



Republic of Rwanda



# Rwanda Demographic and Health Survey 2019-20

## District Profile

### City Of Kigali



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National Institute of Statistics of Rwanda  
Kigali, Rwanda

Ministry of Health  
Kigali, Rwanda

The DHS Program  
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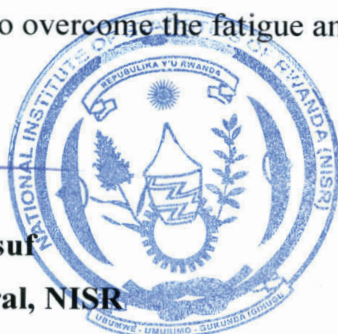
We also express our gratitude to many international organizations for their vital financial assistance. Contributions from the United States Agency for International Development (USAID), the One United Nations (ONE UN), the Centers for Disease Control and Prevention (CDC), the United Nations Children's 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.

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





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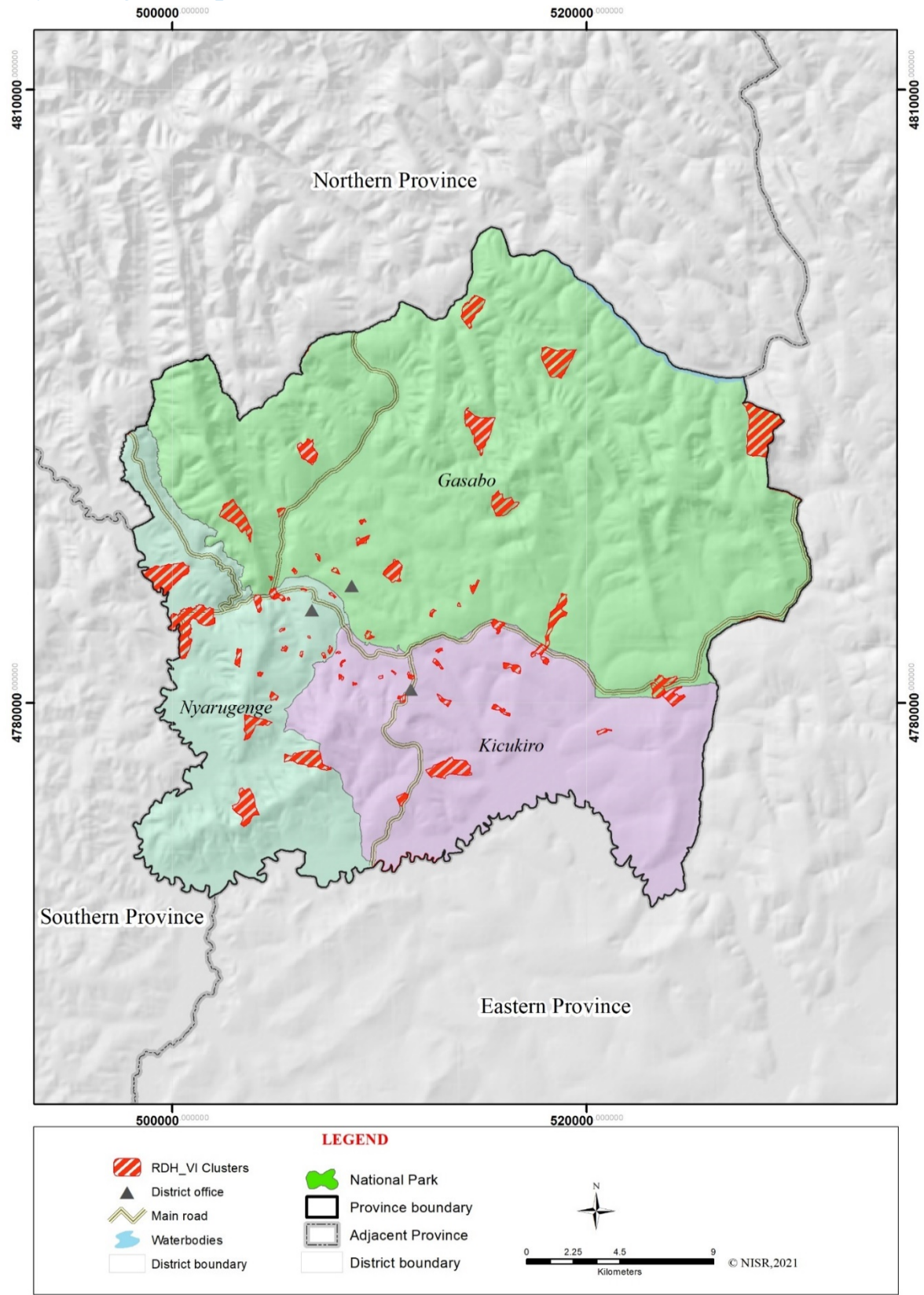
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# City of Kigali Map, RDHS 2019-20



## 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

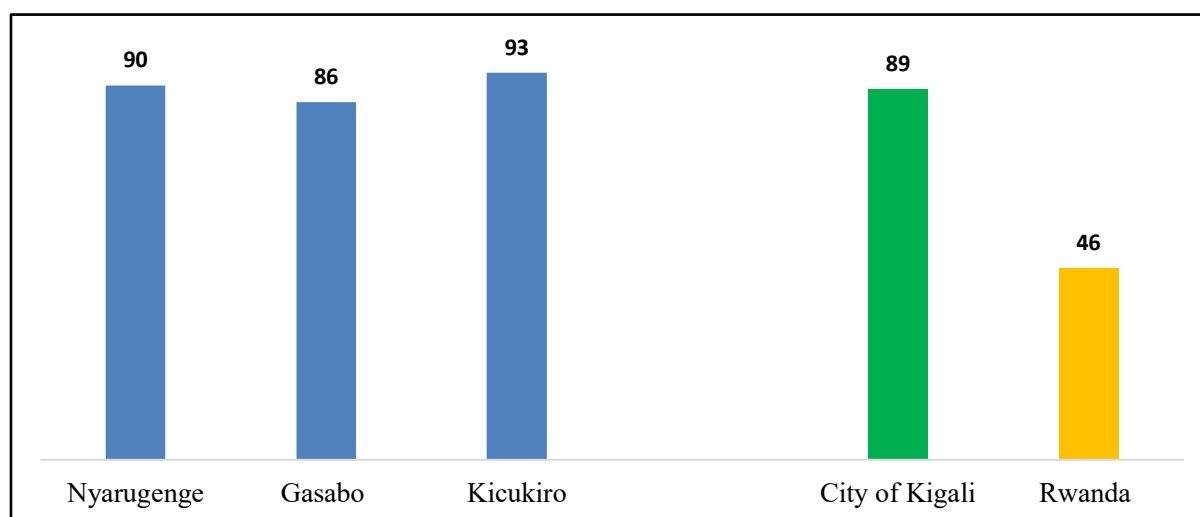
The Rwanda Demographic Health Survey (RDHS\_2019-20) collected household information. This chapter presents some of the indicators that were selected, namely; access to electricity, possession of selected durable goods, availability of hand washing place to evaluate the socioeconomic and living conditions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

### 1.1 Electricity coverage

Figure 1 shows that 89 percent in the City of Kigali of households have access to electricity compared to 46 percent at the national level. The results show that the majority of all households in all districts of the City of Kigali possess electricity: this percentage is 93 percent in Kicukiro District, followed by Nyarugenge District with 90 percent and Gasabo District with 86 percent.

**Trends:** There has been an overall increase in household Electricity coverage in all district of City of Kigali, Gasabo having the highest increase; it went from 62 percent in 2014-15 to 86 percent in 2019-20

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



Source: RDHS, 2019-20

### 1.2 Household durable goods

Figure 2 shows that Mobile telephone (91 percent) is the most owned households good in the City of Kigali as compared to 71 percent at the national level. The percentage of Mobile telephones possession is high in all districts of the City of Kigali: Kicukiro and Nyarugenge District (93 percent), Gasabo District (89 percent).

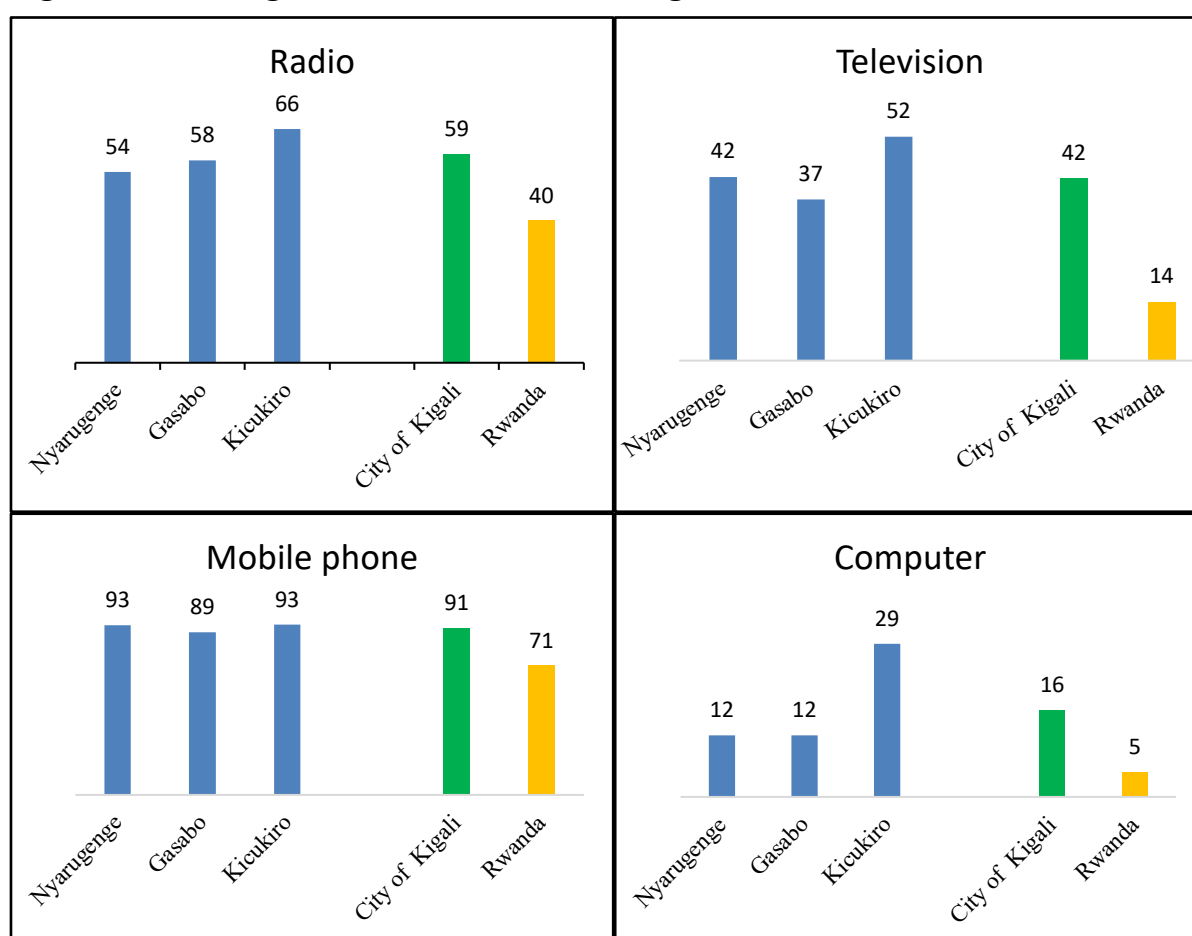
The second most common household asset is Radio owned by 59 percent of households in the City of Kigali as compared to 40 percent at the national level, by Radio possession we only asked standalone Radio sets. The proportion of households owning a radio is high in Kicukiro District (66 percent). Variations in ownership of radio do not vary too much between Gasabo District (58 percent) and Nyarugenge District (54 percent).

Forty-two percent of households own a television in the City of Kigali compared to 14 percent at national level. Kicukiro District has high percentage in ownership of Television (52 percent) while Nyarugenge District and Gasabo District have low percentage (42 percent and 37 percent, respectively).

Sixteen percent of households in the City of Kigali have computer compared to 5 percent at the national level. Ownership of computer is higher in Kicukiro (29 percent) and same in Gasabo and Nyarugenge (12 percent).

**Trends:** Household ownership of Radio has reduced in all districts of City of Kigali compared to RDHS 2014-15 data (from 73 percent to 66 percent in Kicukiro, 67 percent in Nyarugenge to 54 and from 65 percent to 58 percent in Gasabo) and all other chosen durable good possession have increased in all Districts of City of Kigali.

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



Source: RDHS, 2019-20

### 1.3 Hand washing place observed

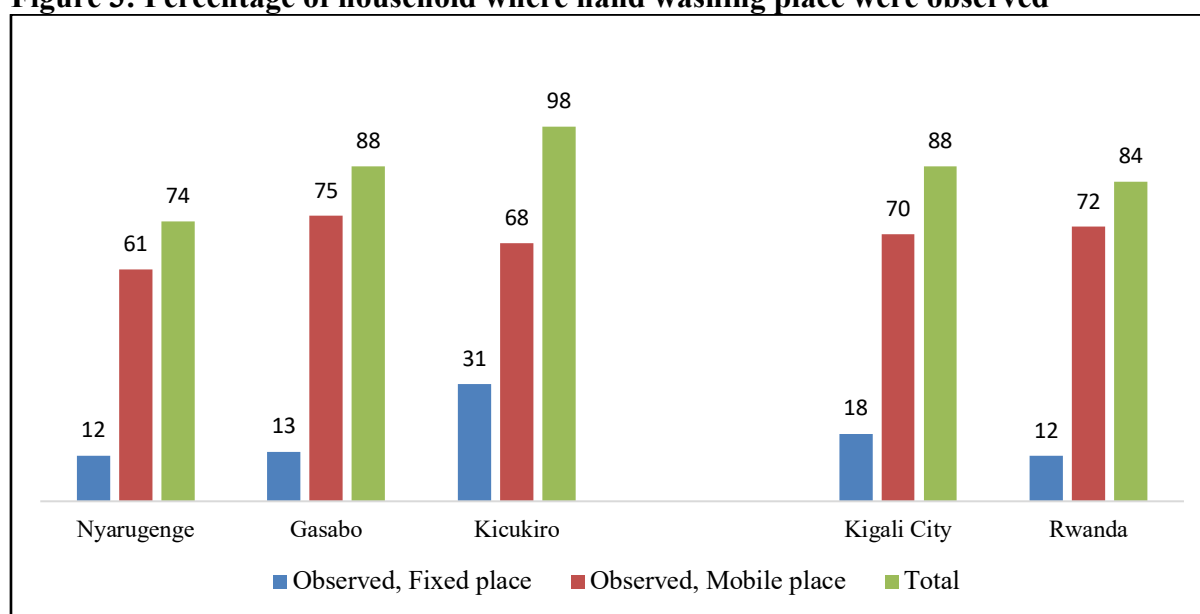
Washing hands with water and soap before eating, while preparing food, and after leaving the toilet is a simple, inexpensive, and good practice that protects against many diseases. During the survey, the interviewers asked each household if there was a place used for hand washing, and, if so, they asked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

hand cleansing means was available, and observation showed that in some household the place where they wash hands was fixed and in others it was a mobile place.

Figure 3 shows that 88 percent of de jure population had a place for hand washing in the City of Kigali and 84 percent at the national level. The percentage of de jure population with place used for hand washing is high in Kicukiro District (98 percent) while it is low in Nyarugenge (74 percent).

**Trends:** The current data are calculated at de jure population level, while data in 2014-15 was calculated at population level. The result show that the fixed place for handwashing has remained the same in City of Kigali 18 percent of de jure population in 2019-20 and 17 percent of household in 2014-15. Nyarugenge has increased percentage of household with fixed place used for hand washing from 6 percent in 2014-15 to 12 percent currently.

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



Source: RDHS, 2019-20





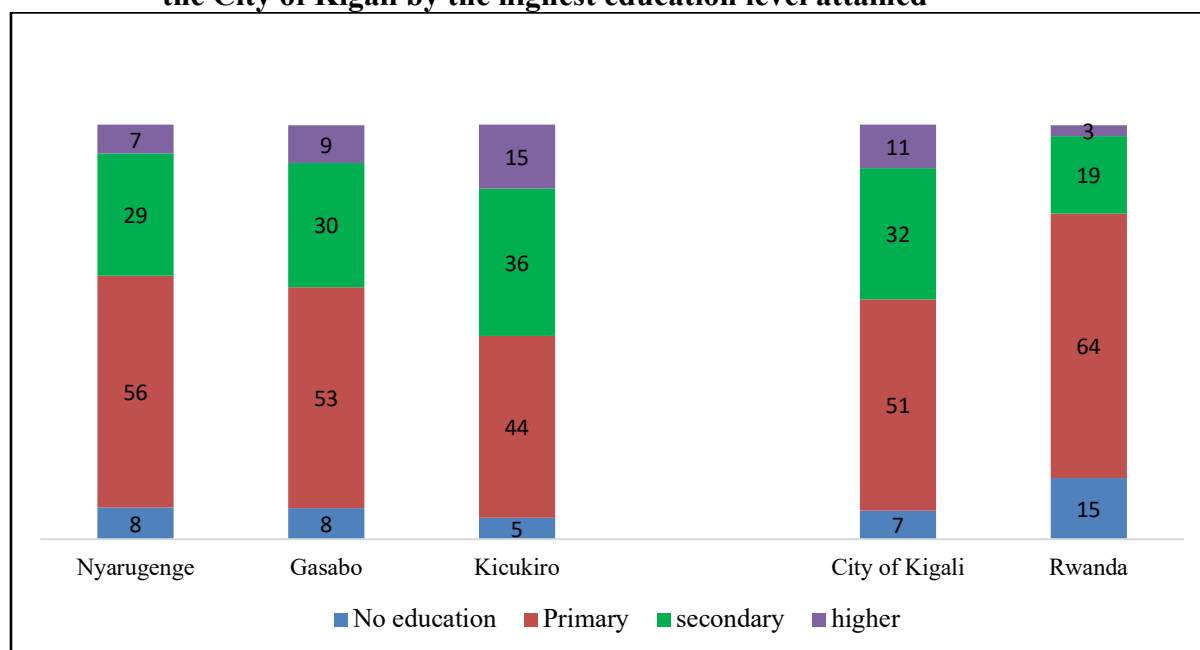
## Chapter 2: Respondent characteristics

### 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 districts of the City of Kigali. The proportion of men who attained primary school is slightly higher to that of women in the City of Kigali with 54 percent and 51 percent respectively, compared to 69 percent and 64 percent respectively at national level. At the secondary education level, the proportion is higher for women (32 percent) than men (29 percent) in the City of Kigali and it is almost the same in all Districts and for both sexes (from 29 percent to 36 percent among women in all 3 Districts) and from 26 percent to 33 percent among men. The proportion of women who attained high school is high in Kicukiro (15 percent) and low in Nyarugenge (7 percent). The proportion of men who attained high school is 18 percent in Kicukiro, 8 percent in Gasabo and 7 percent in Nyarugenge.

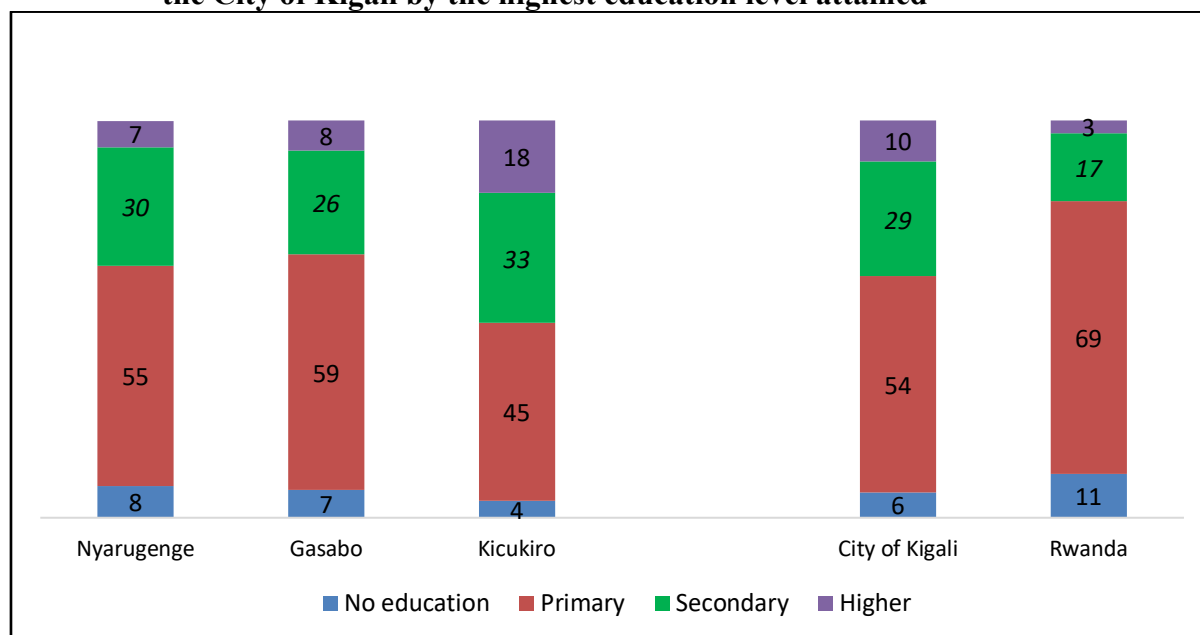
**Trends:** In the last five years, the proportion of people with secondary education and Higher has increased in City of Kigali and within all its districts.

**Figure 4: Percent distribution of de facto Female household population age 6 and over in the City of Kigali by the highest education level attained**



Source: RDHS, 2019-20

**Figure 5: Percent distribution of de facto Male household population age 6 and over in the City of Kigali by the highest education level attained**



Source: RDHS, 2019-20

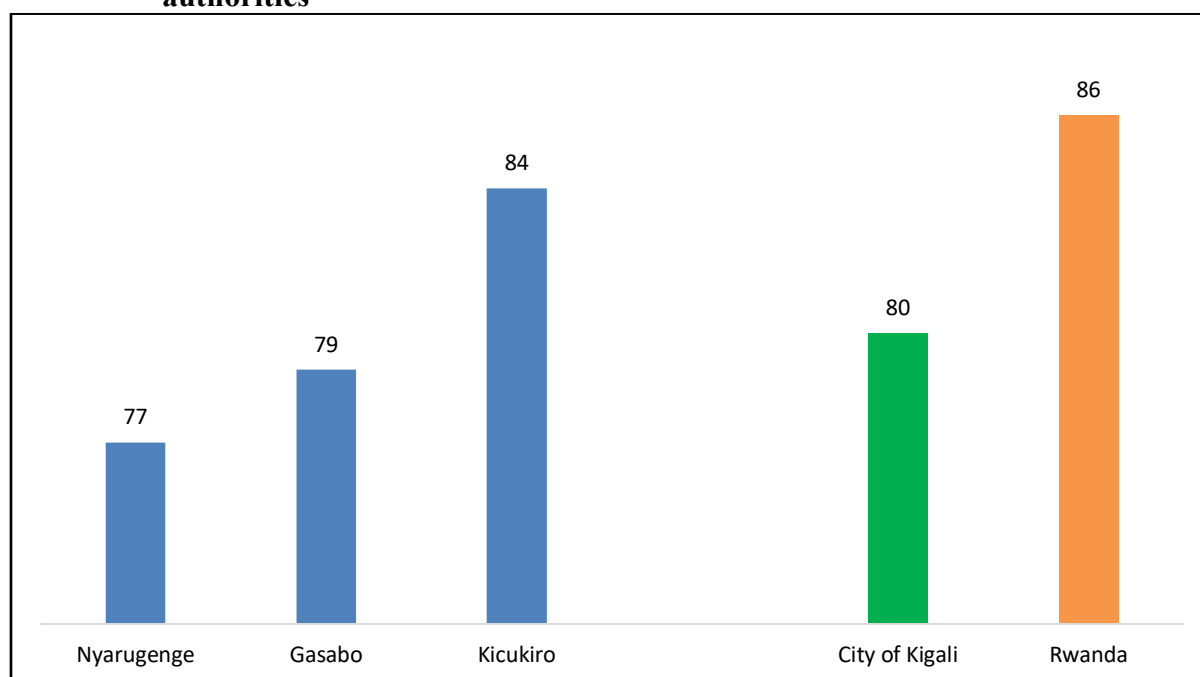
## 2.2 Birth registration of children under age 5

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 parents abuse his or her rights. 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 80 percent of children have been registered with the civil authorities in the City of Kigali compared to 86 percent at the national level. The percentage is high in Kicukiro District with 84 percent, moderate in Gasabo District with 79 percent and Nyarugenge District with 77 percent.

**Trends:** There has been a significant increase in children under age 5 with whom birth is registered, from 59 percent in RDHS 2014-15 to 80 percent in RDHS 2019-20 in Kigali City. The same change has happened to districts of City of Kigali whereby in RDHS 2014-15 was 57 percent for Nyarugenge and Gasabo districts for each to 77 percent and 79 percent respectively.

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



Source: RDHS, 2019-20

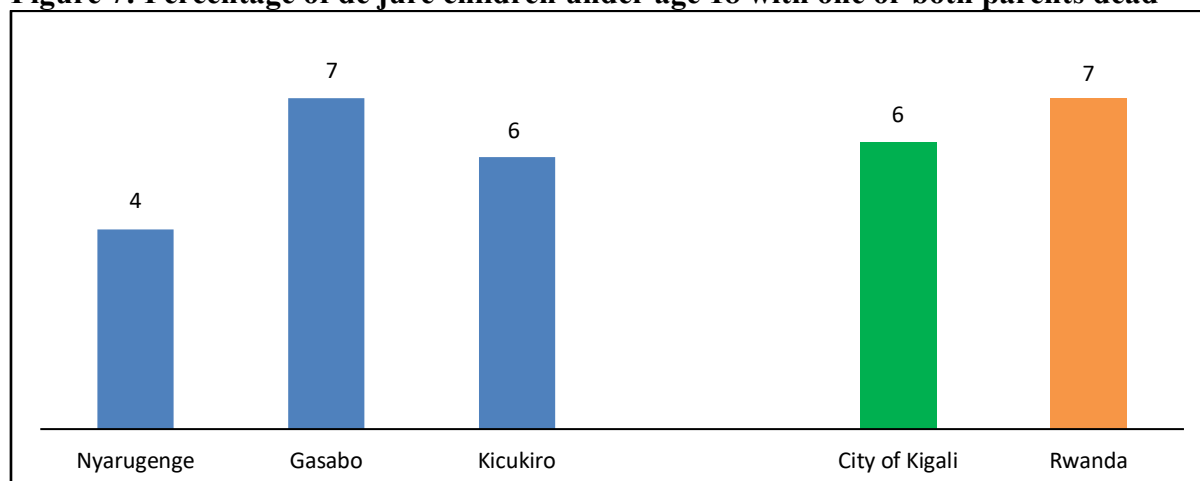
### 2.3 Children's orphanhood

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 one or both surviving parents.

Overall, 6 percent of children under age 18 in the City of Kigali have lost one or both parents compared to 7 percent at the National level. This percentage is 7 percent in Gasabo District, 6 percent in Kicukiro District, and 4 percent in Nyarugenge District.

**Trends:** The variation of orphanhood among districts of City of Kigali has been between 8 percent to 9 percent in RDHS 2014-15 and 4 percent to 7 percent in RDHS 2019-20.

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



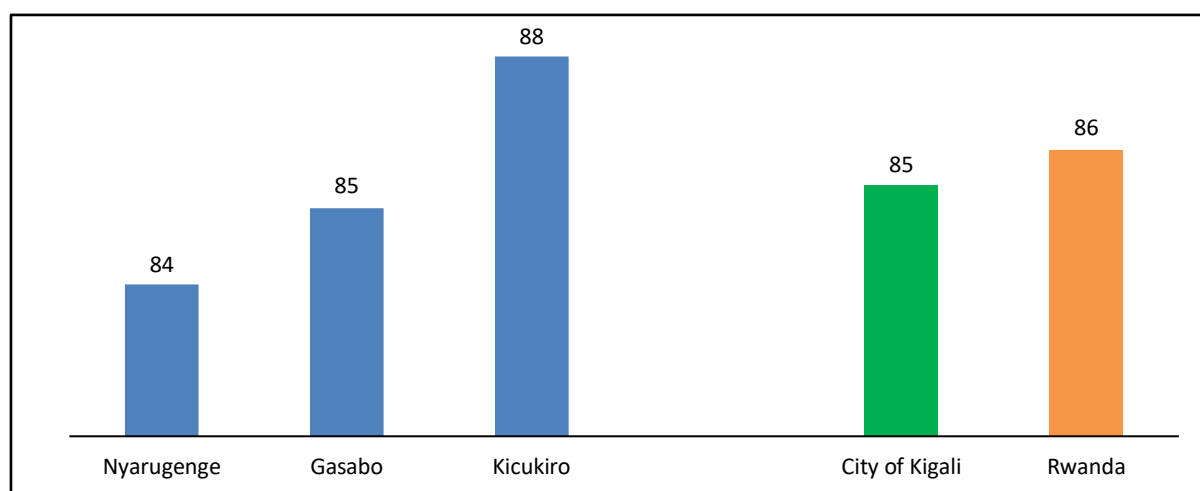
Source: RDHS, 2019-20

## 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. Eight- five percent of the population is covered by any health insurance in the City of Kigali, while 86 percent at National level. This proportion is high among respondents in Kicukiro District with 88 and low in Nyarugenge District with 84 percent.

**Trends:** The health insurance coverage went from 71 percent in RDHS 2014-15 to 85 percent in RDHS 2019-20 in City of Kigali, changes went from 77 percent in RDHS 2014-15 in Kicukiro to 88 percent in RDHS 2019-20.

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



Source: RDHS, 2019-20

## 2.5 Exposure to mass media

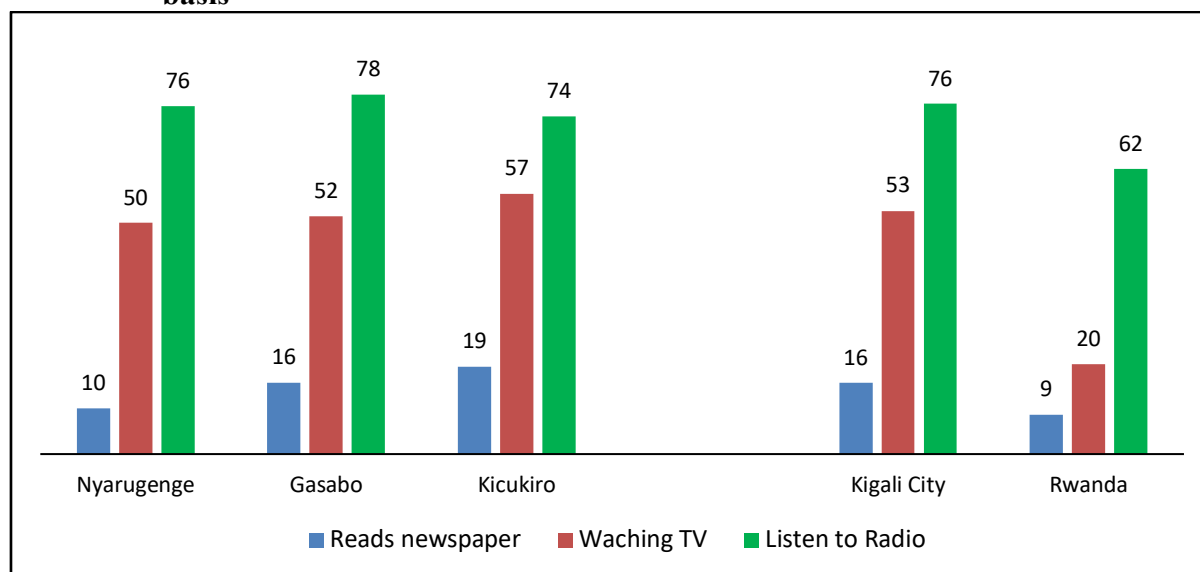
Data on the exposure of women and men to mass media are especially important to the development of education programs and the dissemination of all types of information, particularly information about health and family planning. Figure 9 and 10 present data on the exposure of women and men to mass media (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 City of Kigali level, Radio is the most common form of media exposure: 76 percent of women and 91 percent of men report listened to the radio at least once a week. At the District level, this percentage has declined in all Districts for both sexes: in Kicukiro District (74 percent), Nyarugenge District (76 percent) and Gasabo District (78 percent) among women. In Kicukiro, listening to radio increased to (92 percent) among men. Men watch television at least once a week more frequently than women do: 63 percent for men and 53 percent in Kigali City. Only 32 percent of men and 16 percent of 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 City of Kigali follow almost the same pattern.

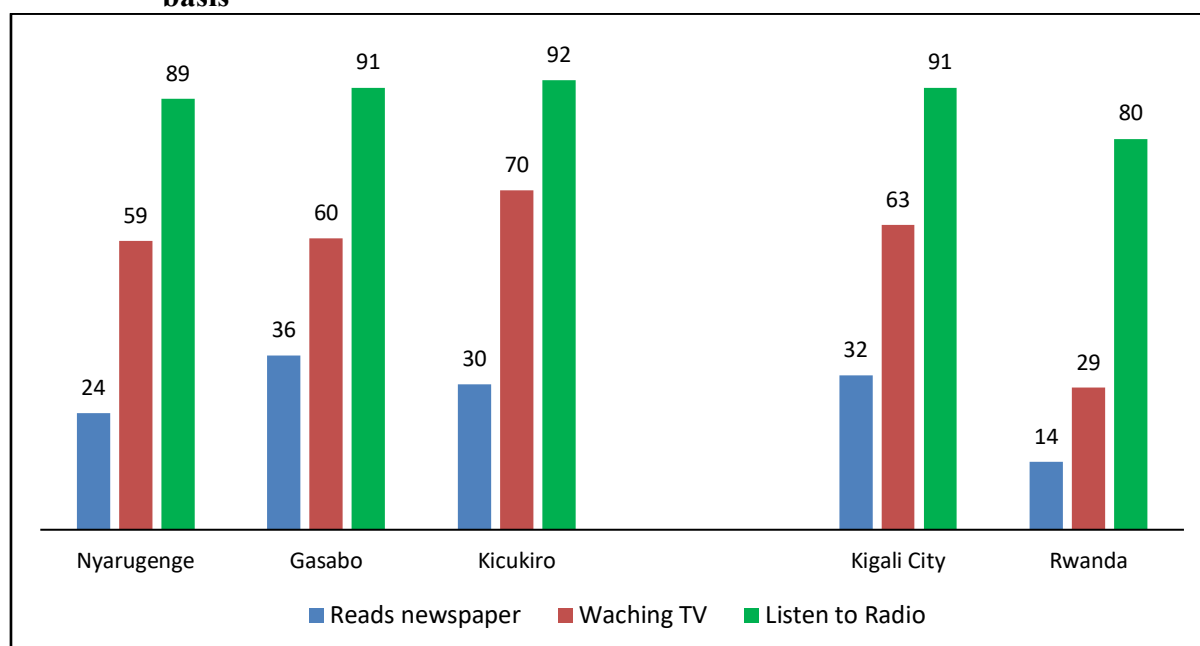
**Trends:** The proportion of women who reported listening to radio has decreased from 81 percent in RDHS 2014-15 to 76 percent in RDHS 2019-20. The proportion of women who reads newspaper has increased while the change is different for men: it increased in Kicukiro District and City of Kigali.

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



Source: RDHS, 2019-20

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



Source: RDHS, 2019-20

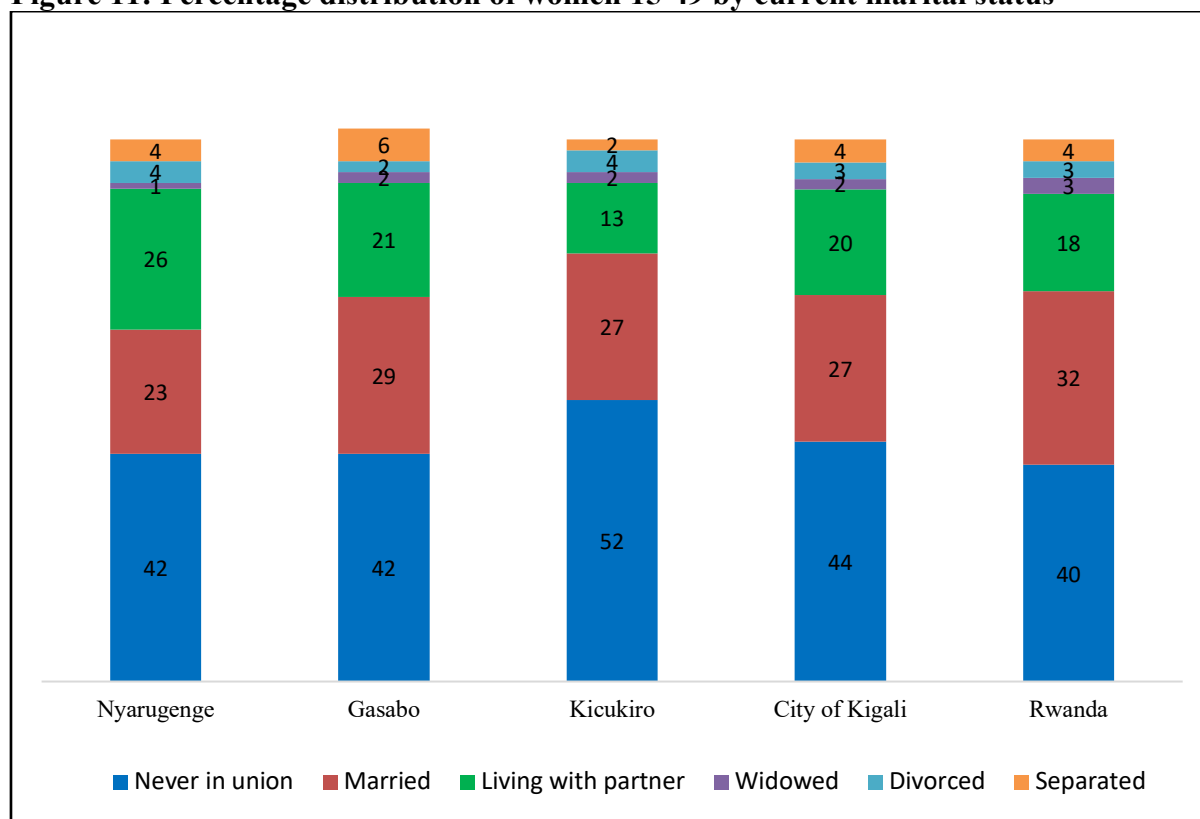
## 2.6. Current marital status

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 City of Kigali. Overall 44 percent of women age 15-49 are not in union (Never in union) compared to (50 percent) of men aged 15-49 in the City of Kigali. The percentage of women and men age 15-49 that have not been married is high in Kicukiro District for both sexes: 52 percent and 56 percent respectively and almost the same in Gasabo District with 42 percent for women and 46 percent for men and Nyarugenge District with 42 percent for women and 51 percent for men. Overall 47 percent of women interviewed in the City of Kigali were in a union (Married or living in union). This proportion varies from 50 percent in Gasabo District to 40 percent in Kicukiro District. The City of Kigali counts 2 Percent of women that are widowed, 3 percent are divorced and 4 percent are separated. Among men, this proportion is 2 percent of separated and this proportion is closely to null (widowed, divorced together).

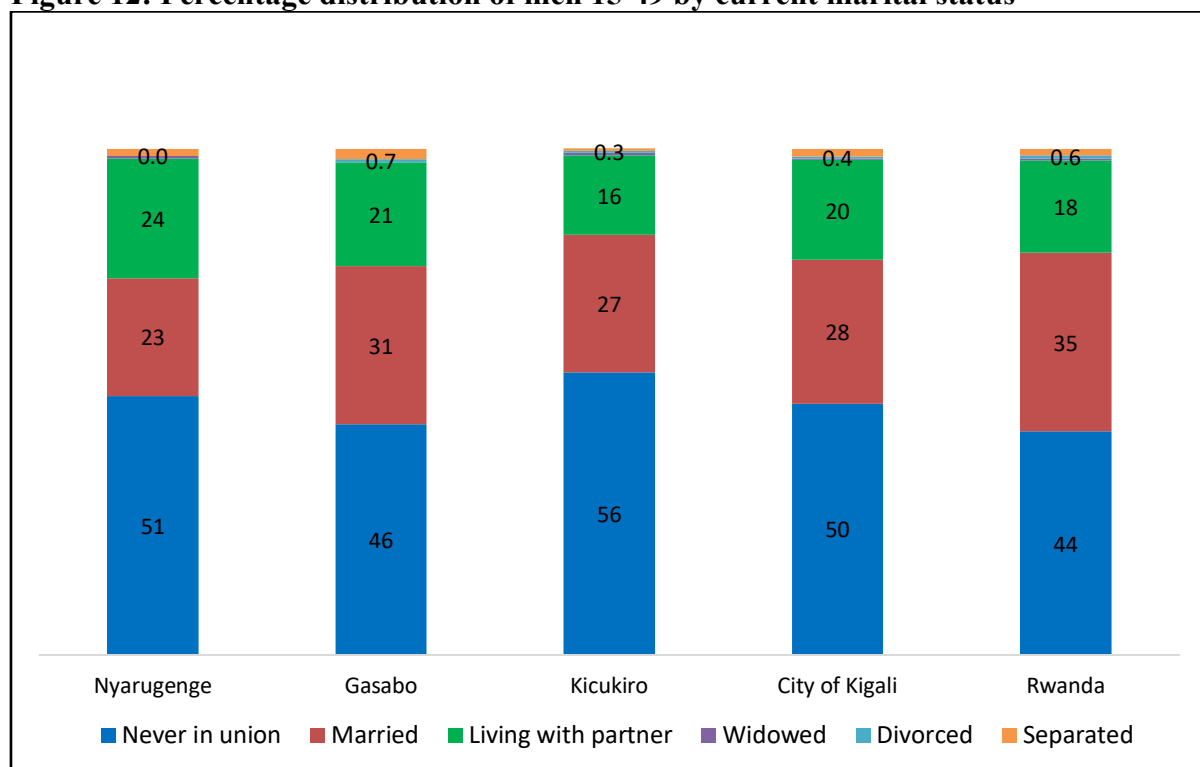
**Trends:** There have been a very little change in the marital status of women and Men in all district of City Kigali in the past five years

**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





## Chapter 3: Fertility determinants and fertility rates

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

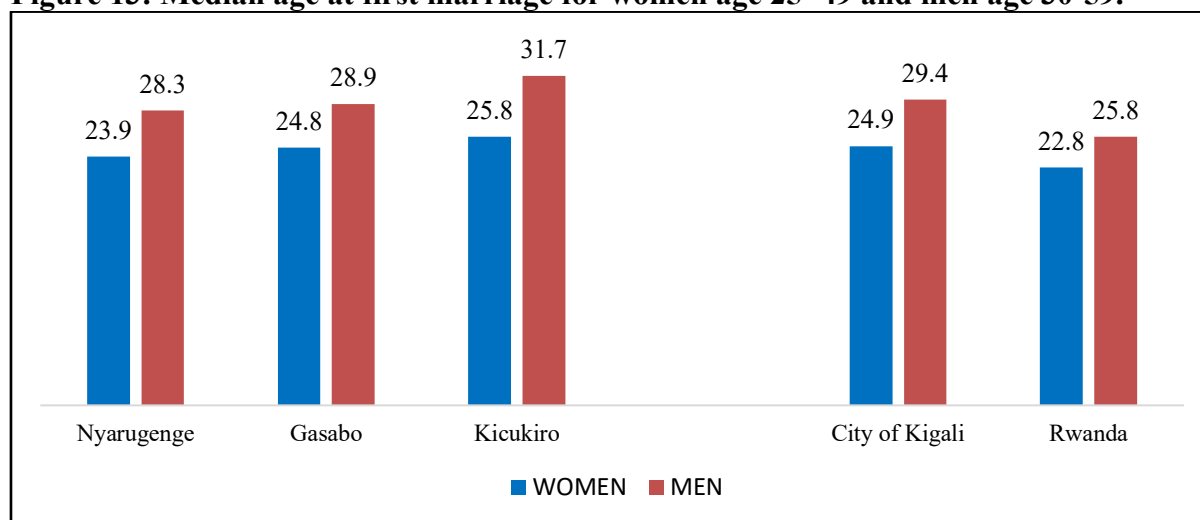
### 3.1 Median age at first marriage

Figure 13 shows the median age at first union among women age 25-49 and men age 30-59. The median age at first marriage is 24.9 years and 29.4 years among women and men respectively in the City of Kigali compared to 22.8 years and 25.8 years for women and men at the national level.

The data show that variations by district are not remarkable: among women and men, Nyarugenge District have the earliest age at first union (23.9 years and 28.3 years respectively), followed by Gasabo District (24.8 years and 28.9 years respectively), and then Kicukiro District (25.8 years and 31.7 years respectively).

**Trends:** The median age at first marriage has increased slightly since RDHS 2014-15 it went from 23.7 years for women and 28.5 years for men to 24.9 years and 29.4 years among women and men respectively in 2019-20 and the same slight increase is observed in all districts of City of Kigali.

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



Source: RDHS, 2019-20

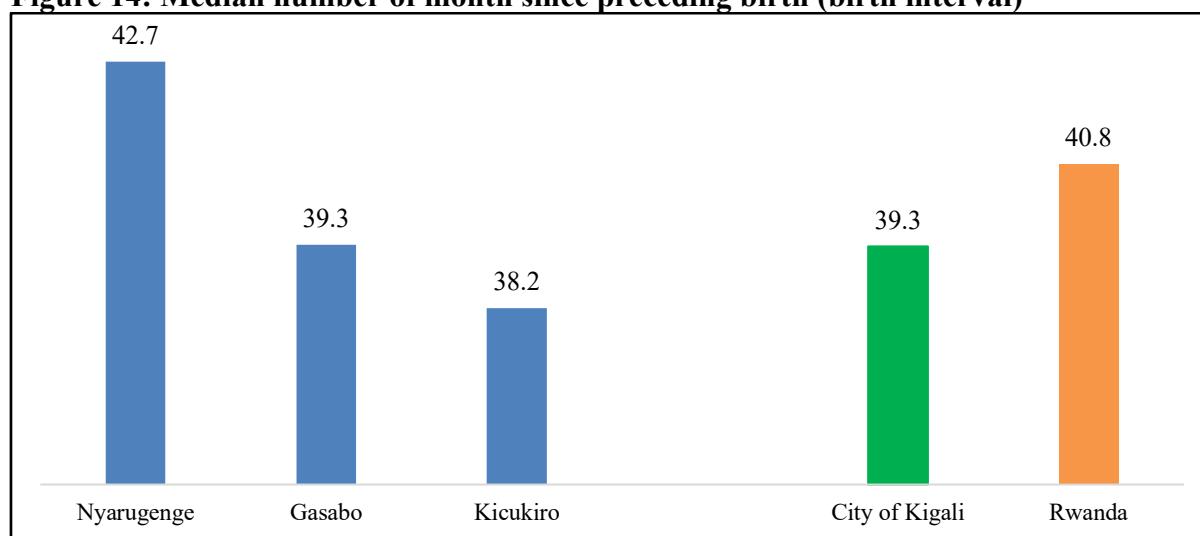
### 3.2 Birth interval

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 newborn and their mother at increased health risk.

The median birth interval is 39.3 months in the City of Kigali compared to 40.8 at the national level. By District, Nyarugenge District has the longer birth interval is 42.7 months followed by Gasabo District with 39.3 and Kicukiro District has the shortest birth interval 38.2 months.

**Trends:** In Kicukiro and Nyarugenge districts, the median number of months since preceding birth has reduced from 41.6 months and 40.5 months respectively in RDHS 2014-15 to 38.2 months and 42.7 months currently. Gasabo District has experienced an increased in number of months since preceding birth 37.0 months in 2014-15RDHS to 39.3 months currently.

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



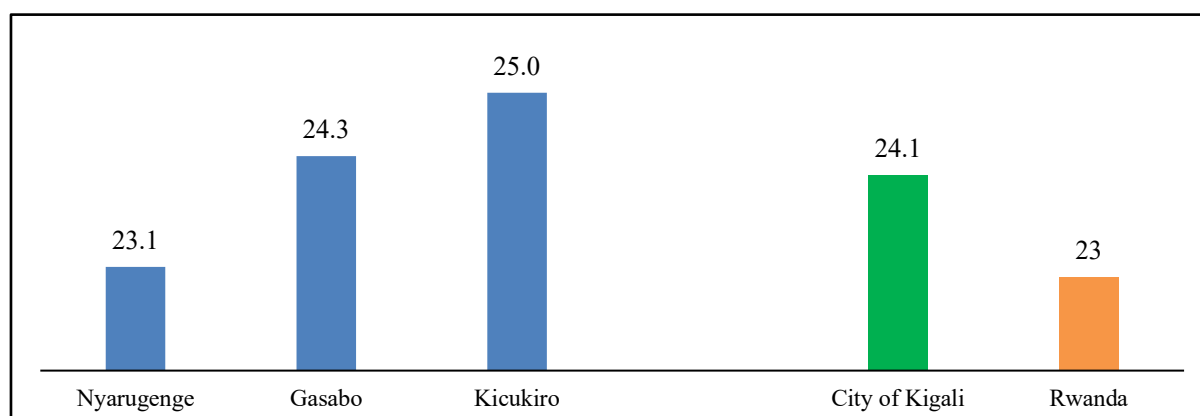
Source: RDHS, 2019-20

### 3.3 Median age at first birth

Figure 15 shows median age at first birth among women age 25-49 by District. In the City of Kigali, the median age at first birth is 24.1 years while it is 23 years at national level. At the district level, the median age at first birth is 25 years in Kicukiro District, 24.3 years in Gasabo District and 23.1 years in Nyarugenge District.

**Trends:** The median age at first birth has increased compared to the previous RDHS.

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



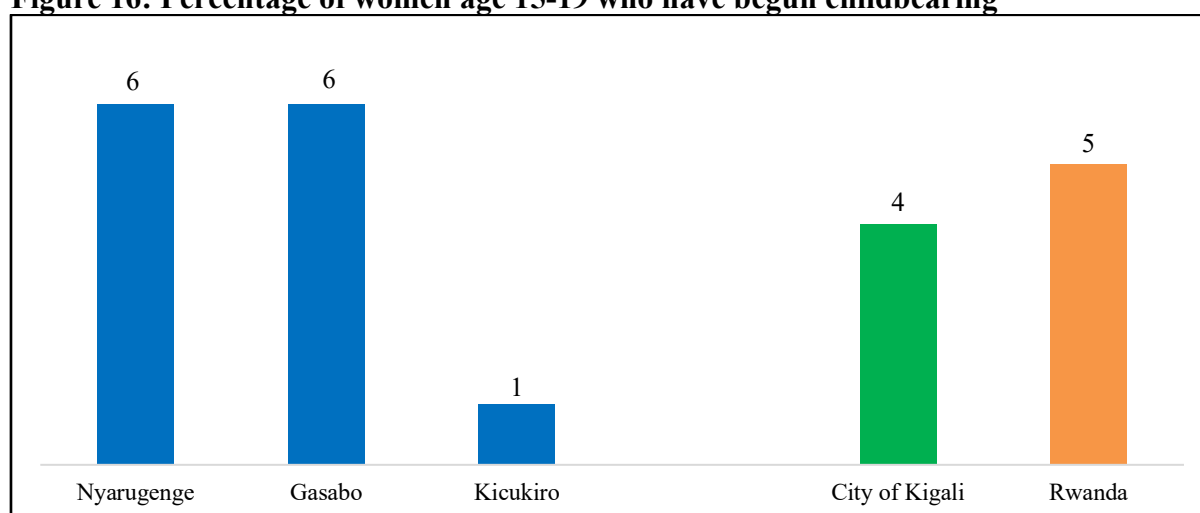
Source: RDHS, 2019-20

### 3.4 Teenage pregnancy and motherhood

Figure 16 shows the percentage of young women age 15-19 who have begun child bearing in their teenage age. Four percent of young women between age 15 and age 19 in the City of Kigali and 5 percent at the national level have already begun childbearing. At district level, the percentage of women age 15-19 who have begun childbearing is 1 percent in Kicukiro District, and is the same in Nyarugenge and Gasabo Districts (6 percent) respectively.

**Trends:** The percentage of women and 15-19 who has begun childbearing has reduced significantly in City of Kigali from 10 percent to 4 percent currently. At district level it has also decreased: Nyarugenge District having a low decrease of 3 percent while Gasabo District experienced a decrease of 7 percent.

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



Source: RDHS, 2019-20

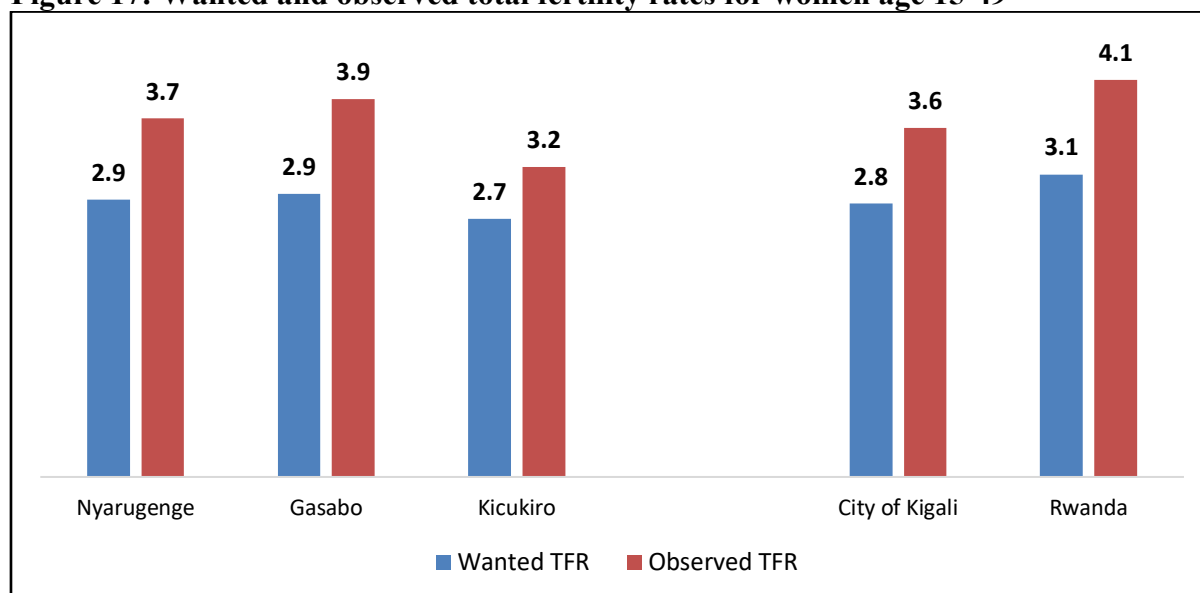
### 3.5 Total fertility rate

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 not considered, the TWFR for women age 15-49 in the City of Kigali would be 2.8 children rather than 3.6 children compared to 3.1 children at the national level.

The TFR in City of Kigali is 3.6, a level lower than that of national level equal to 4.1. At district level, the TFR is the lowest in Nyarugenge District (3.2 children) and highest in Gasabo District (3.9 children). Considering the gap between wanted and TFR, it is seen that there is a gap of 0.8 children in the City of Kigali. At district level, the highest gap is observed in Gasabo District (1 children), Nyarugenge District (0.8 child) and the lowest in Kicukiro (0.5).

**Trends:** The TFR has remained the same in City of Kigali and Nyarugenge District. It has decreased in Gasabo District from 4.0 in 2014-15 to 3.9 in 2019-20, while it has increased in Kicukiro District from 2.8 in 2014-15 to 3.2 in RDHS 2019-20.

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



Source: RDHS, 2019-20

## Chapter 4: Family planning

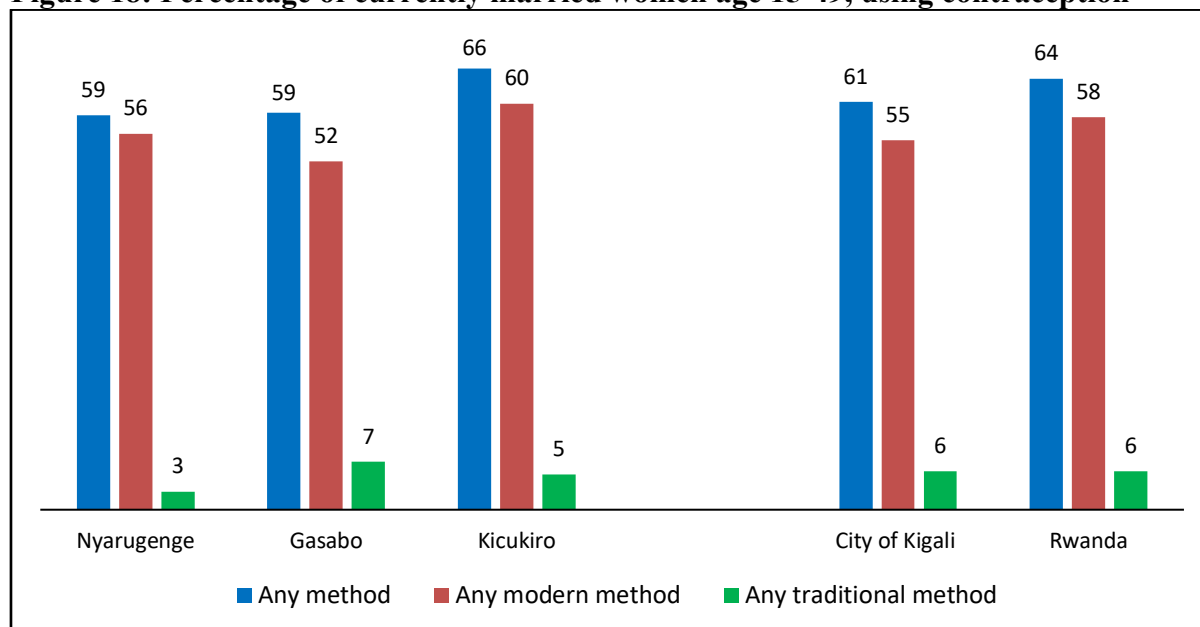
This section presents information on the prevalence of current contraceptive use among women age 15-49 at the time of the survey. Level of current use of contraceptives is one of the indicators most frequently used to assess the success of family planning program activities and one of the determinants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

### 4.1 Current use of contraception

Figure 18 shows that 61 percent of married women age 15-49 in the City of Kigali are currently using any family planning method, among them 55 percent of them use any modern method, and 6 percent of them are using any traditional method, compared to 64 percent for any method, 58 percent for any modern method at national level. Women who are currently using contraceptive method are high in Kicukiro District (66 percent) and Nyarugenge District (59 percent) and Gasabo District (59 percent) with the majority of women using any modern method and the minority using the traditional methods.

**Trends:** In City of Kigali, the use of contraceptive methods among women aged 15- 49 at the time of the survey improved slightly with 1 percent for those who use any traditional method, a significant increase of 6 percent was seen to those who use any method and 5 percent increase to the ones use any modern method. Looking to the district level the increase is perfectly seen in all districts except those women who use any traditional method in Nyarugenge district where there is a 1 percent decrease compared to the 2014- 2015 Rwanda DHS.

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



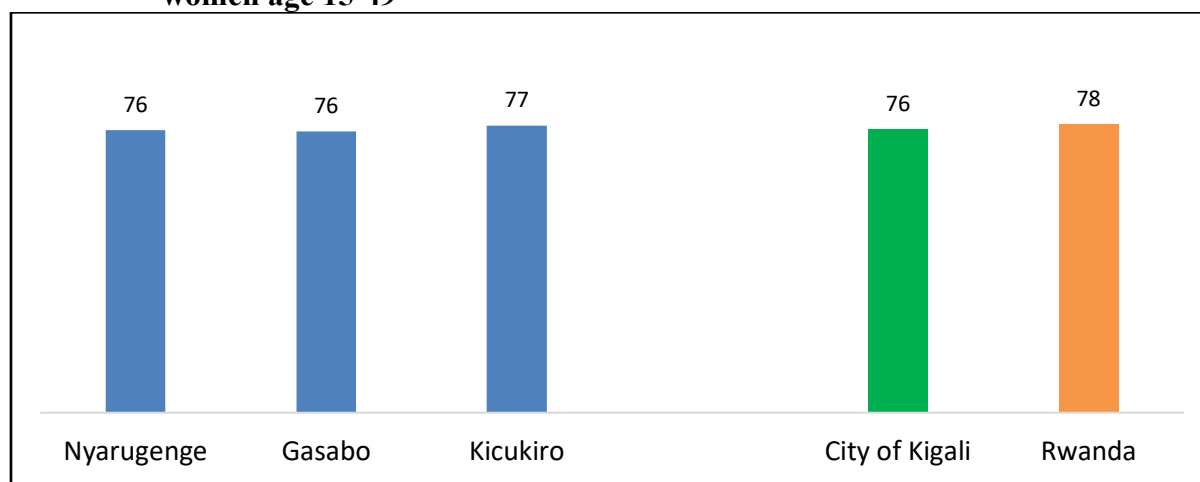
Source: RDHS, 2019-20

## 4.2 Demand for family planning

Figure 19 describes the total demand for family planning among currently married women. In the City of Kigali, it is 76 percent of women and 78 percent at the national level. At the District level, the total demand for family planning is relatively high in all districts: 76 percent in Nyarugenge and Gasabo districts, and 77 percent in Kicukiro District.

**Trends:** The demand for family planning among the women age 15-49 in Kicukiro District increased significantly from 67 in RDHS 2014-15 to 77 percent currently while it is a slight increase in other two districts and an increase of 4 percent at City of Kigali was observed.

**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 plays 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, on television, mobile phone and in print (newspapers and magazines) in the few months preceding the survey.

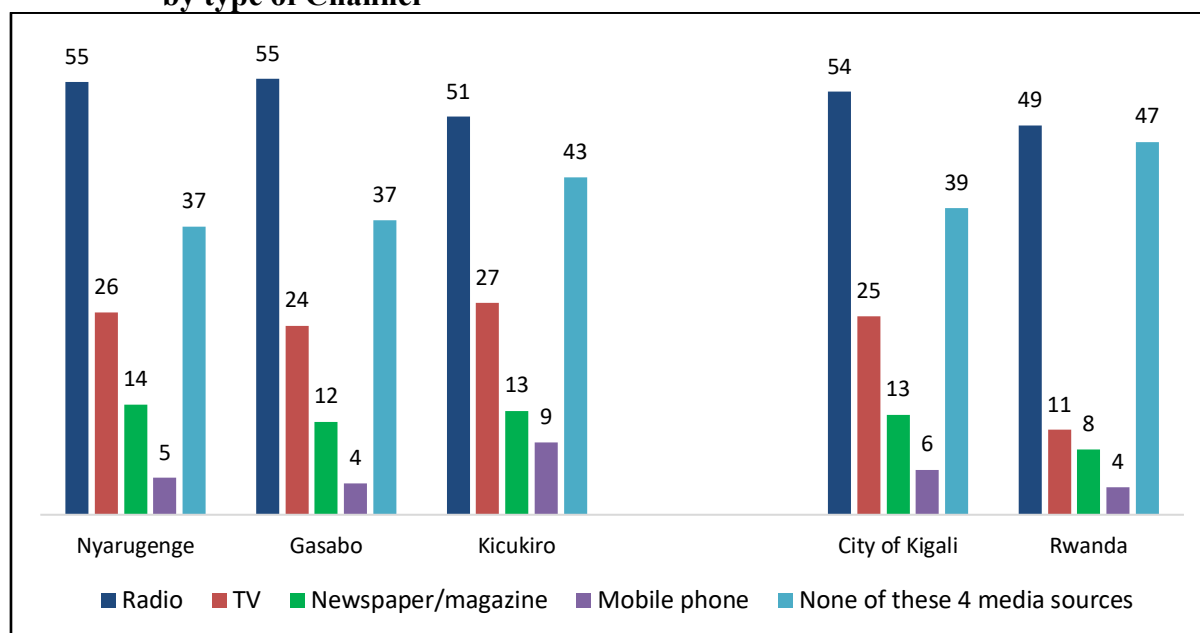
Figure 20 and Figure 21 show that radio is the most widely accessed source of family planning messages in City of Kigali with 54 percent of women and 61 percent of men age 15-49 as compared to 49 percent of women and 63 percent of men at the national level. Twenty-five percent of women and 28 percent of men reported having seen a family planning message on television; while 13 percent of women and 16 percent of men reported having seen a family planning message from or in a newspaper/magazine in the City of Kigali.

It is also important to note that, 6 percent of women and 4 percent men reported having seen family planning message on the mobile phone while 39 percent of women and 34 percent of men in City of Kigali have not been exposed to any family planning messages in any of the

four specified media sources. This proportion is almost the same at the national level (47 percent for women and 34 percent for men).

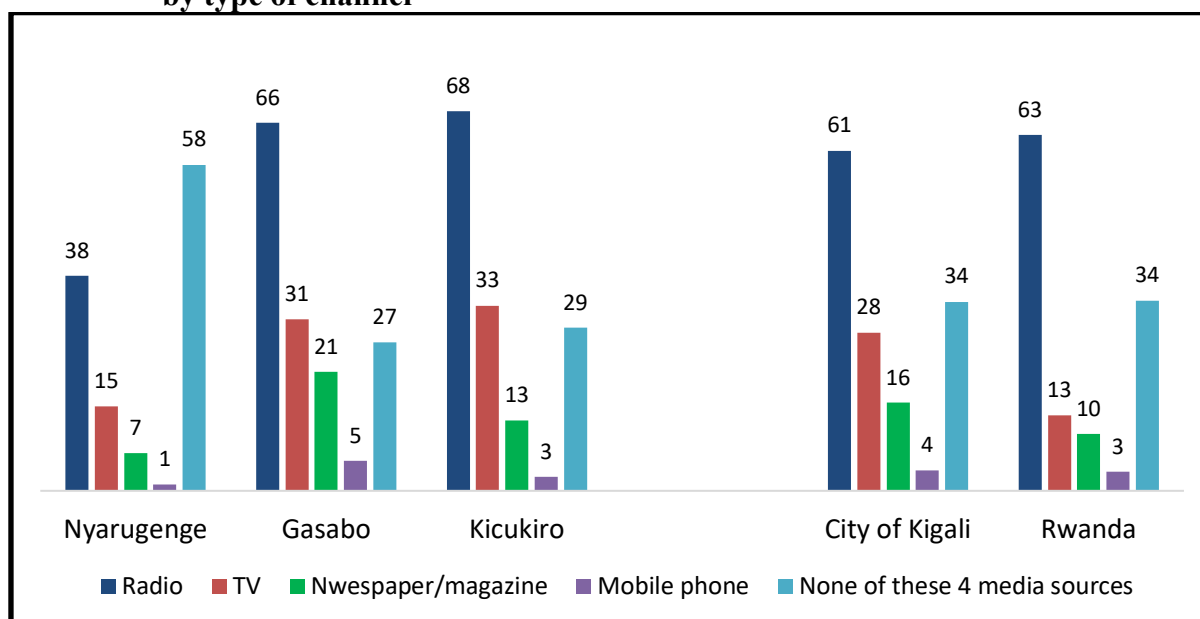
**Trends:** The trend between RDHS 2019/20 and RDHS 2014/5 shows that radio is the most frequently mass communication channel where women heard news about family planning messages in all districts of City of Kigali but it has decreased in Kicukiro District from 63 percent to 51 percent but slightly increased in the remaining districts.

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



Source: RDHS, 2019-20

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



Source: RDHS, 2019-20





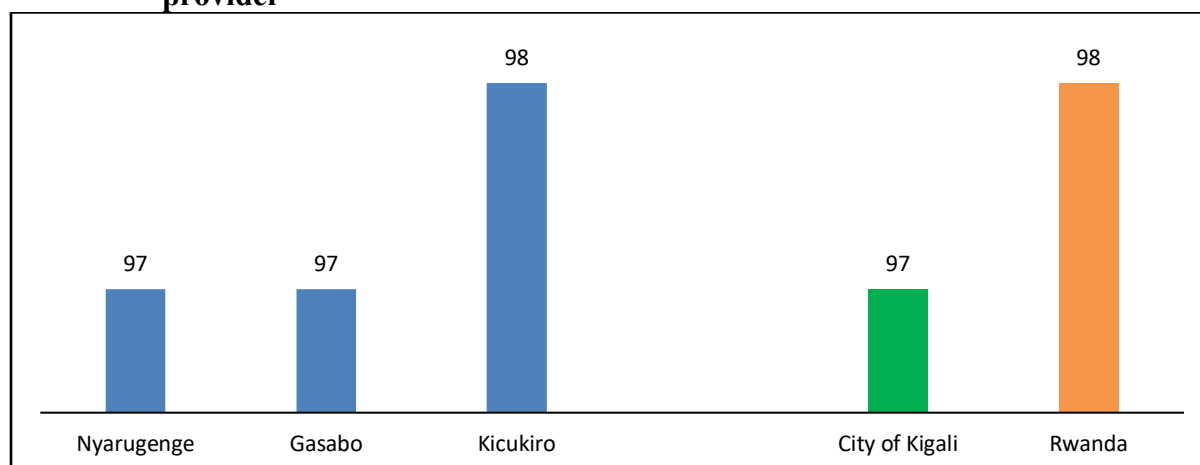
## Chapter 5: Maternal health

### 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 22 shows the percentage of women who had consulted any skilled health provider during the pregnancy for their most recent birth. Nearly all mothers 97 percent in the City of Kigali received at least one antenatal care from a skilled provider for their most recent live birth in the five years preceding the survey compared to national level (98 percent). Universal ANC from skilled personnel is almost the same in the districts of the City of Kigali: 98 percent in Kicukiro District and 97 percent for both Gasabo and Nyarugenge districts.

**Trends:** The percentage of women age 15-49 who received antenatal care from a skilled provider has slightly reduced of 1 percent in City of Kigali with its district.

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



Source: RDHS, 2019-20

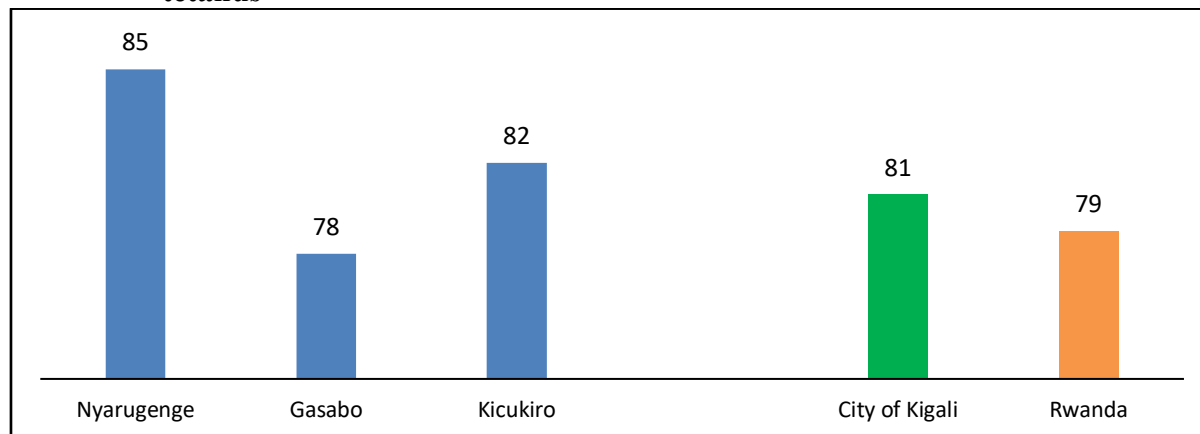
Note: A skilled provider includes; medical doctor, midwife, medical assistant and nurse.

### 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 City of Kigali among mothers who had previous protection against tetanus, the proportion protected against tetanus is 81 percent; this means that 19 percent of pregnant women were not protected against tetanus, and at the national level it is 21 percent of pregnant women who were not protected against tetanus. At district level, the proportion of mothers whose last birth was protect against neonatal tetanus was higher in Nyarugenge (85 percent) followed by Kicukiro District (82 percent) and Gasabo District (78 percent).

**Trends:** The birth protected against neonatal tetanus has reduced from 84 percent in 2014-15 to 81 percent currently in City of Kigali. At district level, the reduction was observed in Gasabo and Kicukiro districts while it improved in Nyarugenge District at 9 percent of increase.

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



Source: RDHS, 2019-20

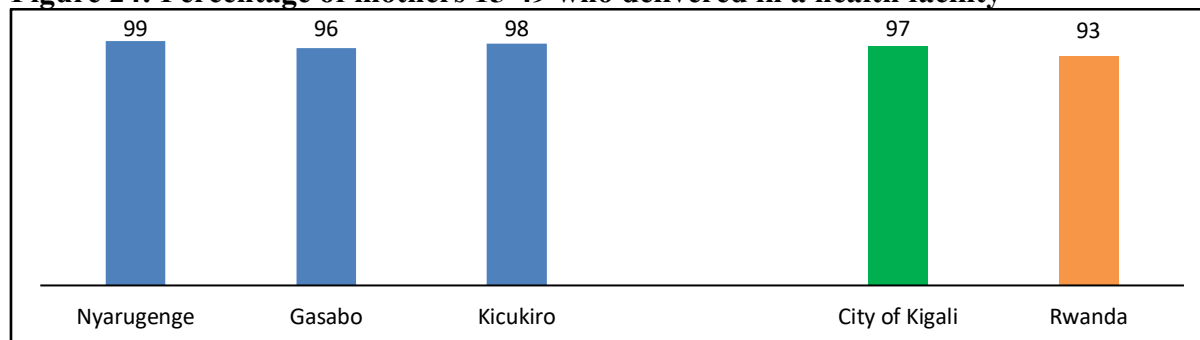
**Note:** Neonatal Tetanus includes mothers with two injections during the pregnancy of their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 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 City of Kigali, 97 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, the percentage of delivery in a health facility is almost the same: in Kicukiro District (98 percent), Gasabo District (96 percent) and 99 percent in Nyarugenge District.

**Trends:** The percentage of mother who delivered at a health facility has increased in City of Kigali and in its districts compared to RDHS 2014-15.

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



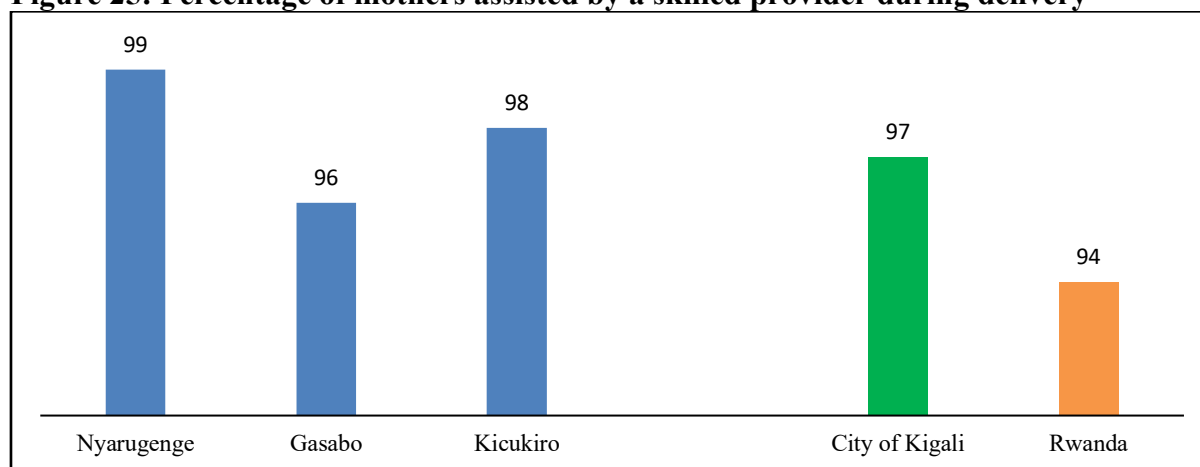
Source: RDHS, 2019-20

#### 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 (97 percent) were assisted by a skilled health provider in the City of Kigali, and it is (94 percent) at national level. This percentage is almost the same in all Districts: (99 percent) in Nyarugenge District (98 percent) in Kicukiro District, and (96 percent) in Gasabo District.

**Trends:** Nyarugenge District had an increase of 7 percent of mothers assisted by a skilled health provider compared to RDHS 2014-15.

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



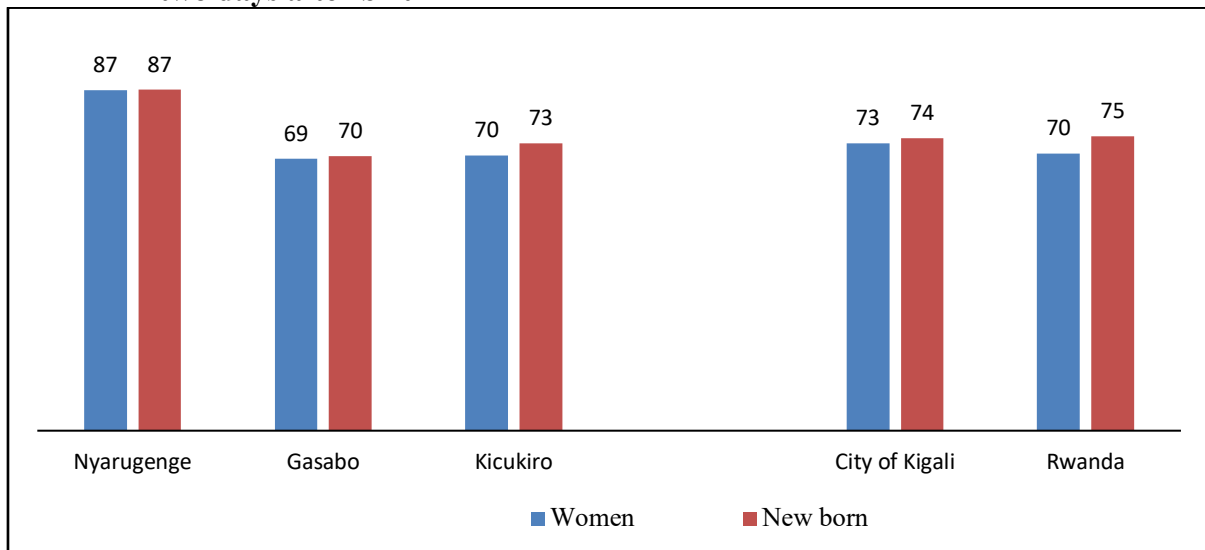
Source: RDHS, 2019-20

#### 5.5: Postnatal checkups

Figure 26 describes the postnatal checkups among women and newborn. In the City of Kigali, 73 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 more than 60 percent in all districts of the City of Kigali: Nyarugenge District (87 percent), Gasabo District (69 percent) and Nyarugenge District (70 percent). Overall, in the City of Kigali, 74 percent of newborns received postnatal care in the first two days after birth, compared to 75 percent at national level. The proportion is high in Nyarugenge District (87 percent) and low in Gasabo District (70 percent) and in Kicukiro District (73 percent).

**Trends:** The percentage of newborns who received health services after birth increased dramatically from 10 percent in RDHS 2014-15 to 74 percent in RDHS 2019-20 and the same increase was observed in all districts, for mothers the postnatal care also increased though not as much as those on newborns.

**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

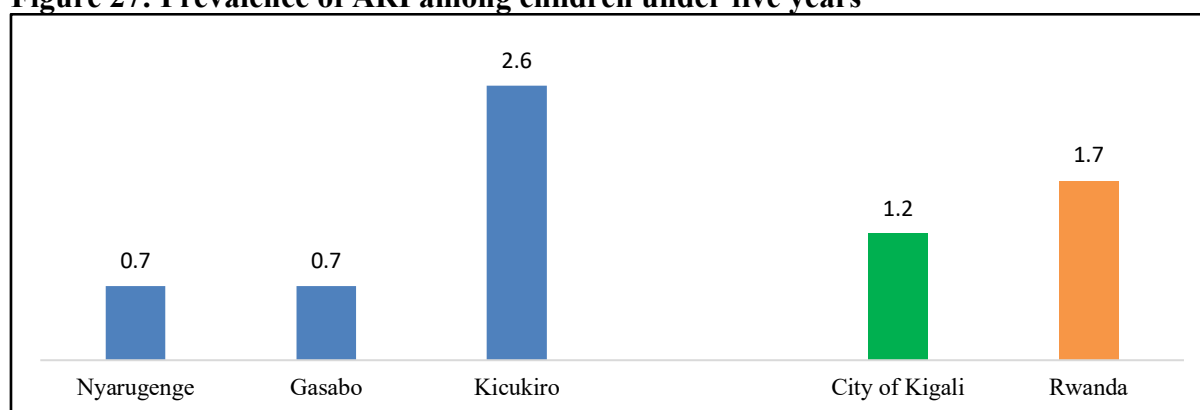
To assess the prevalence of these infections, mothers were asked if their children under age 5 had been ill with a cough during the two weeks preceding the survey and, if so, whether the cough had been accompanied by short, rapid breathing. It should be borne in mind that these data are subjective (i.e., 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 constitutes one of the main causes of child deaths. Figure 27 shows that 1.2 percent of children under age 5 in the City of Kigali 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. Results according to districts of the City of Kigali show a high prevalence of ARIs in Kicukiro District (3 percent), and a low prevalence in Nyarugenge and Gasabo districts (1 percent for each).

**Trends:** The prevalence of ARI among children has reduced from 4 percent in RDHS 2014-15 to almost one percent currently. Nyarugenge District had the highest prevalence in 2014-15 but now it is less than one percent.

**Figure 27: Prevalence of ARI among children under five years**



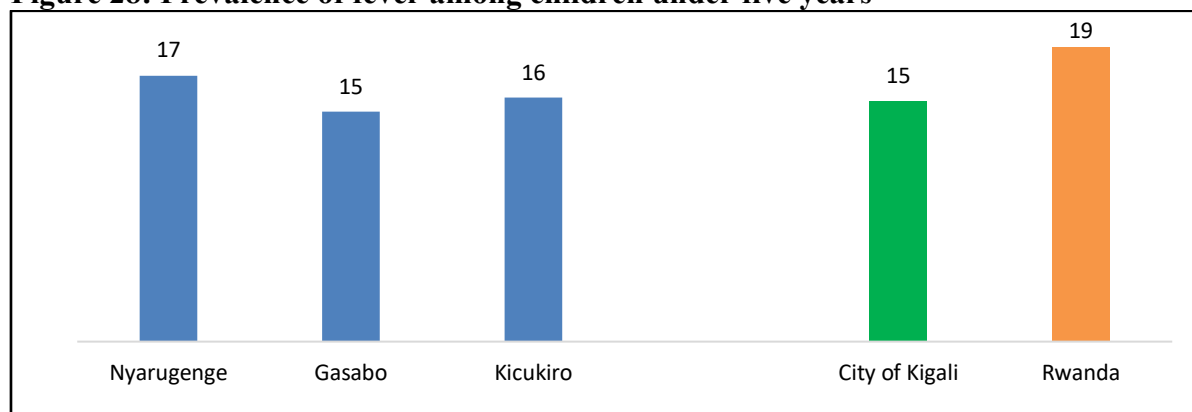
Source: RDHS, 2019-20

### 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, 15 percent of children had fever in the City of Kigali compared to 19 percent at the national level. Under-five children in Nyarugenge District 17 percent are more likely to have had a fever than children in Gasabo District (15 percent)

**Trends:** The prevalence of fever has reduced compared to RDHS\_2014-15 except in Gasabo District where it has remained the same.

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



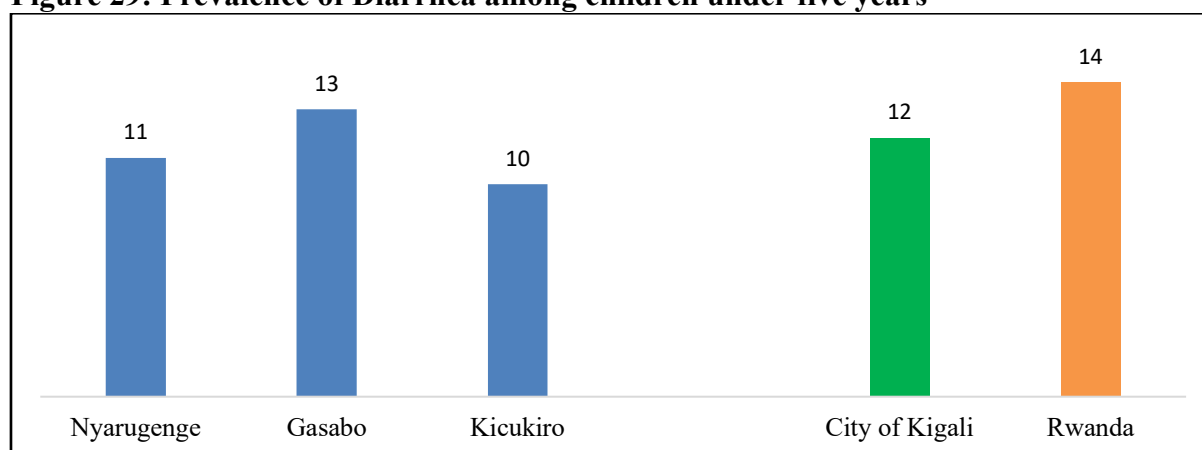
Source: RDHS, 2019-20

### 6.3 Prevalence of Diarrhea

Figure 29 shows that, according to mothers' reports, 12 percent of children had diarrhea in the two weeks preceding the survey in the City of Kigali and 14 percent at national level. The prevalence of diarrhea is especially high among children in Gasabo District with 13 percent, followed by Nyarugenge District with 11 percent, and Kicukiro District with 10 percent. 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:** The prevalence of diarrhea has decreased in Nyarugenge district from 13 percent in 2014-15 to 11 percent currently while in City of Kigali and other districts it has increased, Gasabo District having the highest increase of 6 percent.

**Figure 29: Prevalence of Diarrhea among children under five years**



Source: RDHS, 2019-20

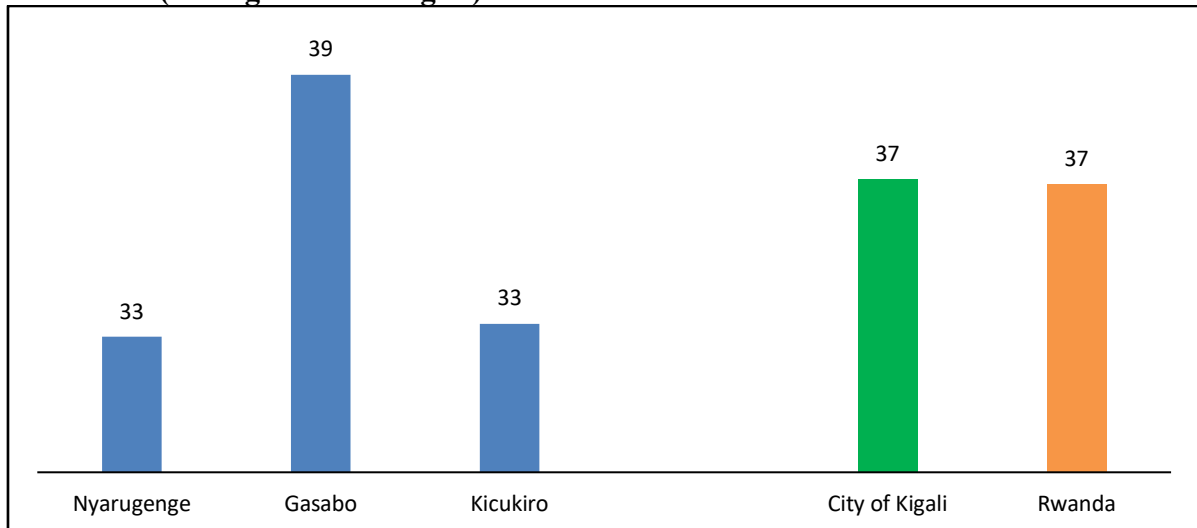
### 6.4: Anemia among children

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 anemia prevalence for children age 6-59 months. Children with hemoglobin level less than 11.0 g/dl are anemic. Overall, 37 percent of children in the City of Kigali similarly to national level have anemia. By District, children in

Gasabo District are more likely to be anemic with 39 percent while children in Nyarugenge and Kicukiro districts are 33 percent each

**Trends:** Kicukiro District has seen a decrease in anemia among children of 3 percent while it has increased in City of Kigali, Nyarugenge and Gasabo districts.

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



Source: RDHS, 2019-20





## 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 socio-economic 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 RDHS 2019-20 permit the measurement and evaluation of the nutritional status of young children in Rwanda.

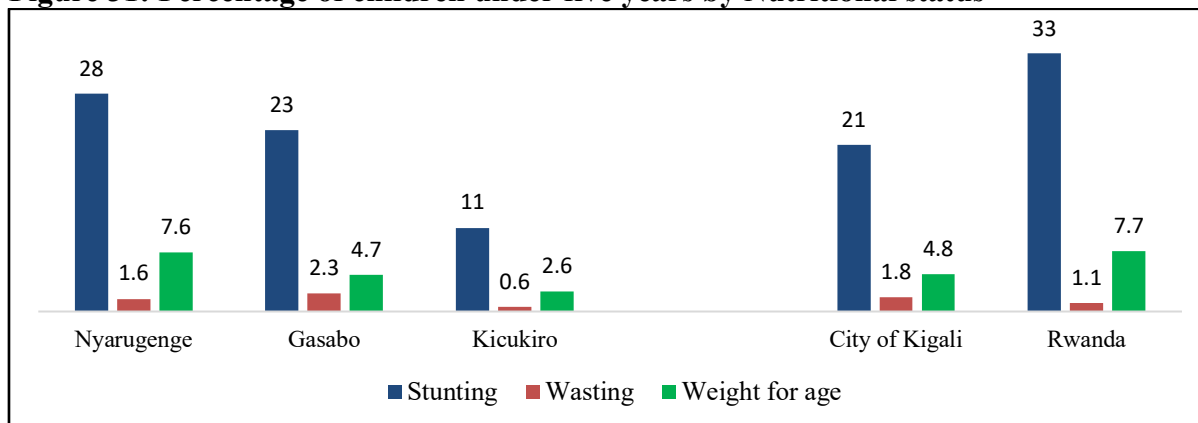
Figure 31 shows that, at City of Kigali level, 21 percent of children under age 5 are stunted (Too short for their age), and 33 percent are stunted at the national level. Variation in children's nutritional status by district is quite evident, with stunting being high in Nyarugenge District with 28 percent, followed by Gasabo District with 23 percent and low in Kicukiro District with 11 percent.

Less than two percent of children under age 5 are wasted (Too thin for their height) in the City of Kigali and at the national level (each). The wasting prevalence is almost the same in all Districts: 2.3 percent in Gasabo District and 1.6 in Nyarugenge District, 0.6 percent in Kicukiro District.

Five percent of children under age 5 in the City of Kigali and 8 percent of children under age 5 at national level are underweight (low weight-for-age). Variation in children who are underweight by district shows that Nyarugenge District is the highest with 8 percent of children underweight, followed by Gasabo District with 5 percent while Kicukiro District is the lowest with 3 percent of children who are underweight.

**Trends:** The stunting of children under 5 years has slightly decreased over the 5 years preceding the survey. In RDHS 2014-15, the stunting was 23 percent in City of Kigali while it became 21 percent in RDHS 2019-20. At district level, while other districts had a decrease in children stunting, Gasabo District had one percent of increase.

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



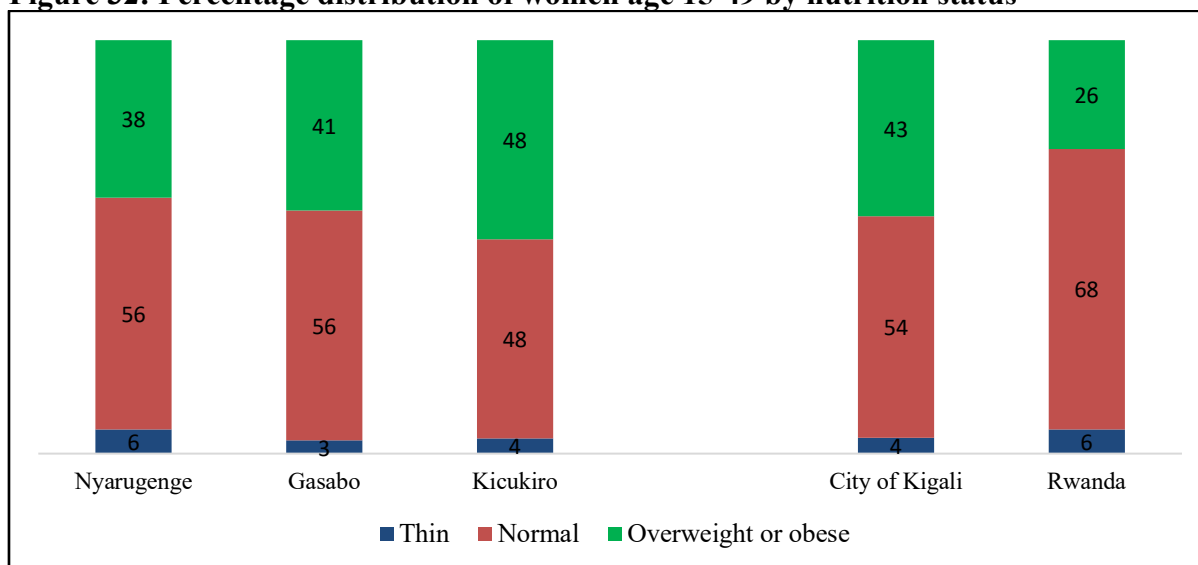
Source: RDHS, 2019-20

## 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. In the City of Kigali, 4 percent of women are considered to be thin, as compared to 6 percent at the national level. This proportion is much high in Nyarugenge District with 6 percent, Kicukiro District with 4 percent and low in Gasabo District with 3 percent. Forty-three percent of women are overweight or obese in the City of Kigali as compared to 26 percent at the national level. At district level, Kicukiro District (48 percent), Gasabo District (41 percent) and 38 percent in Nyarugenge District. Variation in normal standards by districts shows that the percentage is same in Nyarugenge and Gasabo districts (56 percent, each) and 48 percent in Kicukiro District.

**Trends:** the percentage of women who are overweight or obese has increased in City of Kigali from 34 percent in 2014-15RDHS to 43 percent currently, the increase in districts is of more than 5 percent.

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



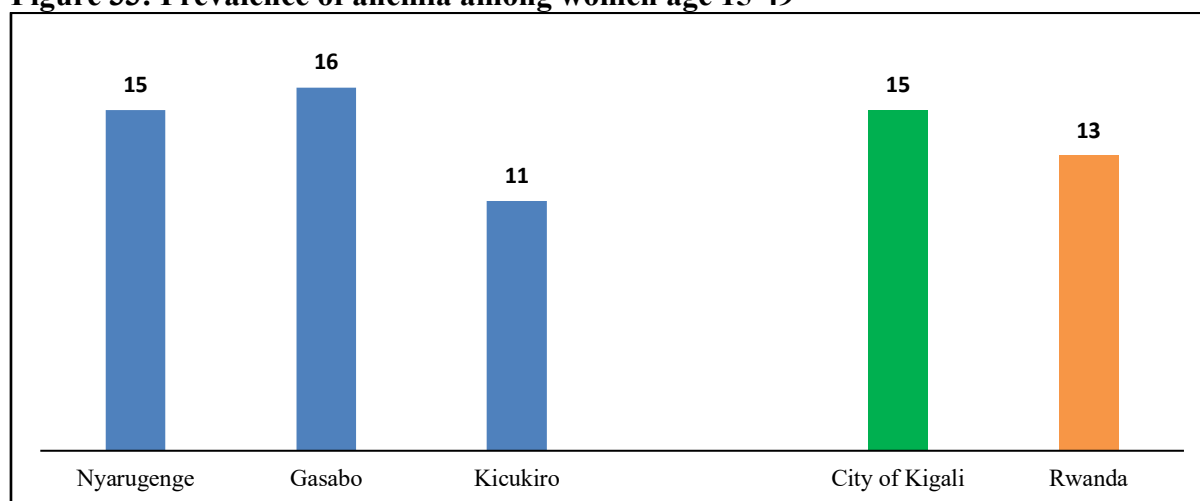
Source: RDHS, 2019-20

### 7.3 Prevalence of anemia among women

Figure 33 presents anemia prevalence among women aged 15-49 based on hemoglobin levels. Raw measures of hemoglobin were obtained using the HemoCue instrument and adjusted for altitude and smoking status. The data shows that anemia is less prevalent among women than children (figure 30), 15 percent of women in the City of Kigali have anemia, as compared with 13 percent of women in Rwanda. The great majority of women with anemia are in Gasabo District with 16 percent, Nyarugenge District with 15 percent, and low prevalence in Kicukiro District with 11 percent.

**Trends:** The level of anemia among women remained unchanged in City of Kigali. Kicukiro District experienced a high decrease in anemia prevalence from 19 percent in 2014-15 to 11 percent in RDHS 2019-20. While Gasabo District experienced an increase in anemia prevalence 11 percent in 2014-15 to 16 percent.

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



Source: RDHS, 2019-20



## Chapter 8: Malaria

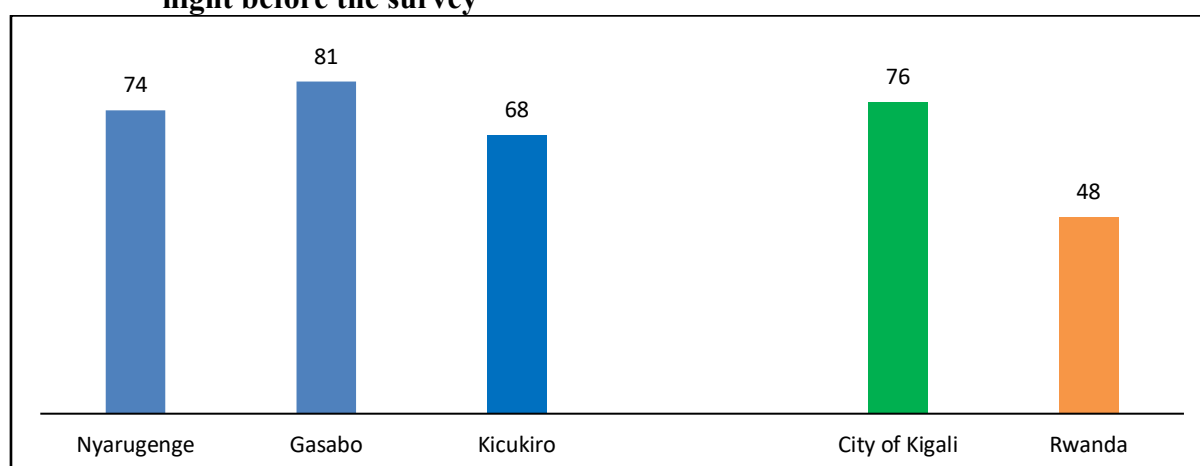
Malaria has been a major cause of morbidity and mortality in Rwanda for several years, with periodic epidemics in high-altitude areas. This section presents the RDHS 2019-20 household-level findings on use of mosquito nets, and malaria prevalence particularly among children under age 5.

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

Figure 34 shows that 76 percent of the household population in the City of Kigali 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 high in Gasabo district with 81 percent while the percentage is almost the same in the Nyarugenge and Kicukiro districts: 74 percent and 68 percent respectively.

**Trends:** The percentage of the facto household population who slept under an ITN has increased in the City of Kigali along with its two districts while it has reduced in Kicukiro District from 74 percent in 2014-15 to 68 percent in RDHS 2019-20.

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



Source: RDHS, 2019-20

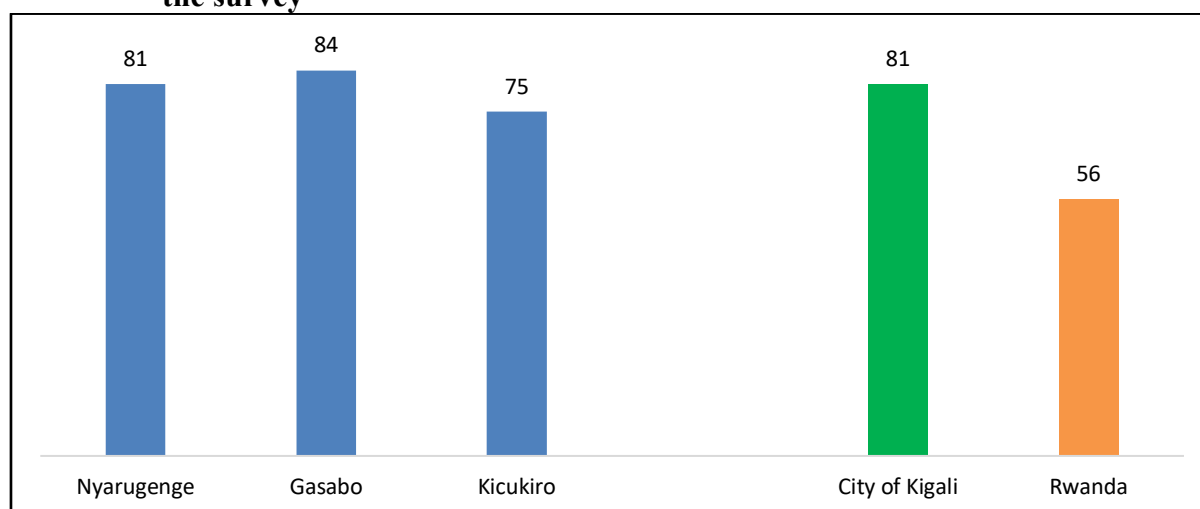
### 8.2 Use of ITNs among children

Children under age 5 are most vulnerable to severe complications of malaria infection due to their reduced immunity. Figure 35 shows the use of mosquito nets by children under age 5. Eighty-one percent of children under age 5 slept under a mosquito net the night before the survey in the City of Kigali as compared to 56 percent in Rwanda.

The percentage of children who slept under an ITN is high in Gasabo District with 84 percent, Nyarugenge District with 81 percent followed by Kicukiro District with 75 percent.

**Trends:** The percentage of children under age 5 who slept under an ITN has remained the same in City of Kigali while it has reduced in Kicukiro District from 84 percent in 2014-15 to 75 percent in RDHS 2019-20.

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

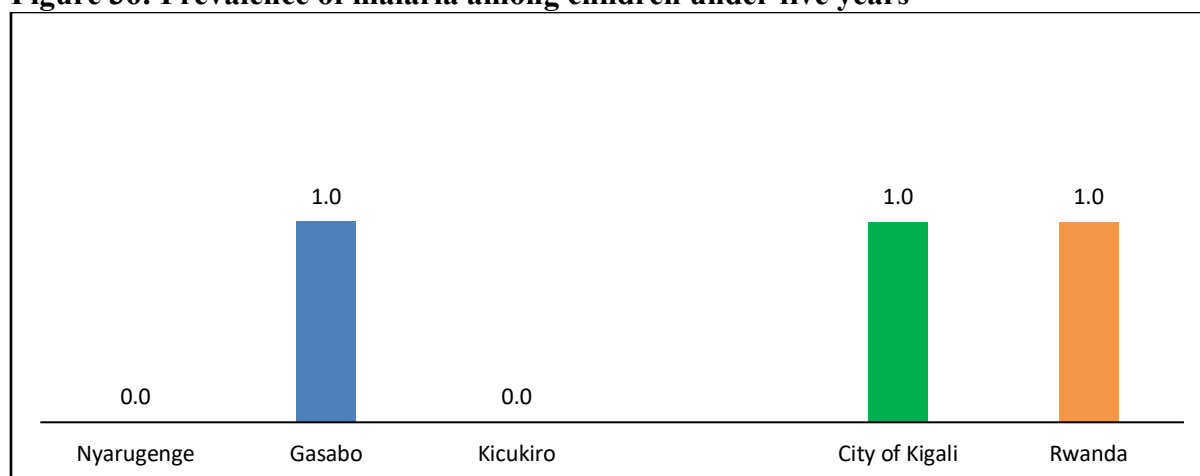


Source: RDHS, 2019-20

### 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 City of Kigali, the prevalence of malaria among children age 6 to 59 months is 1 percent, compared to 1 percent at the national level. There was no prevalence of malaria in Nyarugenge and Kicukiro districts.

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



Source: RDHS, 2019-20

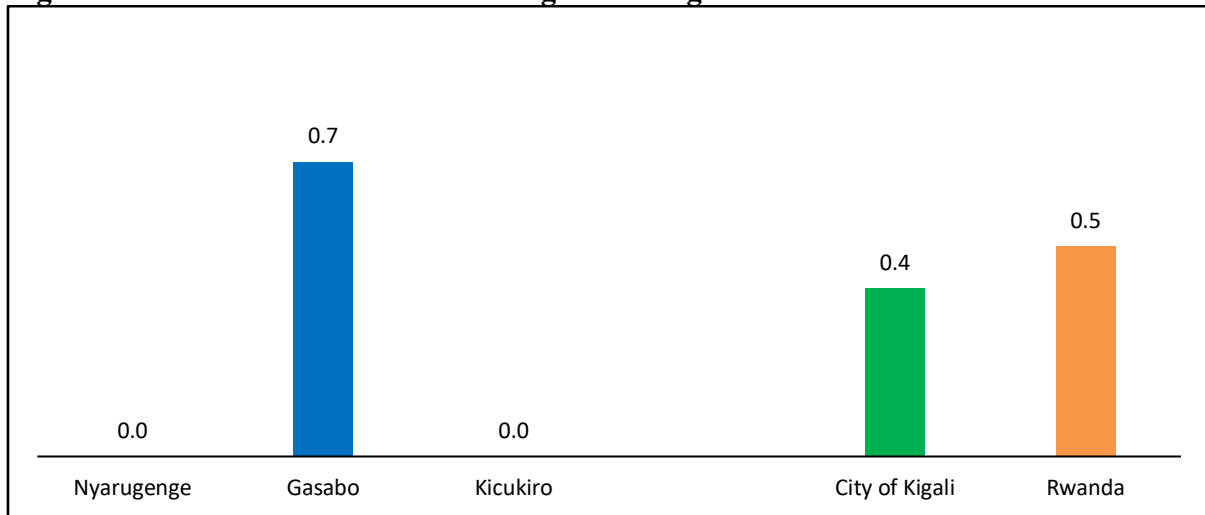
### 8.4 Prevalence of malaria among women

Women are less likely to be infected with malaria than children from the figure presented above. In the City of Kigali, only 0.4 percent of women have malaria compared to 0.5 percent at National level (figure 37). There was no prevalence of malaria in Nyarugenge and Kicukiro districts for women while it is 0.7 percent in Gasabo District.

**Trends:** The RDHS 2019-20 was conducted between November 2019 and July 2020, with more than a 2-months break between April and June 2020 due to the COVID-19 lockdown. The lockdown coincided with peak malaria transmission in the South and East provinces. The survey collected data in these two provinces in June and July, during the off-peak malaria season.

The malaria prevalence results presented here cannot be compared to 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

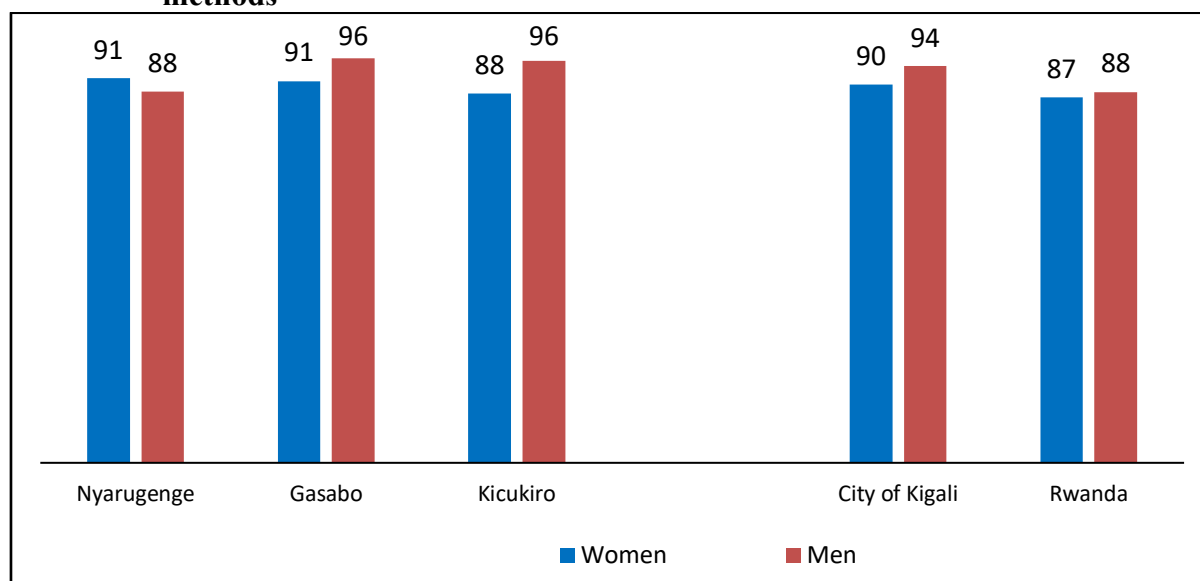
HIV infection is a major public health concern at national level, where it is among cause of mortality with negative social and economic consequences that affect people and the country. The following section will discuss the knowledge, attitudes and HIV prevalence among youth and adults.

### 9.1 Complete knowledge of HIV prevention methods

Figure 38 presents the percentage of women and men age 15-49 with complete knowledge of HIV and AIDS prevention methods. Ninety percent of women and 94 percent of men are aware that the risk of contracting HIV can be reduced by limiting sex to one uninfected partner who has no other partners and that using condoms can prevent transmission of the HIV/AIDS, compared to 87 percent of women and 88 percent of men at the national level. Men are likely to have complete knowledge than women in City of Kigali except in Nyarugenge District.

**Trends:** In general, women and men are aware of adequate HIV prevention methods, the knowledge has remained the same in city of Kigali and some slight change for both men and women in all districts in the past 5years.

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



Source: RDHS, 2019-20

### 9.2 Comprehensive knowledge about HIV transmission

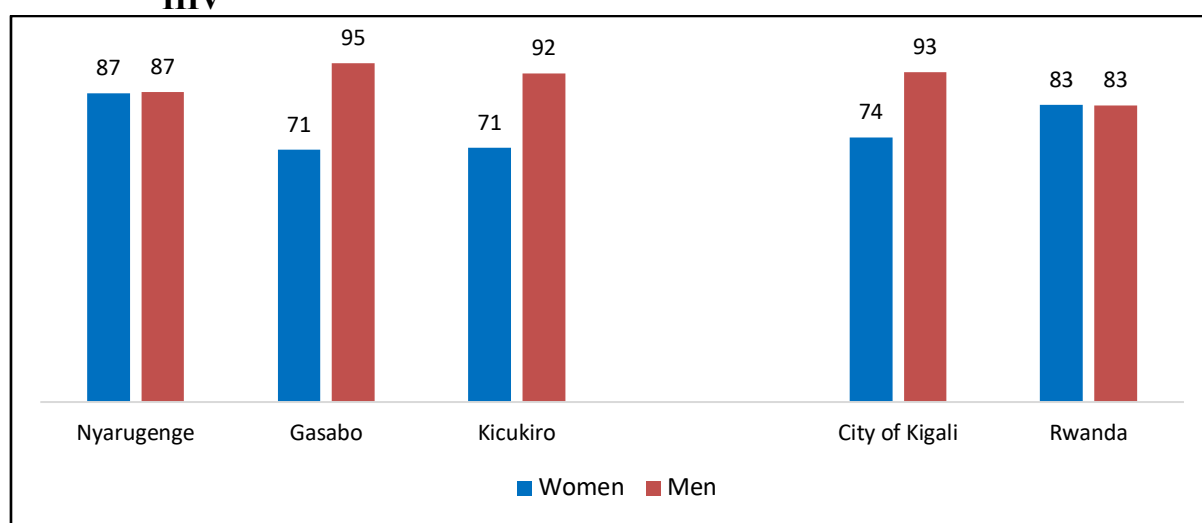
The RDHS 2019-20 included questions on common misconceptions about transmission of HIV/AIDS. Respondents were asked whether they think it is possible for a healthy-looking person to have HIV/AIDS virus and whether a person can contract the HIV from mosquito bites, by supernatural means, or by sharing 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, In City of Kigali (74 percent) of women age 15-49 and (93 percent) of men of the same age have comprehensive knowledge

about HIV; that is: 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 HIV/AIDS or by a mosquito bite. The comprehensive knowledge is more observed in Gasabo and Kicukiro districts (95 percent and 92 percent respectively) for men, and the percentage is less observed in the same districts with 71 percent for each for women. In Nyarugenge District, the percentage is the same for women and men (87 percent).

**Trends:** There is an improvement in City of Kigali in terms of comprehensive knowledge on how HIV is transmitted among adults. Trends went from (82 percent) for women and (67 percent) for men in RDHS 2014-15 to 74 percent, and 93 percent respectively in RDHS 2019-20.

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



Source: RDHS, 2019-20

### 9.3. Multiple sexual partners

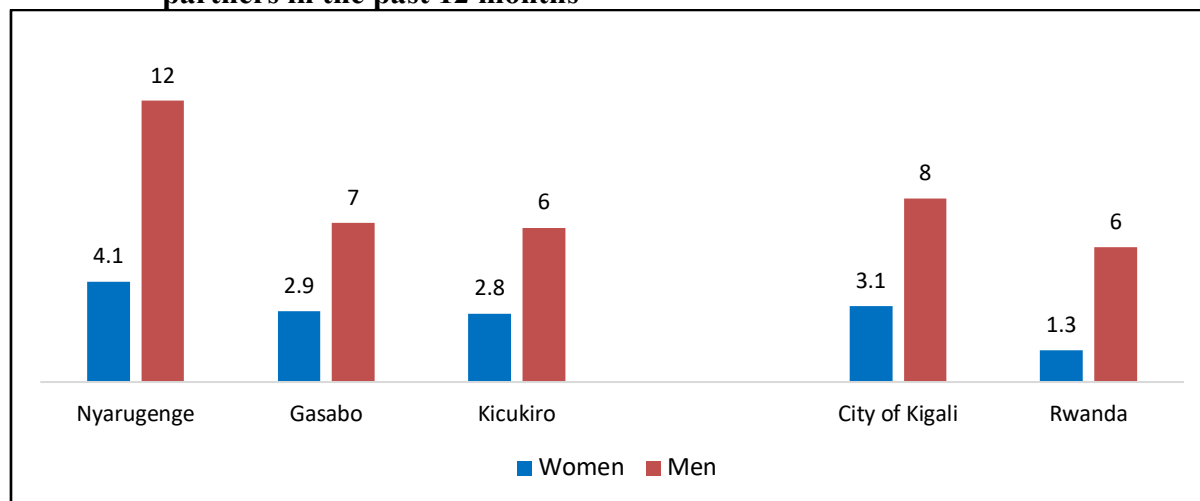
Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the disease. Given that questions about sexual activity are sensitive, it is important to remember when interpreting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

Figure 40 show the percentages of women and men age 15-49 who had sexual intercourse with more than one partner in the 12 months before the survey. Eight percent of men and 3.1 percent of women in City of Kigali had two or more sexual partners during the 12 months preceding the survey as compared to 6 percent of men and 1.3 percent of women at national level. Men living in Nyarugenge (12 percent) and those in Gasabo (7 percent) are more likely to have had multiple partners over the past 12 months while they are 6 percent in Kicukiro District. The proportion of women is about the same in Gasabo and Kicukiro districts (2.9 percent and 2.8 percent respectively).

**Trends:** A slight increase is observed among women and men who had sexual intercourse with more than one partner compared to last RDHS 2014-15 at district level and national level as

well. For instance, in City of Kigali, the percentage is 2 percent of women in RDHS 2014-15 while in is 3 percent of women in RDHS 2019-20. The same change happened within districts. Nyarugenge is more likely to have men who had sexual intercourse with more than one partner with 12 percent in RDHS 2014-15 while it was 10 percent in RDHS 2019-20.

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



Source: RDHS, 2019-20

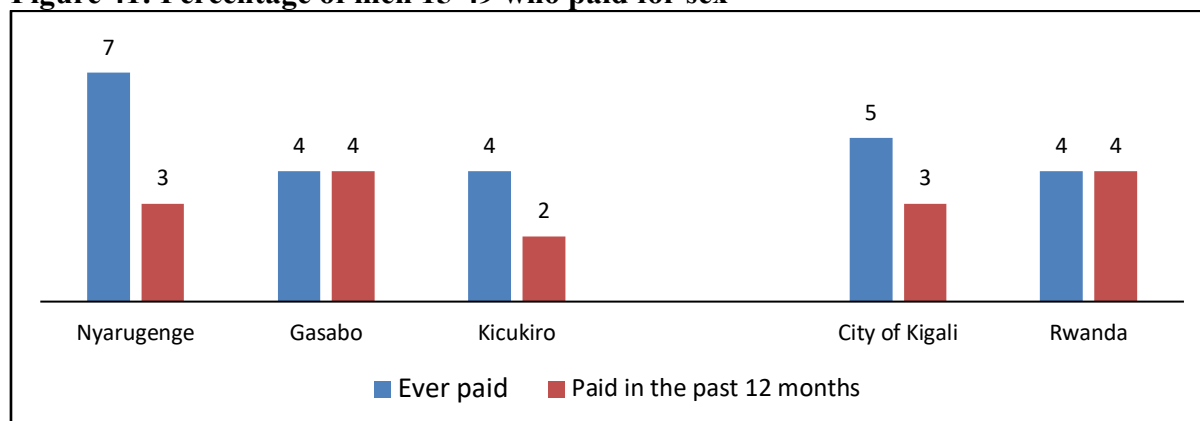
#### 9.4 Payment of sex

Male respondents in the RDHS 2019-20 who 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 41 shows that only 5 percent of men age 15-49 in the City of Kigali and 4 percent in Rwanda have ever paid for sexual intercourse and only 3 percent and 4 percent had done so in the 12 months before the survey. Men who are living in Nyarugenge district with 7 percent are most likely to have ever paid for sexual intercourse while Gasabo had the highest percentage in the in the last 12 months' prior the survey (4percent).

**Trends:** The percentage who had ever paid for sexual intercourse has decreased in the past five years in City of Kigali and Nyarugenge district, from 13 percent and 21 percent respectively in 2015-14 to 5 percent and 7 percent respectively. In the past 12 months the change has been small either a slight increase like in Gasabo and Kicukiro from 3 percent and one percent respectively to 4 percent and 2 percent respectively.

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



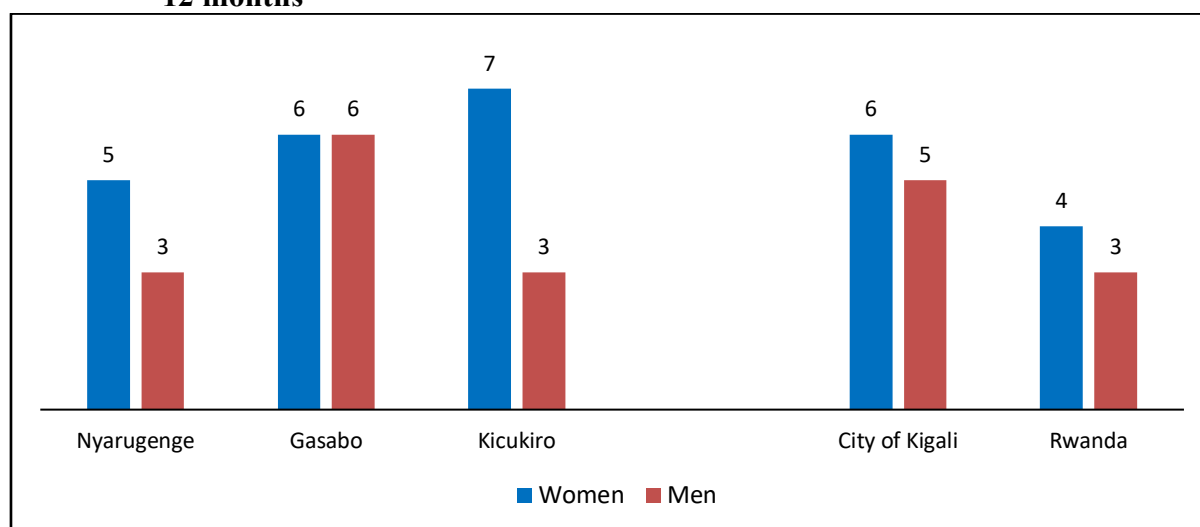
Source: RDHS, 2019-20

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

Figure 42 shows the self-reported prevalence of STIs and STI symptoms among women and men age 15-49 who have ever had sexual intercourse. In the City of Kigali, 6 percent of women and 5 percent of men had either an STI or symptoms of an STI in the 12 months preceding the survey, as compared to 4 percent of women and 3 percent of men at the national level. At district level, STI and STIs symptoms among women is 7 percent in Kicukiro 6 percent in Gasabo, 5 percent in Nyarugenge. Among men having either an STI or symptoms of an STI in the 12 months preceding the survey, it is 3 percent in Nyarugenge and Kicukiro, and 6 percent in Gasabo.

**Trends:** The prevalence of STIs has reduced for both women and men, the highest improvement is observed for men in Nyarugenge district who saw a change of 15 percent reduction in people who reported having STIs in last 12 months compared to RDHS 2014-15.

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



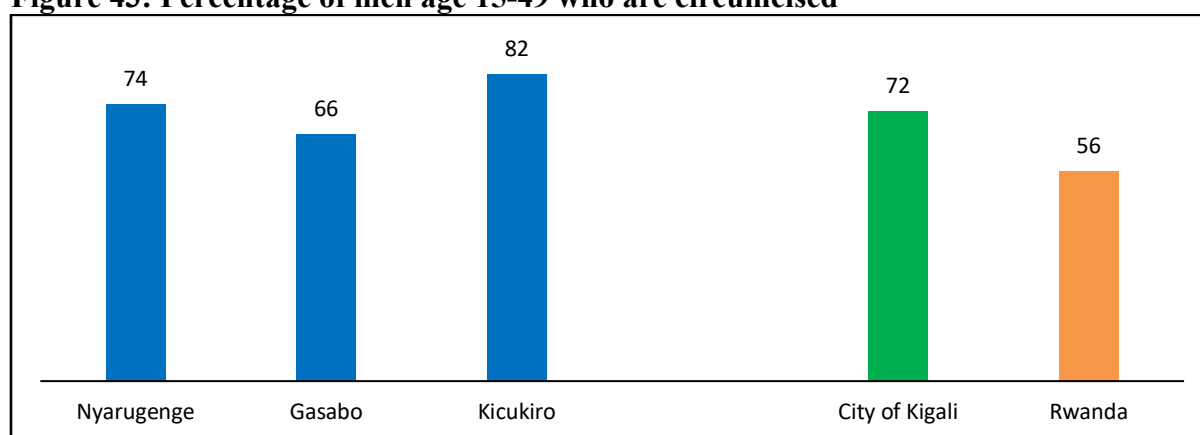
Source: RDHS, 2019-20

## 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. In the City of Kigali, nearly 3 to 4 men age 15-49 are circumcised (72 percent) and at national level 56 percent of men are circumcised (Figure 43). By district, the proportion of men who are circumcised is high in Kicukiro and Nyarugenge districts with 82 percent and 74 percent respectively, and low in Gasabo District (66 percent).

**Trends:** The percentage of men who are circumcised has increased of more than 20 percent in City of Kigali along with all districts compared with RDHS 2014-15.

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



Source: RDHS, 2019-20



## 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

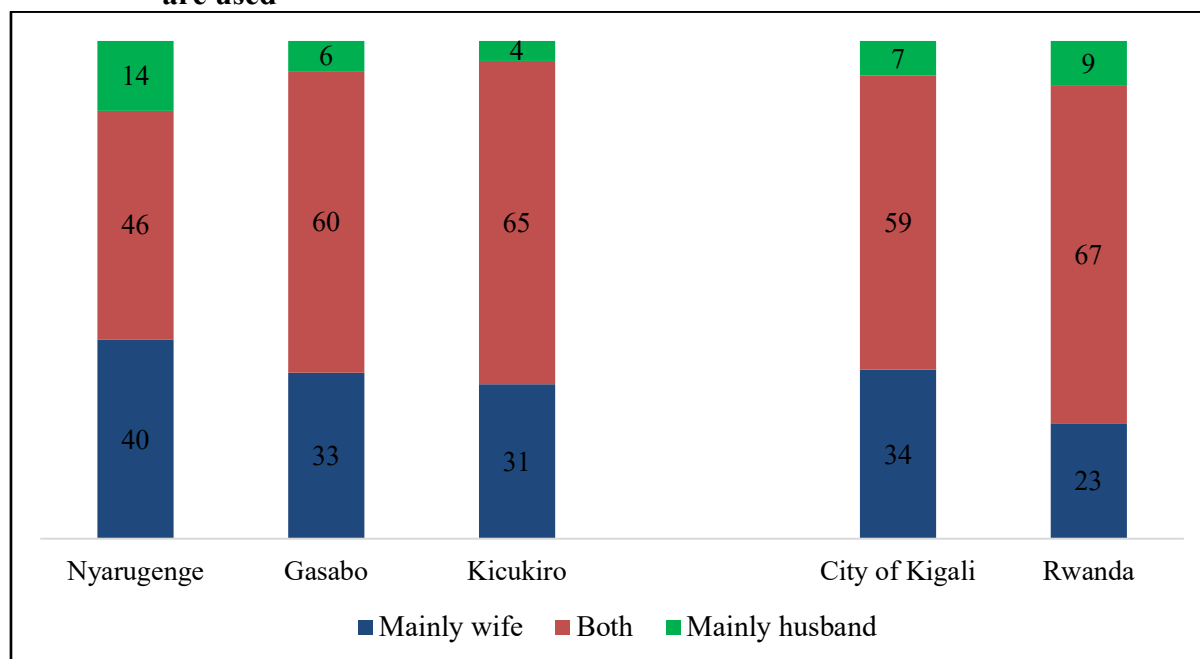
To assess women's autonomy, currently married women who earned cash for their work in the 12 months preceding the survey were asked who usually decides how their earnings are spent, and were also asked the relative magnitude of their earnings compared with those of their husband. This information is 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 age 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.

Thirty-four percent of women in the City of Kigali and 23 percent of women at national level mainly decide for themselves how their earnings are used, whereas 59 percent in City of Kigali and 67 percent of women at national level say that they make joint decisions with their husbands. Seven percent of women in the City of Kigali 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 high in Nyarugenge with 40 percent, followed by Gasabo with 33 percent and low in Kicukiro with 31 percent. Fourteen percent of women in Nyarugenge, 6 percent in Gasabo and 4 percent in Kicukiro reported that their husbands mainly decide how to spend their earnings.

**Trends:** The percentage of women who mainly takes the decision of how their cash earnings are used has increased in the City of Kigali and all its district and is an increase of more than 12 percent for all of them. Nyarugenge has seen an increase in husband who mainly takes the decision on their wives earning from 5 percent in 20014-15 RDHS to 14 percent currently while in City of Kigali and other districts it has decreased.

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



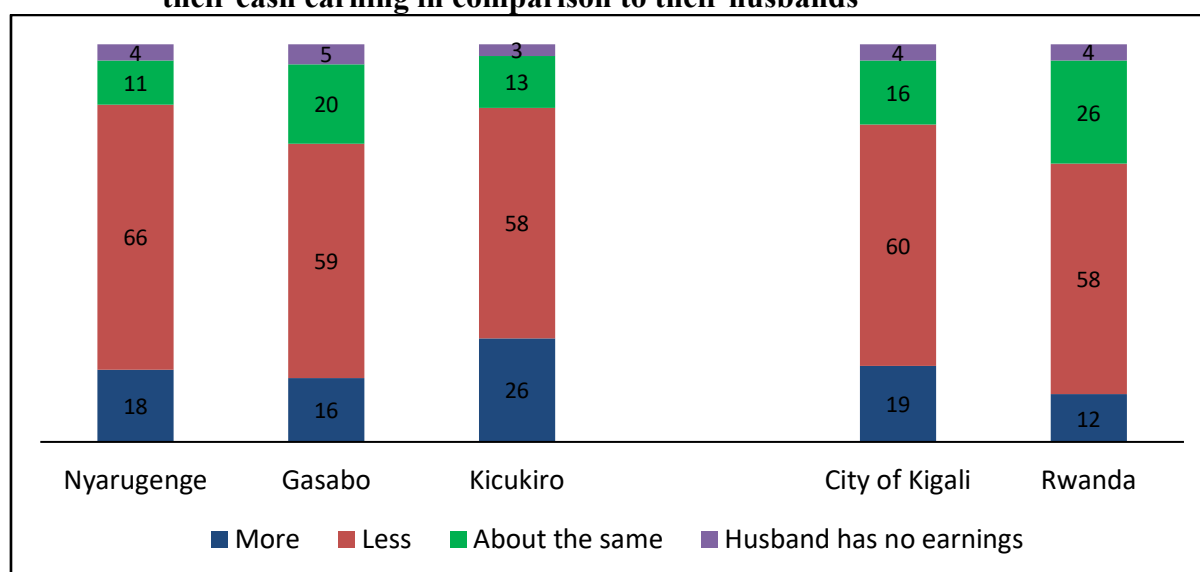
Source: RDHS, 2019-20

Figure 45 shows the woman’s earnings relative to their husbands’ earnings during the 12 months preceding the survey. Sixty percent of women in the City of Kigali report that they earn less than their husband, 19 percent report that they earn more than their husbands, and 16 percent earn about the same as their husband. The proportion of women who earn less than their husband at the national level is estimated at 58 percent, whereas 12 percent report earning more than they husband, and 26 percent report earning about the same as their husband. Women in Kicukiro (26 percent) have reported that they earn more than their husband, 18 percent in Nyarugenge while it is 16 percent in Gasabo.

**Trends:** The percentage of women who earn more than their husband has increased while that who earn less than their husband has decreased except in Kicukiro that saw an increase of 6 percent from 52 percent in RDHS 2014-15 to 58 percent currently.



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



Source: RDHS, 2019-20

## 10.2 Control over men's cash earnings

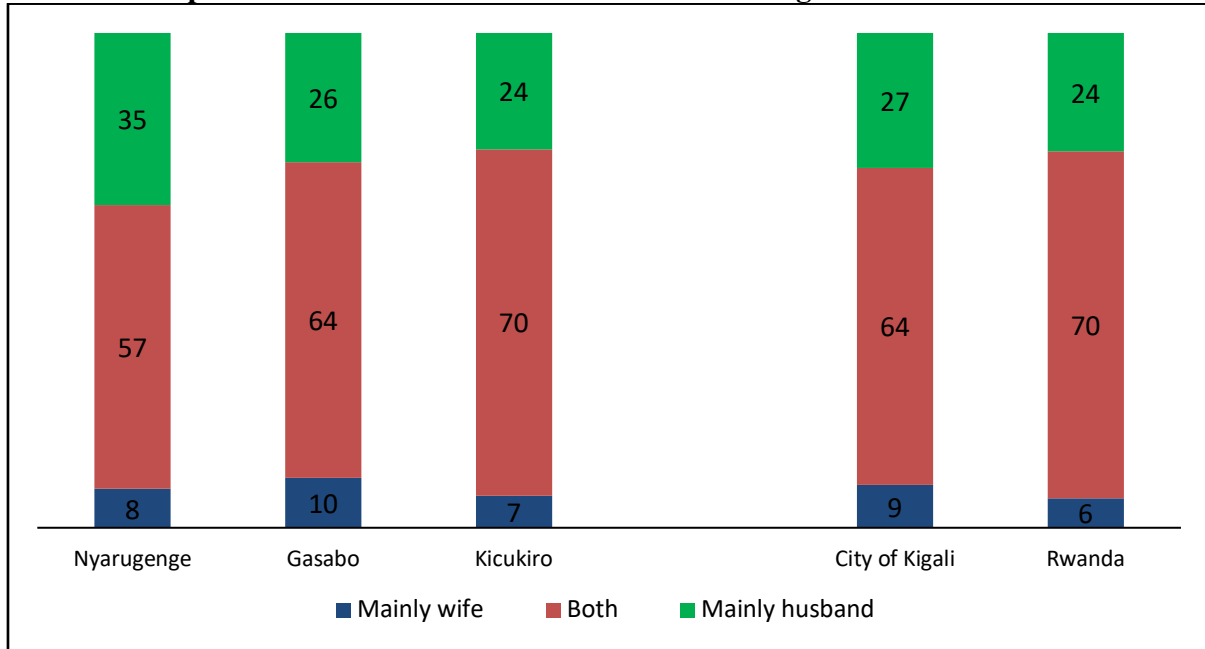
Figure 46 and 47 shows the percent distributions of currently married men age 15-49 who receive cash earnings and currently married women age 15-49 whose husbands receive cash earnings by the person who decides how men's cash earnings are used, according to background characteristics.

Less than 2 percent of men in the City of Kigali, and less than 3 percent at national level, report that their wives mainly decide how their cash earnings are used. Seventy-five percent in the City of Kigali compared to 82 percent at the national level state that they make these decisions jointly with their wife, and 23 percent state that these decisions are made mainly by themselves in the City of Kigali, compared to 15 percent at national level. Men in Gasabo (29 percent) and Nyarugenge (23 percent) are more likely to be the main decision-makers regarding their own earnings than men in Kicukiro (12 percent).

In general, women's reports on who makes decisions about how their husband's earnings are spent are similar to men's reports. Twenty-seven percent of women in the City of Kigali whose husbands have cash earnings report that their husband mainly decides how his cash earnings is used, a figure slightly 2 percent higher than the reported by men themselves. Sixty-four percent of women report that decisions are made jointly, as compared with 75 percent of men, and 9 percent of women report that they mainly decide how to use their husband's earnings. Thirty-five percent of women in Nyarugenge (Figure 47), whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used compared to 26 percent in Gasabo and 24 percent in Kicukiro.

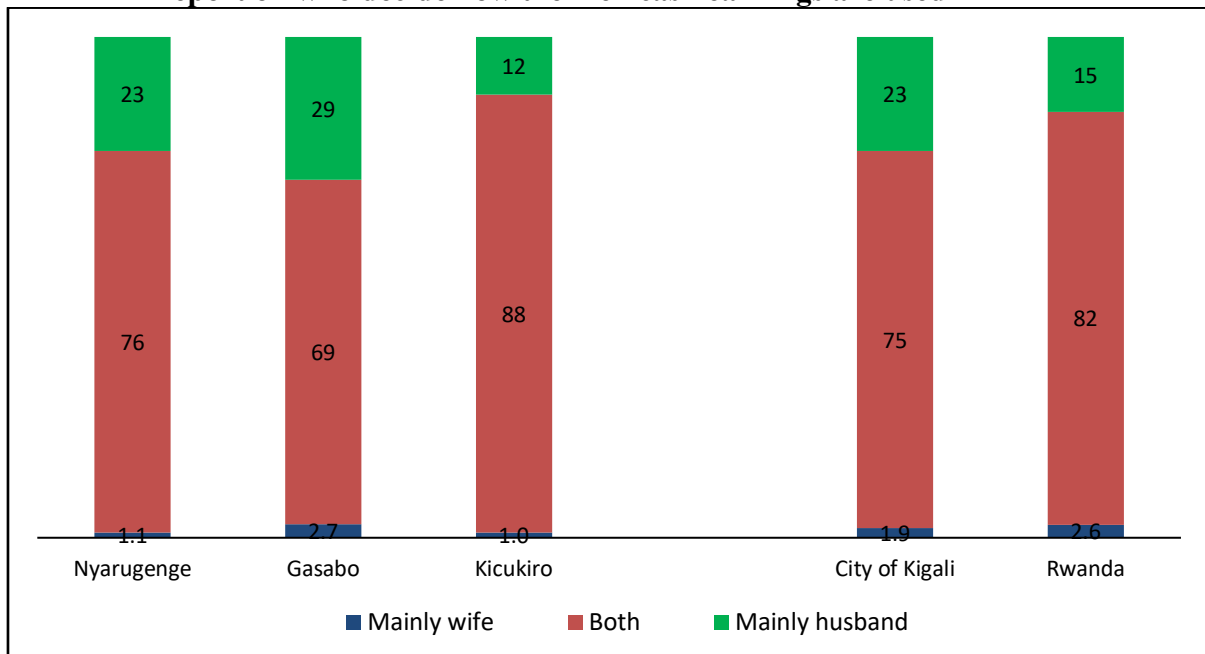
**Trends:** There is a slight decline in report given by women on how men’s earnings are used jointly. In RDHS 2014-15, 74 percent of women stated they jointly have control over men’s earnings while it is 64 percent in RDHS 2019-20

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



Source: RDHS, 2019-20

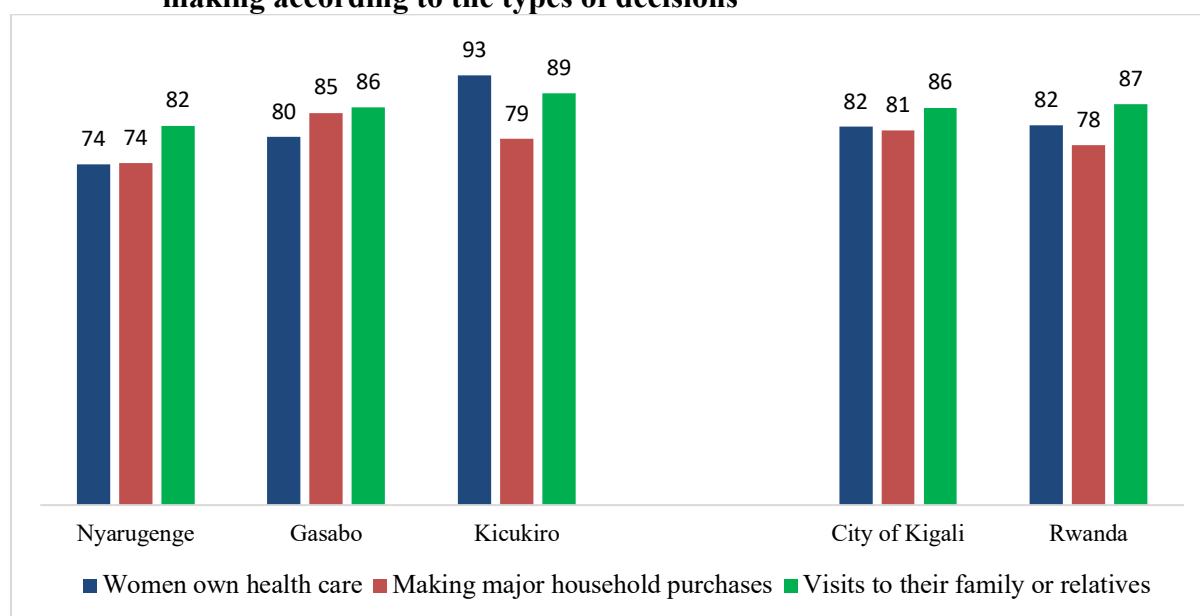
### 10.3 Women's participation in decision-making

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 RDHS 2019-20 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 City of Kigali, eighty-two percent of currently married women age 15-49 say they make decisions about their own health care either by themselves or jointly with their husbands and other eighty-six percent of currently married women age 15-49 say they participate in decisions about visits to their own family or relatives. Eighty-one percent of women say they participate in decisions about major household purchases.

**Trends:** In general, there is slight decline among women participating in decision making in all three types of decisions if compared to RDHS 2014-15. Percentages at districts level went down from 95 percent to 93 percent in Kicukiro district.

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



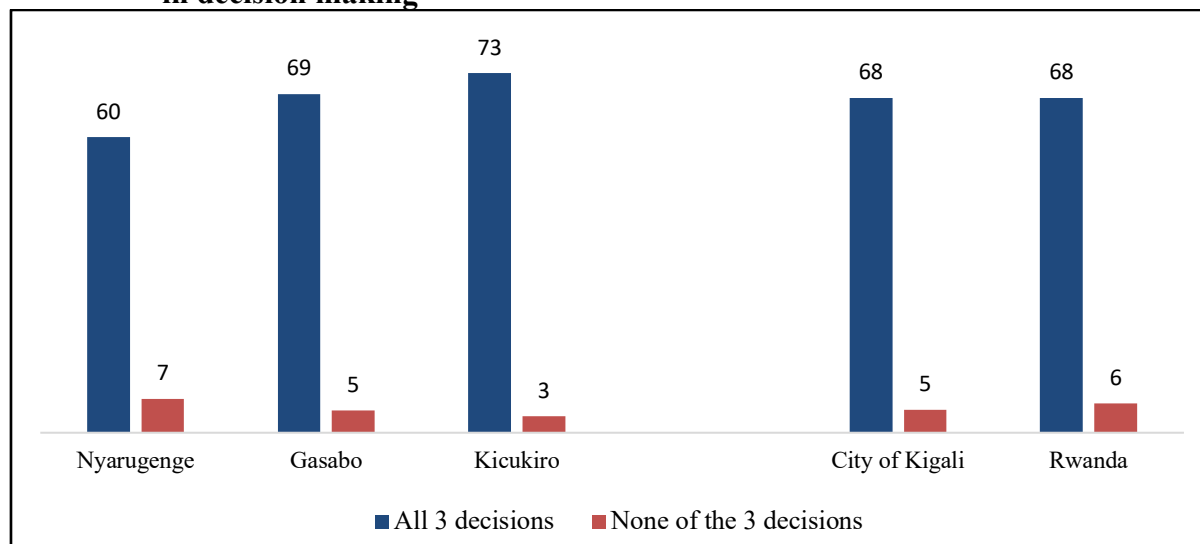
Source: RDHS, 2019-20

Figure 49 shows how women's participation in decision-making varies by districts of the City of Kigali. Sixty-eight percent of married women in the City of Kigali report taking part in all three decisions, while 5 percent of women have no say in any of the three decisions, as compared to 68 percent of married women at national level who report taking part in all three decisions, while 6 percent of women have no say in any of the three decisions.

By district, women in Kicukiro has the highest participation in decision making (73 percent) followed by 69 percent of married women in Gasabo and 60 percent of married women in Nyarugenge. In addition, married women age 15-49 in Nyarugenge (7 percent), 5 percent in Gasabo and 3 percent in Kicukiro have no say in any of the three decision.

**Trends:** A big change occurred on the district level. Trend in Nyarugenge district went down from 75 percent in RDHS 2014-15 to 60 percent in participating to all three decisions. The percentage of women who does not participate in any of the three decision has increased in the past 5years.

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



Source: RDHS, 2019-20

#### 10.4 Attitude toward wife beating

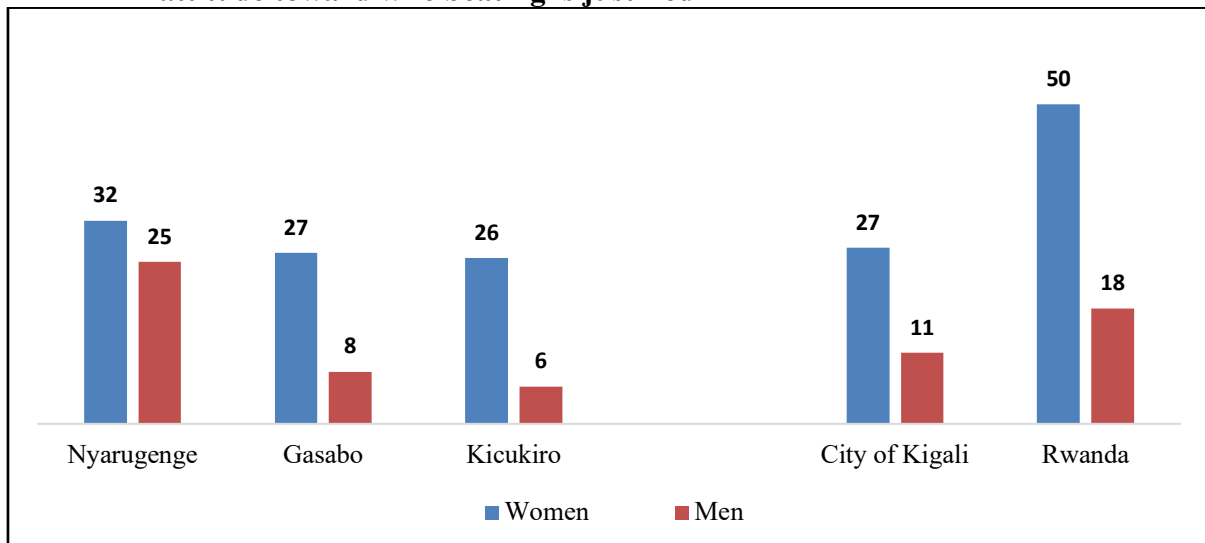
The RDHS 2019-20 collected information on the degree of acceptance of wife beating by asking all women and men whether they believe that a husband is justified in beating his wife in five situations: if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the 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 50 shows that 27 percent of women in City of Kigali 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 City of Kigali and at national (11 percent and 18 percent, respectively). Women in Nyarugenge, Gasabo and Kicukiro (32 percent, 27 percent and 26 percent, respectively) are more likely to agree that wife beating is justified for at least one reasons.

**Trends:** Women in all districts of City of Kigali seem to accept that a man is justified in beating his wife for any of the five reason which increased the attitude from 4 percent in Kicukiro in RDHS 2014-15 in the remaining district the increase is more than 10 percent. The attitude of men toward wife beating also increased in all district of City of Kigali.

**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 fact 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

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