production of the RDHS-6, 2019-20 District profile report**

### **National overall coordinators**

- MURANGWA Yusuf, Director General of NISR
- MURENZI Ivan, Deputy Director General of NISR

### **National technical coordinators**

- NDAKIZE Michel, Director of Demographic and Social Statistics - NISR
- KANYONGA INGABIRE Evelyne, Ag. Social and Demographic Statistics Team Leader - NISR

### **RDHS-6 District Report, Data analysis and report writing**

- KANYONGA INGABIRE Evelyne
- ABALIKUMWE Francois
- NGOMITUJE Xavier
- NSHIMIYIMANA Patrick,
- HARERIMANA Massoud,
- NKURUNZIZA Venuste
- NYABYENDA Christian Emmanuel
- UWITONZE Martin
- MUKAZITONI Madeleine
- NKUNDIMANA Donath
- UWAMAHORO Sandrine
- HABIMANA Samuel
- AYINGENEYE Seraphine
- HAGENIMANA Jean Damascene

### **RDHS-6 District Report, proofreading, design and layout**

- KANYONGA INGABIRE Evelyne
- NGOMITUJE Xavier
- MUKAZITONI Madeleine
- NYABYENDA Emmanuel Christian
- NYIRIMANZI Jean Claude
- KABERA Jean Luc

### **RDHS-6 Mapping and Cartographers**

- KARERA Albert
- BIZIMUNGU Clement

