



Republic
of Rwanda



nlsr
NATIONAL INSTITUTE OF
STATISTICS OF RWANDA



The
RWANDA
DHS7

DEMOGRAPHIC
AND HEALTH
SURVEY 2025

Eastern Province

Districts profile

September, 2026





Eastern Province

Districts profile

©2026 National Institute of Statistics of Rwanda (NISR) and ICF. Licensed under CC BY 4.0.

The 2025 Rwanda Demographic and Health Survey (2025 RDHS) was implemented by the National Institute of Statistics of Rwanda (NISR) in collaboration with the Ministry of Health (MoH).

Additional information about the 2025 RDHS may be obtained from the National Institute of Statistics of Rwanda, 6139 Kigali, Rwanda; telephone: Tel: +250 788 383103; email: info@statistics.gov.rw; website: www.statistics.gov.rw.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; website: www.DHSprogram.com.

The Rwanda Demographic and Health Survey was made possible through the support of development partners and Government institutions. However, the contents of this report are the sole responsibility of NISR and ICF and do not necessarily reflect the views of any other institution.

Recommended citation:

National Institute of Statistics of Rwanda (NISR), Ministry of Health, and ICF. 2026. *Rwanda Demographic and Health Survey 2025 Final Report*. Kigali, Rwanda, and Maryland, USA: NISR and ICF.

Made possible with the support of:



ACKNOWLEDGEMENTS

This report was made possible through the participation of numerous individuals and organizations, to whom we express our sincere gratitude.

First and foremost, we wish to express our deep appreciation to the men and women who generously agreed to participate in the survey and responded to all questions posed to them. Their willingness to engage is reflected in the notably high response rate achieved.

We are also grateful to the Ministry of Finance and Economic Planning, the Ministry of Local Government, and local government authorities for their crucial assistance and contributions, which greatly facilitated the smooth implementation of the survey.

Our sincere appreciation goes to the Ministry of Health for its close collaboration with the National Institute of Statistics of Rwanda (NISR) during both the preparatory and implementation phases of the survey. We further acknowledge the valuable guidance and directives given by the members of the steering committee.

We wish to recognize all stakeholders and development partners for their substantial contributions and financial support. In particular, we extend our special thanks to the Government of Rwanda, the World Bank Group, the European Union, United Nations Rwanda, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the World Food Programme (WFP), the World Health Organization (WHO), the Rwanda Biomedical Centre (RBC), Partners in Health (PIH), Plan International, the Clinton Health Access Initiative (CHAI), Expertise France, the National Child Development Agency (NCDA), World Vision, the Gates Foundation, the United Nations Development Programme (UNDP), and the AIDS Healthcare Foundation (AHF). The support of each of these partners was instrumental to the successful completion of the seventh Rwanda Demographic and Health Survey (2025 RDHS).

In addition, we thank the technical staff from the Ministry of Health (MoH), RBC-IHDPC, and NISR for their unwavering participation in all survey activities. We particularly acknowledge the effort of the coordination team, whose valuable contributions were indispensable. We extend our appreciation as well to the supervisors, cartographers, listers, team leaders, interviewers, and biomarker technicians for their valuable efforts and also to the drivers, who were able to overcome the challenges inherent in field operations. We further recognize the Information and Communication Technology team members for their important contribution to the completion of the survey.

Finally, we appreciate the administrative and financial departments of the NISR for their invaluable support. Their timely interventions allowed the survey to be carried out efficiently and under favourable conditions. We extend our thanks to all.



MURENZI Ivan

Director General of NISR



CONTENTS

ACKNOWLEDGEMENTS	5
Contents	7
List of figures	10
<i>East Province Map, 2025 RDHS</i>	13
Introduction	14
1. Household characteristics	15
1.1. Electricity coverage	15
1.2. Household durable goods.....	16
1.3. Smartphone ownership	17
1.4. Access to drinking water	18
1.5. Handwashing places observed	19
1.6. Flooring material.....	20
1.7. Rooms used for sleeping.....	21
1.8. Place for cooking	21
1.9. Sanitation services.....	23
2. Respondent characteristics	24
2.1. Education attainment.....	24
2.2. Literacy.....	25
2.3. Birth registration of children under age 5	26
2.4. Children's orphanhood	27
2.5. Health insurance among adult women and men	27
2.6. Current marital status	28
2.7. Exposure to mass media.....	29
2.8. Internet use frequency.....	31
2.9. Alcohol consumption among adult women and men.....	33
3. Fertility determinants and fertility rates	34
3.1. Median age at first marriage	34
3.2. Birth intervals	35
3.3. Median age at first birth	35
3.4. Teenage pregnancy and motherhood.....	36
3.5. Wanted and Total fertility rate	37



4.	Family planning	38
4.1.	Current use of contraception.....	38
4.2.	Demand for family planning.....	39
4.3.	Demand for family planning satisfied	39
4.4.	Unmet and met need for family planning	40
4.5.	Exposure to family planning messages	41
5.	Maternal health	43
5.1.	Antenatal care.....	43
5.2.	Number of antenatal care visits and timing of first Timing of first ANC visit	44
5.3.	Mothers whose last birth was protected against neonatal tetanus.....	45
5.4.	Place of Delivery.....	46
5.5.	Assistance during delivery.....	47
5.6.	Postnatal checkup	48
6.	Child health	49
6.1.a.	Full basic vaccination coverage	49
6.1.b.	Prevalence of Acute Respiratory Infection (ARI).....	50
6.2.	Prevalence of fever.....	51
6.3.	Prevalence of Diarrhea	52
7.	Nutrition among children and women	53
7.1.	Nutritional status of children under 5	53
7.2.	Minimum acceptable diet among children aged 6-23 months.....	54
7.3.	Nutritional status among women	55
7.4.	Minimum dietary diversity among women	56
8.	HIV Attitude and Knowledge	58
8.1.	Complete knowledge of HIV prevention methods	58
8.2.	Comprehensive knowledge about HIV/AIDS transmission.....	60
8.3.	Recent HIV testing among adult women and men	61
8.4.	Multiple sexual partners.....	62
8.5.	Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms	63
8.6.	Practice of Circumcision	64
9.	Women empowerment	65
9.1.	Relative magnitude of women's cash earnings	65
9.2.	Control over men's cash earnings (Women and men).....	66
9.3.	Women's participation in decision-making	68
9.4.	Women's participation in sexual and reproductive health decision-making	69
9.5.	Attitude toward negotiating safer sex.....	70
9.6.	Ownership and use of bank accounts among women and men.....	71





10.	Domestic Violence	73
10.1.	<i>Experience of violence by partner/Spousal violence</i>	<i>73</i>
10.2.	<i>Attitudes toward wife beating.....</i>	<i>75</i>
10.3.	<i>Controlling behaviors by partner.....</i>	<i>76</i>
10.4.	<i>Physical violence by any perpetrator among women and men.....</i>	<i>78</i>
10.5.	<i>Sexual violence by any perpetrator</i>	<i>79</i>
10.6.	<i>Physical Violence during pregnancy.....</i>	<i>80</i>
Annexes		81
Annex .1.	<i>Tables.....</i>	<i>81</i>
Annex .2.	<i>Persons who contributed to the production of the 2025 RDHS, Eastern Province District profile report</i>	<i>97</i>



LIST OF FIGURES

Figure 1.1: Percentage of households with electricity in Eastern Province.....	15
Figure 1.2:Percentage of households with durable goods.....	16
Figure 1.3:Percentage of households owning a smartphone in Eastern Province	17
Figure 1.4 a: Percentage of households by round-trip time to drinking water source in Eastern Province	18
Figure 1.4 b: Percentage of households by distance to drinking water source in Eastern Province.....	19
Figure 1.5: Percentage of de jure population with basic or limited handwashing facilities in Eastern Province	20
Figure 1.6:Percentage of households by flooring material in Eastern Province.....	20
Figure 1.7:Percentage of households by number of rooms used for sleeping in Eastern Province	21
Figure 1.8:Percentage of households by place for cooking in Eastern Province	22
Figure 1.9:Percentage of de jure population by sanitation service ladder in Eastern Province	23
Figure 2.1a: Percentage distribution of the de facto female household population age 6 and over in the East province by the highest education level attained.....	24
Figure 2.1b: Percent distribution of the de facto male household population age 6 and over in the Eastern province by the highest education level attained.	25
Figure 2.2:Percentage of literate women and men in Eastern Province by district	26
Figure 2.3: Percentage of de jure Children under age 5 whose births are registered with civil authority.....	26
Figure 2.4: Percentage of de jure children under age 18 with one or both parents dead.	27
Figure 2.5: Percentage of household members with Health insurance.	27
Figure 2.6a:Percentage distribution of women aged 15-49 by current marital status.....	28
Figure 2.6b: Percentage distribution of men aged 15-49 by current marital status.....	29
Figure 2.7a: Percentage of women aged 15-49 who are exposed to specific media weekly.....	30
Figure 2.7b: Percentage of men aged 15-49 who are exposed to specific media every week.....	30
Figure 2.8b: Internet use and frequency of use among men 15-49 in Eastern Province by district.....	32
Figure 2.9: Percentage of women and men 15-49 who consumed alcohol in Eastern Province by district.....	33
Figure 3.1:Median age at first marriage for women aged 25-49 and men aged 30-59.	34
Figure 3.2: Median number of months since preceding birth (birth interval).....	35
Figure 3.3: Median age at first birth among women aged 25-49.	36
Figure 3.4: Percentage of women 15-19 who have begun childbearing.	37
Figure 3.5: Wanted and observed total fertility rates for women aged 15-49	37
Figure 4.1: Percentage of married women aged 15-49, currently using contraception.	38
Figure 4.2: Percentage of Total demand for family planning among currently married women aged 15-49.	39



Figure 4.3: Percentage of women aged 15-49 with demand for family planning satisfied, Eastern Province	40
Figure 4.4: Percentage of women aged 15-49 with unmet and met need for family planning, Eastern Province	40
Figure 4.5a: Percentage of women aged 15-49 who heard or saw family planning messages by type of channel.....	41
b: Percentage of men aged 15-49 who heard or saw family planning messages by type of channel.....	42
Figure 5.1: Percentage of women aged 15-49 who received antenatal care from a skilled provider.....	43
Figure 5.2a: Percentage of women's antenatal care visits in Eastern Province by district	44
b: Percentage of Months Pregnant at Time of First ANC Visit in Eastern Province by district	45
Figure 5.3: Percentage of mothers 15-49 whose last birth was protected against neonatal tetanus.....	46
Figure 5.4: Percentage of mothers 15-49 who delivered in a health facility.....	47
Figure 5.5: Percentage of women 15-49 assisted by a skilled provider during deliverySource: 2025 RDHS	47
Figure 5.6: Percentage of women/newborns who received postnatal checkups in the first two days after birth.....	48
Figure 6.1a: Percentage of children 12-23 months who received full basic vaccinations in Eastern Province by district.....	50
Figure 6.1b: Prevalence of ARI among children under five years	51
Figure 6.2: Prevalence of fever among children under five years.....	52
Figure 6.3: Prevalence of Diarrhea among children under five years.....	52
Figure 7.1:Percentage of children under five years by Nutrition status.....	54
Figure 7.2: Percentage of children aged 6-23 months receiving minimum dietary diversity (MDD), minimum meal frequency (MMF), and minimum acceptable diet (MAD) in Eastern Province by district.....	55
Figure 7.3: Percentage distribution of women age 15-49, by nutrition status.....	56
Figure 7.4: Percentage of women 15-49 receiving minimum dietary diversity in Eastern Province by district	57
Figure 8.1a: Percentage of young women aged 15-24 with complete knowledge of HIV prevention.....	59
Figure 8.1b: Percentage of young men aged 15-24 with complete knowledge of HIV prevention.....	60
Figure 8.2:Percentage of young women and men age 15-24 with comprehensive knowledge of HIV.....	61
Figure 8.3: Percentage of women and men 15-49 tested for HIV in the last 12 months and received results in Eastern Province by district.....	62
Figure 8.4: Percentage of women and men aged 15-49 who had sexual intercourse with more than one partner in the past 12 months.....	63
Figure 8.5: Prevalence of sexually transmitted infections (STIs) and STI symptoms in the last 12 months.....	64
Figure 8.6: Percentage of men 15-49 who are circumcised.....	64





Figure 9.1: Percentage distribution of currently married women according to their cash earnings in comparison to their husbands.	65
Figure 9.2.a: Percentage distribution of currently married women 15-49 according to their report on who decides how the men's cash earnings are used.....	67
Figure 9.2.b: Percentage distribution of currently married men 15-49 according to their report on who decides how the men's cash earnings are used.....	67
Figure 9.3a: Percentage of currently married women age 15-49 participating in decision-making according to the three types of decision.....	68
Figure 9.3b: Percentage of currently married women aged 15-49 according to participation in decision making.	69
Figure 9.4: Percentage of currently married women 15-49 who participate in SRH decision-making in Eastern Province by district	70
Figure 9.5: Percentage of currently married women 15-49 who can negotiate safer sex in Eastern Province by district.....	71
Figure 9.6a: Percentage of women 15-49 who have and use a bank account in Eastern Province by district.....	72
Figure 9.6b: Percentage of men 15-49 who have and use a bank account in Eastern Province by district.....	72
Figure 10.1a: Percentage of women who have ever experienced violence by any husband/partner, Eastern Province.....	74
Figure 10.1b: Percentage of men 15-49 who have ever experienced spousal violence by current/most recent partner in Eastern Province by district.....	74
Figure 10.2: Percentage of currently married women and men age 15-49 who agree with attitude toward wife-beating is justified	75
Figure 10.3a: Percentage of women whose husband/partner has ever displayed controlling behaviours in Eastern Province	76
Figure 10.3b: Percentage of men 15-49 whose wife/partner has ever displayed controlling behaviors in Eastern Province.....	77
Figure 10.4a: Percentage of women who experienced physical violence by any perpetrator, Eastern Province	78
Figure 10.4b: Percentage of men who experienced physical violence by any perpetrator, Eastern Province	79
Figure 10.5 : Percentage of women who experienced sexual violence by any perpetrator, Eastern Province	79
Figure 10.6: Percentage of ever-pregnant women who ever experienced physical violence during pregnancy, Eastern Province.....	80



East Province Map, 2025 RDHS



INTRODUCTION

The National Institute of Statistics of Rwanda, in collaboration with the Demographic and Health Surveys Program, implemented the 2025 Rwanda Demographic and Health Survey (RDHS) to collect data for monitoring progress in health programs and policies in Rwanda.

The key indicators have been identified, and the main report has been produced. This document has been elaborated to disseminate the 2025 RDHS results at the decentralized level.

As for the main report, this chartbook gives information on demographic and health indicators, including family planning, maternal mortality, infant and child mortality, nutritional status of mothers and children, antenatal care, delivery care, and childhood diseases. In addition, the survey was designed to measure the prevalence of acute respiratory infections, fever, and diarrhea among children, as well as the prevalence of HIV infection in Rwanda.

The survey targeted groups were women aged 15-49 and men aged 15-59, randomly selected from households across the country. Furthermore, information about children aged 5 and under was collected, including their weight and height measurements.

Through this document, each province is provided with data visualizations that enable the tracking of healthcare utilization and other health-related indicators. This document will also support the design and implementation of the District Development Plan (DDP).

The National Institute of Statistics of Rwanda invites district planners and other users to actively play a role in using this valuable information, with the aim of contributing to a better quality of life for the Rwandan population.

HOUSEHOLD CHARACTERISTICS

The 2025 Rwanda Demographic and Health Survey (RDHS) collected household-level information. This chapter presents an overview of the socioeconomic and living conditions of households within the province. Using data from the 2025 RDHS, selected indicators include access to electricity, ownership of selected durable goods, availability of handwashing facilities, housing conditions, and other amenities that reflect household well-being. These indicators provide insights into disparities across districts and, where applicable, trends over time. They serve as an important foundation for understanding the demographic and health outcomes discussed in the subsequent chapters.

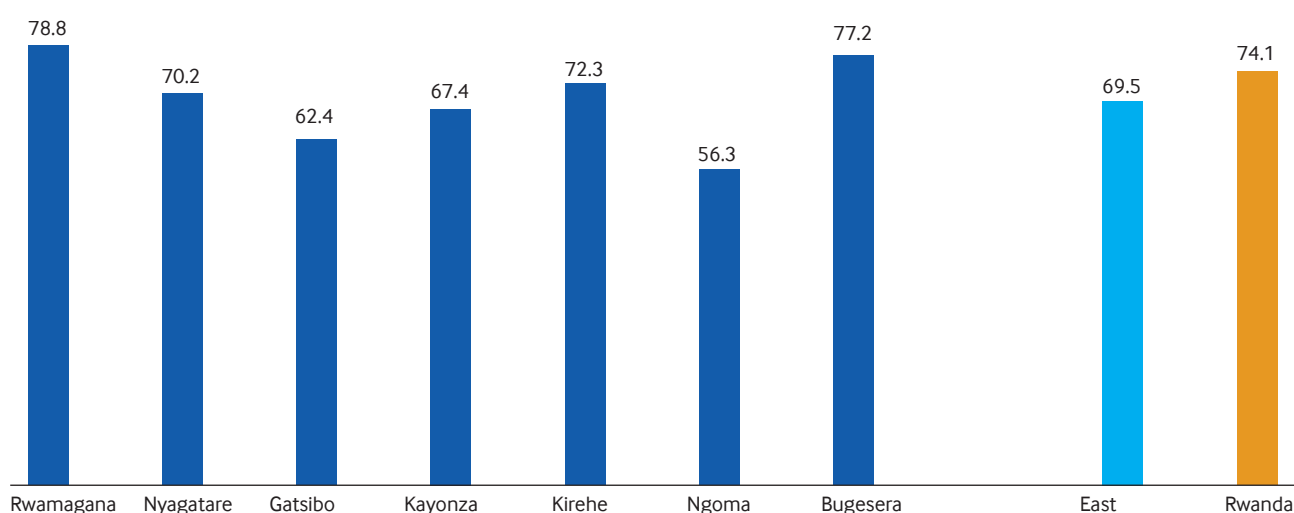
1.1. Electricity coverage

Electricity coverage refers to the proportion of households with access to electricity. This indicator provides information on household access to electricity as a basic household amenity.

Figure 1.1 shows that 70% of households in the Eastern Province have access to electricity, compared with 74 % at the national level. However, the results show considerable disparities between districts within the Eastern Province. Rwamagana and Bugesera Districts recorded the highest number of households with electricity (79% and 72 %, respectively), while Ngoma District registered the lowest, at only 56%.

Trends: In comparison with the RDHS 2019-20, Kayonza District has steadily improved from 28% to 67%. At the provincial level, electricity coverage rose from 43% to 70% over the same period. Overall, electricity coverage has increased across all districts in the Eastern Province over the past five years.

Figure 1.1: Percentage of households with electricity in Eastern Province



Source: 2025 RDHS

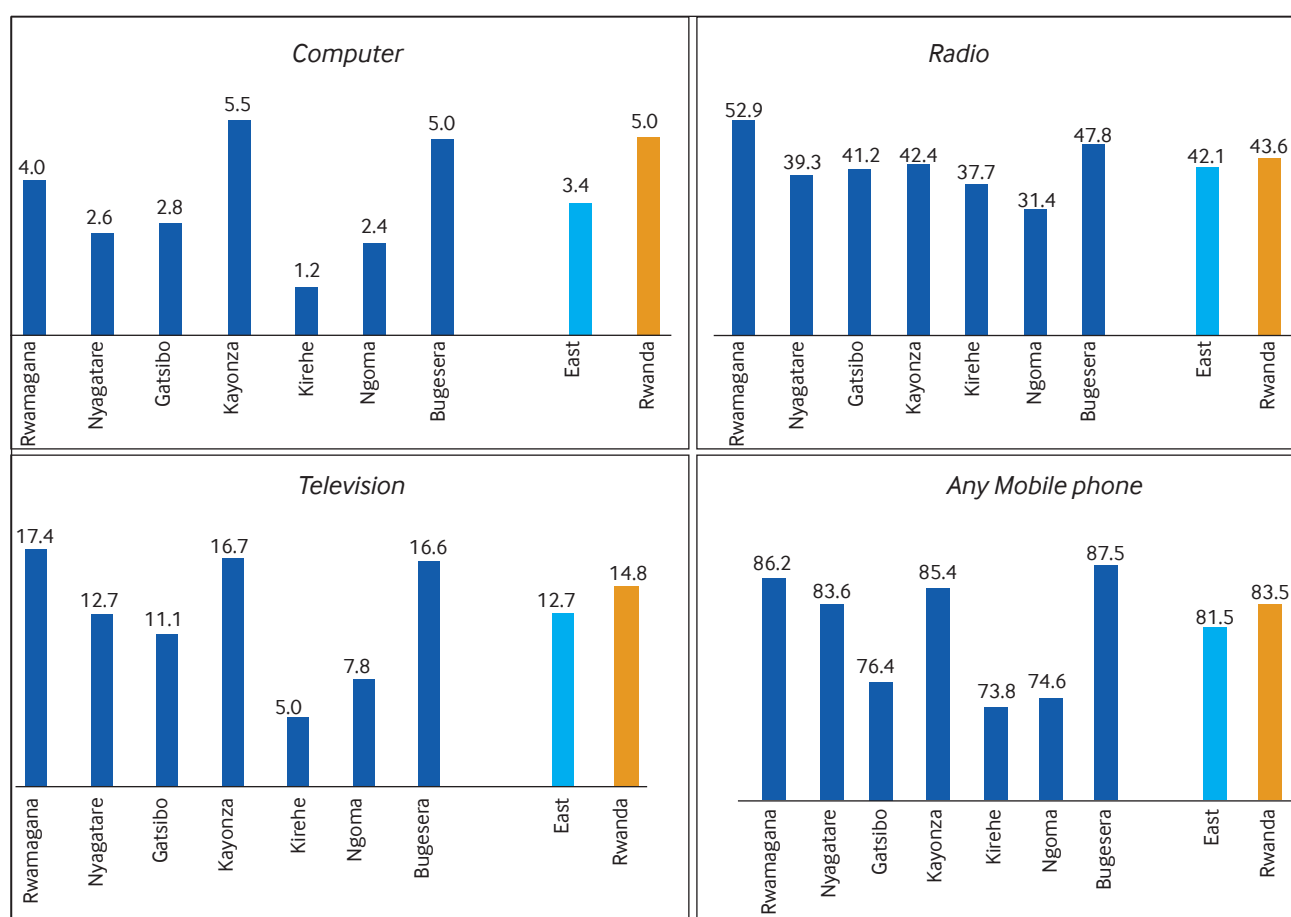
1.2. Household durable goods

Figure 1.2 shows data on the possession of durable goods. Regarding radio possession, defined exclusively as standalone radio sets, 42% of households in the Eastern Province own a radio, compared with 44% at the country level. Ownership varies considerably across the Eastern Province, ranging from 31% in Ngoma District to 53% in Rwamagana District, which recorded the highest proportion. Mobile telephone ownership is reported by 82% of households in the Eastern Province, while the national level is 84%.

Households in Rwamagana and Bugesera Districts (86% and 88%, respectively) are more likely to own a telephone than those in Kirehe and Ngoma Districts (74% and 75%, respectively). At the provincial level, 13% of households own a television, compared with 15% at the national level. Rwamagana District records the highest television ownership rate of 17%, while Kirehe District reports the lowest rate with 5%. Computer ownership remains limited in the Eastern Province, with only 3% of households owning computers, compared to 5% at the national level. Across all districts, computer ownership is very low, ranging from 6% in Kayonza District to 1% in Kirehe District.

Trends: Compared with the RDHS 2019-20, radio possession at the provincial level increased by 3 percentage points (from 39% to 42%). Over the same period, mobile telephone ownership increased from 73% to 82%, and television ownership increased by 2 percentage points (from 11% to 13%) at the provincial level.

Figure 1.2: Percentage of households with durable goods.



Source: 2025RDHS

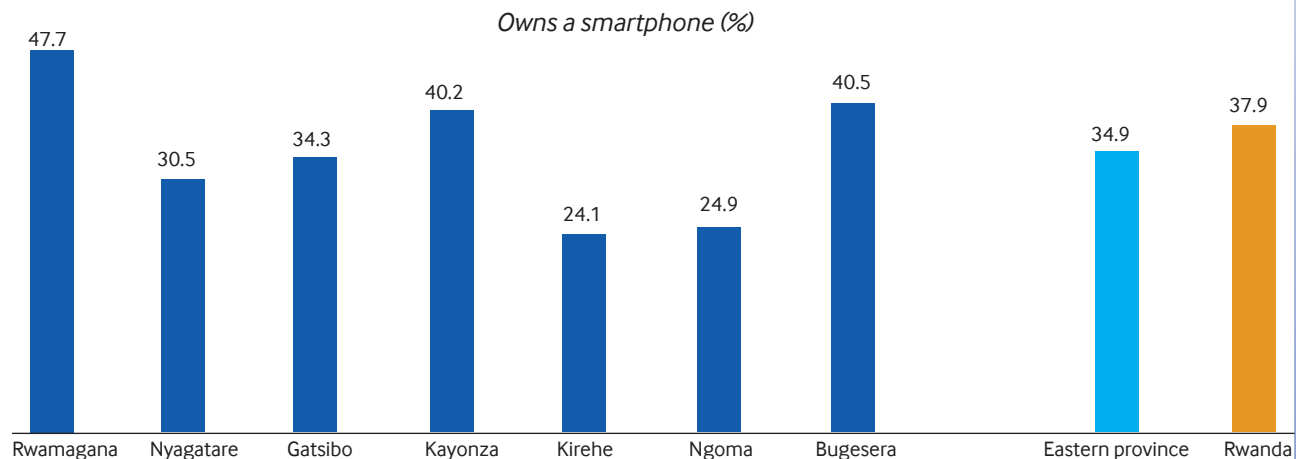
1.3. Smartphone ownership

Smartphone ownership refers to the proportion of households that own a smartphone. This indicator measures household possession of a smartphone and indicates access to digital communication technology.

Figure 1.3 shows that 35% of households in the Eastern Province own a smartphone, a figure lower than the national level of 38%. However, notable disparities exist across districts within the province. Rwamagana District recorded the highest proportion of households owning a smartphone at 48%, followed by Bugesera District at 41% and Kayonza District at 40%. In contrast, Kirehe and Ngoma Districts recorded the lowest proportions, at 24% and 25%, respectively. Nyagatare District also recorded a relatively low proportion of smartphone ownership at 31%, while Gatsibo District stood at 34%.

The results indicate that smartphone ownership in the Eastern Province remains below the national level, with Rwamagana District being the only one to exceed the national average. The difference between the highest and lowest district levels is substantial: smartphone ownership in Rwamagana is double that of Kirehe, highlighting disparities in household access to smartphones across districts.

Figure 1.3: Percentage of households owning a smartphone in Eastern Province



Source: 2025 RDHS

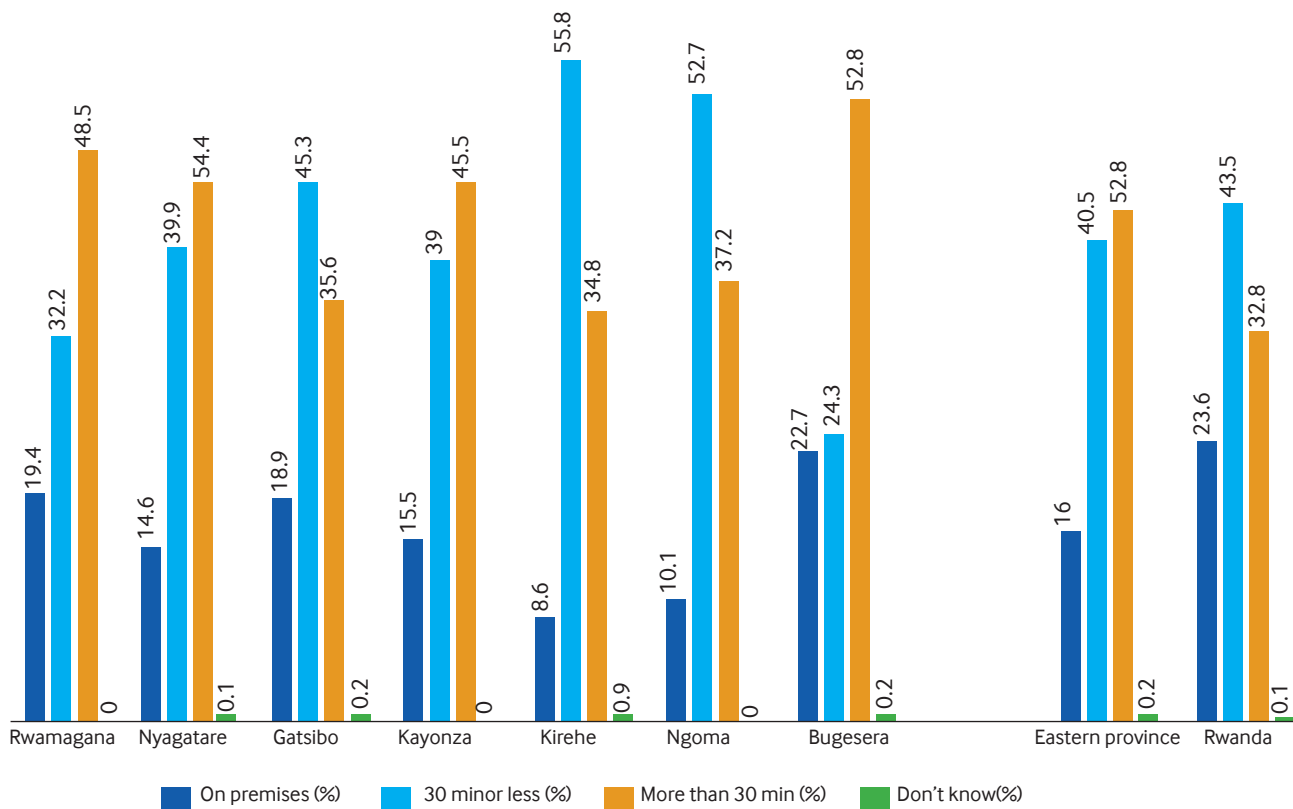
1.4. Access to drinking water

Access to drinking water is assessed based on the distance and time required for households to obtain drinking water. The indicators distinguish between water obtained on the premises, obtained within specified distances, and water collection according to round-trip travel time.

Figure 1.4a and Figure 1.4b present that 16% of households in the Eastern Province have drinking water available on their premises, compared with 24% at the national level. A higher proportion of households in this province (43%) spend more than 30 minutes obtaining drinking water, compared to (33%) at the national level. At the district level, Bugesera District recorded the highest proportion of households with water on the premises (23%), while Kirehe District registered the lowest (9%). Conversely, Kirehe had the highest proportion of households obtaining water within 30 minutes or less (56%), whereas Bugesera had the highest proportion of households spending more than 30 minutes on water collection (53%).

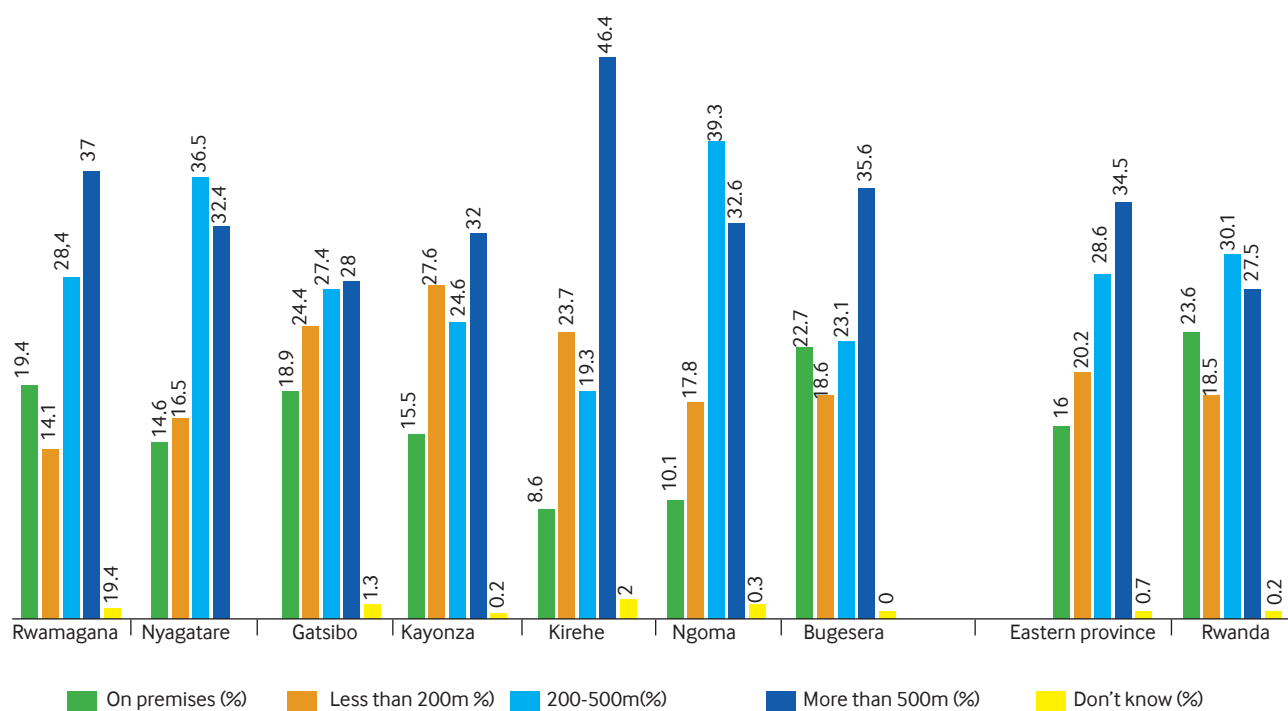
In terms of distance, 35 % of households in the Eastern Province travel more than 500 metres to their water source, compared with 28% at the national level. Kirehe District recorded the highest proportion of households travelling more than 500 metres (46%), while Kayonza District had the highest proportion of household obtaining water from a source located less than 200 metres away (28%). Overall, access to drinking water in the Eastern Province remains less convenient than the national average, with substantial differences across districts

Figure 1.4 a: Percentage of households by round-trip time to drinking water source in Eastern Province



Source: 2025 RDHS

Figure 1.4 b: Percentage of households by distance to drinking water source in Eastern Province



Source: 2025 RDHS

1.5. Handwashing places observed

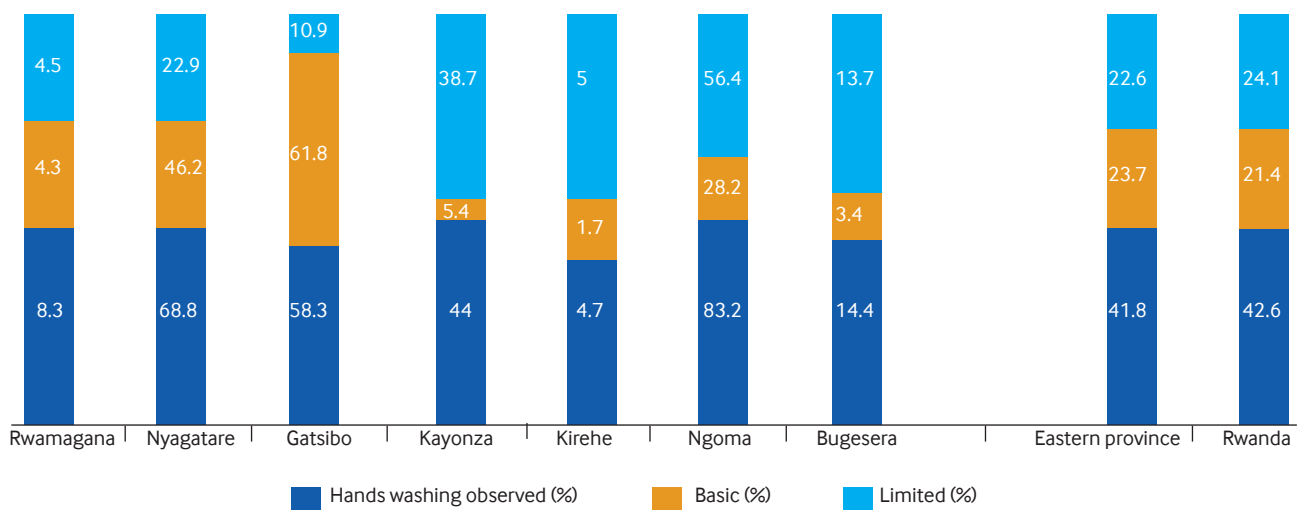
Handwashing with water and soap before eating, during food preparation, and after using the toilet is a simple, inexpensive, and good practice that protects against a range of diseases. During the survey, interviewers asked each household if there was a place used for hand washing. Where such a location existed, interviewers requested permission to observe the place in order to verify the availability of water and soap or other hand cleansing means. The indicator distinguishes between basic and limited handwashing facilities among the de jure population.

Figure 1.5 shows that 42% of the de jure population in the Eastern Province had handwashing facilities observed, compared with 43% at the national level. The proportion with basic handwashing facilities (availability of a handwashing facility on the premises with soap and water) was 24% in the province, higher than the national level of 21%, while 23% had limited facilities (availability of a handwashing facility on the premises without soap and water), compared with 24. % at the national level.

At the district level, Ngoma recorded the highest proportion with observed handwashing facilities (83 %), while Kirehe registered the lowest (5%). Gatsibo recorded the highest proportion of basic facilities (62%), whereas Ngoma had the highest proportion of limited facilities (56 %).

Trends: Compared with the RDHS 2019-20, the proportion of de jure population with a fixed handwashing place in the Eastern Province has decreased from 87% to 42%. A particularly marked decrease was observed in Kirehe District, where the figure fell from 99% to 5%. It should be noted that this substantial decrease was due to the fact that the previous survey was conducted during the COVID-19 pandemic, a period when handwashing practices and the availability of designated handwashing places were considerably enhanced.

Figure 1.5: Percentage of de jure population with basic or limited handwashing facilities in Eastern Province



Source: 2025 RDHS

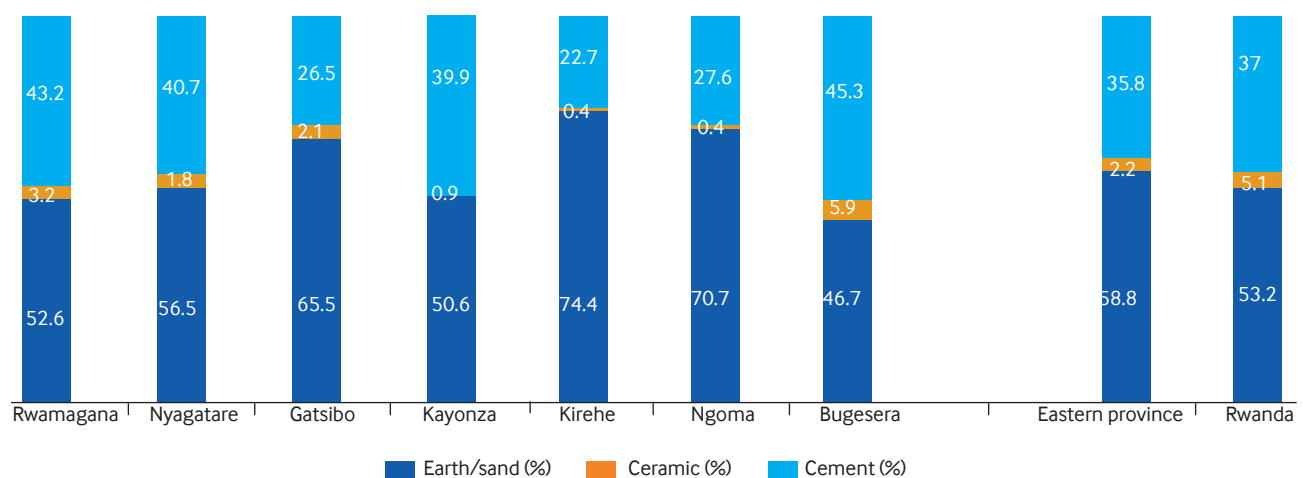
1.6. Flooring material

Flooring material refers to the main material used for the floor surface within a household dwelling. The indicator classifies households based on whether their floors are made of earth or sand, ceramic, or cement.

Figure 1.6 shows that in the Eastern Province, 59% of households have floors made of earth or sand, compared to 53. % at the national level, while 36% have cement flooring, compared to 37.0% at the national level. Among Districts, Bugesera had the lowest proportion of households with earth or sand floors (47%) and the highest proportion with ceramic floors (6%). Conversely, Kirehe recorded the highest proportion of households with earth or sand floors (74. %), followed by Ngoma (71%).

Overall, the findings indicate that earth or sand flooring remains the most common flooring material in the Eastern Province, with substantial disparities across districts.

Figure 1.6: Percentage of households by flooring material in Eastern Province



Source: 2025 RDHS

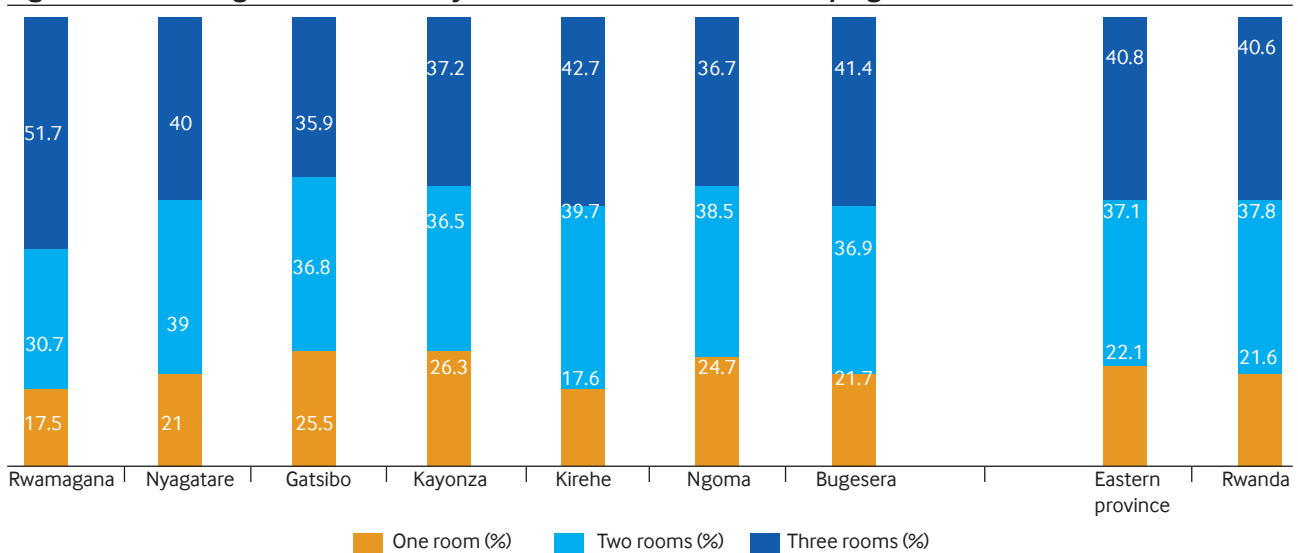
1.7. Rooms used for sleeping

The number of rooms used for sleeping refers to the total number of rooms within the dwelling that household members use for sleeping purposes. This indicator classifies households according to whether they use one room, two, or three or more rooms for sleeping.

According to figure 1.7, the proportion of households using a single room for sleeping in eastern province stands at 22%, matching the national rate. Meanwhile, 37% use two rooms and 41% use three or more rooms, compared to 38% and 41% nationally, respectively. At the district level, Rwamagana had the highest proportion of households using three or more rooms for sleeping (52%), while Gatsibo recorded the lowest (36%). Conversely, Kayonza and Gatsibo registered the highest proportion of households using one sleeping room (26%).

Overall, while the distribution of households by number of sleeping rooms in the Eastern Province is generally similar to the national average, notable disparities exist across districts.

Figure 1.7: Percentage of households by number of rooms used for sleeping in Eastern Province



Source: 2025 RDHS

1.8. Place for cooking

Place for cooking refers to the location within or around the dwelling where household members prepare their meals. The indicator categorizes households based on whether cooking takes place inside the main house (with or without a separate kitchen room), in a separate building outside the main house, or outdoors. Assessing cooking locations provides critical insights into indoor air pollution exposure, housing quality, and household health risks.

Figure 1.8 presents the percentage distribution of households by cooking location across districts in the Eastern Province. Overall, cooking in a separate building outside the house is the predominant practice in the Eastern Province, accounting for 67% of households, a rate higher than the national average of 62%. At the district level, Kirehe recorded the highest proportion of households cooking in a separate building at 72%, followed by Ngoma (70 %), Bugesera and Gatsibo with 68% each, while Kayonza reported the lowest rate at 63%.

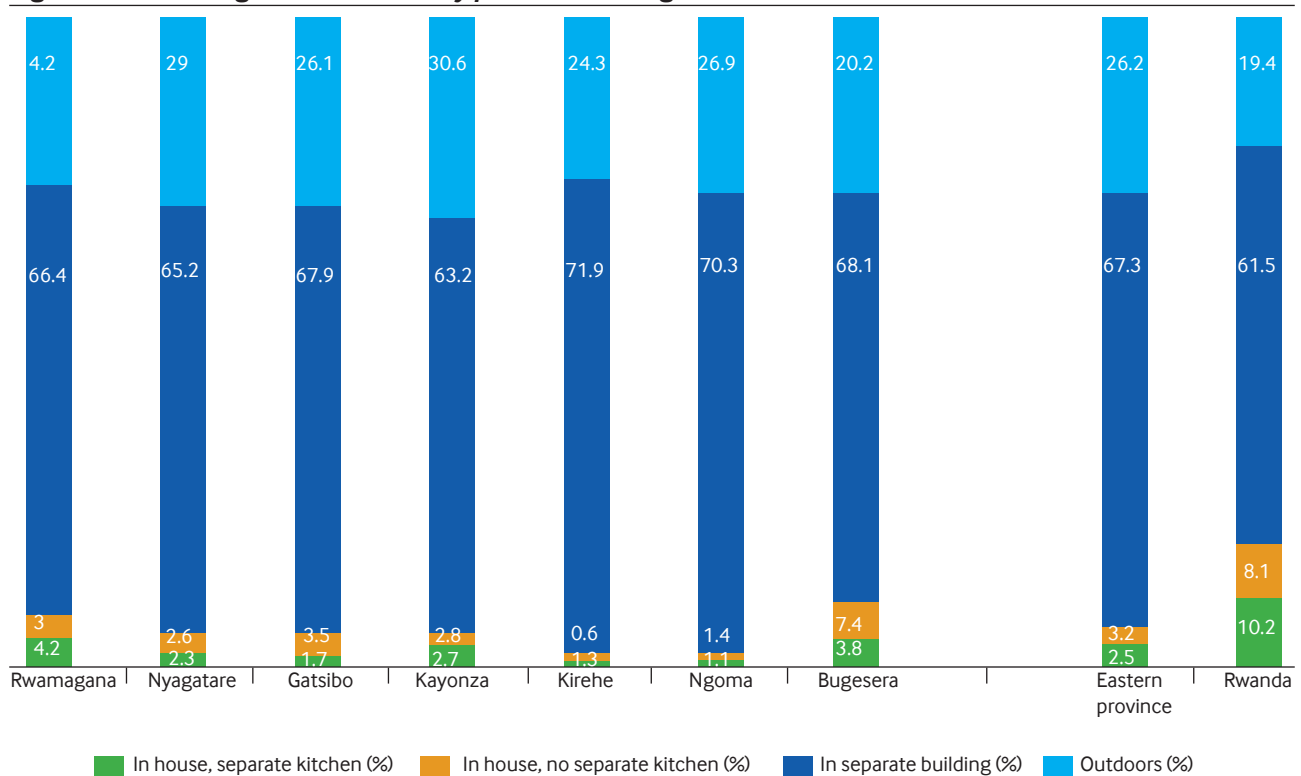
Outdoor cooking represents the second most common practice, utilized by 26% of households in the Eastern Province, compared to 19% at the national level. At the district level, Kayonza recorded the highest proportion of households cooking outdoors at 31%, followed by Nyagatare (29%), Ngoma (27%), and Gatsibo (26%). Bugesera recorded the lowest prevalence of outdoor cooking at 20%.

Indoor cooking practices remain relatively rare across the province compared to national benchmarks. Only 3% of households in the Eastern Province cook in a separate kitchen inside the main house, versus 10% at the national level. Rwamagana District recorded the highest proportion in this category at 4%, followed by Bugesera (4%) and Kayonza 3%, while Ngoma and Kirehe recorded the lowest rates (1%)

Additionally, 3% of households in the province cook inside the house without a separate kitchen, compared to 8% at the national level. Bugesera District recorded a noticeably higher prevalence in this category at 7%, followed by Gatsibo (4%) and Rwamagana (3%), whereas Kirehe recorded the lowest rate at 1%.

The findings demonstrate that the vast majority of households in the Eastern Province (over 93%) cook either in a separate building or outdoors, resulting in substantially lower rates of indoor cooking compared to national averages. Although outdoor and separate-building cooking practices mitigate direct indoor air pollution within primary living quarters, Bugesera stands out as having a higher proportion of households cooking indoors without a dedicated kitchen space.

Figure 1.8: Percentage of households by place for cooking in Eastern Province



Source: 2025 RDHS

1.9. Sanitation services

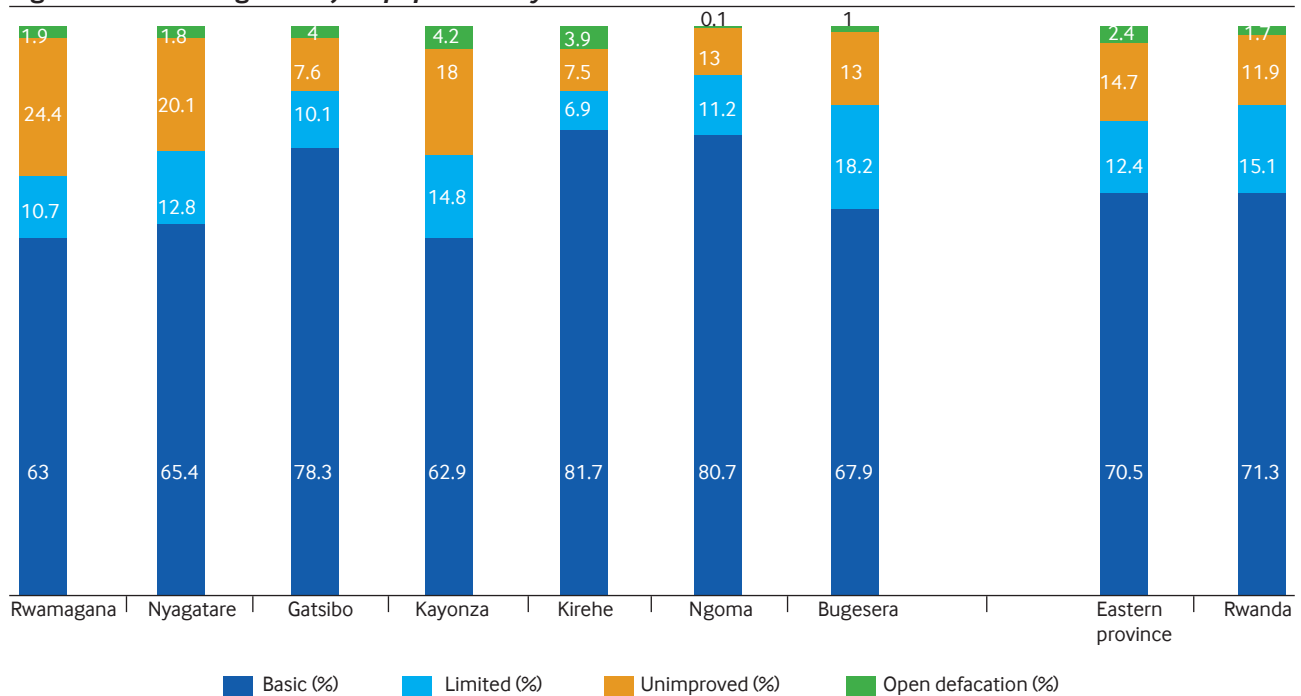
Sanitation service level classifies the de jure population according to the type and level of sanitation service available. The categories include basic sanitation (Use of improved facilities that are not shared with other households), limited sanitation (Use of improved facilities shared by two or more households), unimproved sanitation (Use of pit latrines without a slab or platform, hanging latrines, or bucket latrines), and open defecation (Disposal of human feces in fields, forests, bushes, open bodies of water, beaches, or other open spaces or with solid waste.), allowing the assessment of disparities in access to sanitation services.

Figure 1.9 shows that 71% of the de jure population in the Eastern Province had access to basic sanitation services, compared to 71% at the national level. The province had a lower proportion with limited sanitation services (12%) than the national level (15%), but higher proportions using unimproved services (15%) and practicing open defecation (2%), compared to 12% and 2% nationally, respectively.

At the district level, Kirehe recorded the highest proportion of the de jure population with access to basic sanitation services (82%), followed by Ngoma (81%), while Kayonza and Rwamagana had the lowest (63%). Bugesera recorded the highest proportion with limited sanitation services (18%), while Rwamagana had the highest proportion using unimproved sanitation facilities (24%). Conversely, Kayonza recorded the highest level of open defecation (4%), while Ngoma recorded the lowest (less than 1%).

Overall, sanitation access in the Eastern Province is generally comparable to the national level, although important disparities remain across districts.

Figure 1.9: Percentage of de jure population by sanitation service ladder in Eastern Province



Source: 2025 RDHS

RESPONDENT CHARACTERISTICS

Respondent characteristics provide an overview of the demographic and socioeconomic characteristics of survey respondents in the Eastern Province. This chapter presents the core attributes of residents across the Eastern Province, analyzing patterns in educational attainment, institutional birth registration, social vulnerabilities, including orphanhood, mass media exposure and marital status dynamics. These characteristics provide essential context for interpreting the demographic and health indicators presented in the subsequent chapters and facilitate the identification of disparities across different population groups within the Eastern Province.

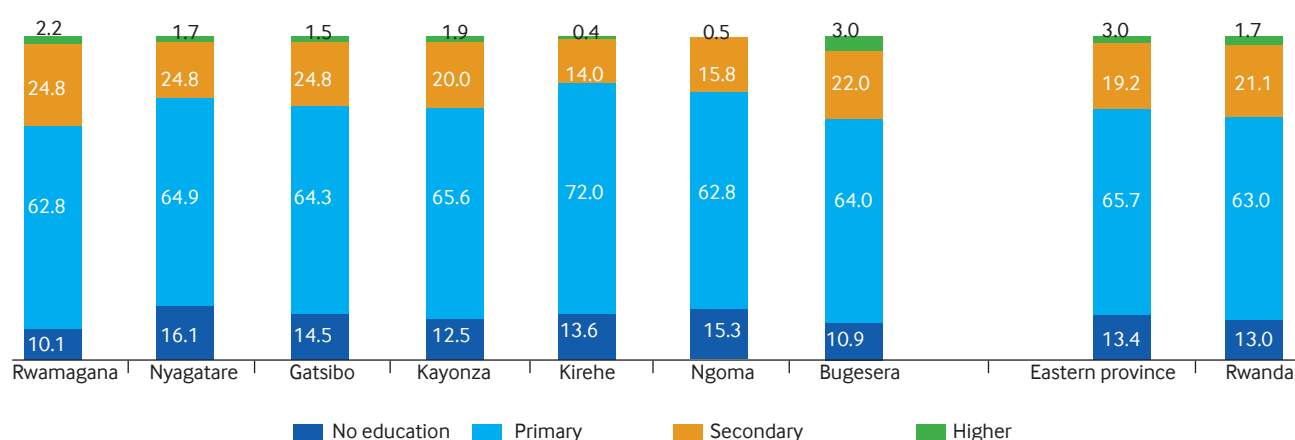
2.1. Education attainment

Figure 2.1a and Figure 2.1b present the distribution of female and male respondents by the highest level of education attained, across districts of the Eastern Province.

The proportion of women who attained primary school is slightly lower than that of men in the Eastern Province (66% and 71%, respectively). At the secondary education level, the corresponding proportions are 19% for women and 17% for men. The proportion of those who attended higher education stands at 2% for women as well as for men. At the district level, the highest attendance in primary education among women is observed in Kirehe and Ngoma districts (72% and 68%, respectively), while in Kirehe district, the attendance among men is 77%. Rwamagana District records the highest secondary school attendance for both women (25%) and men (19%).

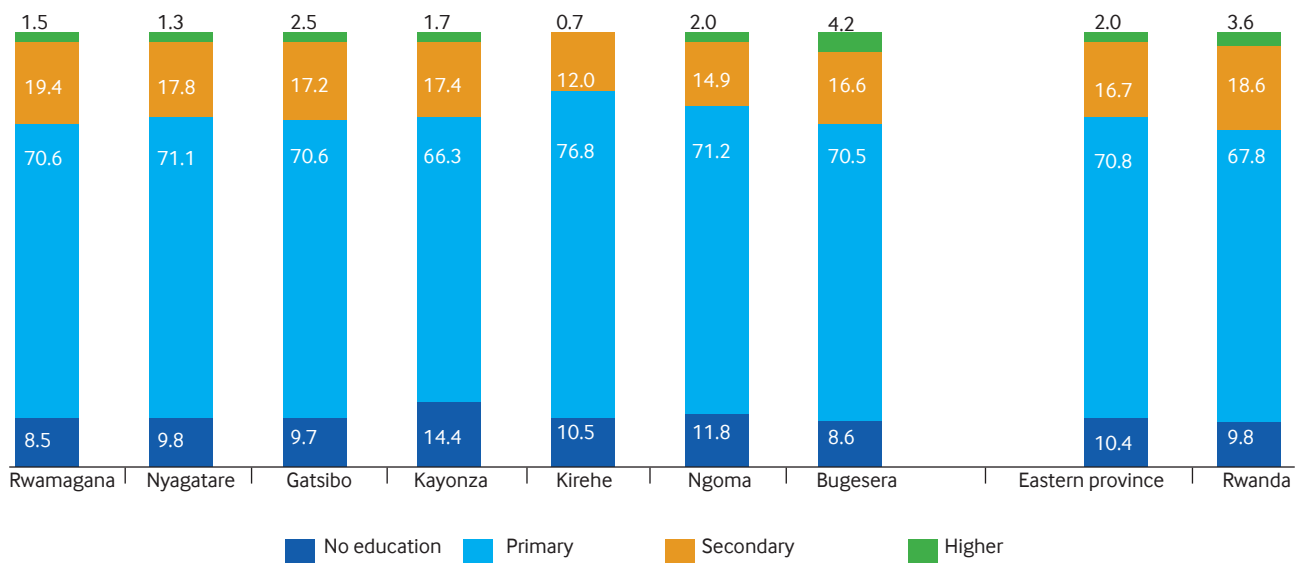
Trends: Compared with the RDHS 2019-20, secondary school attendance in the Eastern Province has remained constant for women at 19%, while for men it increased from 16% to 17%, representing a slight increase of 1%. At the district level, Bugesera had a higher increase in secondary school attendance among females, rising from 17% to 22%, indicating an increase of 5%.

Figure 2.1a: Percentage distribution of the de facto female household population age 6 and over in the Eastern province by the highest education level attained.



Source: 2025 RDHS

Figure 2.1b: Percent distribution of the de facto male household population age 6 and over in the Eastern province by the highest education level attained.



Source: 2025 RDHS

2.2. Literacy

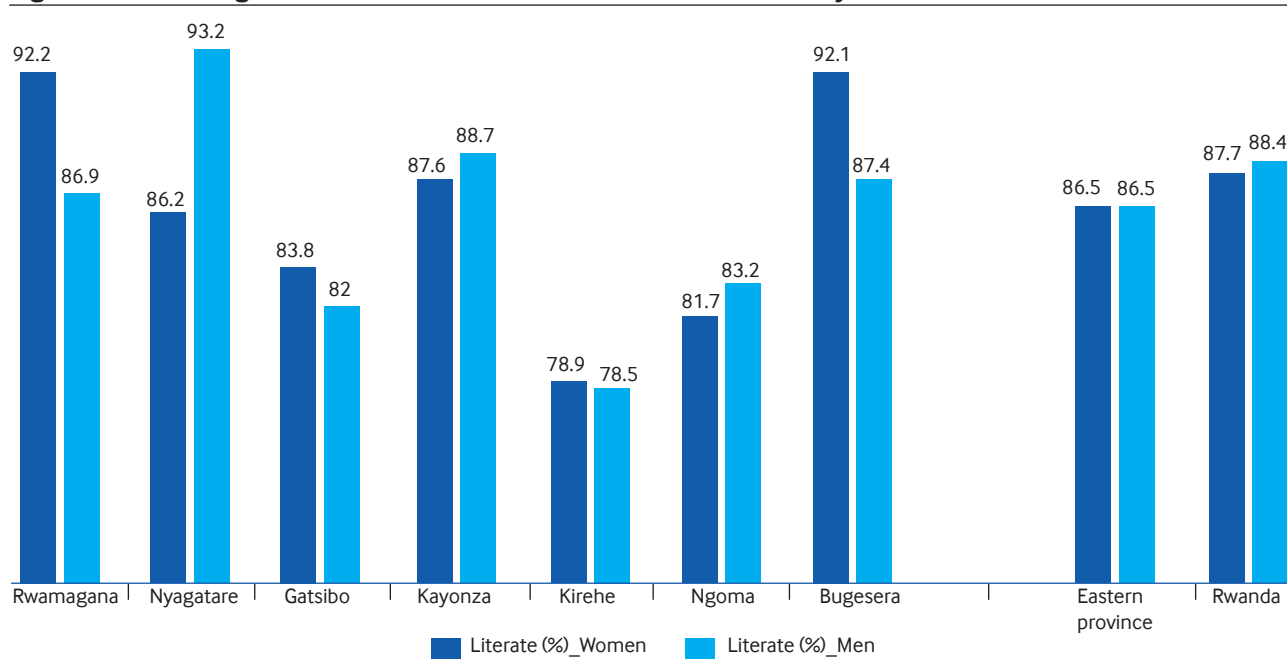
Literacy refers to the percentage of the adult population comprising both women and men who can read and write. This indicator serves as a fundamental measure of basic educational attainment and skill proficiency within a population and is widely recognised as a key benchmark for assessing social and human development.

Figure 2.2 shows literacy rates across the districts of the Eastern Province, alongside the provincial and national levels for comparison. For adult women, the literacy rate in the Eastern Province stands at 87%, slightly below the national level of 88%. At the district level, Rwamagana and Bugesera recorded the highest female literacy rate of 92%, followed by Kayonza at 88%. Conversely, Kirehe recorded the lowest female literacy rate at 79%.

For adult men, the literacy rate in the Eastern Province stands at 87%, compared with the national average of 88%. Nyagatare District recorded the highest male literacy rate at 93%, followed by Kayonza (89%), Bugesera (87%), and Rwamagana (87%). The lowest male literacy rates were observed in Kirehe at 79%.

These findings demonstrate that overall literacy levels in the Eastern Province remain slightly below national averages for both women and men. Notably, gender disparities exist across districts: female literacy is markedly higher than male literacy in Rwamagana (92% vs. 87%) and Bugesera (92% vs. 87%), while male literacy rates substantially exceed female literacy rates in Nyagatare (93% vs. 86%). Kirehe District consistently records the lowest literacy rates for both women and men within the province.

Figure 2.2: Percentage of literate women and men in Eastern Province by district



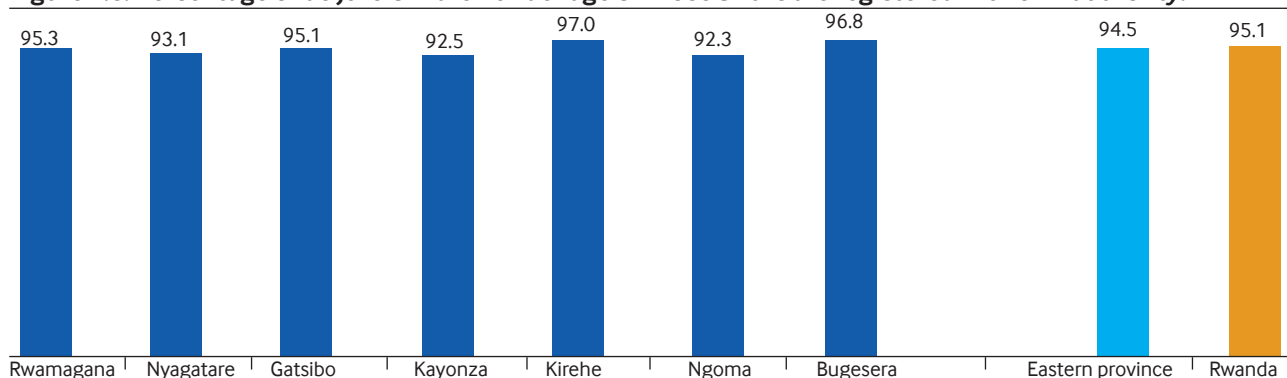
Source: 2025 RDHS

2.3. Birth registration of children under age 5

Registering a birth gives a child a legal name, nationality and family identity, while securing their right to state protection and essential services, including health insurance and safeguards against abuse. Additionally, accurate civil registration serves as a crucial source of socio-demographic statistics for policy planning and research. This survey recorded birth registration and certification data for children aged 0 to 4 years. Figure 2.3 shows that 95 % of children in the Eastern Province have been registered with the civil authorities as well as those at the national level. The Percentage is higher in Kirehe District (97%) and lower in Ngoma District (92%).

Trend: Compared to the RDHS 2019-20, birth registration in civil authorities at the provincial level has increased by 10 percentage points, rising from 84% to 95%. Nyagatare District recorded the highest increase, from 73% to 93%; an increase of 20 percentage points.

Figure 2.3: Percentage of de jure Children under age 5 whose births are registered with civil authority.



Source: 2025 RDHS

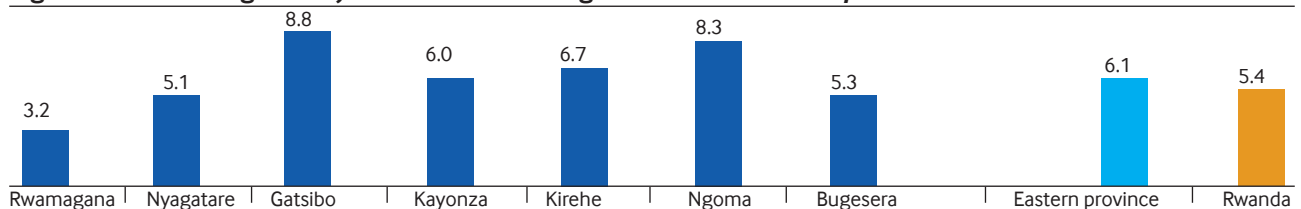
2.4. Children's orphanhood

As the family is the primary safety net for children, any child protection strategy must place a high priority on strengthening the family's capacity to care for its children. It is therefore essential to identify orphaned children to target appropriate interventions.

Overall, 6% of children under 18 in the Eastern Province have lost one or both parents, compared to 5% at the national level. At district level, Gatsibo recorded the highest proportion of orphaned children (those who have lost one or both parents) at 9%, while Rwamagana registered the lowest rate at 3%. In the remaining districts, the percentage varies between 5.1% and 8.3%.

Trends: Compared to the RDHS 2019-20, the proportion of children under 18 years with one or both parents dead has shown a slight change of 0.5 percentage points, moving from 6.6 % to 6.1%. Meanwhile, Rwamagana District registered a decrease from 6% to 3% over the same period.

Figure 2.4: Percentage of de jure children under age 18 with one or both parents dead.



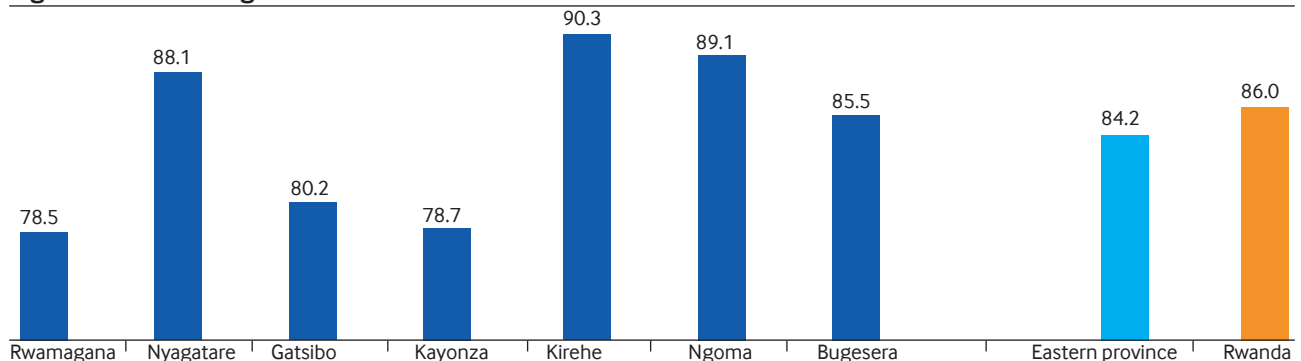
Source: 2025 RDHS

2.5. Health insurance among adult women and men

Information on health insurance coverage was collected during the survey. The Percentage of household members with health insurance coverage is shown in Figure 2.5. In the Eastern Province, 84% of the population is covered by any form of health insurance, compared to 86% at the national level. This proportion is higher among respondents in Kirehe District (90%) and lower in Rwamagana and Kayanza Districts (79%). The remaining districts vary between 80% and 89%.

Trends: Compared to the RDHS 2019-20, the proportion of household members covered by health insurance has increased by 1 percentage point at the provincial level, rising from 83% to 84%. However, Gatsibo District recorded a decline from 88% to 80% over the same period.

Figure 2.5: Percentage of household members with Health insurance.



Source: 2025 RDHS

2.6. Current marital status

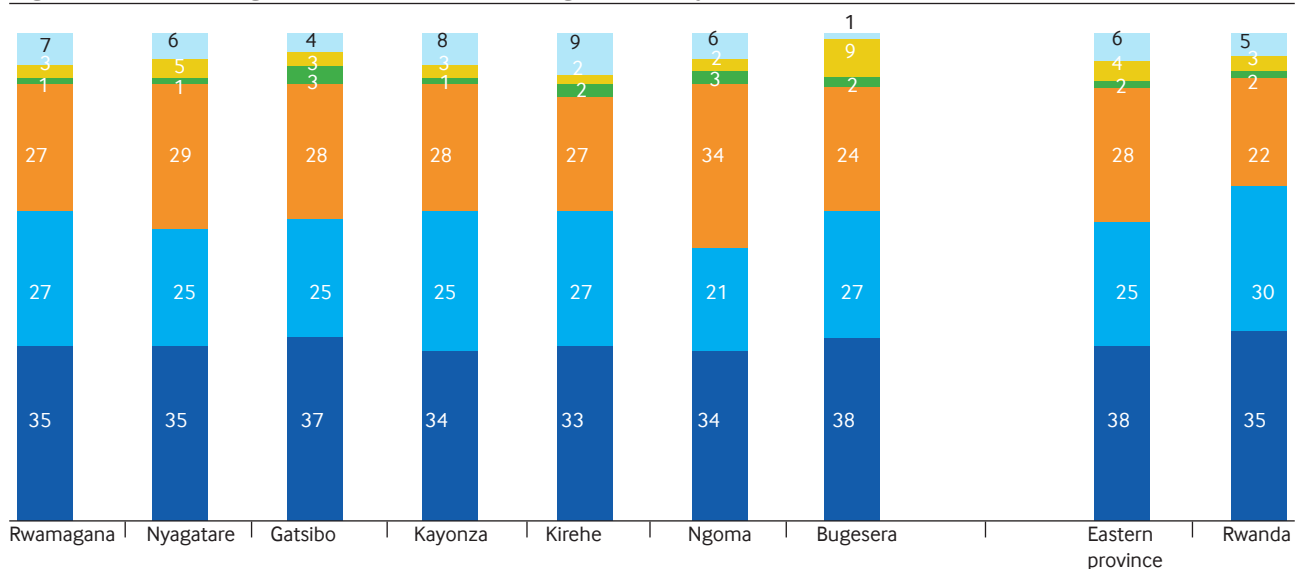
In Figures 2.6a and 2.6b, the term “married” refers to men and women who are legally married, while “living together” refers to couples in informal cohabiting unions. People are classified as never married if they have neither been married nor lived with a partner as if married. The category “ever married” includes people who are currently married, as well as those who have lived with a partner, namely, the widowed, separated or divorced.

Figures 2.6a and 2.6b show the distribution of women and men aged 15-49 by marital status in the Eastern Province. Overall, 36% of women in this age group have never been married, compared to 47% of men. Among women, the proportion of women aged 15-49 who have never been married is highest in Bugesera District (38%) and lowest in Kirehe, Ngoma and Kayonza Districts (34%).

Among men, corresponding figures range from 53% in Kayonza District to 38% in Rwamagana District. Overall, 53% of women interviewed in the Eastern Province were in a union (married or living together) compared to 52% at the national level. This proportion is highest in Ngoma District (55%) and lowest in Bugesera District (51%). In the Eastern Province, 2% of women were widowed, 4% divorced, and 6% separated.

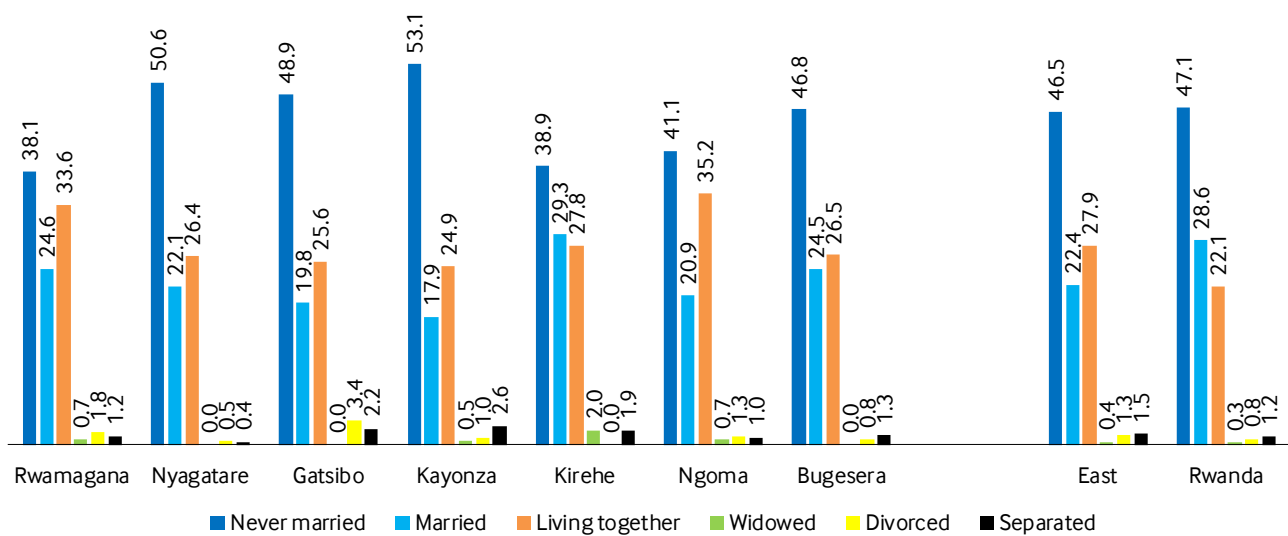
Trends: The percentage of women who have never been married decreased from 39% in the RDHS 2019-20 to 36%, while the percentage of men in the same category increased from 43% to 47% in the current survey. Ngoma District recorded the highest decrease in never-married people, with the proportion among women falling from 54% to 41% and among men from 51% to 41% over the same period.

Figure 2.6a: Percentage distribution of women aged 15-49 by current marital status



Source: 2025 RDHS

Figure 2.6b: Percentage distribution of men aged 15-49 by current marital status.



Source: 2025 RDHS

2.7. Exposure to mass media

Data on the exposure of women and men to mass media are especially important to the development of educational programs and for the dissemination of all types of information, particularly information about health and family planning. Figures 2.7a and 2.7b present data on this exposure covering both print and broadcast media. It should be noted at the outset that household ownership of a radio, television, or newspaper subscription is not a prerequisite for media access, as many people listen to the radio or watch television at the homes of friends or neighbors.

Figures 2.7a and 2.7b show that, at the provincial level, radio is the most common form of media exposure: 55% of women and 76% of men report listening to the radio at least once a week. At the district level, this proportion is higher among women in Rwamagana District (66%) and lowest in Kirehe District (48%). Among men, radio listenership is highest in Kirehe and Kayanza Districts (82% each) and lowest in Ngoma District (69%). Television viewership is more frequent among men watch than among women: 16% of women and 28% of men report watching television at least once a week in the Eastern Province.

Only 10 % of women report reading a newspaper at least once a week, compared to 15 % of men. The proportions of women and men exposed to any form of media across all districts of the Eastern Province follow almost the same pattern.

Trends: Exposure to mass media among women in the Eastern Province has generally decreased across all three media types compared to RDHS 2019-20. Among men, radio exposure has remained persistent, while the other two media types have shown a slight decrease.

Figure 2.7a: Percentage of women aged 15-49 who are exposed to specific media weekly

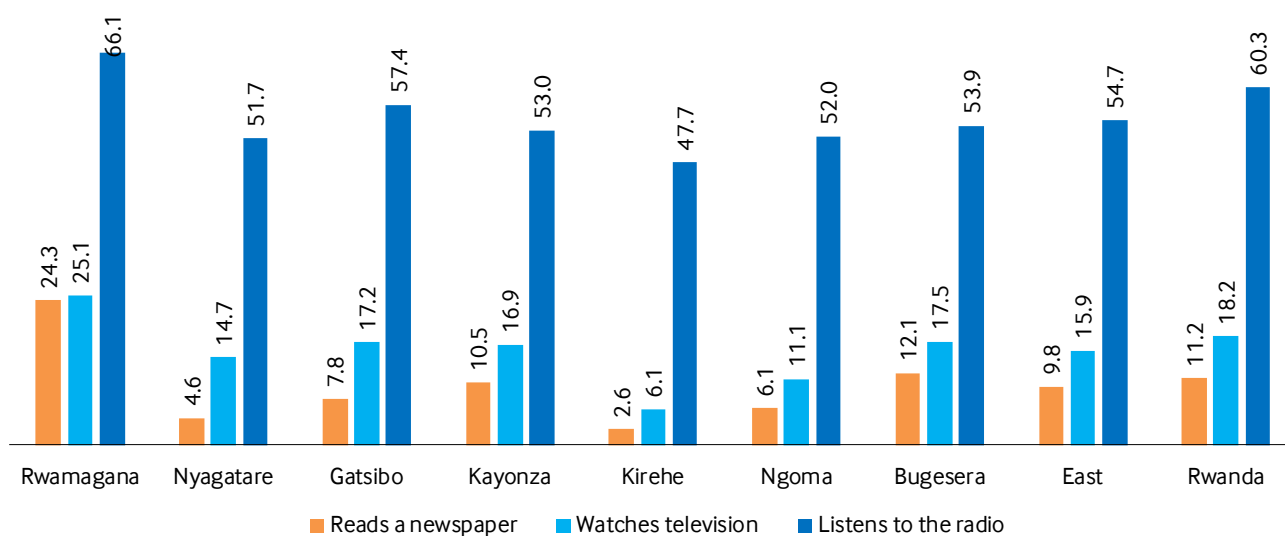
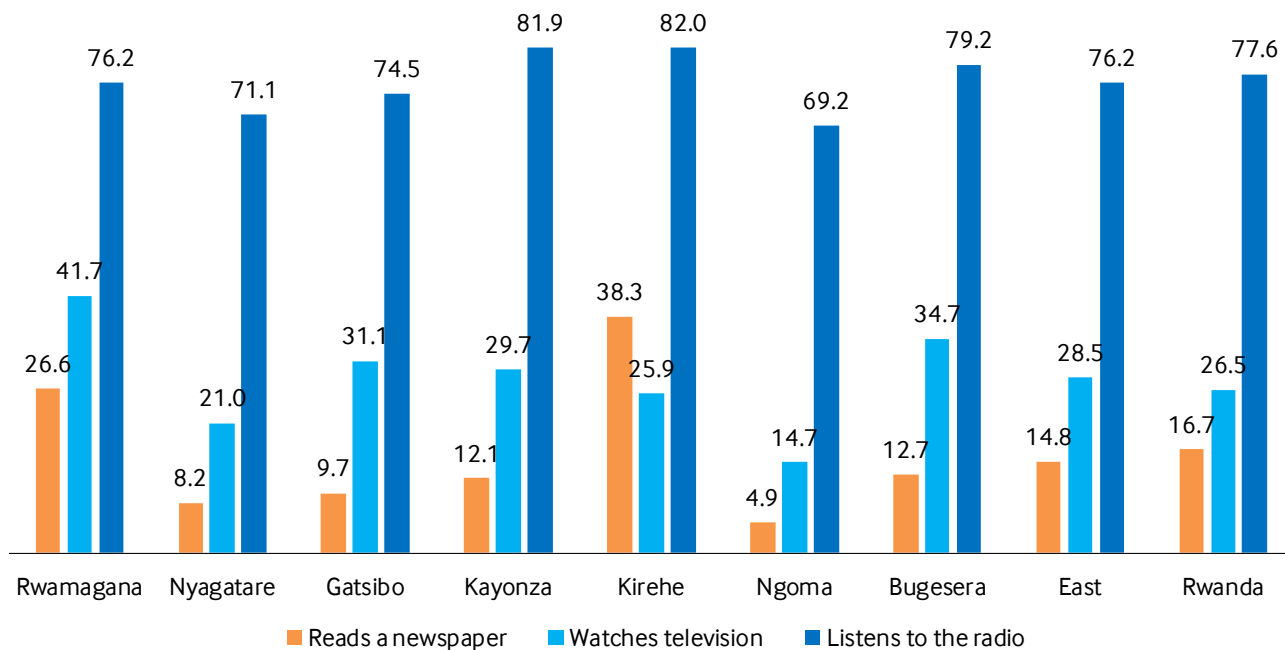


Figure 2.7b: Percentage of men aged 15-49 who are exposed to specific media every week.



Source: 2025RDHS



2.8. Internet use frequency

Internet use frequency measures the proportion of women and men who used the internet in the 12 months preceding the survey, and how often they accessed it, categorised as almost every day, at least once a week, less than once a week, or not at all. This indicator serves as a reflection of both digital connectivity and the regularity of digital engagement among adults.

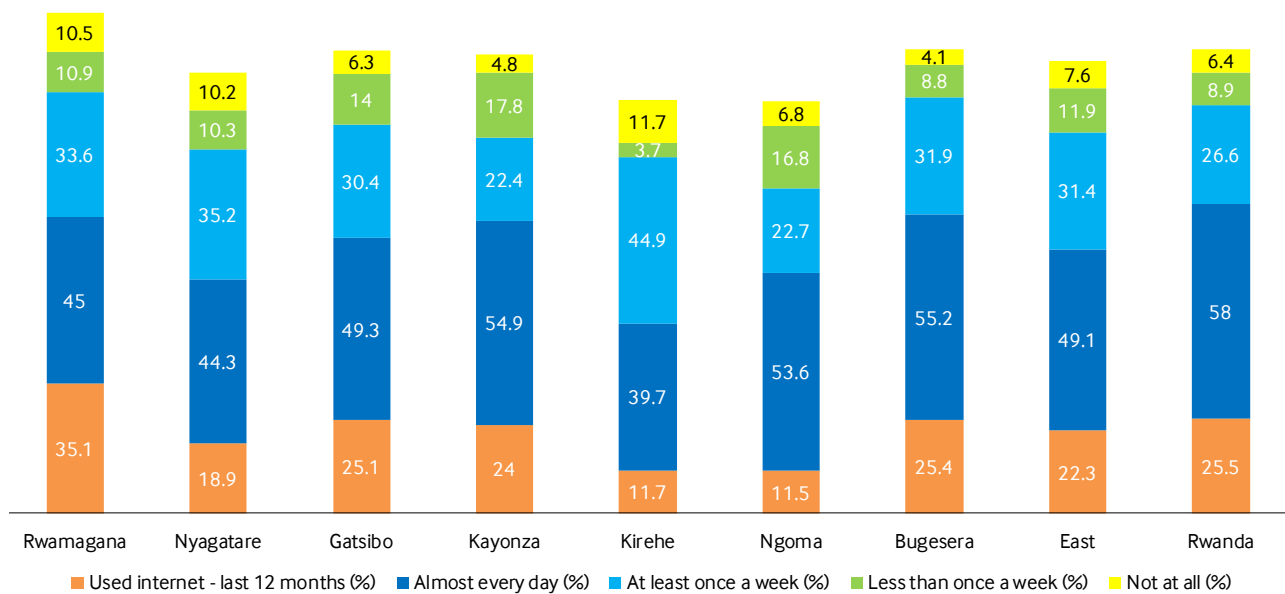
Figure 2.8a shows internet use and frequency of use among women aged 15-49 across districts in the Eastern Province. Overall, 22% of women in the Eastern Province used the internet in the last 12 months, compared to the national average of 26%. Rwamagana District recorded the highest proportion of women using the internet at 35%, followed by Bugesera (25%), Gatsibo (25%), and Kayonza (24%). In contrast, Ngoma (12%) and Kirehe (12%) recorded the lowest rates of internet use. Among women in the Eastern Province who used the internet, 49% accessed it almost every day (compared to 58.0% nationally), while 31% used it at least once a week, 12% less than once a week, and 8% not at all in the recent period. Daily use among female internet users was highest in Bugesera District (55%) and Kayonza District (55%), and lowest in Kirehe District (40%).

Figure 2.8b presents internet use and frequency of use among men aged 15-49. In the Eastern Province, 30% of men used the internet in the last 12 months preceding the survey, which is lower than the national figure of 35%. Bugesera District recorded the highest internet usage among men at 48%, followed by Rwamagana (37%), Ngoma (30%), and Kayonza (29%), whereas Nyagatare District (20%) and Kirehe District (23%) reported the lowest usage. Among male internet users in the province, 53% used the internet almost every day (compared to 58% nationally), 31% accessed it at least once a week, 7% less than once a week, and 8% not at all. Kirehe District exhibited the highest proportion of daily internet users among men at 86%, followed by Rwamagana District (61%) and Bugesera (61%), while Ngoma District recorded the lowest daily use rate at 26%.

The findings indicate that both internet access and frequency of use in the Eastern Province remain below national averages for both women and men. Overall, internet usage is higher among men than women across most districts. Bugesera and Rwamagana districts consistently demonstrate higher connectivity levels for both sexes, while Kirehe and Ngoma show lower overall access, despite distinct frequency patterns among active users.

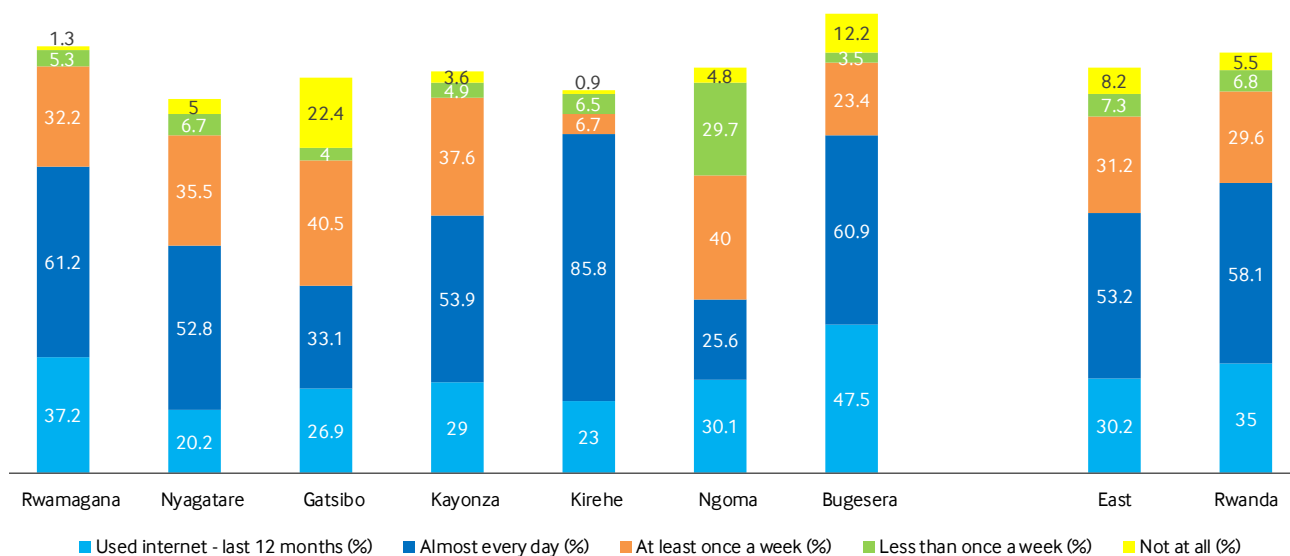


Figure 2.8a: Internet use and frequency of use among women 15-49 in Eastern Province by district



Source: 2025 RDHS

Figure 2.8b: Internet use and frequency of use among men 15-49 in Eastern Province by district



Source: 2025 RDHS

2.9. Alcohol consumption among adult women and men

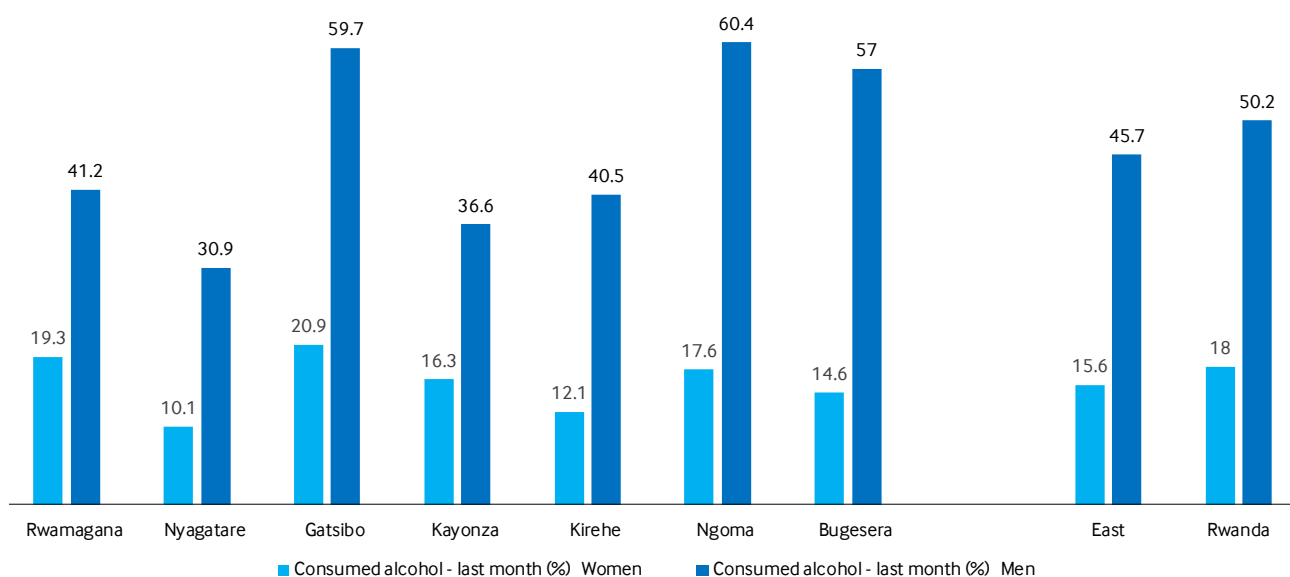
Alcohol consumption refers to the proportion of women and men aged 15-49 who consume alcohol. This indicator measures health-related behaviors and lifestyle practices, offering insight into public health trends and risk factors across regions.

Figure 2.9 shows that 16% of women aged 15-49 in the Eastern Province consume alcohol, which is lower than the national level of 18%. Across districts in the province, Gatsibo recorded the highest proportion of women consuming alcohol at 21%, followed by Rwamagana (19%), Ngoma (18%), and Kayonza (16%). Conversely, Nyagatare District recorded the lowest proportion at 10%, followed by Kirehe (12%) and Bugesera (15%).

For men aged 15-49, 46% in the Eastern Province consume alcohol, compared to the national average of 50%. Ngoma and Gatsibo Districts recorded the highest proportion at 60%, followed by Bugesera at 57%. In contrast, Nyagatare District recorded the lowest proportion at 31%, followed by Kayonza (37%), Kirehe and Rwamagana (41%).

The results indicate that alcohol consumption in the Eastern Province remains below national averages for both women and men. However, significant gender differences and intra-provincial variations are evident: Men consume alcohol at substantially higher rates than women across all districts, with male consumption reaching nearly double or triple female rates. Additionally, districts such as Ngoma and Gatsibo show markedly higher overall consumption levels than Nyagatare, which consistently reports the lowest prevalence for both sexes.

Figure 2.9: Percentage of women and men 15-49 who consumed alcohol in Eastern Province by district



Source: 2025 RDHS

FERTILITY DETERMINANTS AND FERTILITY RATES

Fertility refers to women's actual childbearing performance, usually measured by the number of live births during the reproductive period. Fertility rates serve as indicators of the level and patterns of childbearing, while fertility determinants encompass the demographic, socioeconomic, biological, and behavioral factors that influence fertility levels, including age at first marriage, education, contraceptive use, and place of residence. This chapter analyzes fertility determinants such as age at first birth and age at first marriage, as well as fertility rates, based on data gathered in the 2025 RDHS.

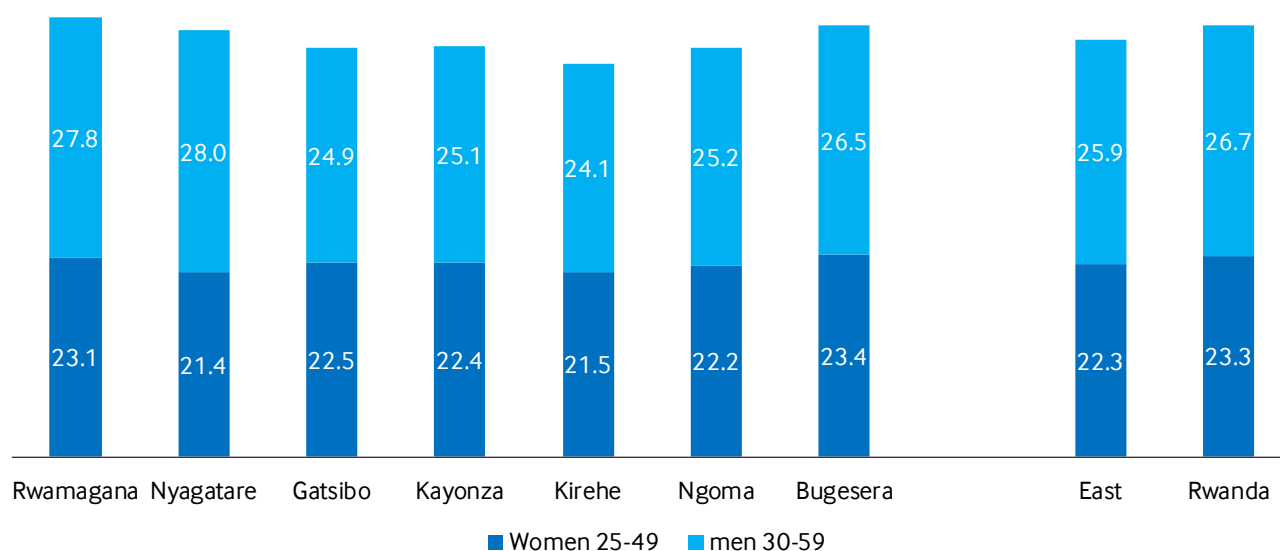
3.1. Median age at first marriage

Figure 3.1 shows the median age at first union among women aged 25-49 and men aged 30-59. In the Eastern Province, the median age at first marriage is 22 years for women and 26 years for men, compared to 23 years for women and 27 years men at the national level.

The data show variations by district. Among women, variations are not pronounced: Nyagatare District records the earliest age at first union at 21 years, while in other districts it ranges between 22 and 23 years. Among men, Nyagatare District reports the latest at 28 years, while Kirehe District records the earliest at 24 years.

Trends: Compared to the RDHS 2019-20, the median age at first marriage for both men and women remained almost stable in the 2025 RDHS.

Figure 3.1: Median age at first marriage for women aged 25-49 and men aged 30-59.



Source: 2025 RDHS

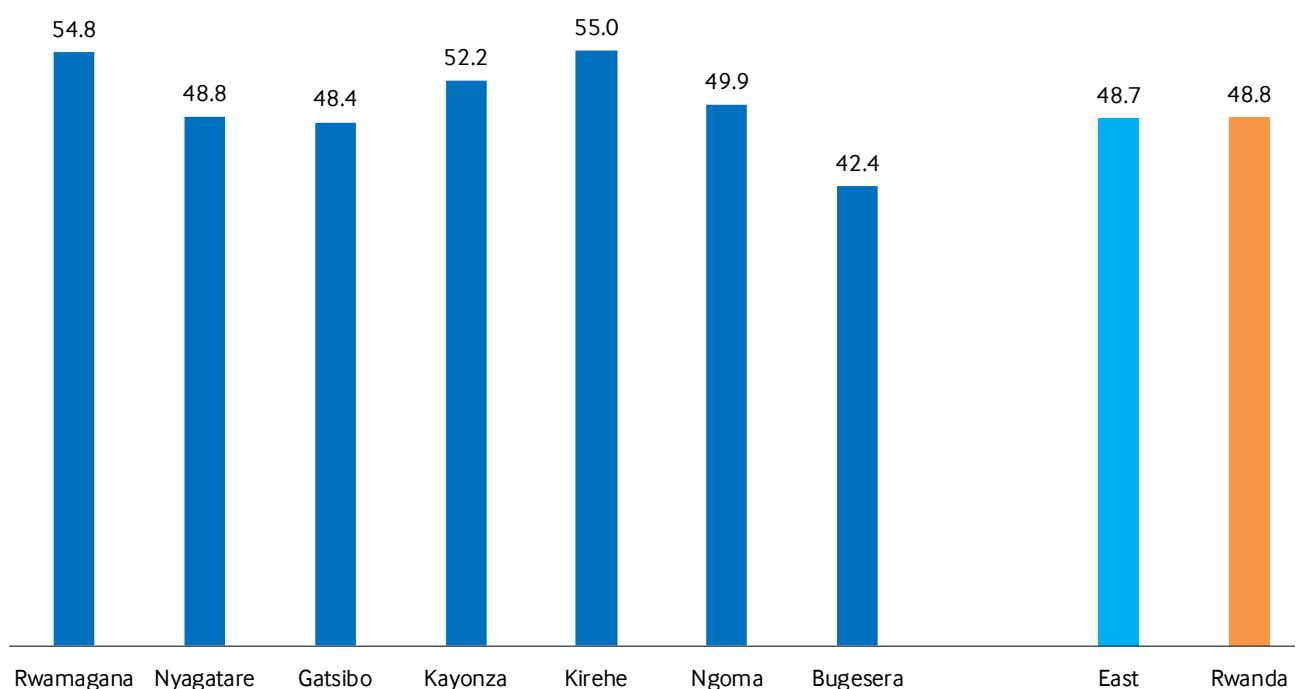
3.2. Birth intervals

Birth intervals, defined as 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 the design of reproductive health programs. Short birth intervals, particularly those of less than 24 months, place newborns and their mothers at increased health risk.

In the Eastern Province, the median birth interval is 48.7 months, compared to 48.8 months at the national level. By district, the birth interval varies from 55 months in Kirehe District to 42 months in Bugesera District.

Trends: Compared to RDHS 2019-20, there has been a significant change in the birth interval in the Eastern Province, increasing from 41.7 months to 48.7 months. In Kirehe District specifically, the interval has increased from 42 months to 55 months over the same period.

Figure 3.2: Median number of months since preceding birth (birth interval)



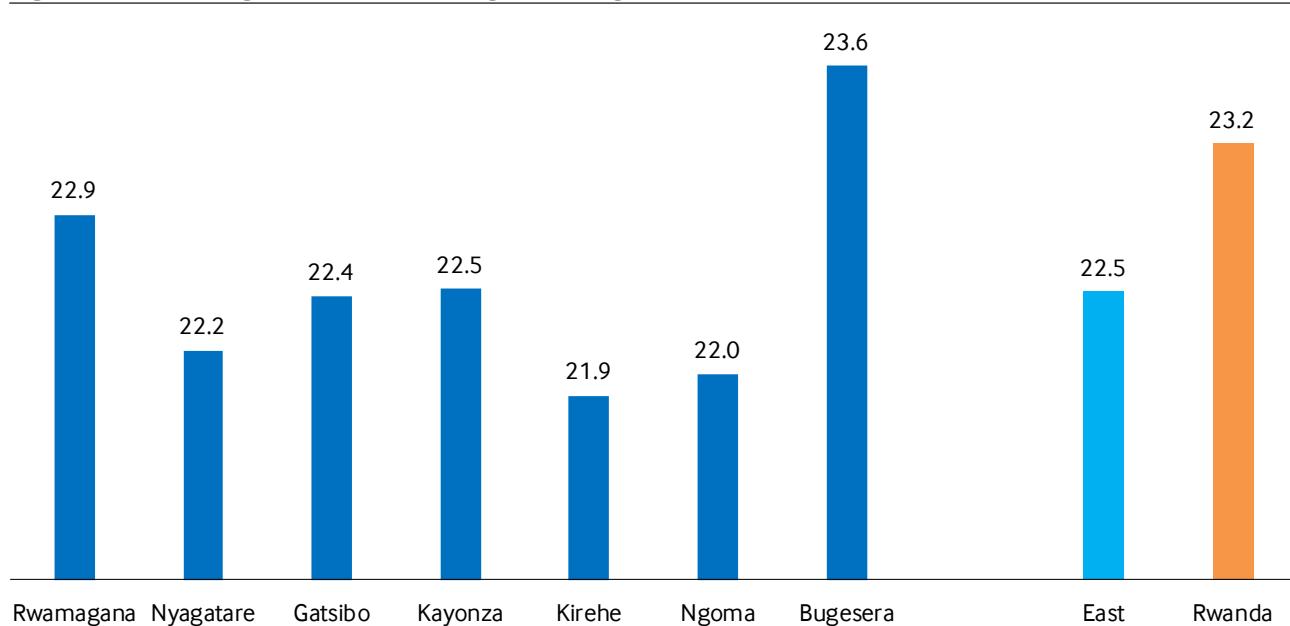
Source: 2025 RDHS

3.3. Median age at first birth

Figure 3.3 below shows the median age at first birth among women aged 25-49, disaggregated by district. In the Eastern Province, the median age at first birth is 22.5 years, compared to 23.2 years at the national level. At the district level, the highest median age at first birth is 23.6 years, recorded in Bugesera District, while the remaining districts show little variation, with values ranging between 22.9 years and 21.9 years.

Trend: The median age at first birth has remained largely unchanged since the RDHS 2019-20, when it stood at 22.3 years, compared to the current figure of 22.5 years. This stability is observed consistently across districts.

Figure 3.3: Median age at first birth among women aged 25-49.



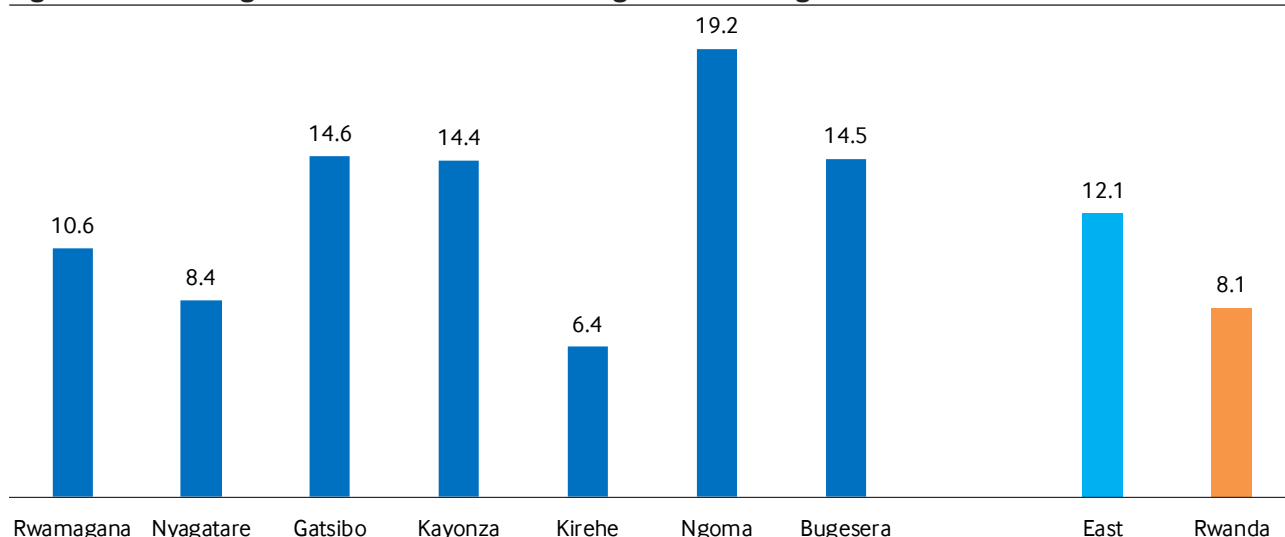
Source: 2025 RDHS

3.4. Teenage pregnancy and motherhood

Figure 3.4 shows the percentage of young women aged 15-19 who have begun childbearing during their teenage years. In the Eastern Province, 12% of women in this age group have already begun childbearing, compared to 8% at the national level. At the district level, the percentage of women aged 15-19 who have begun childbearing varies from 6% in Kirehe District to 19% in Ngoma District.

Trends: At the province level, the percentage of young women aged 15-19 who have begun childbearing in their teenage years have doubled from 6% to 12%. Ngoma District is an exception as it increased from 3% to 19% between the RDHS 2019-20 and the RDHS 2025, whereas Kirehe District remained stable at 6% over the same period.

Figure 3.4: Percentage of women 15-19 who have begun childbearing.



Source: 2025 RDHS

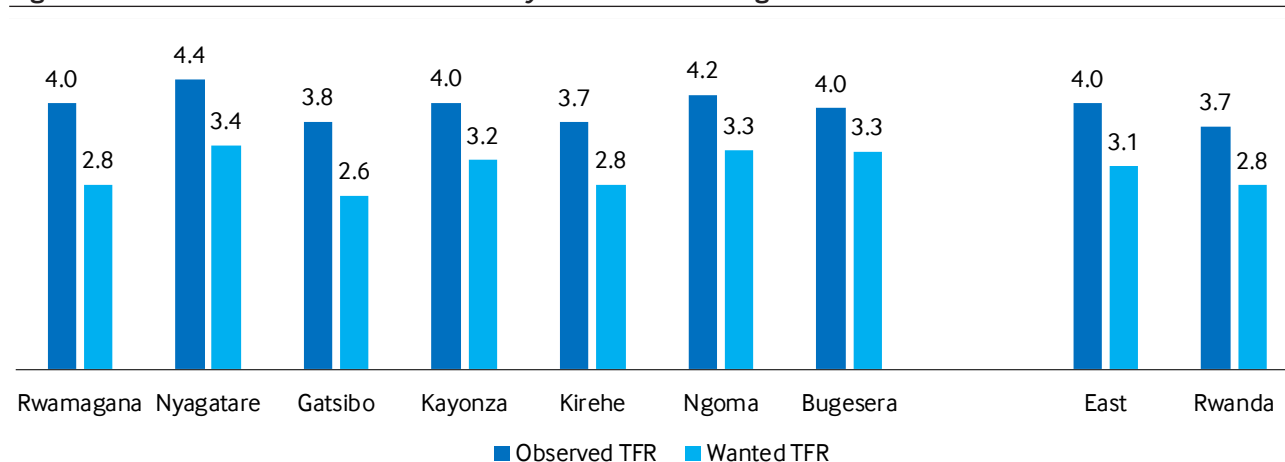
3.5. Wanted and Total fertility rate

Figure 3.5 compares the total wanted fertility rate (TWFR) with the current total fertility rate (TFR) for the five years preceding the survey. The TWFR is calculated in the same manner as the TFR, except those unwanted births are excluded. In the Eastern Province, the TWFR for women aged 15-49 is 3.1 children, compared to 2.8 children at the national level.

At the Provincial level, the TFR is 4.0, compared to 3.7 at the national level. Among districts, the TFR is lowest in Kirehe District (3.7) and highest in Nyagatare District (4.4). Considering the gap between the wanted fertility rate and the TFR, there is a difference of 0.9 children in the Eastern Province. At the district level, the highest gap is observed in Rwamagana District (1.2) and the lowest in Bugesera District (0.7).

Trends: Compared to the RDHS 2019-20, there has been no significant change in either the wanted fertility rate or the total fertility rates. TWFR has remained stable, while the observed TFR has decreased from 4.2 to 4.0.

Figure 3.5: Wanted and observed total fertility rates for women aged 15-49



Source: 2025 RDHS

Family planning refers to the ability of individuals and couples to anticipate their desired number of children, as well as the spacing and timing of births, through the use of contraceptive methods and informed reproductive health choices. This section presents information on the prevalence of current contraceptive use among women aged 15-49 at the time of the survey. The level of current contraceptive use is one of the indicators most frequently used to assess the success of family planning program activities and is also a key determinant of fertility. This section focuses on family planning levels in the Eastern Province in comparison with the national figures.

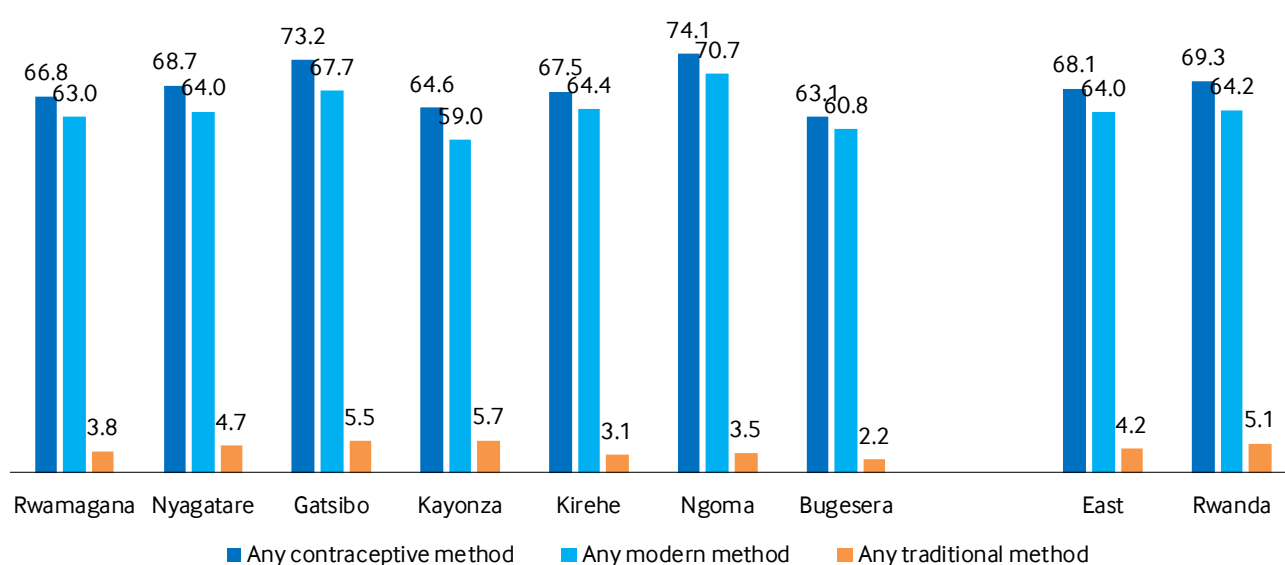
4.1. Current use of contraception

Current use of contraception refers to the proportion of women aged 15-49 who are currently using a contraceptive method. The indicator provides information on the prevalence of contraceptive use and distinguishes between modern and traditional methods, where applicable.

Figure 4.1 shows that 68% of married women aged 15-49 in the Eastern Province are currently using a family planning method; among them, 64% use a modern method, and 4% use a traditional method. These figures are relatively similar at the national level. The prevalence of current contraceptive use among women is highest in Ngoma District (74%) and lowest in Bugesera District (63%), with the majority of women using modern methods and only a minority relying on traditional methods.

Trends: The percentage of married women aged 15-49 in the Eastern Province using any contraceptive method has increased from 66% in the RDHS 2019-20 to 68% in the RDHS 2025. This upward trend is observed across all districts, with Rwamagana District recording a particularly notable increase from 60% to 67%.

Figure 4.1: Percentage of married women aged 15-49, currently using contraception.



Source: 2025 RDHS

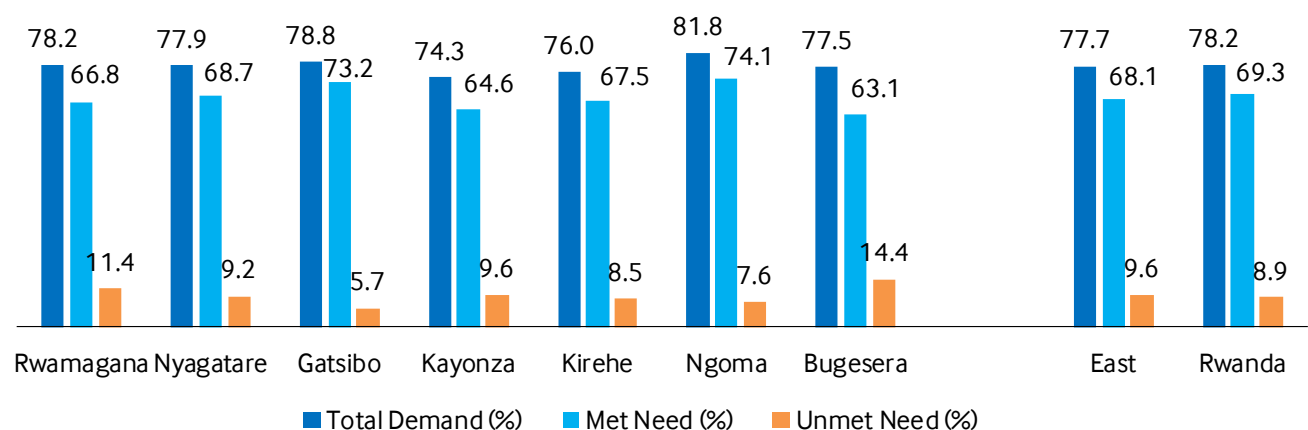
4.2. Demand for family planning

Demand for family planning refers to the need for contraception among women aged 15-49, including both women who have an unmet need and those whose need is met through current contraceptive use. This indicator also measures the proportion of total demand that is satisfied, including demand satisfied by modern contraceptive methods. The 2025 RDHS reports these measures together to assess the extent to which women's family planning needs are being addressed.

Figure 4.2 below shows that the total demand for family planning among all women in the Eastern Province (78%) is relatively similar to the national level (78%). At the district level, the total demand for family planning is highest in Ngoma District (82%) and lowest in Kayonza District (74%) among all women.

Trends: The total demand for family planning among currently married women in the Eastern Province decreased from 79% in the RDHS 2019-20 to 78% in the 2025 RDHS. It increased significantly in Rwamagana District, rising from 73% to 78%. In other districts, the proportion decreased, with the exception Gatsibo, which remained relatively stable and Kayonza, which decreased from 80% to 74%.

Figure 4.2: Percentage of Total demand for family planning among currently married women aged 15-49.



Source: 2025 RDHS

4.3. Demand for family planning satisfied

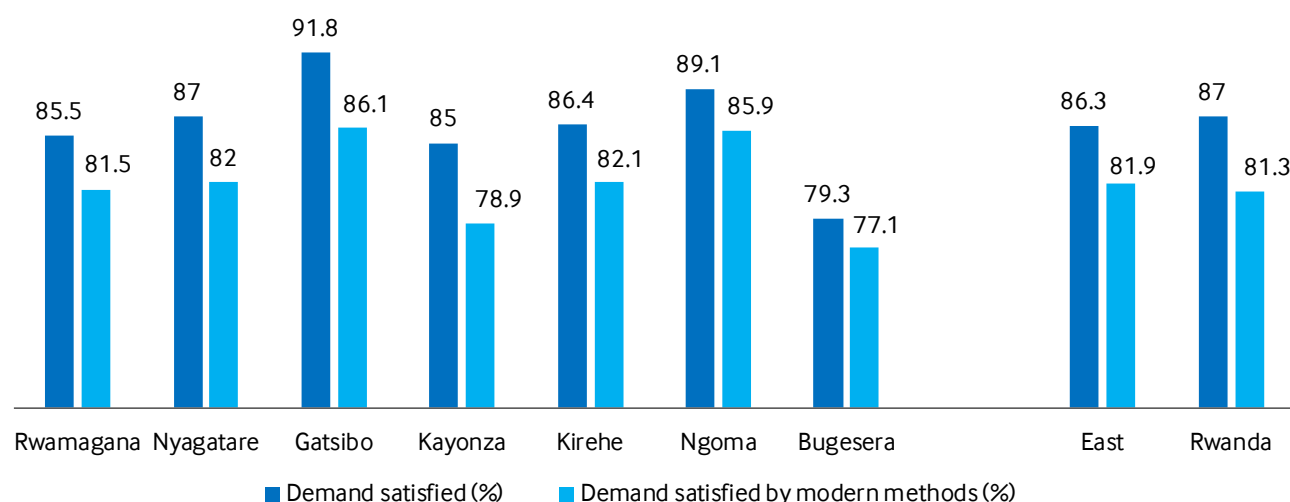
Demand for family planning satisfied measures the proportion of women with a need for family planning whose need is being met through contraceptive use. The indicator also distinguishes demand satisfied by modern methods, thereby providing an assessment of the extent to which women's family planning needs are being addressed through modern contraceptive methods.

Figure 4.3 shows that 86% of the total demand for family planning among women aged 15-49 in the Eastern Province was satisfied, compared with 87% nationally. Demand satisfied by modern methods was 82% in this province, slightly above the national level of 81%.

At district level, Gatsibo recorded the highest proportion of total demand satisfied (92%), while Bugesera recorded the lowest (79%). Similarly, Gatsibo and Ngoma had the highest proportion of demand satisfied by modern methods (86%), whereas Bugesera District had the lowest (77%).

Overall, the proportion of demand satisfied in the Eastern Province was slightly below the national level, while demand satisfied by modern methods was slightly higher than the national figure.

Figure 4.3: Percentage of women aged 15-49 with demand for family planning satisfied, Eastern Province



Source: 2025 RDHS

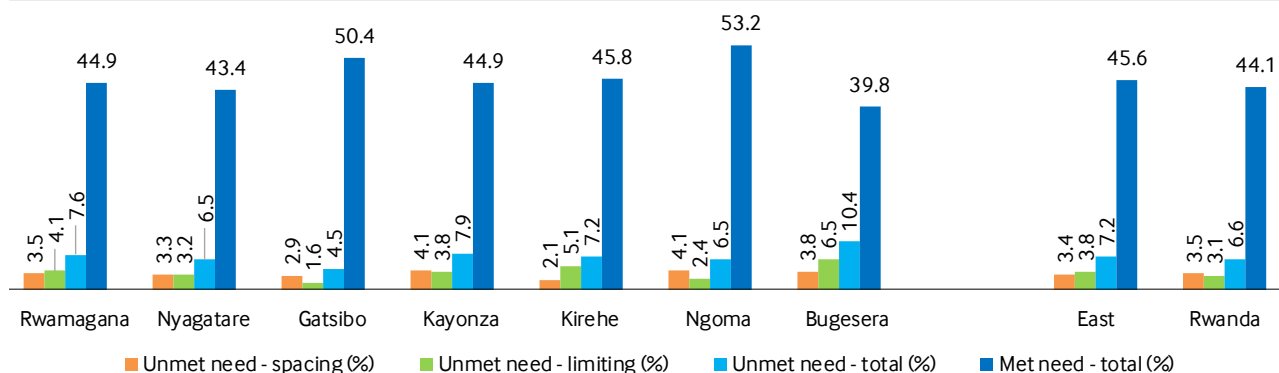
4.4. Unmet and met need for family planning

Unmet need for family planning refers to women who wish to delay or stop childbearing but are not currently using a contraceptive method. Met need refers to women whose need for family planning is being met through contraceptive use. Unmet need is further classified according to whether the intention is to space or to limit future births.

Figure 4.4 shows that 7.2% of women aged 15-49 in the Eastern Province had an unmet need for family planning, compared with 6.6 % nationally. The proportion with met need was 46% in the Eastern Province, compared with 44% at the national level. At the district level, Bugesera District recorded the highest total unmet need (10%), while Gatsibo had the lowest (5%). Ngoma recorded the highest met need (53%), whereas Bugesera had the lowest (40%).

Overall, the Eastern Province had a slightly higher unmet need and a higher met need for family planning compared to the national level, with notable variation across districts.

Figure 4.4: Percentage of women aged 15-49 with unmet and met need for family planning, Eastern Province



Source: 2025 RDHS

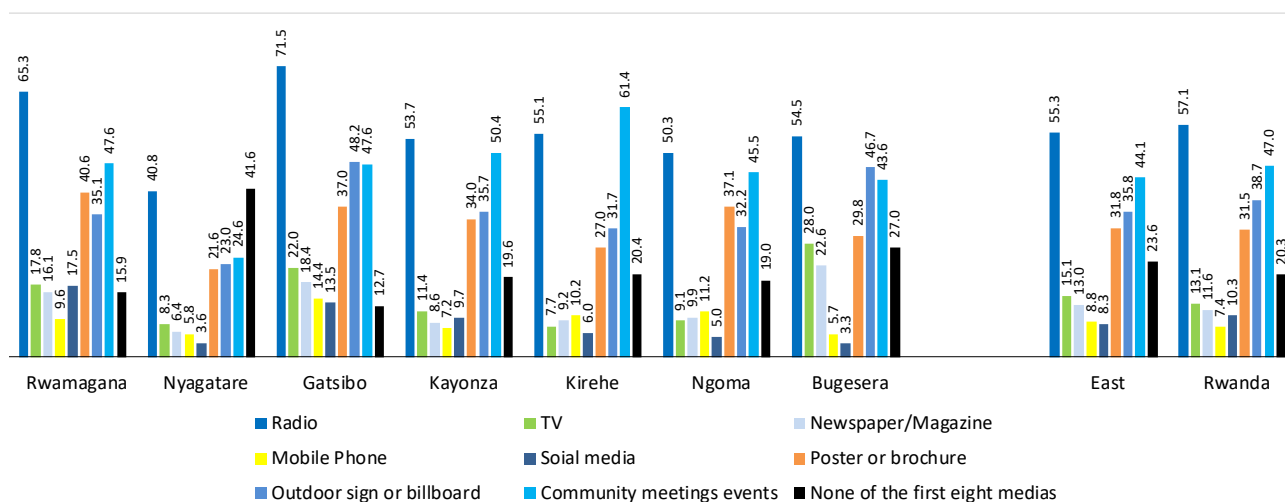
4.5. Exposure to family planning messages

Exposure to family planning (FP) messages across various media channels is a key determinant of both knowledge and utilization of contraceptive methods. During the survey, respondents were asked to indicate whether they had heard or seen any family planning message in the months preceding the survey through any of the following eight specific communication channels: Radio, television, newspapers or magazines, mobile phones, social media platforms, posters or brochures, outdoor signage or billboards, and community meetings or events.

Figure 4.5a shows that radio was the most common cited source of family planning messages among women aged 15-49 in the Eastern Province, reaching 55% of women, a figure comparable to the national level of 57%. Exposure via radio was highest in Gatsibo District (72%) and Rwamagana District (65%), and lowest in Nyagatare District (41%). Community meetings and events constituted the second most common channel, reaching 44% of women in the province, with particularly high exposure observed in Kirehe District (61%) and Kayonza District (50%).

Exposure to family planning messages via television remained low across all districts, ranging from 8% in Nyagatare District to 28% in Bugesera District. Similarly, exposure through mobile phones and social media platforms was limited across the province, not exceeding 14% and 18%, respectively, in any district. Overall, 24% of women in the Eastern Province reported having received no exposure to any family planning message through the eight media channels assessed, a proportion slightly above the national level of 20%. This proportion was highest in Nyagatare District (42%) and Bugesera District (27%), with the former reflecting comparatively low exposure across nearly all channels.

Figure 4.5a: Percentage of women aged 15-49 who heard or saw family planning messages by type of channel.



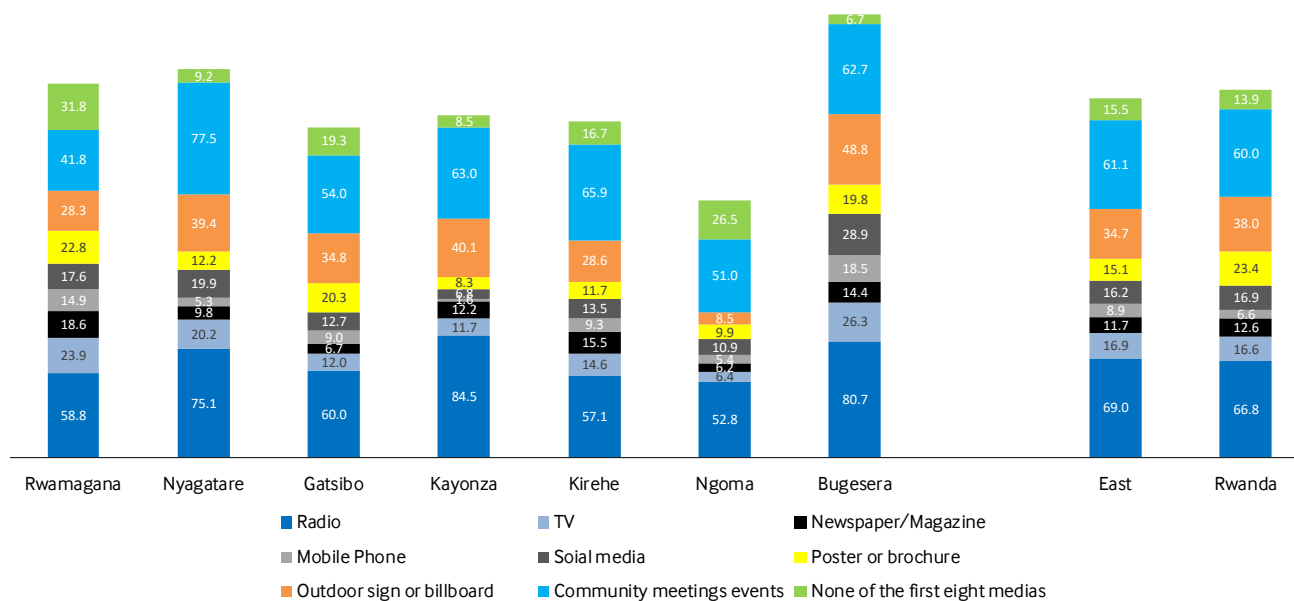
Source: 2025 RDHS

Figure 4.5b presents the same indicators for men aged 15-49. Radio exposure among men in the Eastern Province (69%) exceeded that observed among women (55%), with the highest levels recorded in Kayonza District (84%) and Bugesera District (81%). Community meetings and events also reached a considerably larger proportion of men (61%) than women (44%) at the provincial level.

This gender gap was most pronounced in Nyagatare District, where 78% of men compared with 25% of women reported exposure through this channel.

As observed among women, exposure through television, newspapers, and mobile phones remained comparatively low among men. However, social media exposure was notably higher among men (16%) than among women (8%) at the provincial level. The proportion of men in the Eastern Province who reported no exposure to family planning messages through any of the eight media channels (15%) was considerably lower than the corresponding proportion for women (24%), indicating that men are reached more effectively than women through most family planning communication channels. Exposure gaps were least pronounced in Bugesera District, where only 7% of men reported no exposure to any media, the lowest recorded across all districts for both sex.

b: Percentage of men aged 15-49 who heard or saw family planning messages by type of channel.



Source: 2025 RDHS

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. Key maternal health indicators assess both the utilization and quality of essential health services, including antenatal care, neonatal tetanus protection, skilled attendance at delivery, place of delivery, and postnatal checkup for mothers and newborns. These indicators are critical for monitoring maternal health outcomes and evaluating access to quality maternal health services.

This chapter presents maternal health indicators for women who had a live birth during the reference period. It covers the indicators mentioned above to inform the monitoring of progress and guide the development of policies and interventions aimed at improving access to quality maternal health services.

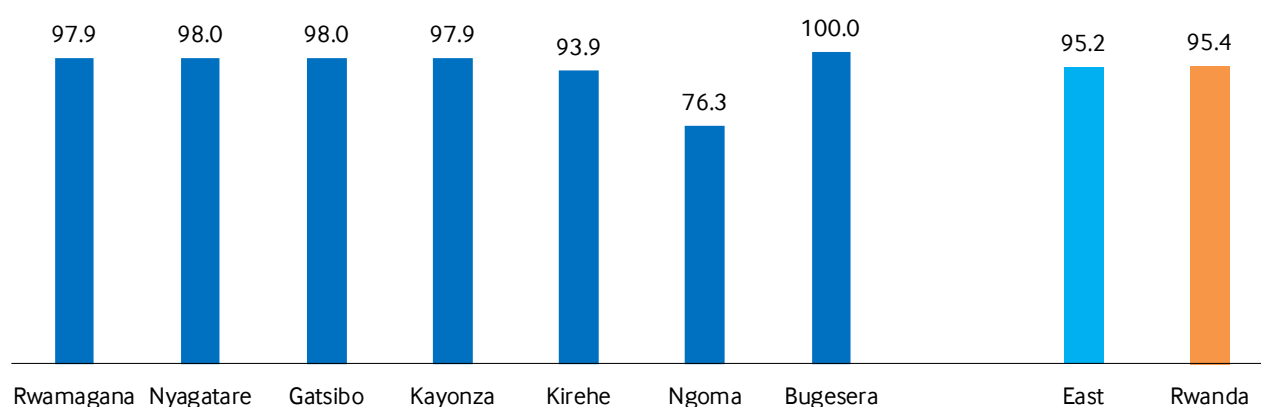
5.1. Antenatal care

Antenatal care (ANC) from a skilled provider refers to the percentage of women aged 15-49 who had a live birth in the five years preceding the survey and who received care from a doctor, nurse, or midwife during their most recent pregnancy. This indicator serves as a baseline measure of access to qualified maternal healthcare services and is a critical benchmark for reducing maternal and neonatal mortality and complications.

Figure 5.1 shows that 95% of women in the Eastern Province received at least one antenatal care visit from a skilled provider for their most recent live birth, a figure mirroring the national average. Near-universal coverage was observed across most districts in the province. Bugesera District recorded the highest rate at 100%, followed by Rwamagana, Nyagatare, Gatsibo, and Kayonza districts, each at approximately 98%. In contrast, Kirehe recorded a slightly lower rate at 94%, while Ngoma District recorded the lowest coverage at 76%.

Compared to the 2019/20 RDHS, skilled antenatal care coverage in the Eastern Province remained relatively stable across most districts. However, a significant decline was observed in Ngoma District, where coverage dropped from 98% in 2019/20 to 76% in 2025.

Figure 5.1: Percentage of women aged 15-49 who received antenatal care from a skilled provider.



Source: RDHS, 2025

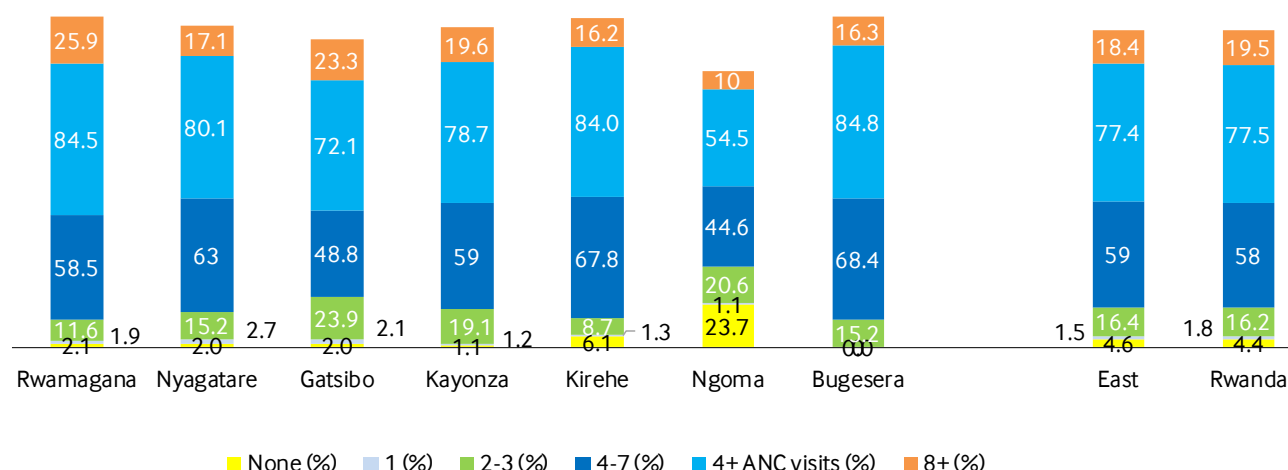
A skilled provider¹ includes doctor, nurse, medical assistant, and midwife.

5.2. Number of antenatal care visits and timing of first Timing of first ANC visit

The number of antenatal care (ANC) visits and the timing of the first visit refer to the total frequency of ANC contacts a woman receives during pregnancy and the stage of pregnancy (in months) at which she makes her initial visit. These indicators are essential for evaluating the continuity, adequacy, and timeliness of care, all of which are vital for the early detection and management of potential pregnancy complications.

Figure 5.2a presents the distribution of the number of ANC visits among women in the Eastern Province. Overall, 77% of women in the province attended four or more ANC visits, a figure that aligns closely with the national level of 78%. Bugesera District recorded the highest proportion of women making 4+ ANC visits at 85%, followed closely by Rwamagana District (85%) and Kirehe District (84%). Conversely, Ngoma District recorded the lowest rate of 4+ visits at 55%, followed by Gatsibo District at 72%. Regarding intensive attendance (8+ visits), Rwamagana District (26%) and Gatsibo District (23%) reported the highest proportions, while Ngoma District recorded the lowest at 10%. Furthermore, 24% of women in Ngoma District reported receiving no ANC visits, compared to the provincial average of 5% and the national level of 4%. In contrast, Bugesera reported 0% of women receiving no ANC care.

Figure 5.2a: Percentage of women's antenatal care visits in Eastern Province by district



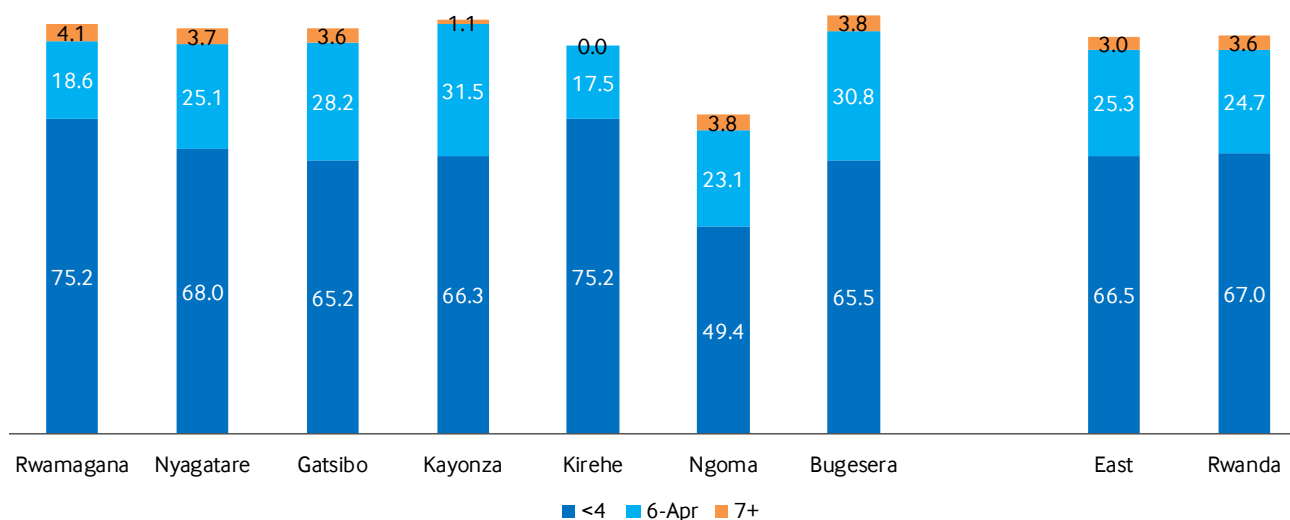
Source: 2025 RDHS

Figure 5.2 b presents the timing of the first antenatal care (ANC) visit among women in the Eastern Province. Overall, 67% of women across the province-initiated ANC early, defined as within the first trimester (less than four months of pregnancy), a figure that matches the national rate of 67.0%. Early initiation was highest in Kirehe and Rwamagana districts (both at 75%), followed by Nyagatare District (68.0%) and Kayonza District (66%). Ngoma District recorded the lowest rate of early initiation at 49%. Delayed initiation, defined as (first visit occurring at 4-6 months of pregnancy) was highest in Kayonza (32%), Bugesera (31%), and Gatsibo (28%). Late entry (first visit at 7+ months of pregnancy) was highest in Rwamagana District (4%).

Taken together, the findings indicate that while overall coverage of skilled ANC, 4+ visits, and early initiation in the Eastern Province generally aligns with national standards, notable intra-provincial disparities persist. Districts such as Bugesera, Rwamagana, and Kirehe demonstrate strong engagement in maternal health service utilization.

In contrast, Ngoma District exhibits substantial coverage gaps, marked by the lowest rates of skilled attendance, the highest proportion of non-attendance rate, and greater prevalence of delayed entry into care.

b: Percentage of Months Pregnant at Time of First ANC Visit in Eastern Province by district



Source: 2025 RDHS

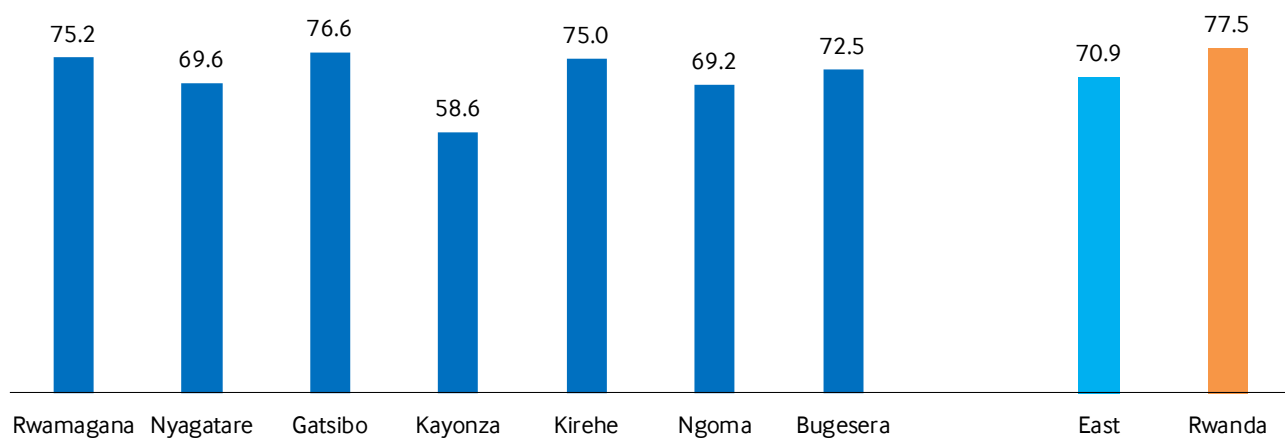
5.3. Mothers whose last birth was protected against neonatal tetanus.

Neonatal tetanus remains a major cause of mortality among newborns in developing countries. To protect both the mother and the child against this disease, tetanus toxoid injections are given to pregnant women during pregnancy.

Figure 5.3 shows that among mothers in the Eastern Province whose most recent live birth was protected against neonatal tetanus, the proportion of pregnant women with previous protection against tetanus stood at 71%, compared with 78% at the national level. At the district level, the proportion was higher in Gatsibo District (77%), and lower in Kayonza District (59%)

Trends: Compared to the RDHS 2019-20, the proportion of mothers with previous protection against tetanus has declined at both the provincial and district levels, with the exception of Kirehe District, which increased from 71% to 75% and Rwamagana District, which rose from 74% to 75%. At the provincial level, coverage decreased from 78% to 71%. Nearly all districts recorded reductions, with the most pronounced decrease observed in Kayonza District, where coverage fell from 77% in the RDHS 2019-20 to 59% in the RDHS 2025.

Figure 5.3: Percentage of mothers 15-49 whose last birth was protected against neonatal tetanus.



Source: 2025 RDHS

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 before the last birth.

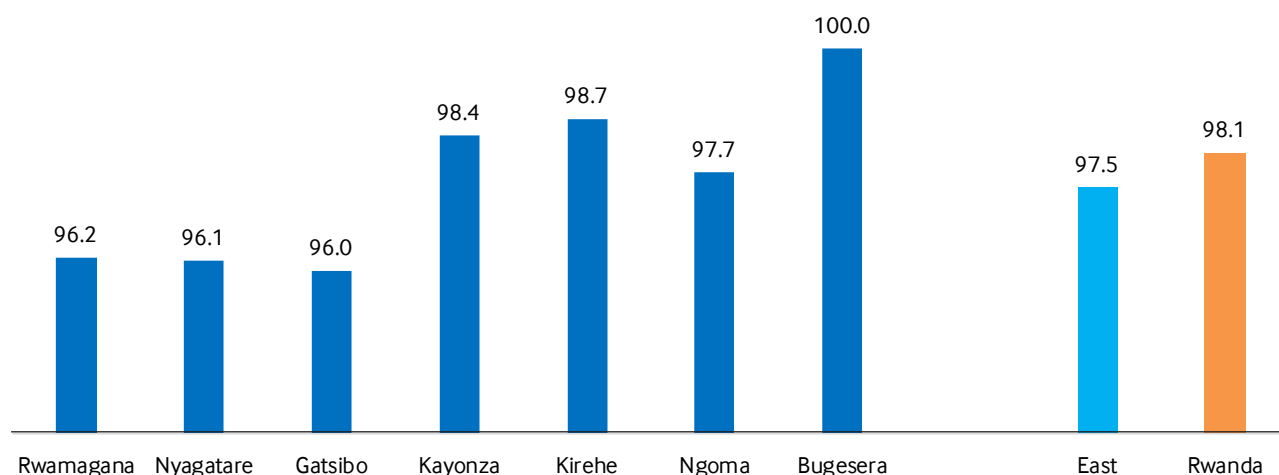
5.4. Place of Delivery

Given that every pregnancy may be subject to complications, women are advised to deliver in a health facility to ensure access to emergency services during labor, delivery, and postpartum period.

Figure 5.4 shows that in the Eastern Province, 98% of births in the five years preceding the survey were delivered at a health facility, a proportion identical to the national level. At the district level, facility delivery was most common among mothers in Bugesera District (100%) and lower in Gatsibo District (96%).

Trends: Compared to the RDHS 2019-20, the percentage of mothers who delivered at a health facility increased from 92% to 98% in the Eastern Province. At the district level, improvements were observed in nearly all districts, with the most notable increase recorded in Nyagatare District, where facility delivery rose from 86% to 96%.

Figure 5.4: Percentage of mothers 15-49 who delivered in a health facility.



Source: 2025 RDHS

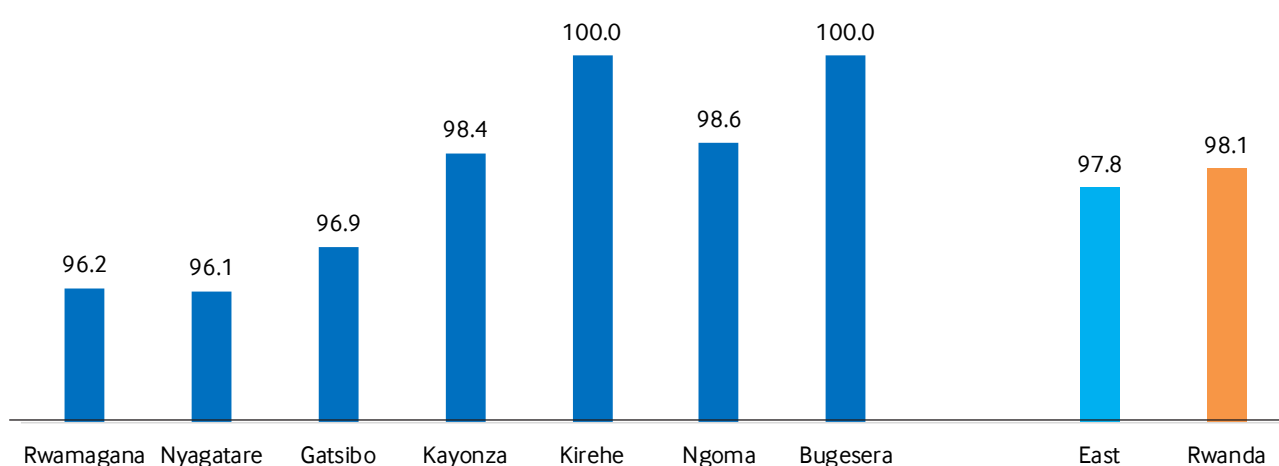
5.5. Assistance during delivery

To reduce the risk of complications and maternal mortality, women should be assisted during delivery by personnel trained in childbirth and capable of diagnosing, treating, and referring complications on time.

Figure 5.5 presents the percentage of mothers who received assistance during delivery from a skilled health provider. The results show that nearly all births (98%) in the Eastern Province were assisted by a skilled health provider, a figure consistent with the national level. This percentage was considerably higher in Kirehe and Bugesera districts (100%) and lower in Nyagatare and Rwamagana districts, which recorded 96%.

Trends: Compared to the RDHS 2019-20, the percentage of mothers assisted by a health skilled provider during delivery increased from 93% to 98% at the provincial level.

Figure 5.5: Percentage of women 15-49 assisted by a skilled provider during delivery



Source: 2025 RDHS

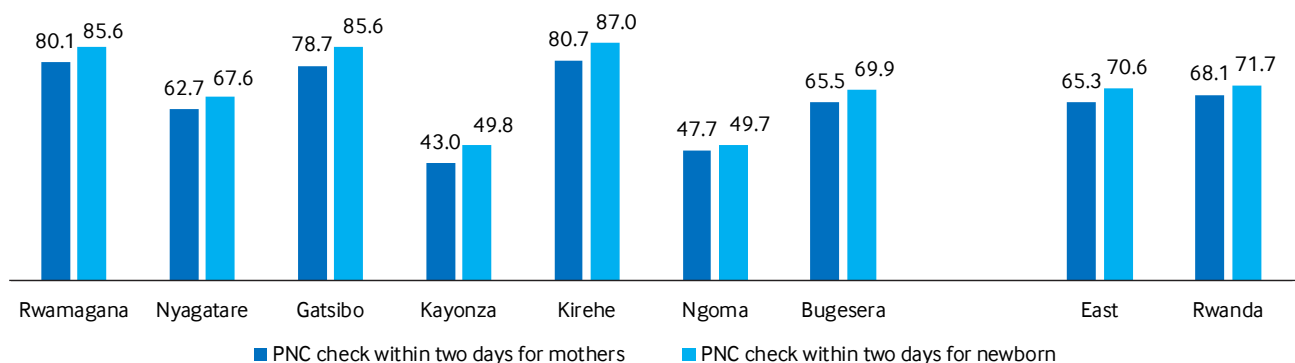
5.6. Postnatal checkup

Postnatal checkup refers to the proportion of women and newborns who received a health checkup within the first two days after delivery. This indicator measures the extent to which mothers and newborns receive timely postnatal care following childbirth, which is important for the early detection and management of potential complications.

Figure 5.6 shows that 65% of women and 71% of newborns in the Eastern Province received a postnatal checkup within the first two days after delivery, compared to 68% of women and 72% of newborns at the national level. At district level, Kirehe recorded the highest proportions for both women and newborns, at 81% and 87%, respectively. For women, the lowest proportion was recorded in Kayonza (43%), while for newborns, Ngoma recorded the lowest proportion, at 50%.

Trends: Compared to the RDHS 2019-20, there has been a decrease in postnatal checkup coverage for both women and newborns in the Eastern Province from 79% to 65% for women and, and from 83% to 71% for newborns. A substantial decrease was observed across nearly all districts, with the exception of Rwamagana District, which recorded an increase from 61% to 80% for women and from 68% to 86% for newborns. Conversely, Ngoma District experienced the deepest decrease, with postnatal checkup coverage for women dropping from 94% to 48%, and for newborns falling from 95% to 50%.

Figure 5.6: Percentage of women/newborns who received postnatal checkups in the first two days after birth.



Source: 2025 RDHS

This chapter highlights both the progress made and the remaining challenges in improving child survival and well-being in Rwanda, with a specific focus on the Eastern Province. It covers key areas, including immunization, nutrition, child mortality, and treatment-seeking behaviors, and provides district-level evidence to guide policy development and interventions. To assess the prevalence of childhood infections, mothers were asked whether any of their children under five years of age had experienced an illness with cough during the two weeks preceding the survey, and if so, whether that cough was accompanied by short, rapid breathing. It should be noted that these data are based on maternal self-report and reflect maternal perception of illness; they have not been clinically validated through medical examination.

6.1.a. Full basic vaccination coverage

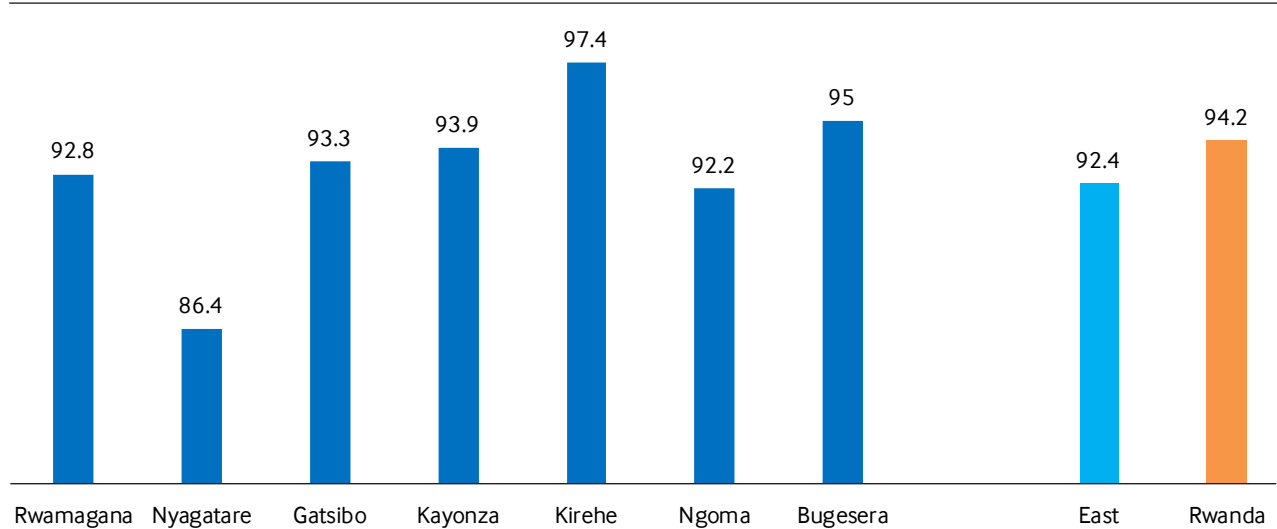
Full basic vaccination coverage refers to the percentage of children aged 12-23 months who have received all basic antigens, a child must have received all of the following: one dose of BCG vaccine, which protects against tuberculosis; Three doses of polio vaccine excluding polio vaccine given at birth; three doses of DPT-containing vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus; and one dose of measles-containing vaccine given as measles-rubella. This indicator serves as a critical measure of child health protection and the effectiveness of routine immunization programs.

Figure 6.1a presents the proportion of children aged 12-23 months who received full basic vaccinations across districts in the Eastern Province. Overall, 92% of children aged 12-23 months in the Eastern Province received all basic vaccinations, a figure slightly below the national coverage rate of 94.2%.

Substantial variation is observed across districts in the province. Kirehe District achieved the highest rate of full basic vaccination coverage at 97%, followed by Bugesera (95%), Kayonza (94%), and Gatsibo (93%). Rwamagana and Ngoma recorded coverage rates of 93% and 92%, respectively. In contrast, Nyagatare District recorded the lowest immunization coverage at 86%, significantly below the provincial average and the national benchmark.

The results indicate that routine child immunization coverage in the Eastern Province is generally strong, with most districts exceeding 92% coverage. However, Nyagatare District exhibits a notable gap in immunization performance, underscoring the need for targeted routine immunization outreach to bridge the coverage deficit.

Figure 6.1a: Percentage of children 12-23 months who received full basic vaccinations in Eastern Province by district



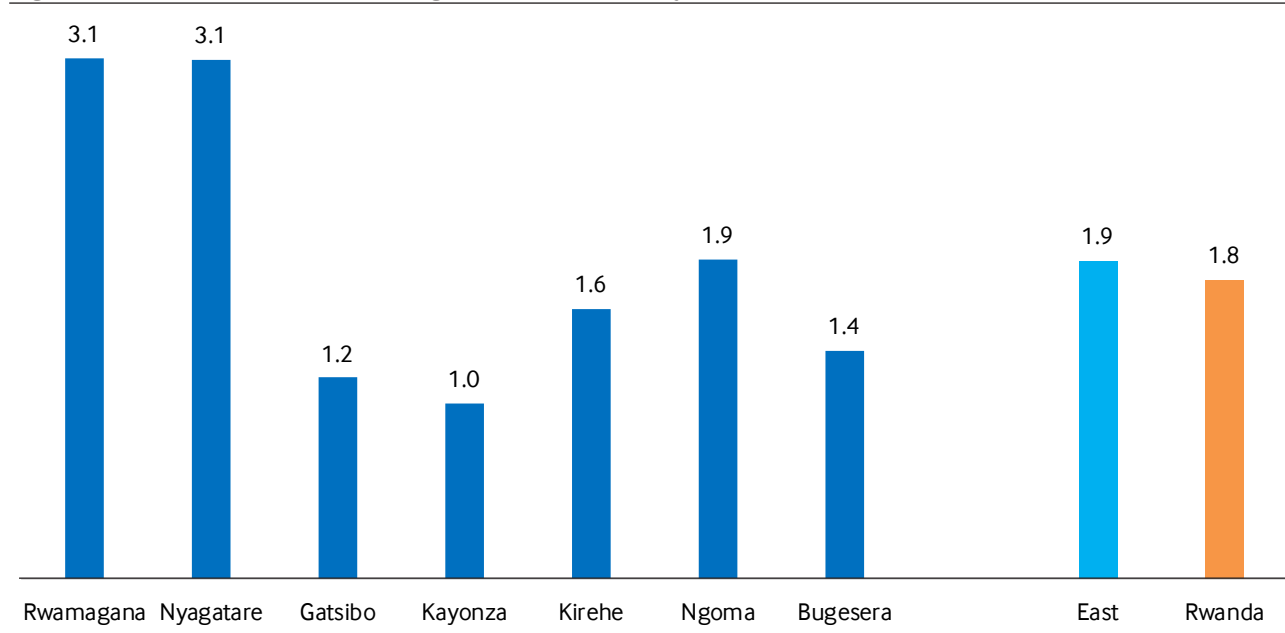
Source: 2025RDHS

6.1.b. Prevalence of Acute Respiratory Infection (ARI)

Figure 6.1b shows that 2% of children under five years of age in the Eastern Province had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey, a proportion nearly identical to the national average of 2%. At the district level, the prevalence of acute respiratory infections was considerably higher in Rwamagana and Nyagatare districts, both at (3%), followed by Ngoma District at 2%. In the remaining districts, prevalence ranged between 1% and 2%.

Trends: Compared to the RDHS 2019-20, the Eastern Province recorded a slight increase in the prevalence of acute respiratory infections, rising from 1.6% to 1.9%. At the national level, however, no significant change was observed between the RDHS 2019-20 and the 2025 RDHS

Figure 6.1b: Prevalence of ARI among children under five years



Source: RDHS, 2025

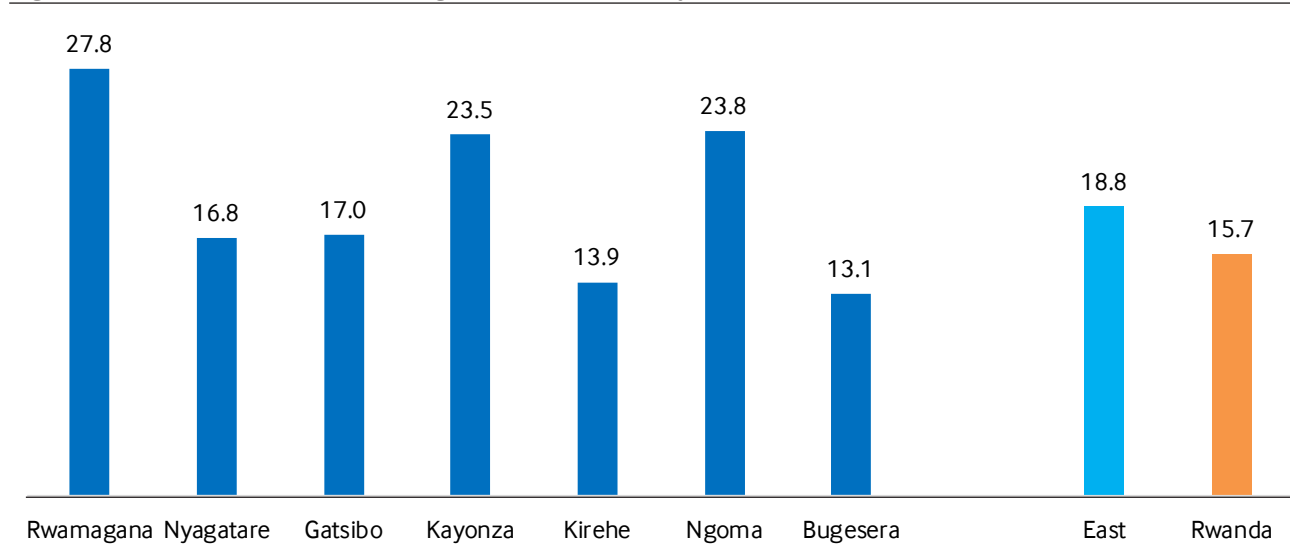
6.2. Prevalence of fever

Fever is a primary symptom of many childhood illnesses, including Acute Respiratory Infections (ARIs), malaria, and measles, which contribute significantly to child mortality in developing countries. Consequently, mothers were asked whether their children had experienced fever during the two weeks preceding the survey.

Figure 6.2 shows that, during this period, 19% of children under five years of age in the Eastern Province had fever, compared to 16% at the national level. At the district level, children under five years of age in Rwamagana District were the most likely to have had fever (28%), while the lowest prevalence was reported in Bugesera District (13%).

Trends: Compared to the RDHS 2019-20, the prevalence of fever, the provincial level increased from 18% to 19%. In contrast, Bugesera District recorded a reduction, declining from 24% in 2019-20 to 13% in 2025.

Figure 6.2: Prevalence of fever among children under five years.



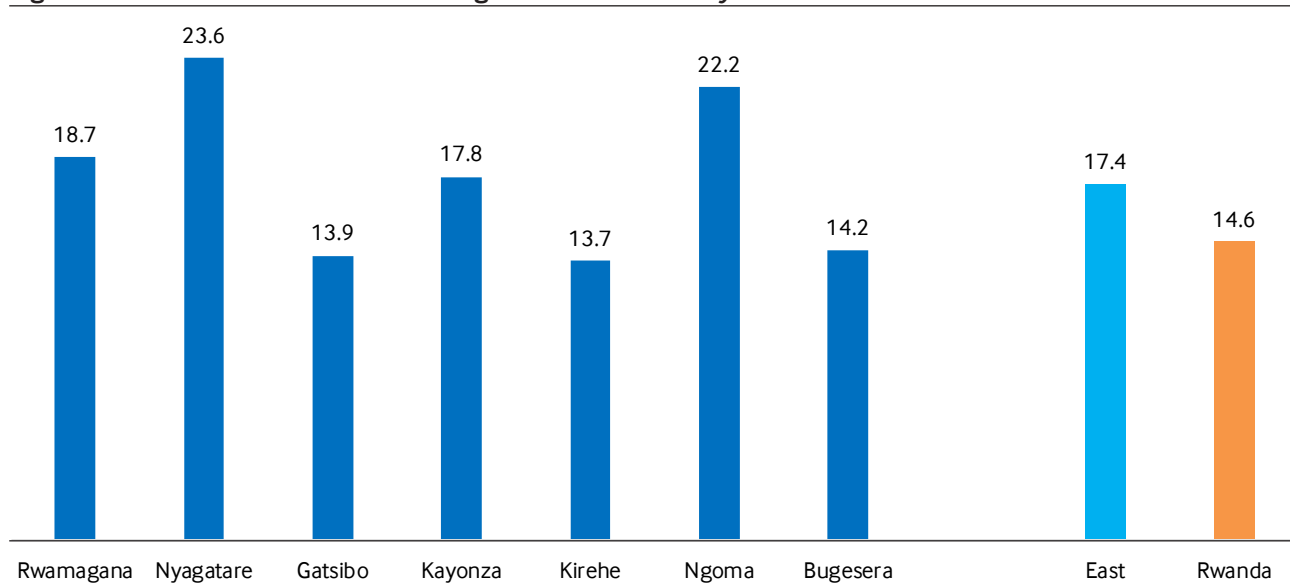
Source: 2025 RDHS

6.3. Prevalence of Diarrhea

Figure 6.3 shows the prevalence of diarrhea among children under five years of age as reported by mothers. In the Eastern Province, 17% of children were reported to have had diarrhea in the two weeks preceding the survey, compared to 15% at the national level. The prevalence of diarrhea was notably high in Nyagatare District at 24%, followed by Ngoma at 22%, Kayonza and Rwamagana districts at 18% and 19%, respectively. In contrast, lower prevalence was recorded in Kirehe, Gatsibo, and Bugesera districts, each at 14%.

Trends: Compared to the RDHS 2019-20, the prevalence of diarrhea in the Eastern province increased from 11% to 17%. At the district level, Ngoma District recorded a huge increase from 5% to 22% in 2025.

Figure 6.3: Prevalence of Diarrhea among children under five years



Source: 2025 RDHS

NUTRITION AMONG CHILDREN AND WOMEN

The findings from the 2025 Rwanda Demographic and Health Survey (RDHS) indicate that while the Eastern province has made progress in reducing malnutrition, chronic nutritional challenges remain significant. Nutritional status is the result of complex interactions between food consumption, health status and care practices, and is influenced by a range of socioeconomic and cultural factors that shape feeding patterns and nutritional status. Adequate nutrition is critical for child growth, health, and development, especially during the period from conception to two years of age. During this period, children who do not receive adequate nutrition are at increased risk of growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhea and Acute Respiratory Infections (ARIs).

Among women, malnutrition can lead to reduced productivity, increased susceptibility to infections, slower recovery from illness, and a higher risk of adverse pregnancy outcomes. Poor nutritional status, as indicated by low body mass index (BMI), short stature, or other micronutrient deficiencies, is associated with greater risks of obstructed labour, low birth weight deliveries, reduced breast milk quality, postpartum haemorrhage-related mortality, and increased morbidity for both the mother and her child.

7.1. Nutritional status of children under 5

The nutritional status of children under five years of age is an important measure of child health and growth. Anthropometric data on height and weight collected during the 2025 RDHS enable the measurement and evaluation of nutritional status among young children in Rwanda.

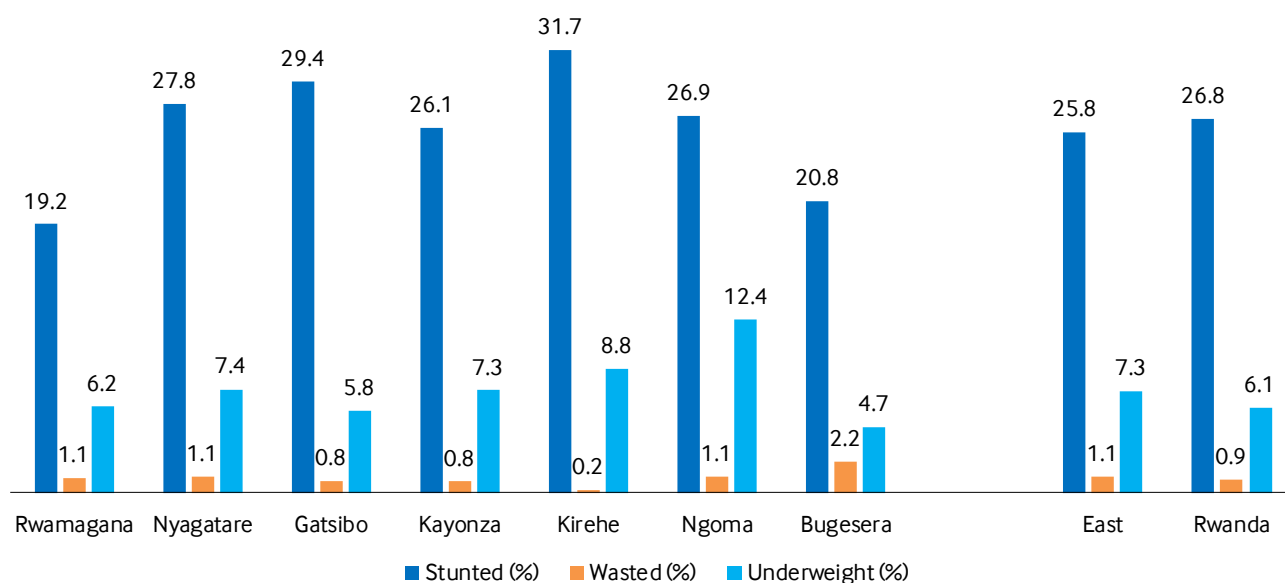
Figure 7.1 presents that, 26% of children under age 5 in the Eastern Province are stunted (too short for their age), compared to 27% at the national level. Considerable variation in children's nutritional status is observed across districts, with stunting prevalence highest in Kirehe District (32%) and lowest in Rwamagana District (19%).

With regard to wasting (Too thin for their height), 1% of children under five years of age in the Eastern Province are wasted, compared to 0.9% at the national level. The prevalence of wasting is highest among children in Bugesera District (2%), and lowest in Kirehe (0.2%).

The same figure also shows that 7% of children under five years of age in the Eastern Province and 6% at the national level are underweight (low weight-for-age). At the district level, variation indicates that Ngoma District has the highest proportion of underweight children by district at 12%, while Bugesera District has the lowest prevalence at 5%.

Trends: Compared to the RDHS 2019-20, the prevalence of stunting among children under five years of age has decreased in the Eastern Province, declining from 29% to 26%. In Ngoma District, stunting fell from 37% to 27%. The prevalence of wasting has slightly increased, rising from 0.8% to 1% at the provincial level, although a decrease was observed in most districts. Nyagatare District was an exception, with wasting prevalence increasing from 0% to 1%. The proportion of underweight children decreased from 8% to 7% at the provincial level. However, at the district level Nyagatare District recorded an increase from 3% to 7%.

Figure 7.1: Percentage of children under five years by Nutrition status



Source: 2025 RDHS

7.2. Minimum acceptable diet among children aged 6-23 months

Minimum Acceptable Diet (MAD) refers to the proportion of children aged 6-23 months who receive both Minimum Dietary Diversity (MDD) and Minimum Meal Frequency (MMF). This composite indicator evaluates the adequacy of infant and young child feeding (IYCF) practices, which are essential for optimal child growth, health, and development.

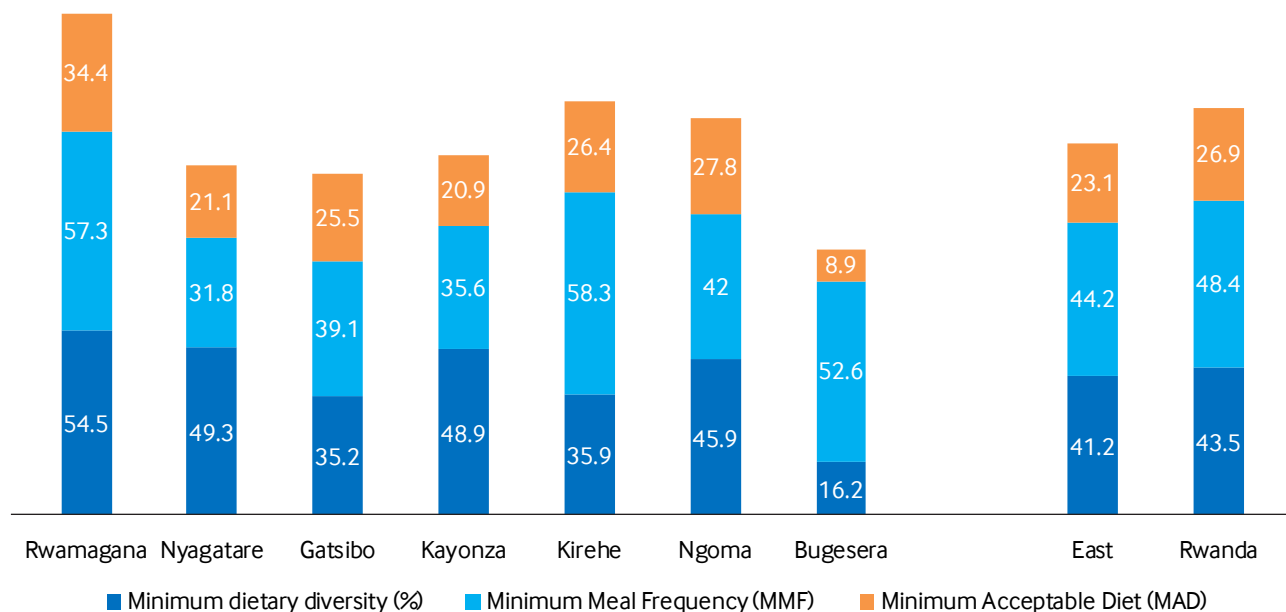
Figure 7.2 shows feeding practices among children aged 6-23 months across districts in the Eastern Province. Overall, 41% of children aged 6-23 months in the Eastern Province met the minimum dietary diversity threshold (consuming foods from at least five of eight food groups), a figure lower than the national average of 44%. Rwamagana District recorded the highest proportion of children meeting minimum dietary diversity (MDD) at 55%, followed by Nyagatare and Kayonza (49%). Conversely, Bugesera recorded the lowest dietary diversity rate at 16%, followed by Gatsibo (35%) and Kirehe (36%).

Regarding minimum meal frequency (MMF), 44% of children aged 6-23 months in the Eastern Province received the recommended minimum number of solid, semi-solid, or milk feeds per day, compared to 48% at the national level. At the district level, Kirehe District recorded the highest rate at 58%, followed by Rwamagana (57%) and Bugesera (53%). The lowest rates for minimum meal frequency (MMF) were observed in Nyagatare District at 32%, Kayonza at 36%, and Gatsibo at 39%.

Overall, 23% of children aged 6-23 months in the Eastern Province achieved a minimum acceptable diet (MAD) (combining both diversity and meal frequency), remaining below the national average of 27%. Rwamagana District achieved the highest rate of minimum acceptable diet at 34%, followed by Ngoma (28%), Kirehe and Gatsibo (26%). In contrast, Bugesera District recorded the lowest rate of minimum acceptable diet at only 9%, followed by Kayonza and Nyagatare District (21%).

The findings indicate that child feeding practices in the Eastern Province remain below national benchmarks across all three indicators, MDD, MMF, MAD. While Rwamagana District shows relatively strong performance in both dietary diversity and overall acceptable diet, severe gaps persist in Bugesera District. In Bugesera, low dietary diversity significantly limits the proportion of children achieving a minimum acceptable diet, even where meal frequency is moderately adequate.

Figure 7.2: Percentage of children aged 6-23 months receiving minimum dietary diversity (MDD), minimum meal frequency (MMF), and minimum acceptable diet (MAD) in Eastern Province by district



Source: 2025RDHS

7.3. Nutritional status among women

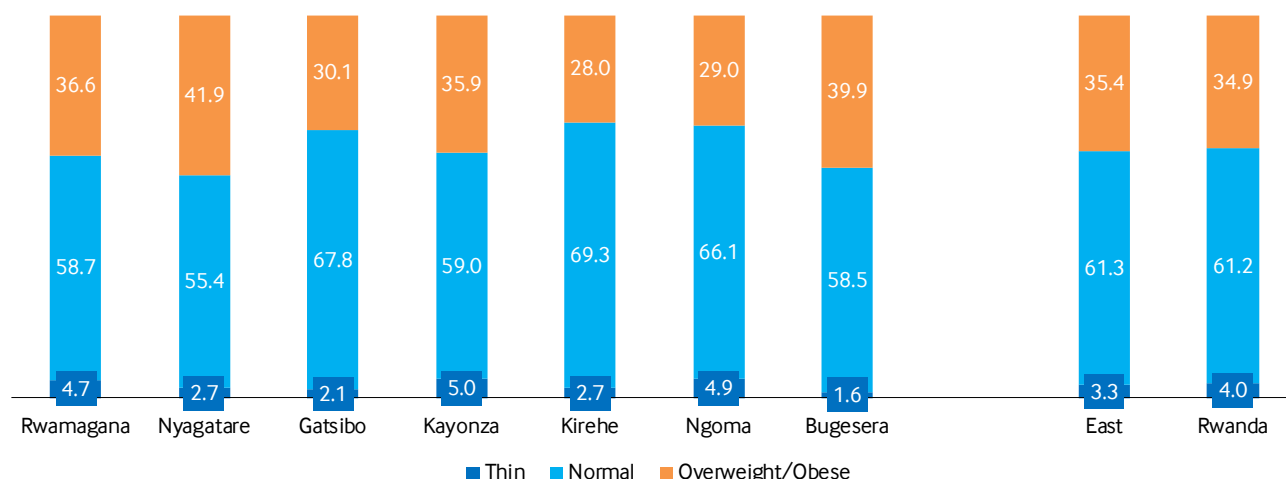
Nutritional status among women aged 15-49 is evaluated using Body Mass Index (BMI) categories to assess thinness (BMI < 18.5 kg/m²), normal weight (BMI 18.5-24.9 kg/m²), and overweight or obesity (BMI ≥ 25.0 kg/m²). This indicator measures both acute and chronic malnutrition risk as well as overnutrition, serving as a critical benchmark for maternal health and the prevention of non-communicable diseases.

Figure 7.3 presents the nutritional status of women, highlighting the proportions falling into two high-risk categories. At the provincial level, 3% of women are thin (BMI below 18.5), compared to 4% at the national level. This proportion is much higher in Rwamagana, Kayonza and Ngoma Districts, each at (5%) and lower in Bugesera and Gatsibo districts each at (2%).

In the Eastern Province, 35% of women are classified as overweight or obese, a percentage identical to the national level. At the district level, variation shows that overweight/obesity prevalence is higher in Nyagatare District (42%) and lower in Kirehe District (28%). The percentage of women meeting normal standards tends to be the same across districts, ranging from 55% to 69%.

Trends: Compared to the RDHS 2019-20, the Eastern Province has recorded a decline in the percentages of thin and normal-weight women (from 5% to 3% and from 68% to 61%, respectively), while the prevalence of overweight/obesity has increased from 27% to 35%. At the district level, the percentages of thin and normal-weight women have decreased in nearly all districts, with the exception of Rwamagana district (for thin women) and Gatsibo and Kirehe (for normal-weight women), which recorded increases. Conversely, the percentage of overweight/obese women has increased in all districts except Gatsibo, where it decreased from 34% to 30%. The most substantial increase was observed in Nyagatare, where the prevalence of overweight/obesity rose from 26% to 42%.

Figure 7.3: Percentage distribution of women age 15-49, by nutrition status



Source: 2025RDHS

7.4. Minimum dietary diversity among women

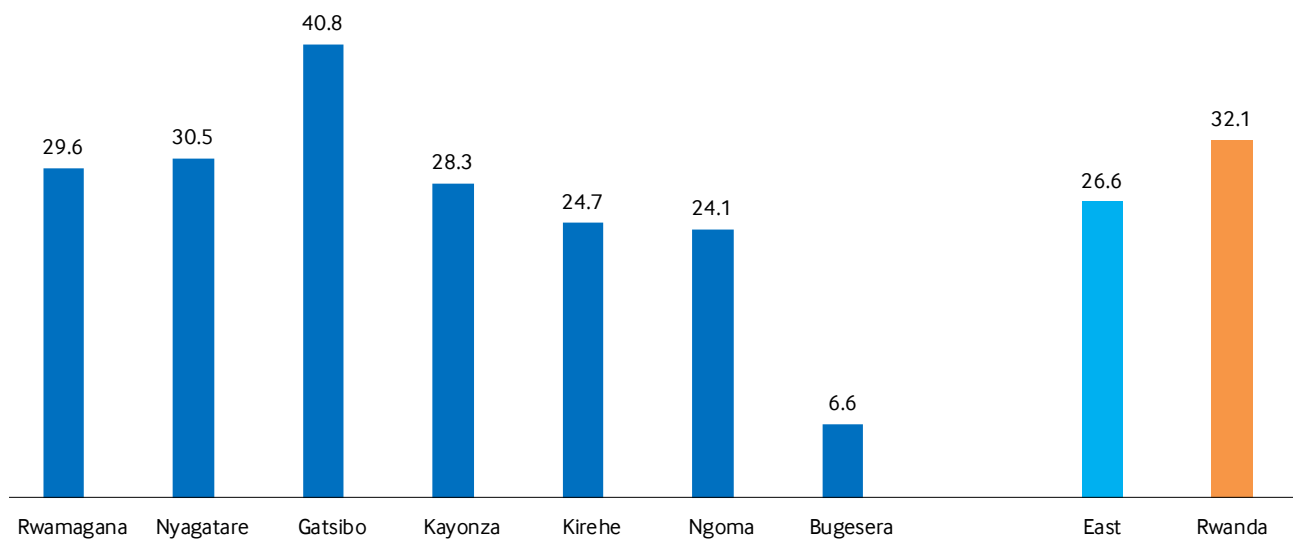
Nutritional status among women aged 15-49 is further assessed using the minimum dietary diversity (MDD) guidelines, defined as the proportion of women who consume foods from at least five out of ten defined food groups (a. grains, roots, tubers, and plantains; b. pulses (beans, peas, lentils); c. nuts and seeds; d. dairy products (milk, cheese, yogurt); e. flesh foods (meat, fish, poultry, organ meats); f. eggs; g. dark green leafy vegetables; h. vitamin A-rich fruits and vegetables; i. other vegetables; j. other fruits) over 24 hours. This indicator reflects micronutrient adequacy, overall diet quality, and maternal nutritional well-being.

Figure 7.4 presents the proportion of women aged 15-49 achieving minimum dietary diversity across districts in the Eastern Province. Overall, 27% of women in the province met the minimum dietary diversity threshold, a figure that falls below the national average of 32%.

District-level variations indicate that Gatsibo District recorded the highest proportion of women meeting minimum dietary diversity at 41%, followed by Nyagatare (31%), Rwamagana (30%), and Kayonza (28%). In contrast, Bugesera District recorded a markedly low level of dietary diversity at 7%, while Ngoma and Kirehe also reported lower rates at 24% and 25%, respectively.

The results highlight that maternal dietary diversity in the Eastern Province lags behind national levels, with substantial disparities across administrative areas. Gatsibo stands out with the highest proportion of women consuming a diversified diet, whereas Bugesera faces critical maternal nutritional deficits, with fewer than 7% of women achieving minimum dietary diversity.

Figure 7.4: Percentage of women 15-49 receiving minimum dietary diversity in Eastern Province by district



Source: 2025RDHS

HIV infection remains a major public health concern in Rwanda, contributing significantly to the causes of mortality while imposing social and economic consequences that affect people and the country. The following section presents findings on knowledge, attitudes, and HIV prevalence among youth and adults, drawing on data from the 2025 RDHS.

8.1. Complete knowledge of HIV prevention methods

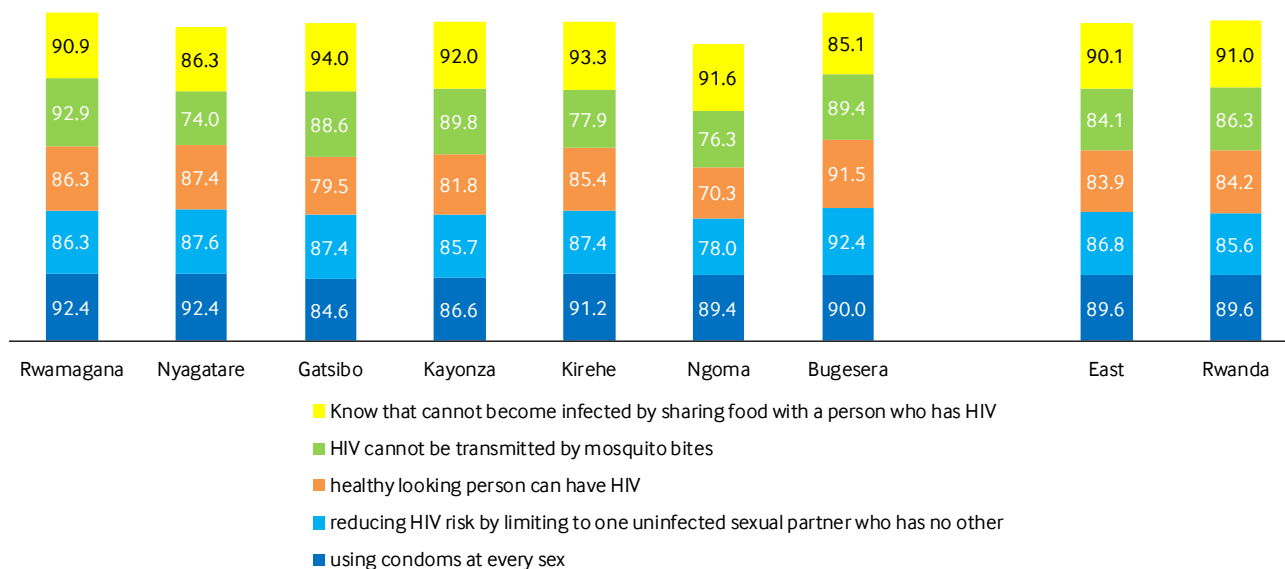
Complete knowledge of HIV prevention is measured using five different components: (1) knowing that consistent condom use during sexual intercourse reduces the risk of HIV transmission; (2) knowing that limiting sexual intercourse to one uninfected partner who has no other partners reduces the risk of HIV transmission; (3) knowing that a healthy-looking person can have HIV; (4) knowing that HIV cannot be transmitted by mosquito bites; and (5) knowing that a person cannot become infected by sharing food with someone who has HIV. This section presents findings on each of these components separately among young women and young men aged 15-24.

For young women aged 15-24, Figure 8.1a shows in the Eastern Province, 90% know that consistent condom use reduces the risk of HIV transmission risk, and 87% know that limiting sexual intercourse to one uninfected partner reduces risk, both figures closely aligned with national levels of (90% and 86%, respectively). Knowledge that a healthy-looking person can have HIV is lower and more variable across districts, ranging from 70% in Ngoma to 92% in Bugesera.

Similarly, knowledge that HIV cannot be transmitted by mosquito bites varies considerably, from 74% in Nyagatare to 93% in Rwamagana, with Kirehe (78%) and Ngoma (76%) also falling below the provincial average of 84%.

Knowledge that HIV cannot be transmitted through sharing food with an infected person is high across all districts, ranging from 85% in Bugesera to 94.0% in Gatsibo. Overall, Ngoma District consistently records the lowest levels of knowledge on the two more frequently misunderstood components, namely, that a healthy-looking person can have HIV and that mosquito bites do not transmit HIV. This pattern underscores the need for targeted HIV education interventions among young women in Ngoma District.

Figure 8.1a: Percentage of young women aged 15-24 with complete knowledge of HIV prevention.

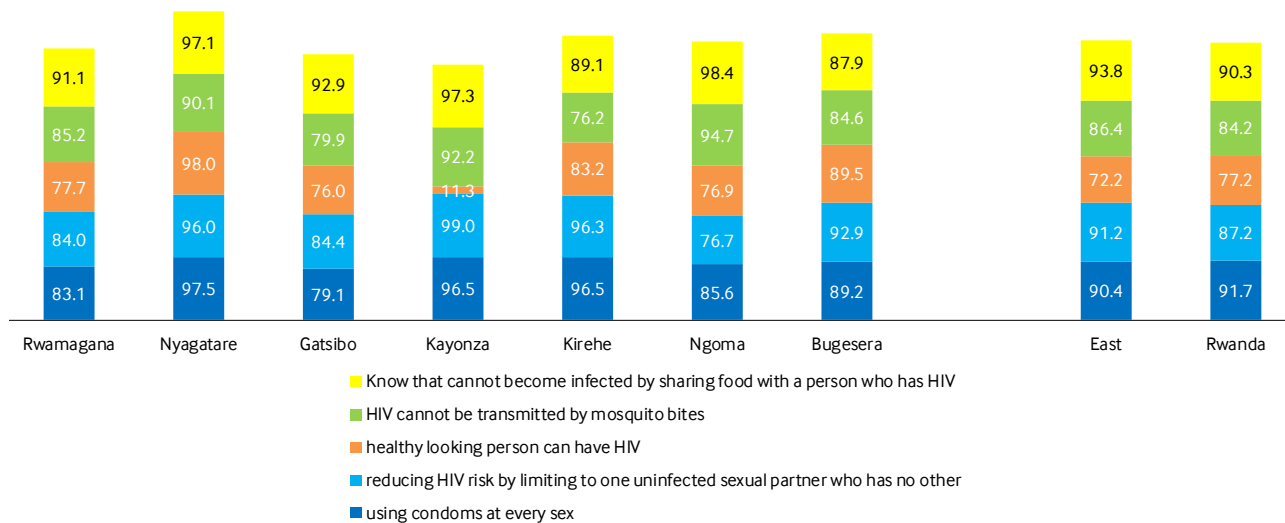


Source: 2025 RDHS

For young men aged 15-24 Figure 8.1b presents the same indicators as those shown for young women aged 15-24. Knowledge that consistent condom use reduces HIV risk ranges from 79% in Gatsibo to 98% in Nyagatare, while knowledge of partner limitation as a risk-reduction strategy ranges from 77% in Ngoma to 99% in Kayonza. Knowledge that a healthy-looking person can have HIV is generally high across most districts, ranging from 76% in Gatsibo to 98% in Nyagatare. However, the notably lower figure recorded for Kayonza (11%) is markedly inconsistent with the pattern observed across the rest of the province

Knowledge that HIV cannot be transmitted by mosquito bites ranges from 76% in Kirehe to 95% in Ngoma, while knowledge regarding food-sharing is uniformly high across districts, ranging from 88% in Bugesera to 98% in Ngoma. In the Eastern Province, young men aged 15-24 show levels of knowledge across the five components (90%, 91%, 72%, 86%, and 94%, respectively), that are broadly comparable to national averages. An exception is observed for the component “a healthy-looking person can have HIV”, where the provincial average is notably lower than the national figure (77%), likely reflecting the Kayonza data point noted very low.

Figure 8.1b: Percentage of young men aged 15-24 with complete knowledge of HIV prevention.



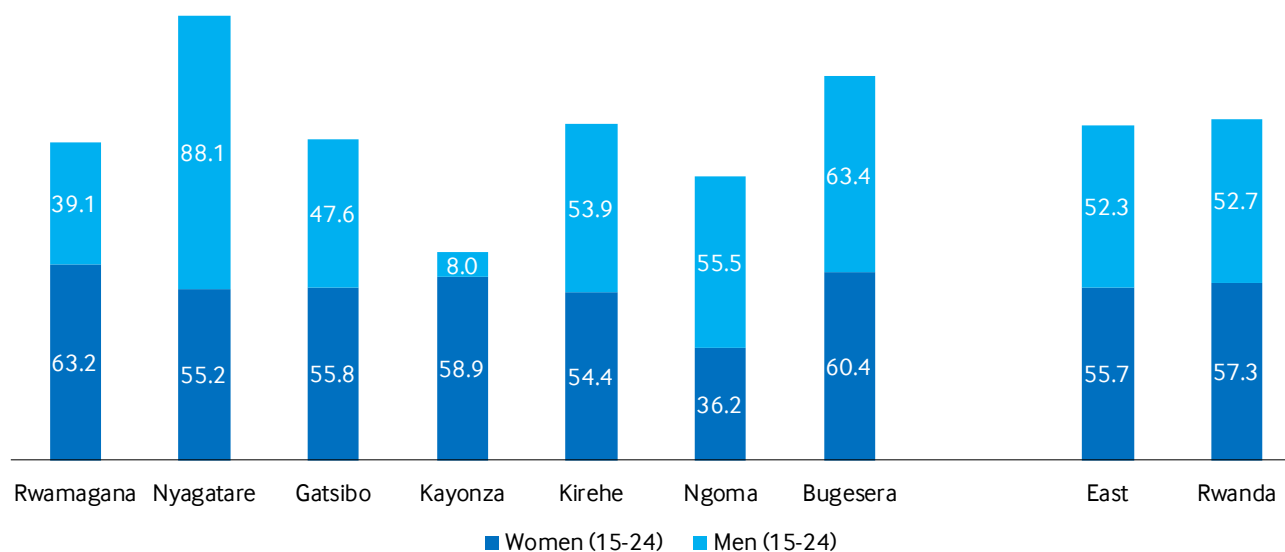
Source: 2025 RDHS

8.2. Comprehensive knowledge about HIV/AIDS transmission

The 2025RDHS included questions on common misconceptions regarding HIV/AIDS transmission. Respondents were asked whether they believed that a healthy-looking person can have HIV/AIDS, and whether the virus can be transmitted through mosquito bites, supernatural means, or by sharing food with a person who has HIV/AIDS.

Figure 8.2 indicates that some Rwandan young people lack accurate knowledge regarding HIV transmission routes. Nevertheless, in the Eastern Province, 56% of women aged 15-24 and 52% of men of the same age group have comprehensive knowledge about HIV/AIDS. Comprehensive knowledge is defined as: knowing that a healthy-looking person can have HIV/AIDS virus; understanding that the virus cannot be transmitted by sharing food with an infected person, by mosquito bites; and recognizing that consistent condom use during sex reduces the risk of getting HIV, as does having only one sex partner who has no other partners. At the district level, variations in comprehensive knowledge ranges from 36% among women in Ngoma District to 63% in Rwamagana District, and from 8% among men in Kayanza District to 88% in Nyagatare District.

Figure 8.2: Percentage of young women and men age 15-24 with comprehensive knowledge of HIV.



Source: 2025 RDHS

8.3. Recent HIV testing among adult women and men

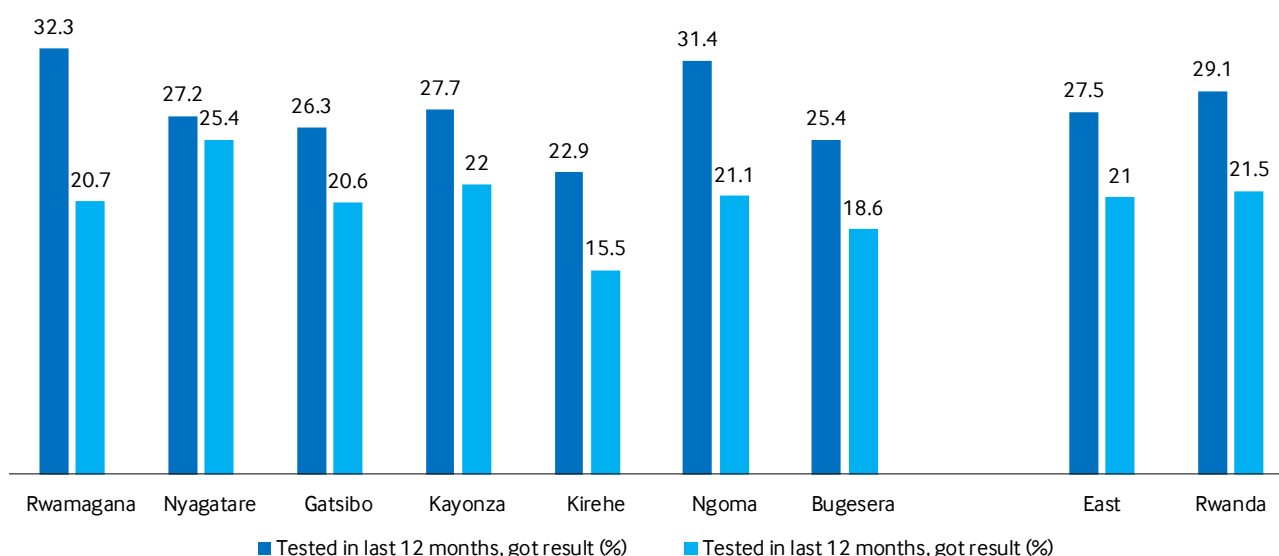
Recent HIV testing refers to the percentage of women and men aged 15-49 who were tested for HIV in the 12 months preceding the survey and received their test results. This indicator measures population-level testing coverage and active engagement with HIV prevention and care services.

Figure 8.3 shows that 28% of women aged 15-49 in the Eastern Province were tested for HIV in the last 12 months and received their results, compared to the national rate of 29%. Across districts, Rwamagana recorded the highest testing prevalence among women at 32%, followed by Ngoma (31%), Kayonza (28%), and Nyagatare (27%). Conversely, Kirehe recorded the lowest rate of HIV testing among women at 23%, followed by Bugesera District (25%) and Gatsibo (26%).

For men aged 15-49, 21% in the Eastern Province underwent recent HIV testing and received their results, a figure that aligns closely with the national average of 22%. Nyagatare District recorded the highest proportion among men at 25%, followed by Kayonza (22%), Ngoma and Rwamagana (21%). The lowest testing rates among men were observed in Kirehe at 16%, Bugesera at 19%, and Gatsibo at 21%.

The findings indicate that recent HIV testing coverage in the Eastern Province is slightly lower than national levels for women, while remaining similar with national levels for men. Testing rates among women are consistently higher than those among men across all seven districts. At the district level, Rwamagana and Ngoma lead in female testing coverage, while Nyagatare leads in male testing. Notably, Kirehe District consistently recorded the lowest testing coverage for both women and men in the province.

Figure 8.3: Percentage of women and men 15-49 tested for HIV in the last 12 months and received results in Eastern Province by district



Source: 2025 RDHS

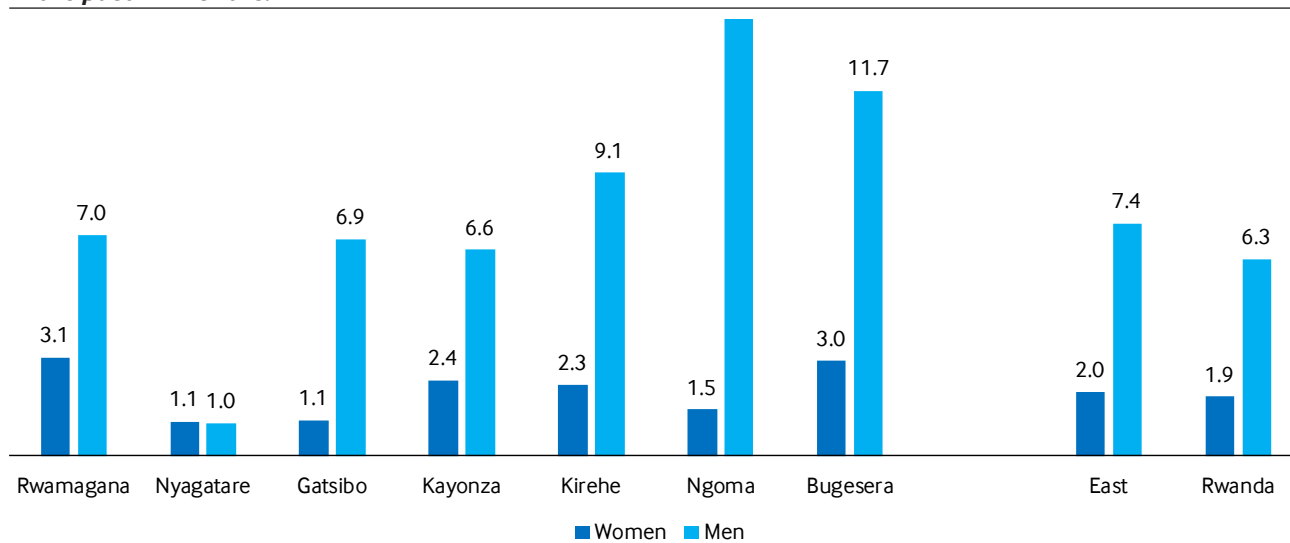
8.4. Multiple sexual partners

Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important for designing and monitoring intervention programs aimed at controlling the spread of the disease. However, because questions pertaining to sexual activity are sensitive, it is important to recognize that respondents' answers are likely subject to biases, and findings should be interpreted with all due care.

Figure 8.4 shows the percentage of women and men aged 15-49 who reported having had sexual intercourse with more than one partner in the last 12 months preceding the survey. In the Eastern Province, 7% of men and 2% of women reported two or more sexual partners. At the national level, the corresponding figures are 6% for men and 2% for women. Among men, those living in Ngoma (15%) were more likely to report multiple partners over the past 12 months than their counterparts in other districts. Among women, those in Bugesera and Rwamagana Districts (3% each) reported the highest prevalence of multiple sexual partnerships.

Trends: Compared to the RDHS 2019-20, the Eastern Province has recorded an increase in the prevalence of multiple sexual partnerships. Among women, the proportion reporting more than one partner increased from 1% to 2%. Among men, the prevalence rose from 6% to 7%, representing an increase of 1 percentage points.

Figure 8.4: Percentage of women and men aged 15-49 who had sexual intercourse with more than one partner in the past 12 months.



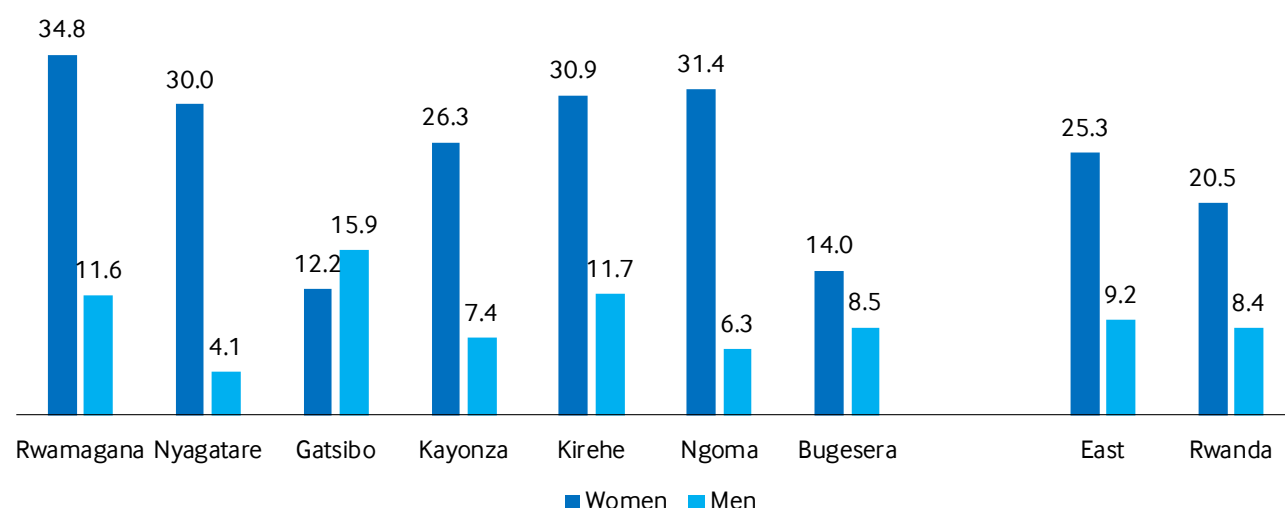
Source: 2025 RDHS

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

Figure 8.5 shows the self-reported prevalence of STIs and STI related symptoms among women and men aged 15-49 who have ever had sexual intercourse. In the Eastern province, 25% of women and 9% of men reported having had an STI or symptoms of an STI in the 12 months preceding the survey, compared to 21% of women and 8% of men at the national level. Among women, the prevalence of STIs or STI symptoms was highest in Rwamagana District (35%). Among men, Gatsibo District recorded the highest percentage (16%) compared to other districts.

Trends: Compared to the RDHS 2019-20, the prevalence of sexually transmitted infections (STIs) and STI-related symptoms in the last 12 months preceding the survey has significantly increased in the Eastern Province, from 5% to 25% among women, and from 4% to 9% among men. This upward trend was observed across all districts for both sexes. In Rwamagana district, the prevalence rose from 6% to 35% among women and from 2% to 12% among men. In Nyagatare District the prevalence of STIs or symptoms of STI increased among women, from 4% in the RDHS 2019-20 to 30%, while it decreased by 1 percentage point among men, from 5% to 4%.

Figure 8.5: Prevalence of sexually transmitted infections (STIs) and STI symptoms in the last 12 months.



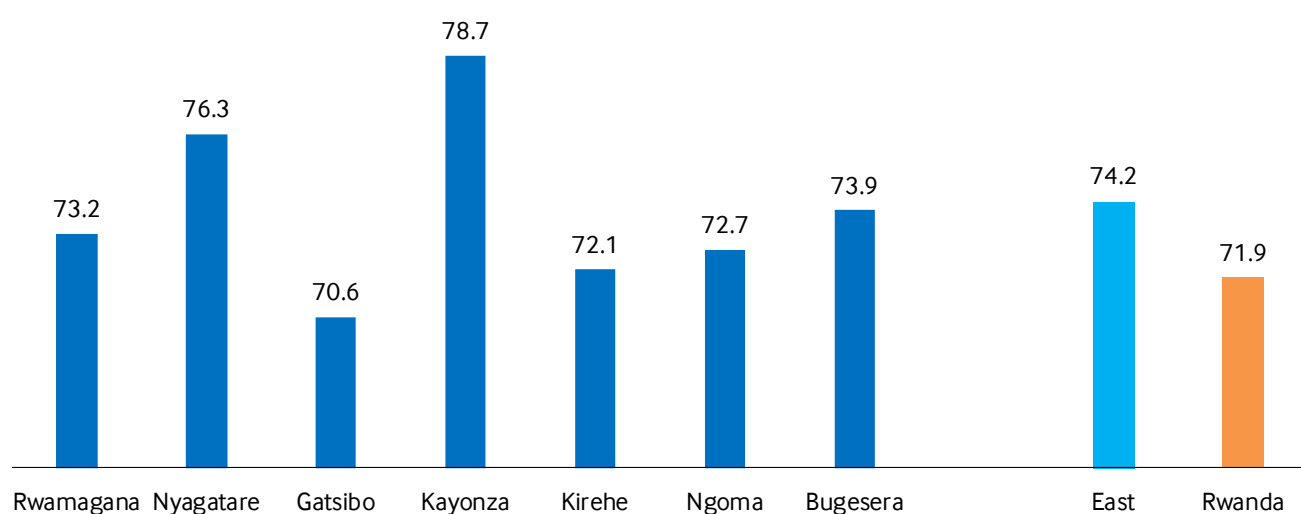
Source: 2025 RDHS

8.6. Practice of Circumcision

Studies have demonstrated that male circumcision, which involves the removal of the penile foreskin, is associated with lower susceptibility to the transmission of STIs, including HIV. Consequently, the World Health Organization (WHO) recommends male circumcision as an HIV prevention method. In Eastern Province, 74% of men aged 15-49 are circumcised, compared to 72% at the national level. At the district level, the proportion of circumcised men is highest in Kayonza District (79%) and lowest in Gatsibo District (71%).

Trends: Compared to the RDHS 2019-20, in Eastern Province, the percentage of circumcised men has increased significantly from 56% to 74%. This upward trend was observed across all districts, with a particularly notable increase in Gatsibo District, where the prevalence increased from 48% in the RDHS 2019-20 to 71%.

Figure 8.6: Percentage of men 15-49 who are circumcised



Source: 2025 RDHS

Women's empowerment is an important factor in development, poverty reduction, and improvements in living standards. This chapter presents information on factors that affect the status of women in society, including control over cash earnings, earnings relative to those of their husbands, and participation in decision-making. Furthermore, it shows the percentage of women who believe wife beating is justified for specified reasons, alongside men's opinions on the same issue.

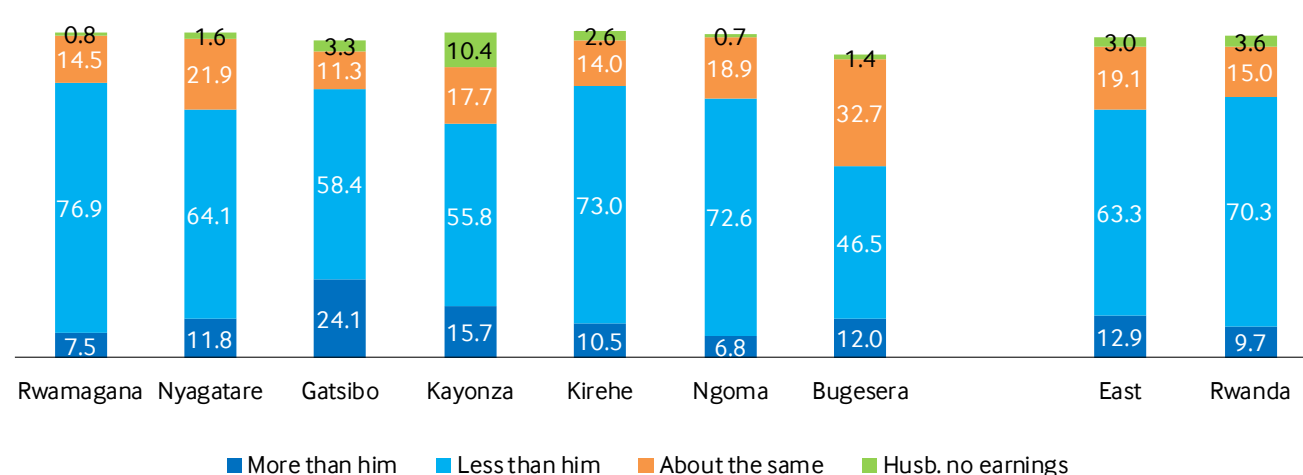
9.1. Relative magnitude of women's cash earnings

To assess women's autonomy, currently married women were asked about the relative magnitude of their cash earnings compared to those of their husbands. This indicator measures whether women earn money and whether they perceive their earnings as significant relative to their husbands' income.

Figure 9.1 shows women's earnings compared to their husbands' earnings during the 12 months preceding the survey. In the Eastern Province, 63% of women reported earning less than their husbands, 13% reported earning more than their husbands, and 19% reported earning about the same as their husbands. At the national level, the proportion of women who earn less than their husbands are estimated at 70%, whereas 10% reported earning more than their husbands, and 15% reported earning about the same as their husbands. Among districts, Bugesera District recorded the highest percentage of women who earn the same as their husbands (33%).

Trends: Compared to the RDHS 2019-20, the proportion of women in the Eastern Province who earn more than their husbands has increased from 9% to 13%. At the district level, Gatsibo District recorded a notable rise in the percentage of women who earn more than their husbands, from 10% to 24%.

Figure 9.1: Percentage distribution of currently married women according to their cash earnings in comparison to their husbands.



Source: 2025 RDHS



9.2. Control over men's cash earnings (Women and men)

Figures 9.2a and 9.2b show the percentage distribution of currently married women aged 15-49 and currently married men 15-49, according to their reports on who decides how the man's cash earnings are used.

In the Eastern province, 8% of men report that they mainly decide how their cash earnings are used, compared to 6% at the national level. Meanwhile, 65% of men in the Eastern province state that decisions are made jointly with their wives, compared to 74% at the national level, and 27% report that decisions are made mainly by their wives in Eastern province and 20% at the national level, respectively. Among districts, men in Kirehe District (21%) are more likely than those in other districts to be the main decision-makers regarding their earnings.

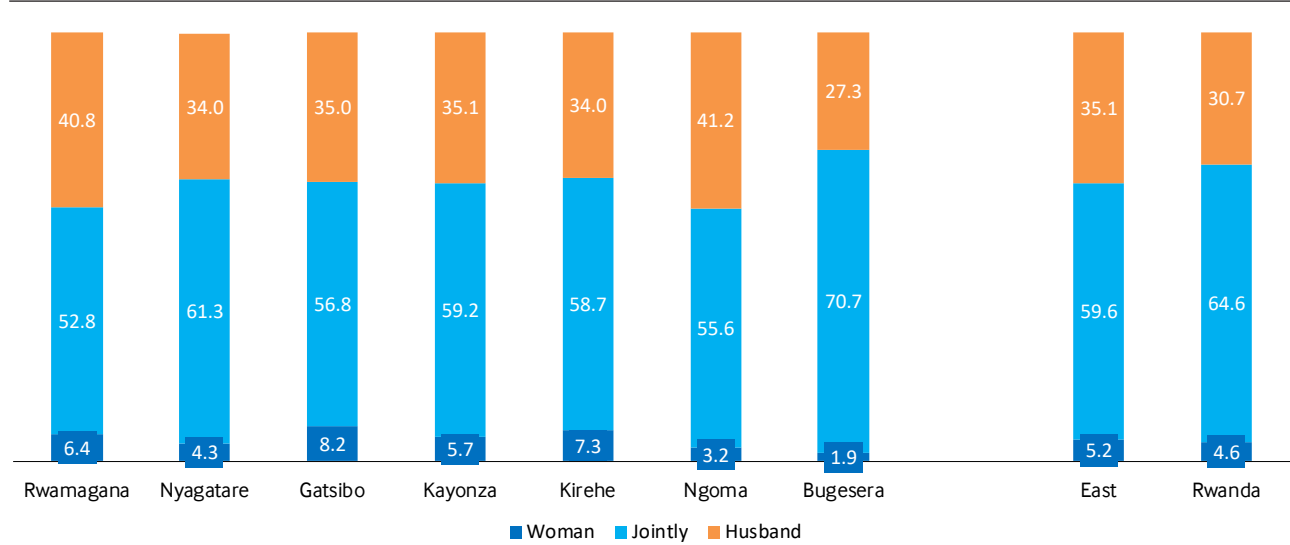
Overall, women's reports on who makes decisions about how their husband's earnings are spent are comparable to men's reports. In the Eastern province, 35% of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 8% reported by men themselves. Additionally, 60% of women report that decisions are made jointly, compared to 65% of men, while 5% of women report that they mainly decide how their husband's earnings are used, a proportion considerably lower than the 27% reported by the men in Eastern Province. At the district level, 41% of women in Ngoma and Rwamagana Districts whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, compared to 27% of women in Bugesera District. In the remaining districts, the proportion ranges from 34% to 35%.

At the national level, 31% of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 6% reported by men themselves.

Trends: Compared to the RDHS 2019-20, reports from men and women report on who decides how men's cash earnings are used indicate a decline in joint decision-making between spouses in Eastern Province. Among women, the proportion reporting joint decision-making decreased from 72% to 60%, while among men, it declined from 83% to 65.2%. This trend shows a decrease in women's participation in decisions regarding the use of cash earned by men, as observed in the 2025 RDHS.

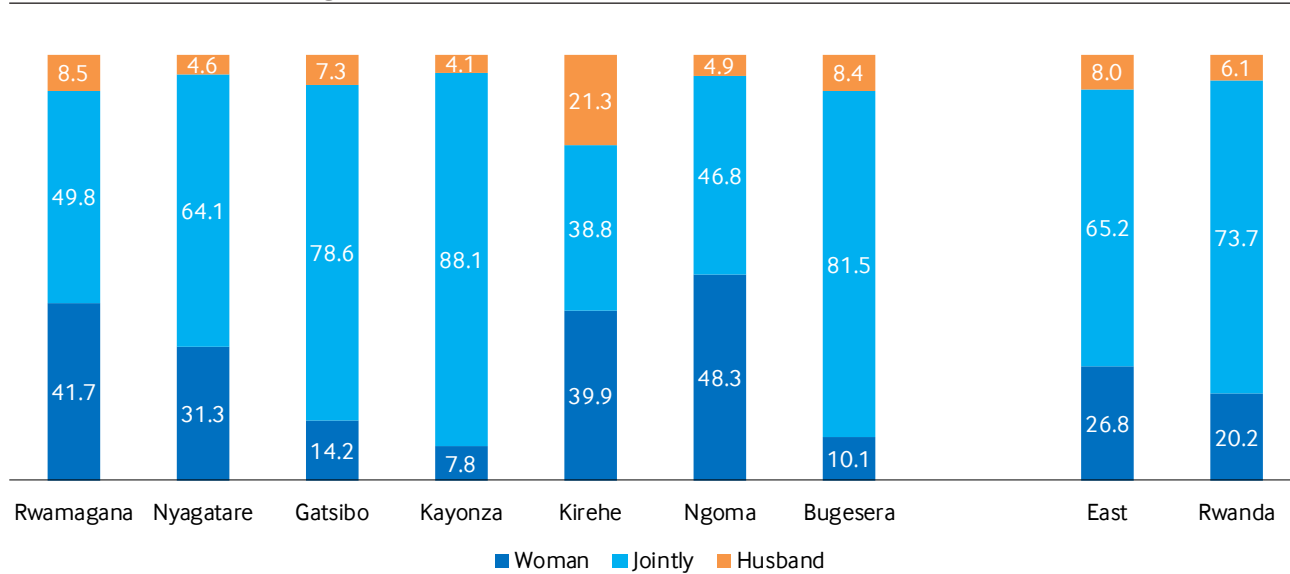


Figure 9.2.a: Percentage distribution of currently married women 15-49 according to their report on who decides how the men's cash earnings are used.



Source: 2025 RDHS

Figure 9.2.b: Percentage distribution of currently married men 15-49 according to their report on who decides how the men's cash earnings are used.



Source: 2025 RDHS

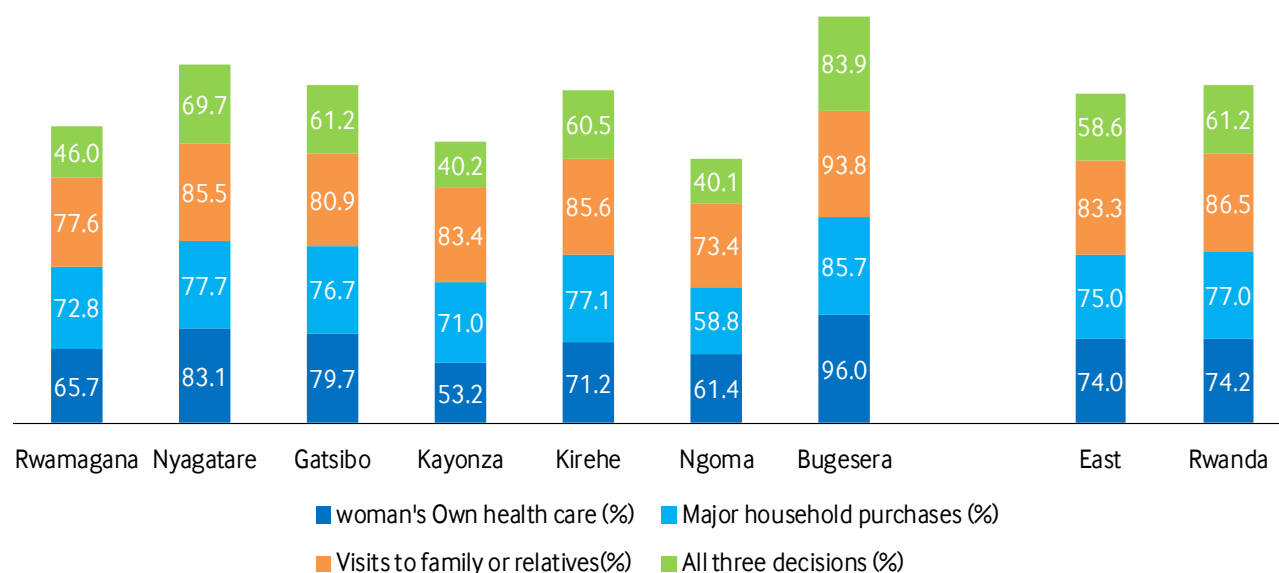
9.3. Women's participation in decision-making

The ability of women to make decisions that affect their circumstances is essential for their empowerment and serves as an important factor in national development. To assess women's decision-making autonomy, the 2025 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 9.3a shows that in Eastern Province, 74% of currently married women aged 15-49 report that they make decisions about their health care either by themselves or jointly with their husbands. Similarly, 75% of women indicate that they participate in decisions regarding major household purchases, and 83% of married women report participating in decisions about visits to their own family or relatives.

Trends: Compared to the RDHS 2019-20, a significant change is observed in women's participation in decisions regarding major household purchases. The proportion decreased from 81% to 75% in the Eastern Province, from 87% to 59% in Ngoma District, and from 90% to 71% in Kayonza District.

Figure 9.3a: Percentage of currently married women age 15-49 participating in decision-making according to the three types of decision.



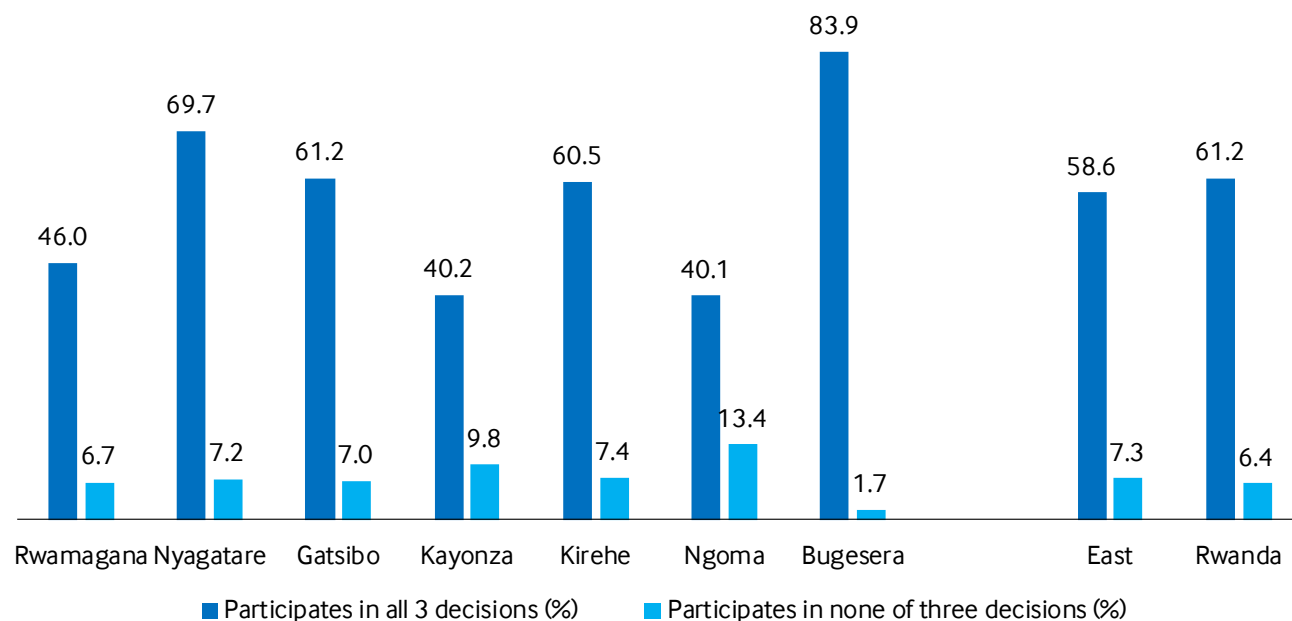
Source: 2025 RDHS

Figure 9.3b illustrates how women's participation in household decision-making varies across the districts of the Eastern Province. In the Eastern Province, 59% of married women report participating in all three key decisions, while 7% report having no say in any of them. By comparison, at the national level, 61% of married women report participating in all three decisions, while 6% have no say in any of the three.

At the district level, married women in Bugesera District are the most likely to participate in all three decision-making areas, at 84%, substantially higher than in other districts. Conversely, Ngoma District reports the highest proportion of married women aged 15-49 with no say in any of the three decisions, at 13%, followed by Kayonza District at 10%.

Trends: Compared to the RDHS 2019-20, women's participation in all three decisions has decreased from 72% to 59% in the Eastern Province. At the district level, a decrease was observed across most districts, with the exception of Bugesera district, which rose from 63% in RDHS 2019-20 to 84% in the 2025 RDHS. The deepest decrease was observed in Kayonza District, where participation fell from 84% to 40%

Figure 9.3b: Percentage of currently married women aged 15-49 according to participation in decision making.



Source: 2025 RDHS

9.4. Women's participation in sexual and reproductive health decision-making

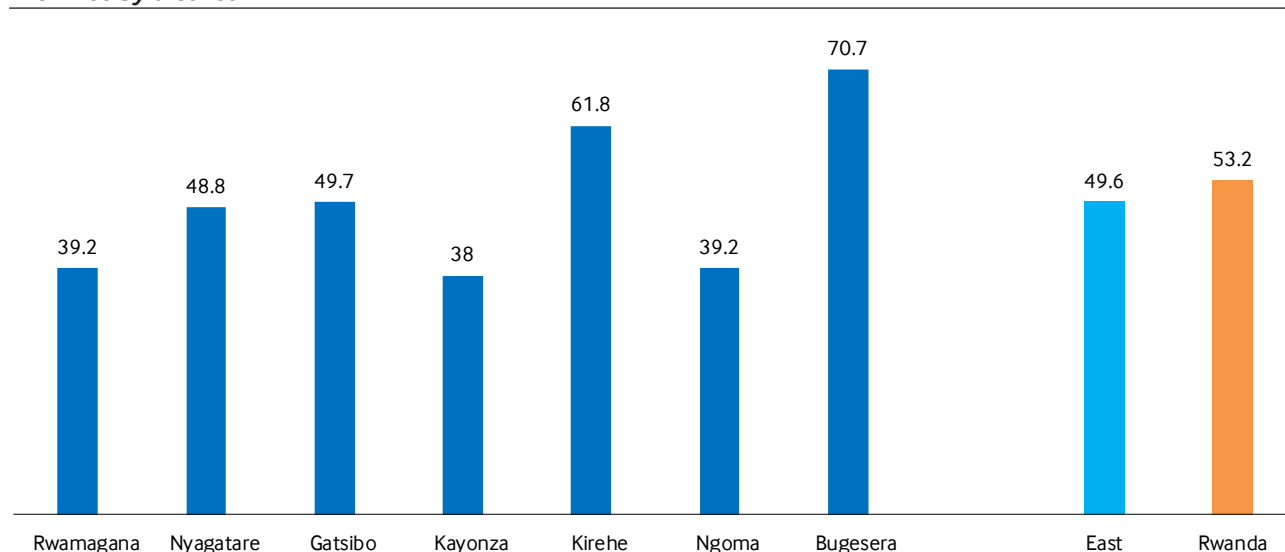
Participation in sexual and reproductive health (SRH) decision-making refers to the percentage of currently married women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care, either alone or jointly with their spouse. This composite indicator measures female bodily autonomy and decision-making power over personal health care and family planning.

Figure 9.4 presents the proportion of currently married women participating in SRH decision-making across districts in the Eastern Province. Overall, 50% of married women in the Eastern Province participate in SRH decisions, remaining below the national average of 53%.

Significant district-level variations are observed across the province. Bugesera District recorded the highest proportion of women participating in SRH decisions at 71%, followed by Kirehe at 62%. Gatsibo (50%) and Nyagatare (49%) reported moderate rates near the provincial average. Conversely, Kayonza recorded the lowest participation rate at 38%, while Rwamagana and Ngoma both recorded 39%.

The findings indicate that while women in districts such as Bugesera and Kirehe exercise substantial autonomy in SRH matters, significant gaps remain in Kayonza, Rwamagana, and Ngoma districts, where fewer than 40% of married women actively participate in decisions regarding their reproductive health.

Figure 9.4: Percentage of currently married women 15-49 who participate in SRH decision-making in Eastern Province by district



Source: 2025RDHS

9.5. Attitude toward negotiating safer sex

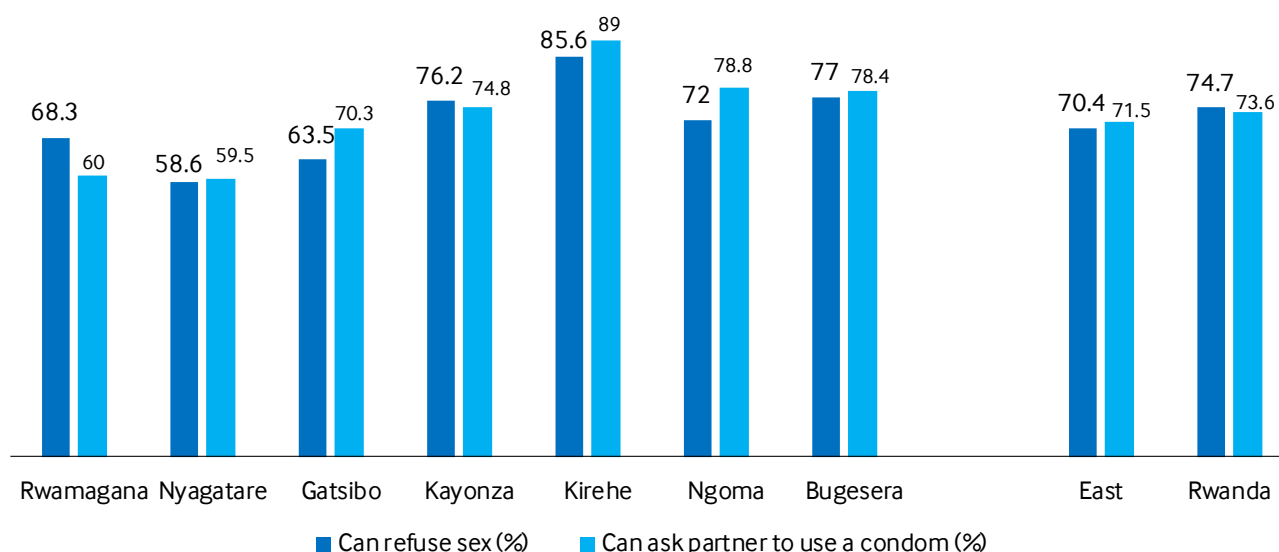
Attitude toward negotiating safer sex measures the ability of currently married women aged 15-49 to exercise sexual rights and negotiate protective measures. It evaluates two specific dimensions: the percentage of women who report being able to refuse sexual intercourse with their husband/partner if he has a sexually transmitted infection (STI), and the percentage who can ask their husband/partner to use a condom.

Figure 9.5 illustrates the ability of married women to negotiate safer sex across districts in the Eastern Province. Overall, 70% of married women in the Eastern Province report that they can refuse sex with their partner if he has an STI, compared to 75% at the national level. Kirehe District recorded the highest proportion at 86%, followed by Bugesera (77%), Kayonza (76%), and Ngoma (72%). Conversely, Nyagatare District recorded the lowest capability rate at 59%, followed by Gatsibo (64%) and Rwamagana (68%).

Regarding condom negotiation, 72% of married women in the Eastern Province report that they can ask their partner to use a condom, compared to 74% at the national level. Kirehe District leads with the highest rate at 89%, followed by Ngoma (79%), Bugesera (78%), and Kayonza (75%). Rwamagana and Nyagatare recorded the lowest capability rate at 60%, followed by Gatsibo at 70%.

The results show that while women in Kirehe and Bugesera possess high levels of understanding regarding safer sex, women in Nyagatare and Rwamagana face lower autonomy in negotiating sexual protection and refusal.

Figure 9.5: Percentage of currently married women 15-49 who can negotiate safer sex in Eastern Province by district



Source: 2025 RDHS

9.6. Ownership and use of bank accounts among women and men

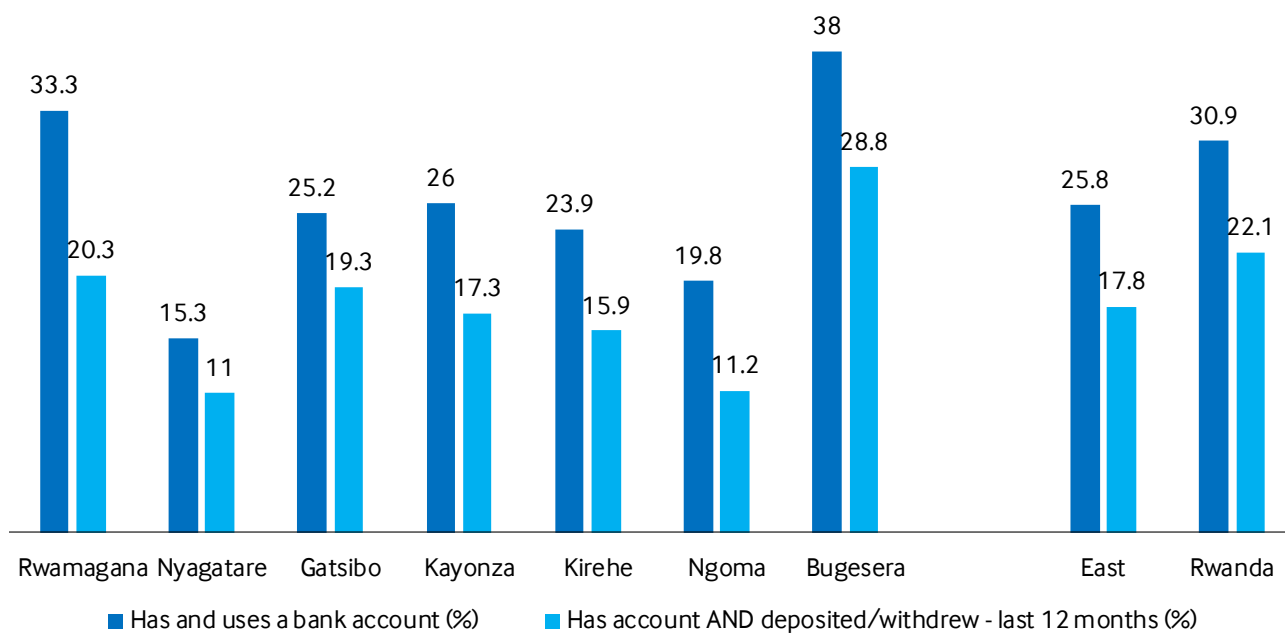
Ownership and active use of bank accounts refer to the proportion of women and men aged 15-49 who hold a bank account and those who have actively conducted financial transactions (deposits or withdrawals) within the 12 months preceding the survey. This indicator measures access to formal financial services and economic inclusion.

Figure 9.6a highlights bank account ownership and active use among women aged 15-49 across districts in the Eastern Province. Overall, 26% of women in the Eastern Province own a bank account, compared to 31% at the national level. Bugesera District recorded the highest rate of ownership among women at 38%, followed by Rwamagana (33%), Kayonza (26%), and Gatsibo (25%). Conversely, Nyagatare District recorded the lowest ownership rate among women at 15%, followed by Ngoma (20%) and Kirehe (24%). Regarding active utilization, 18% of women in the Eastern Province used their account in the last 12 months preceding the survey, compared to 22 at the national level. Bugesera lead at 29% and Rwamagana at 20%, while Nyagatare and Ngoma (11%) reported the lowest active usage rates.

Figure 9.6b illustrates bank account ownership and active usage among men aged 15-49 in the Eastern Province. Province-wide, 30% of men own a bank account, compared to 38% at the national level. At the district level, Rwamagana District recorded the highest male ownership rate at 45%, followed by Bugesera (39%), Kayonza (34%), and Kirehe (33%), whereas Nyagatare recorded the lowest rate at 18%. In terms of active usage, 25% of men in the Eastern Province actively used their bank account in the past 12 months preceding the survey, compared to 30% at the national level. Active usage among men was highly in Rwamagana (35%), Bugesera (34%), and Kayonza (30%), and lowest in Nyagatare (17%) and Gatsibo (19%).

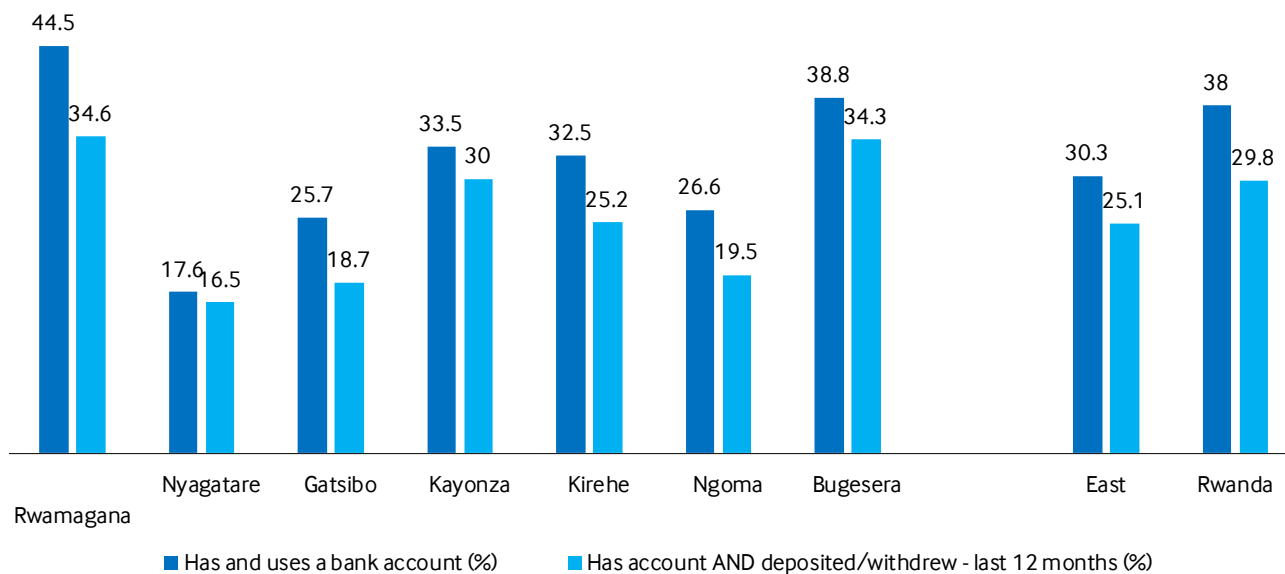
The data demonstrate that financial inclusion in the Eastern Province remains below national benchmarks for both women and men, with a persistent gender gap in account ownership and usage across all districts.

Figure 9.6a: Percentage of women 15-49 who have and use a bank account in Eastern Province by district



Source: 2025 RDHS

Figure 9.6b: Percentage of men 15-49 who have and use a bank account in Eastern Province by district



Source: 2025 RDHS

Domestic violence is an important dimension of women's health, well-being and gender equality. The 2025 RDHS assesses violence experienced by women from their current or former husbands or intimate partners, including physical, sexual and emotional violence, as well as attitudes toward the justification of wife beating. The indicators presented in this chapter provide an overview of the experience of partner violence and related attitudes among the population, highlighting differences across districts in the Eastern Province.

10.1. Experience of violence by partner/Spousal violence

This indicator measures the percentage of women who have ever experienced physical, sexual or emotional violence by a husband or intimate partner. It also presents combinations of violence types, including physical and sexual violence, all three forms of violence, and any physical, sexual or emotional violence.

Among women, Figure 10.1a shows the percentage of women aged 15–49 who have ever experienced physical, sexual, or emotional violence by their current/most recent partner, by district. Overall, 43% of women in the Eastern Province have ever experienced spousal violence in any form, compared with 39% nationally highest in Kirehe (51%), followed by Rwamagana (49%), Ngoma (47%), and Gatsibo (43%), and lowest in Bugesera (32%).

Emotional violence is the most common form (37% at provincial level, 33% nationally), highest in Kirehe (46%) and Rwamagana (45%), lowest in Bugesera (25%). Physical violence affected 28% of women at provincial level (vs. 25.6% nationally), highest in Kirehe (34%) and lowest in Bugesera (20%). Sexual violence affected 14% at provincial level (vs. 11% nationally), highest in Nyagatare (20%) and lowest in Bugesera (8%).

For combined forms, 10% experienced both physical and sexual violence (vs. 8% nationally), and 10% experienced all three forms (vs. 7% nationally). While Nyagatare recorded the highest rate for both (16% and 15%, respectively).

Among men Figure 10.1b presents the percentage of men aged 15–49 who ever experienced physical, sexual, or emotional violence committed by a current or most recent wife/partner across districts in the Eastern Province. In the Eastern Province, 20% of men reported ever experiencing physical, sexual, or emotional spousal violence, compared to 23% at the national level. Kirehe District recorded the highest rate at 35%, followed by Gatsibo and Ngoma (27%), while Nyagatare District recorded the lowest proportion at 3%.

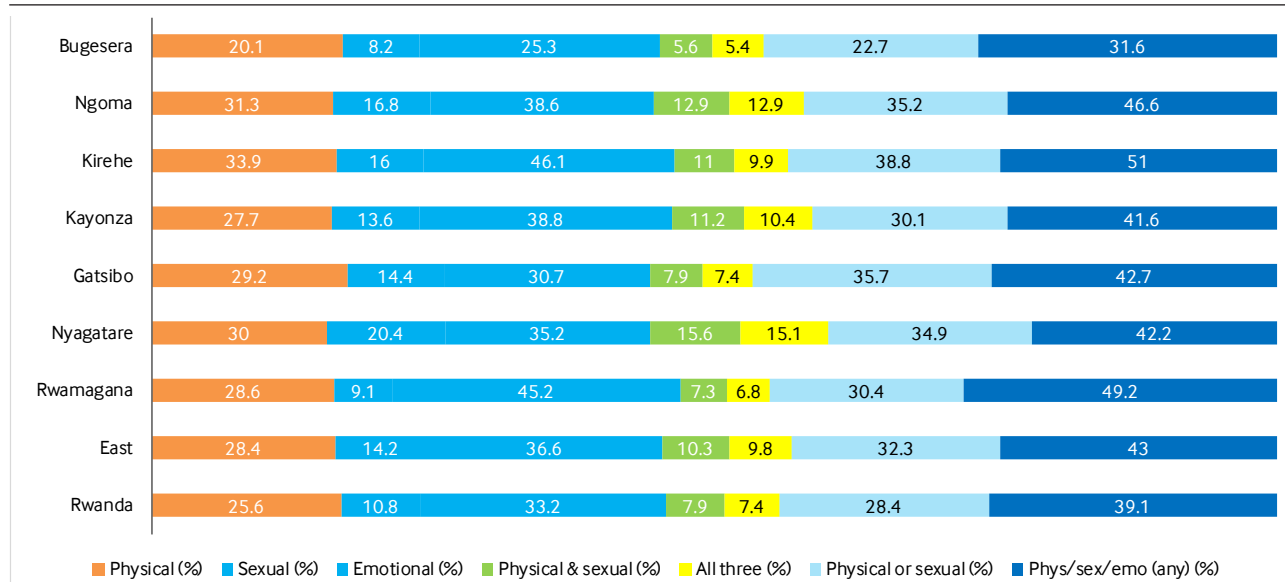
Emotional violence is also the main form of spousal violence experienced by men, reported by 19% of men in the Eastern Province, compared to 22% at the national level. Kirehe District recorded the highest prevalence at 32%, followed by Gatsibo (27%) and Ngoma (25%), whereas Nyagatare recorded the lowest at 1%.

Physical spousal violence was ever experienced by 7% of men in the Eastern Province, compared to 6% at the national level. At the district level, Ngoma and Gatsibo recorded the highest rate at 10%, followed by Kirehe (8%). In the Eastern Province, sexual spousal violence was reported by 2% of men, a figure identical to the national level (2%), while Rwamagana and Bugesera recorded 4% each.

Combined physical and sexual violence, as well as experiencing all three forms of violence, were reported by 1% of men in the province, compared to 0.6% at the national level, while Rwamagana District recorded the highest proportion at 3%.

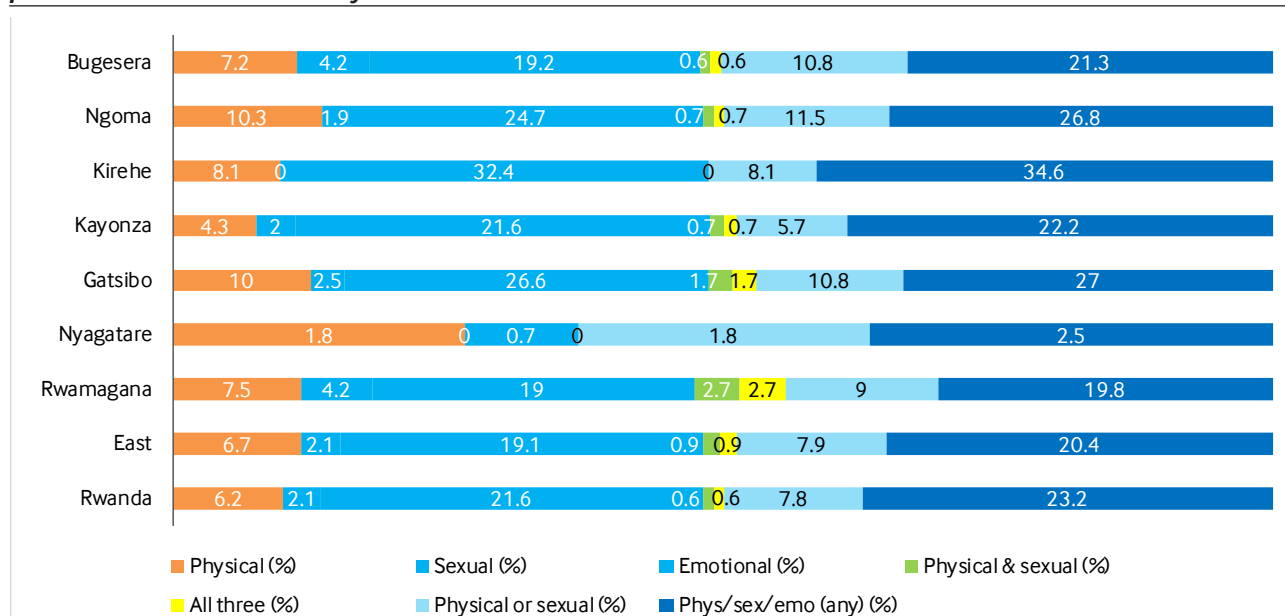
Overall, spousal violence remains substantially higher among women than men in the Eastern Province, with provincial averages for women exceeding national figures across physical, sexual, and emotional dimensions. Kirehe District shows elevated levels of spousal violence for both women and men, while Bugesera reports lower rates for women and Nyagatare reports lower rates for men.

Figure 10.1a: Percentage of women who have ever experienced violence by any husband/partner, Eastern Province



Source: 2025 RDHS

Figure 10.1b: Percentage of men 15-49 who have ever experienced spousal violence by current/most recent partner in Eastern Province by district



Source: 2025 RDHS

10.2. Attitudes toward wife beating

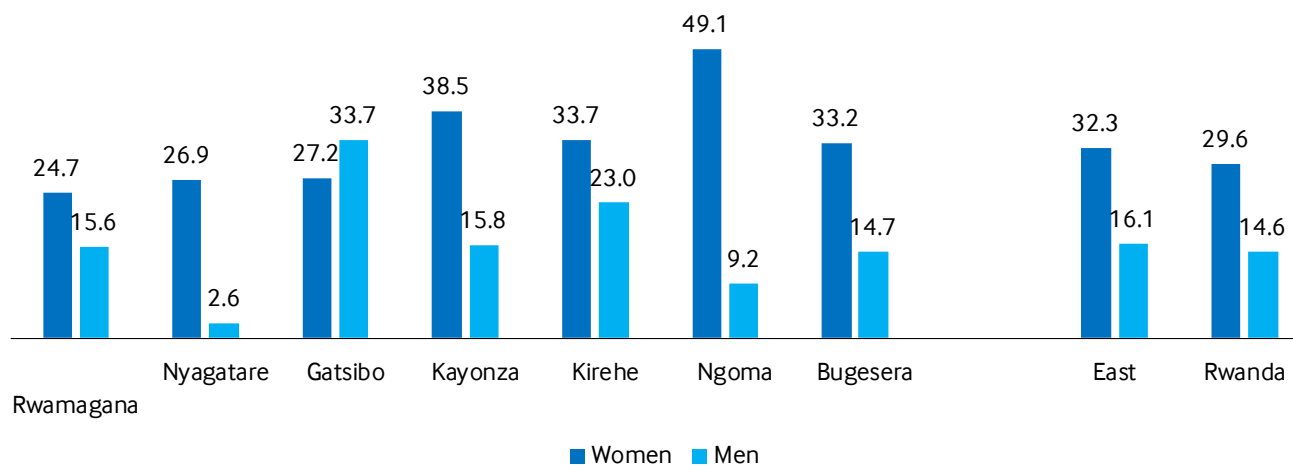
Attitudes toward wife beating measure the percentage of women and men who consider a husband justified in hitting or beating his wife under specified circumstances. The 2025 RDHS considers five situations: burning food, arguing with the husband, going out without telling him, neglecting the children, and refusing to have sexual intercourse. Respondents who consider wife beating justified for at least one of these reasons are classified as having an attitude accepting of wife beating.

Figure 10.2 shows the percentage of women and men who feel that wife-beating is justified for at least one of the specified reasons. A high proportion of respondents agreeing that wife-beating is acceptable indicates a general acceptance of a man's right to control his wife's behavior, even though it's violence.

Figure 10.2 shows that 32% of women in the Eastern Province and 30% in Rwanda believe that wife-beating is justified for at least one of the specified reasons. Men are less likely to agree that a man is justified in beating his wife for at least one reason, with 16% in the Eastern Province and 15% at the national level. Among districts, women in Rwamagana District (25%) are less likely to agree that wife beating is justified for at least one reason compared to women in other districts. Agreement among men ranges from 34% in Gatsibo District to a lower of 3% in Nyagatare District.

Trends: Compared to the RDHS 2019-20, the proportion of women who believe that wife beating is justified for at least one of the specified reasons has decreased from 43% to 32%. At the district level, however, Gatsibo District recorded an increase from 16% to 27%.

Figure 10.2: Percentage of currently married women and men age 15-49 who agree with attitude toward wife-beating is justified



Source: 2025 RDHS

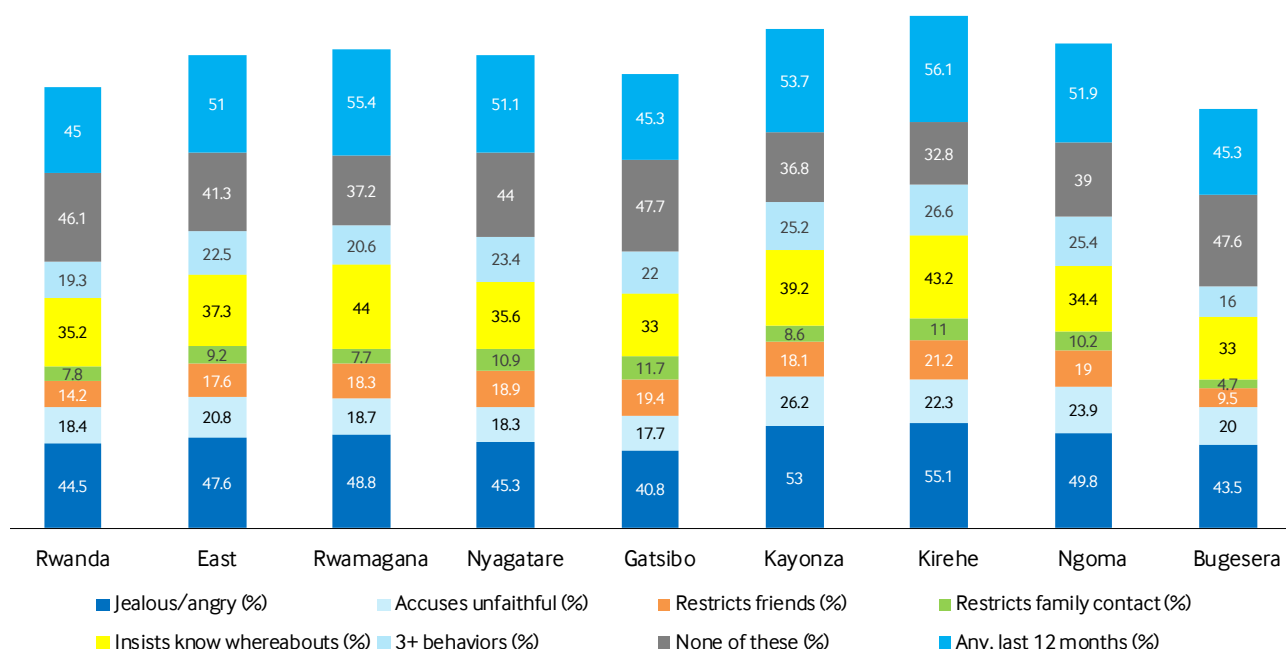
10.3. Controlling behaviors by partner

Controlling behaviors refer to actions by a husband or intimate partner that restrict a woman's freedom, social relationships or autonomy. The indicator covers behaviors such as jealousy or anger, accusations of unfaithfulness, restrictions on contact with friends or family, and insisting on knowing a woman's whereabouts during the 12 months preceding the survey.

Figure 10.3a shows the percentage of women aged 15-49 whose husband/partner displays controlling behaviors, across districts in the Eastern Province. In the Eastern Province, 51% of women experienced at least one controlling behavior in the last 12 months, exceeding the national average of 45%. Kirehe District recorded the highest rate of overall marital control against women at 56%, followed by Rwamagana (55%), Kayonza (54%), and Ngoma (52%), while Gatsibo and Bugesera recorded the lowest at 45% each.

Among specific behaviors, partner jealousy or anger when speaking to other men was the most reported in the Eastern Province at 48%, compared to 45% at the national level, peaking in Kirehe at 55% and Kayonza at 53%. In the Eastern Province, partner insistence on knowing where the woman is at all times affected 37% of women, compared to 35% at the national level, led by Rwamagana (44%) and Kirehe District (43%). Unfounded accusations of unfaithfulness were reported by 21% of women in the Eastern Province compared to 18% at the national level, restricting female friends by 18%, compared to 14% at the national level, and restricting contact with family by 9% compared to 8% at the national level. Overall, 23% of women in the Eastern Province experienced three or more controlling behaviors, compared to 19% at the national level, with Kirehe reporting the highest prevalence at 27% and Bugesera the lowest at 16%. Conversely, 41% of women reported none of these behaviors compared to 46% at the national level.

Figure 10.3a: Percentage of women whose husband/partner has ever displayed controlling behaviours in Eastern Province



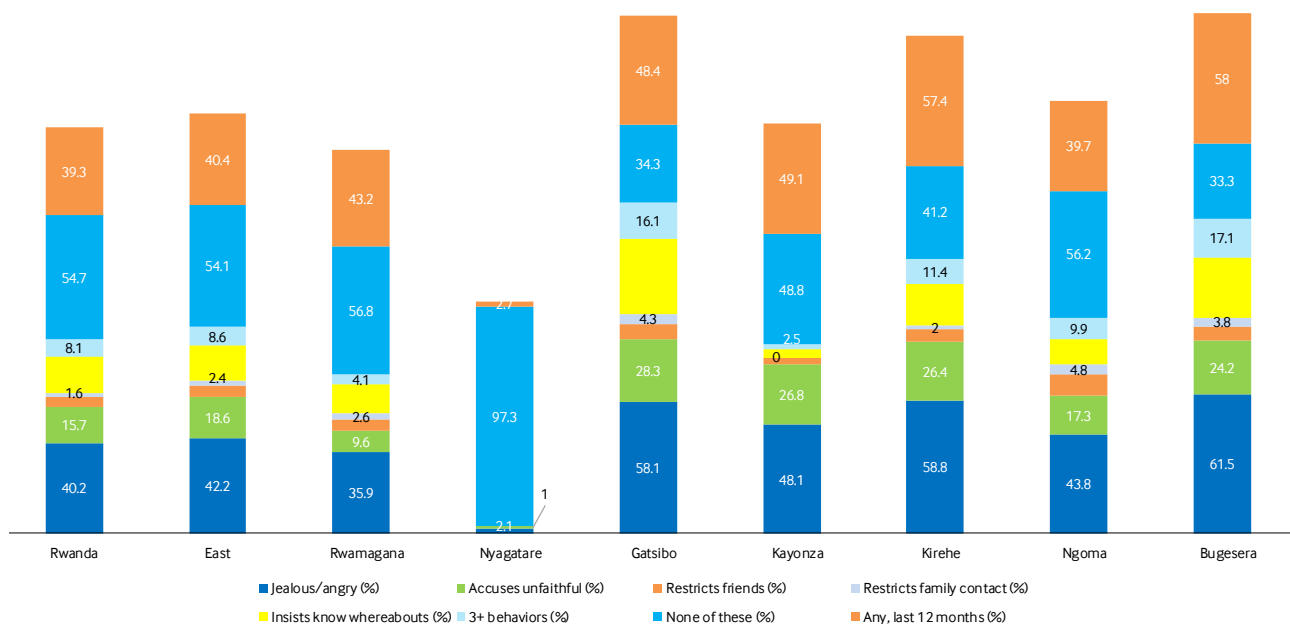
Source: 2025 RDHS

Figure 10.3b presents the percentage of men aged 15-49 whose current or most recent wife/partner displays controlling behaviours in the Eastern Province. Across the province, 54% of men reported that their partner displayed none of the specified controlling behaviors, compared to 55% at the national level. Nyagatare District recorded the highest proportion of men experiencing no controlling behaviors at 97%, followed by Rwamagana (57%) and Ngoma (56%), whereas Bugesera recorded the lowest at 33%.

Partner jealousy or anger when speaking to other women was the most prevalent behavior affecting men, reported by 42% provincially, compared to 40% at the national level. Bugesera recorded the highest rate at 62%, followed by Kirehe (59%) and Gatsibo (58%), while Nyagatare recorded 2%. In the Eastern Province, accusations of unfaithfulness were reported by 19% of men, compared to 16% at the national level; insistence on knowing location by 15%, compared to 16% at the national level; restricting female friends by 5%, as well as at the national level; and restricting family contact by 2.4%, compared to 2% at the national level. Overall, 9% of men in the Eastern Province experienced three or more controlling behaviors, compared to 8% at the national level, with Bugesera (17%) and Gatsibo (16%) recording the highest proportions.

Women in the Eastern Province experience higher levels and greater severity of controlling behaviors than men, with nearly a quarter of women facing three or more controlling behaviors compared to less than a tenth of men. While controlling behaviors against women are highest in Kirehe and Rwamagana, controlling behaviors against men are most concentrated in Bugesera and Gatsibo.

Figure 10.3b: Percentage of men 15-49 whose wife/partner has ever displayed controlling behaviors in Eastern Province



Source: 2025 RDHS

10.4. Physical violence by any perpetrator among women and men

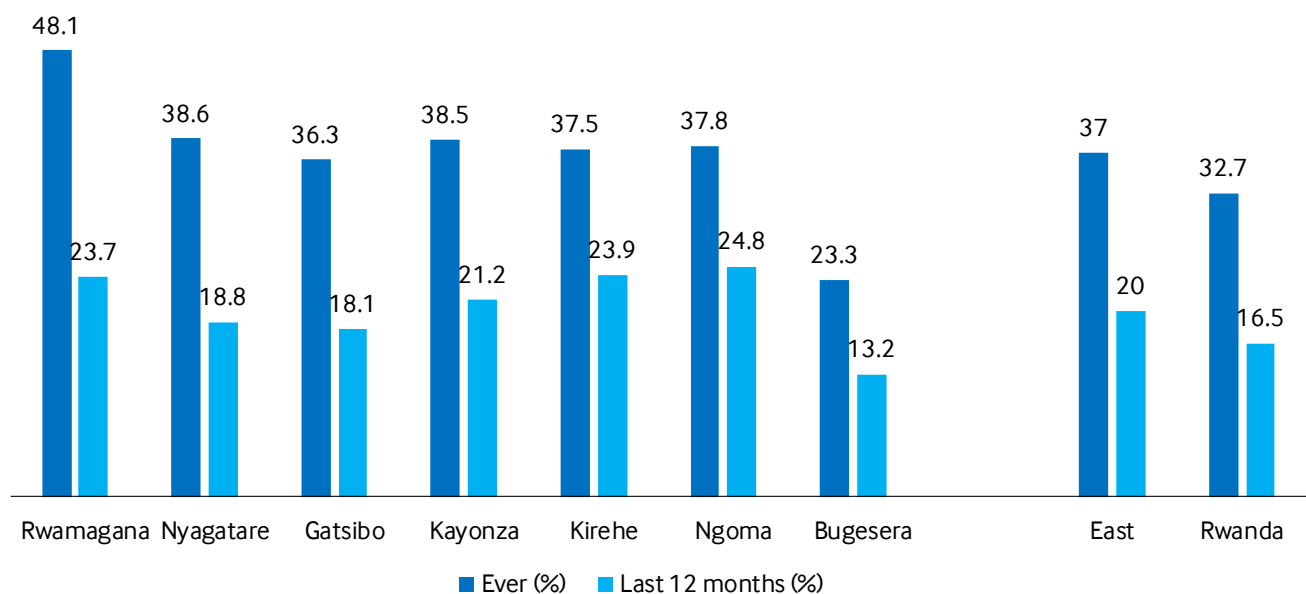
Physical violence by any perpetrator refers to the proportion of women and men who have experienced physical violence at any time in their lives or during the 12 months preceding the survey. The indicators distinguish between violence experienced ever and violence experienced in the 12 months preceding the survey, allowing comparison of lifetime and recent experiences of physical violence among women and men.

Figure 10.4a show that 37% of women in the Eastern Province had ever experienced physical violence, compared to 33% at the national level, while 20% experienced physical violence in the last 12 months preceding the survey, compared to 17% at the national level. Among men, 17% had ever experienced physical violence and 6% experienced it in the last 12 months preceding the survey, both below the national levels of 22 and 8%, respectively.

Substantial differences were observed across districts. Among women, Rwamagana recorded the highest proportion who had ever experienced physical violence (48%), while Bugesera recorded the lowest (23%). For violence in the last 12 months preceding the survey, Ngoma had the highest proportion (25%) and Bugesera the lowest (13%). Among men, Ngoma recorded the highest proportion who had ever experienced physical violence (48%), while Nyagatare recorded the lowest (4%). Ngoma also had the highest proportion of violence experiencing in the last 12 months preceding the survey (11%), compared to 2% in Nyagatare District.

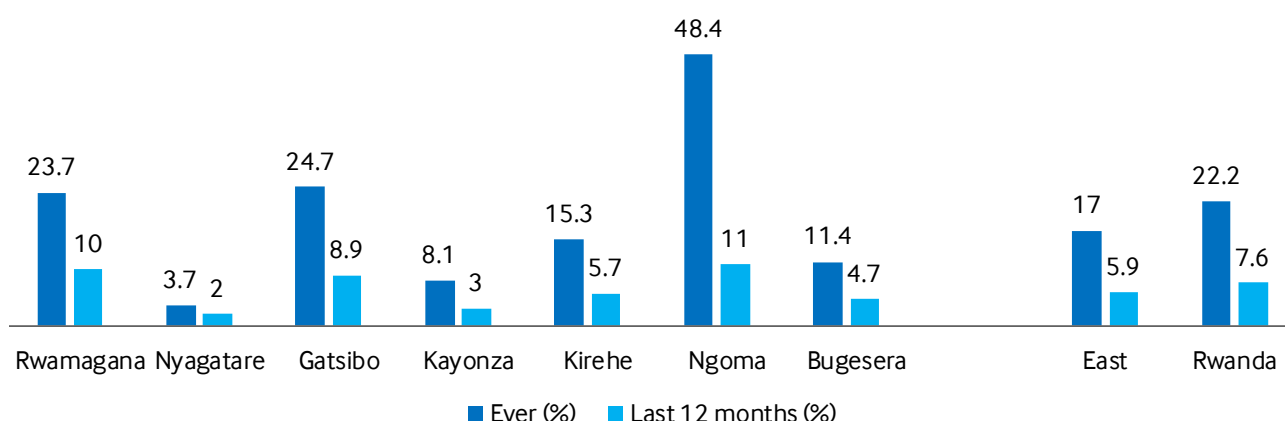
Overall, women in the Eastern Province reported higher levels of physical violence than the national average, while reported levels among men were lower than the national average. The findings also show considerable variation across districts for both women and men.

Figure 10.4a: Percentage of women who experienced physical violence by any perpetrator, Eastern Province



Source: 2025 RDHS

Figure 10.4b: Percentage of men who experienced physical violence by any perpetrator, Eastern Province



Source: 2025 RDHS

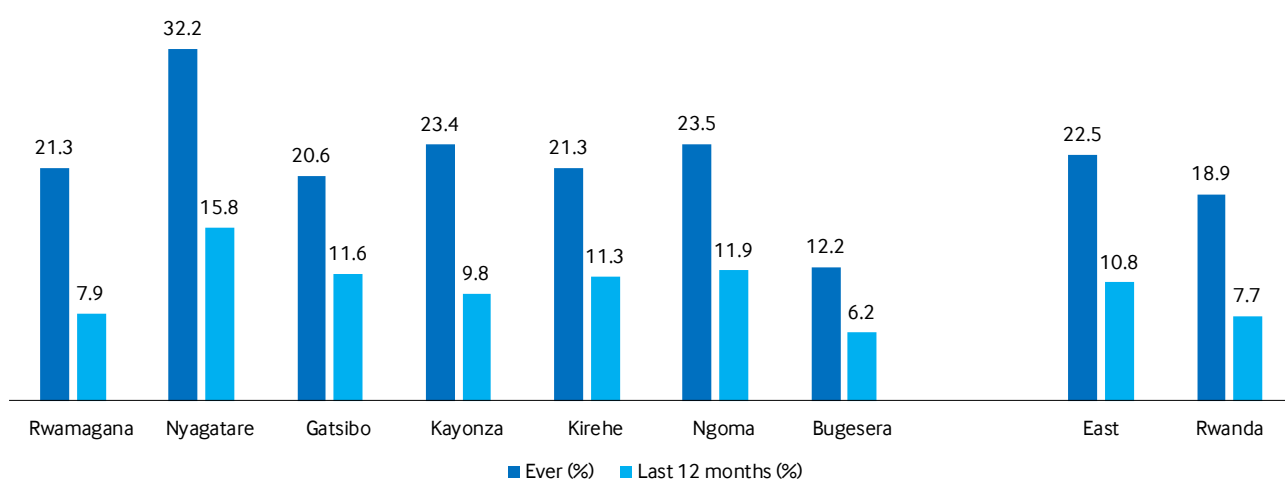
10.5. Sexual violence by any perpetrator

Sexual violence by any perpetrator refers to the proportion of women who have experienced sexual violence at any time in their lives or during the 12 months preceding the survey. The indicator captures sexual violence regardless of the relationship between the woman and the perpetrator.

Figure 10.5 shows that 23% of women in the Eastern Province had ever experienced sexual violence, compared to 19% at the national level, while 11% experienced sexual violence in the last 12 months preceding the survey, compared with 8% at the national level. At the district level, Nyagatare recorded the highest proportion of women who had ever experienced sexual violence (32%) and the highest proportion experiencing it in the last 12 months (16%). Bugesera recorded the lowest proportions for both measures, at 12% and 6%, respectively.

Overall, women in the Eastern Province reported higher levels of sexual violence than the national average, with notable differences across districts.

Figure 10.5 : Percentage of women who experienced sexual violence by any perpetrator, Eastern Province



Source: 2025 RDHS

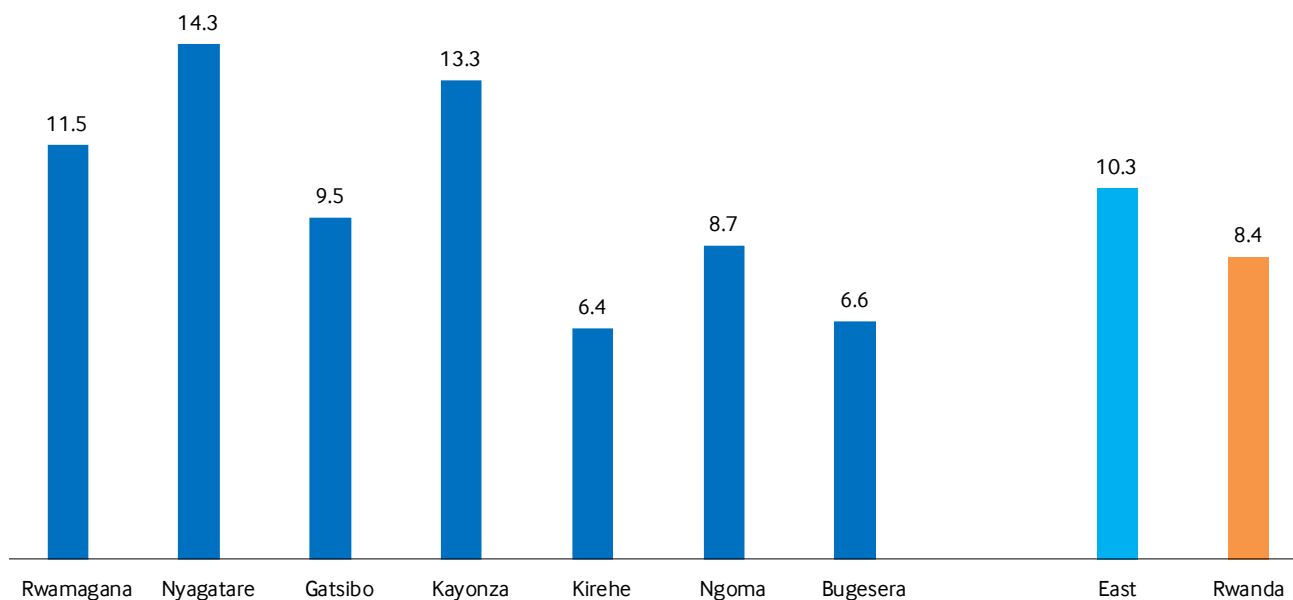
10.6. Physical Violence during pregnancy

Violence during pregnancy refers to the proportion of ever-pregnant women who ever experienced physical violence while pregnant. The indicator provides information on women's experience of violence during pregnancy and highlights differences across districts.

Figure 10.6 shows that 10% of ever-pregnant women in the Eastern Province experienced violence during pregnancy, compared to 8% at the national level. At the district level, Nyagatare recorded the highest proportion (14%), followed by Kayonza (13%) and Rwamagana (12%), while Kirehe recorded the lowest proportion (6%).

Overall, violence during pregnancy was more commonly reported in the Eastern Province than nationally, with notable differences across districts.

Figure 10.6: Percentage of ever-pregnant women who ever experienced physical violence during pregnancy, Eastern Province



Source: 2025 RDHS

Annex .1. Tables

Table 1: Household Possession

	Radio sets	Television	Mobile Telephone	Computer
Rwanda	43.6	14.8	83.7	5
Kigali City	53.5	34.9	94.6	14.9
Nyarugenge	60.5	44.3	96.7	16.6
Gasabo	50.7	29.7	93	9.6
Kicukiro	53.2	36.9	95.7	22.8
Southern Province	41.5	11.5	77.7	3.7
Nyanza	44.7	10.4	79	4.2
Gisagara	31.6	6	69.6	0.9
Nyaruguru	28.9	3.4	72.7	1.5
Huye	41.5	11.4	79.2	3.7
Nyamagabe	36.9	6.2	77.9	1.9
Ruhango	44.5	10.8	74.7	2.5
Muhanga	53	17.3	81.1	5.8
Kamonyi	47.2	21.7	84.9	7.5
Western Province	38.8	11.2	84.2	2.6
Karongi	34.7	4	79.4	1.4
Rutsiro	36.5	4.2	82	1.2
Rubavu	41.5	25.5	85.6	5
Nyabihu	39.7	9.4	86.8	2.1
Ngororero	39.6	4.5	78.5	1.8
Rusizi	39.8	15.3	86.3	4.2
Nyamasheke	38.6	7.6	90.2	1.2
Northern Province	46	8.4	84.7	3.3
Rulindo	53.5	9.6	83.1	2.7
Gakenke	47.1	4.7	81.9	1
Musanze	43.6	13.9	88.4	6.5
Burera	45.4	5.8	86.1	1
Gicumbi	41.8	6.9	83.6	4.3
Eastern Province	42.1	12.7	81.5	3.4
Rwamagana	52.9	17.4	86.2	4
Nyagatare	39.3	12.5	83.6	2.6
Gatsibo	41.2	11.1	76.4	2.8
Kayanza	42.4	16.7	85.4	5.5
Kirehe	37.7	5	73.8	1.2
Ngoma	31.4	7.8	74.6	2.4
Bugesera	47.8	16.6	87.5	5
Source: 2025 RDHS				

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

	Observed, Fixed place	Observed, Mobile place	Total
Rwanda	11.3	31.3	42.6
Kigali City	18.3	21.2	39.6
Nyarugenge	18.6	17.5	36.1
Gasabo	15.0	27.5	42.5
Kicukiro	24.1	12.6	36.7
Southern Province	12.2	30.2	42.3
Nyanza	22.9	20.9	43.8
Gisagara	3.6	80.8	84.5
Nyaruguru	7.3	4.1	11.4
Huye	11.0	45.9	56.9
Nyamagabe	2.4	5.9	8.3
Ruhango	14.3	7.5	21.7
Muhanga	22.1	22.4	44.5
Kamonyi	14.4	32.8	47.2
Western Province	9.2	33.2	42.4
Karongi	13.3	58.3	71.5
Rutsiro	4.5	44.6	49.1
Rubavu	5.1	16.6	21.7
Nyabihu	9.3	34.4	43.7
Ngororero	16.7	33.9	50.6
Rusizi	10.0	22.4	32.4
Nyamasheke	8.4	36.3	44.6
Northern Province	8.4	39.5	47.9
Rulindo	8.9	38.4	47.3
Gakenke	19.1	21.9	40.9
Musanze	6.1	48.3	54.4
Burera	3.7	44.6	48.2
Gicumbi	5.4	41.7	47.2
Eastern Province	10.4	31.4	41.8
Rwamagana	4.5	3.8	8.3
Nyagatare	30.4	38.4	68.8
Gatsibo	2.7	55.5	58.3
Kayonza	5.5	38.5	44.0
Kirehe	2.3	2.4	4.7
Ngoma	13.8	69.4	83.2
Bugesera	5.4	9.1	14.4
Source: 2025 RDHS			

Table 3: Percentage distribution of de facto population age 6 and over by highest level of education

	Female				Male			
	No education	Primary	Secondary	Higher	No education	Primary	Secondary	Higher
Rwanda	13.0	63.0	21.1	2.9	9.8	67.8	18.6	3.6
Kigali City	5.4	52.7	32.6	9.1	4.6	53.9	30.0	11.0
Nyarugenge	3.7	47.9	37.7	10.5	4.0	48.9	34.3	12.3
Gasabo	6.4	56.3	30.9	6.3	5.0	59.7	28.0	6.9
Kicukiro	4.9	49.8	32.0	13.1	4.5	47.4	30.5	17.5
Southern Province	14.1	64.8	18.6	2.5	12.0	69.1	16.1	2.7
Nyanza	16.0	63.0	19.1	2.0	13.6	67.3	15.2	3.9
Gisagara	11.8	72.3	15.2	0.7	13.2	73.6	12.4	0.7
Nyaruguru	19.7	62.2	17.2	0.8	14.5	65.8	18.5	1.2
Huye	15.8	64.3	17.8	2.1	14.2	67.6	15.1	2.8
Nyamagabe	16.8	61.9	19.6	1.7	13.2	66.1	18.4	2.2
Ruhango	10.4	70.1	16.6	2.7	9.1	73.0	15.1	2.8
Muhanga	12.9	63.5	19.9	3.7	10.2	69.1	17.4	3.3
Kamonyi	11.4	60.5	22.7	5.4	8.9	68.9	17.4	4.6
Western Province	14.8	64.7	18.8	1.7	10.6	70.8	16.1	2.3
Karongi	12.4	64.6	21.9	0.9	9.9	69.6	18.4	1.4
Rutsiro	14.2	66.9	17.6	1.3	9.8	76.4	13.0	0.8
Rubavu	12.7	63.7	20.7	2.9	9.0	66.7	21.0	3.3
Nyabihu	15.7	61.0	22.2	1.0	8.3	67.1	22.5	1.8
Ngororero	21.2	62.5	15.0	1.3	16.2	70.5	10.0	3.0
Rusizi	14.9	65.4	17.3	2.3	11.0	72.4	12.9	3.7
Nyamasheke	13.5	67.8	17.0	1.7	11.1	74.1	13.5	1.3
Northern Province	14.6	62.4	21.0	1.9	9.3	69.9	18.0	2.6
Rulindo	12.2	62.7	23.3	1.8	7.3	69.9	20.1	2.2
Gakenke	13.3	67.8	18.2	0.5	13.3	73.5	12.2	0.8
Musanze	14.2	60.4	21.9	3.5	10.5	62.5	23.1	3.8
Burera	16.9	62.0	20.2	0.9	6.4	75.3	16.7	1.5
Gicumbi	16.2	60.0	21.5	2.4	8.9	70.0	16.8	4.1
Eastern Province	13.4	65.7	19.2	1.7	10.4	70.8	16.7	2.0
Rwamagana	10.1	62.8	24.8	2.2	8.5	70.6	19.4	1.5
Nyagatare	16.1	64.9	17.4	1.7	9.8	71.1	17.8	1.3
Gatsibo	14.5	64.3	19.6	1.5	9.7	70.6	17.2	2.5
Kayanza	12.5	65.6	20.0	1.9	14.4	66.3	17.4	1.7
Kirehe	13.6	72.0	14.0	0.4	10.5	76.8	12.0	0.7
Ngoma	15.3	68.2	15.8	0.5	11.8	71.2	14.9	2.0
Bugesera	10.9	64.0	22.0	3.0	8.6	70.5	16.6	4.2
Source: 2025 RDHS								

Table 4: Health insurance coverage

Province / District	Has health insurance (%)	Mutuelle/community health insurance (%)	RSSB/RAMA (%)	MMI (%)	Private insurance company (%)	Employer (%)
Rwanda	86.0	93.7	4.1	1.3	0.9	0.0
Kigali City	83.7	89.8	4.8	1.9	3.3	0.2
Nyarugenge	82.7	91.0	5.0	1.8	2.2	0.0
Gasabo	83.1	90.1	4.2	2.0	3.3	0.3
Kicukiro	85.5	88.3	5.6	1.6	4.0	0.3
Southern Province	85.2	93.9	4.7	0.7	0.8	0.0
Nyanza	87.8	94.9	4.6	0.2	0.2	0.0
Gisagara	83.1	96.2	3.2	0.3	0.3	0.0
Nyaruguru	81.3	94.9	4.8	0.1	0.2	0.0
Huye	84.6	92.9	5.0	0.8	1.2	0.0
Nyamagabe	89.4	95.4	3.4	0.0	1.3	0.0
Ruhango	84.4	94.4	4.6	0.6	0.4	0.0
Muhanga	86.8	91.3	6.9	1.4	0.5	0.0
Kamonyi	84.9	91.2	5.1	1.8	1.8	0.0
Western Province	85.4	94.7	4.1	0.8	0.4	0.0
Karongi	91.0	97.2	1.6	0.5	0.6	0.0
Rutsiro	86.3	95.9	3.0	1.1	0.0	0.0
Rubavu	77.7	92.4	6.1	0.8	0.5	0.1
Nyabihu	92.8	93.5	3.7	1.8	0.9	0.0
Ngororero	87.8	94.6	5.2	0.2	0.0	0.0
Rusizi	81.0	93.9	5.2	0.7	0.2	0.0
Nyamasheke	88.0	96.2	2.7	0.5	0.6	0.0
Northern Province	93.5	94.6	3.9	1.0	0.4	0.0
Rulindo	92.3	95.7	3.0	1.1	0.1	0.0
Gakenke	96.0	96.3	3.1	0.2	0.4	0.0
Musanze	91.0	91.0	6.5	2.4	0.1	0.0
Burera	94.2	97.7	2.0	0.1	0.1	0.0
Gicumbi	94.5	93.5	4.1	1.1	1.2	0.0
Eastern Province	84.2	94.2	3.4	2.0	0.4	0.0
Rwamagana	78.5	89.9	4.7	5.4	0.0	0.0
Nyagatare	88.1	94.9	3.4	1.4	0.2	0.0
Gatsibo	80.2	91.4	5.7	2.2	0.7	0.0
Kayanza	78.7	94.6	3.0	1.7	0.7	0.0
Kirehe	90.3	98.4	0.8	0.4	0.2	0.0
Ngoma	89.1	97.3	1.7	0.8	0.0	0.2
Bugesera	85.5	92.9	3.6	2.6	0.7	0.0
Source: 2025 RDHS						

Table 5: Median age at first Marriage

	Women aged 25-49	Men aged 30-49
Rwanda	23.3	26.7
Kigali City	25.2	29.1
Nyarugenge	24.8	32.5
Gasabo	25.5	28.7
Kicukiro	25.1	27.9
Southern Province	24.0	27.4
Nyanza	23.7	27.9
Gisagara	22.9	24.8
Nyaruguru	23.3	27.1
Huye	24.0	28.4
Nyamagabe	24.0	26.8
Ruhango	24.2	28.1
Muhanga	25.0	27.1
Kamonyi	25.5	28.3
Western Province	22.9	25.6
Karongi	24.5	26.4
Rutsiro	21.9	25.9
Rubavu	22.1	24.9
Nyabihu	22.3	23.7
Ngororero	22.1	23.7
Rusizi	24.2	27.0
Nyamasheke	23.6	26.6
Northern Province	22.9	25.7
Rulindo	24.0	27.7
Gakenke	22.8	25.5
Musanze	22.6	25.5
Burera	21.8	23.1
Gicumbi	23.3	26.2
Eastern Province	22.3	25.9
Rwamagana	23.1	27.8
Nyagatare	21.4	28.0
Gatsibo	22.5	24.9
Kayanza	22.4	25.1
Kirehe	21.5	24.1
Ngoma	22.2	25.2
Bugesera	23.4	26.5
Source: 2025 RDHS		

Table 6: Total Fertility and Total Wanted Fertility

	Total fertility rate	Total Wanted Fertility
Rwanda	3.7	2.8
City of Kigali	3.1	2.3
Nyarugenge	2.5	2.1
Gasabo	3.4	2.6
Kicukiro	2.7	1.9
South Province	3.8	2.8
Nyanza	3.5	2.8
Gisagara	4.5	3.1
Nyaruguru	4.8	3.8
Huye	4.1	3.1
Nyamagabe	3.1	2.5
Ruhango	3.5	2.7
Muhanga	3.2	2.2
Kamonyi	3.5	2.7
West Province	3.9	2.9
Karongi	3.6	3
Rutsiro	3.4	2.5
Rubavu	3.8	3
Nyabihu	3.7	2.8
Ngororero	3.8	3
Rusizi	4.5	3.1
Nyamasheke	3.9	2.9
North Province	3.4	2.7
Rulindo	3.2	2.5
Gakenke	3.4	2.6
Musanze	3.8	3.2
Burera	3.1	2.5
Gicumbi	3.5	2.7
East Province	4	3.1
Rwamagana	4	2.8
Nyagatare	4.4	3.4
Gatsibo	3.8	2.6
Kayanza	4	3.2
Kirehe	3.7	2.8
Ngoma	4.2	3.3
Bugesera	4	3.3
Source: 2025 RDHS		

Table 7: Percentage of currently married women age 15-49, using contraception

	Currently using any contraceptive method	currently using any modern method	Currently using any traditional method
Rwanda	69.3	64.2	5.1
Kigali City	65.8	61.3	4.5
Nyarugenge	61.7	57.4	4.2
Gasabo	68.6	63.1	5.4
Kicukiro	63.3	60.6	2.7
Southern Province	70.5	63.7	6.7
Nyanza	72.0	63.4	8.6
Gisagara	70.7	59.4	11.3
Nyaruguru	68.1	65.6	2.5
Huye	69.4	63.7	5.8
Nyamagabe	73.7	67.3	6.4
Ruhango	68.8	64.2	4.6
Muhanga	73.7	69.2	4.5
Kamonyi	68.1	60.4	7.7
Western Province	67.0	61.0	6.1
Karongi	69.2	63.8	5.4
Rutsiro	70.6	63.2	7.5
Rubavu	65.7	60.6	5.1
Nyabihu	72.4	67.5	4.9
Ngororero	73.1	66.8	6.2
Rusizi	55.4	48.0	7.3
Nyamasheke	65.1	59.0	6.1
Northern Province	76.1	72.1	4.0
Rulindo	73.9	69.9	4.0
Gakenke	80.4	75.2	5.2
Musanze	70.1	64.1	6.0
Burera	81.3	78.8	2.4
Gicumbi	76.3	74.3	2.0
Eastern Province	68.1	64.0	4.2
Rwamagana	66.8	63.0	3.8
Nyagatare	68.7	64.0	4.7
Gatsibo	73.2	67.7	5.5
Kayonza	64.6	59.0	5.7
Kirehe	67.5	64.4	3.1
Ngoma	74.1	70.7	3.5
Bugesera	63.1	60.8	2.2
Source: 2025 RDHS			

Table 8: Percentage of mothers 15-49 who received antenatal care, delivered by a skilled provider and delivered in health facility

	ANC from a skilled provider (%)	Delivery in a health facility (%)	Delivered by a skilled provider (%)
Rwanda	95.4	98.1	98.1
Kigali City	94.9	97.9	97.6
Nyarugenge	80.2	100.0	100.0
Gasabo	99.6	97.0	96.9
Kicukiro	95.8	98.5	97.2
Southern Province	99.2	98.0	98.2
Nyanza	99.4	99.4	99.4
Gisagara	98.1	95.2	96.1
Nyaruguru	100.0	97.6	97.6
Huye	99.4	98.8	98.8
Nyamagabe	100.0	98.2	98.2
Ruhango	98.5	100.0	100.0
Muhanga	98.3	97.5	97.5
Kamonyi	100.0	98.9	98.9
Western Province	97.6	98.2	98.0
Karongi	81.7	100.0	98.5
Rutsiro	99.7	97.3	97.3
Rubavu	99.3	95.5	95.4
Nyabihu	100.0	100.0	98.7
Ngororero	100.0	98.2	100.0
Rusizi	99.3	100.0	100.0
Nyamasheke	99.2	98.4	97.3
Northern Province	86.9	99.6	99.6
Rulindo	97.2	99.2	99.2
Gakenke	78.3	100.0	100.0
Musanze	72.2	100.0	100.0
Burera	92.4	98.5	98.5
Gicumbi	100.0	100.0	100.0
Eastern Province	95.2	97.5	97.8
Rwamagana	97.9	96.2	96.2
Nyagatare	98.0	96.1	96.1
Gatsibo	98.0	96.0	96.9
Kayonza	97.9	98.4	98.4
Kirehe	93.9	98.7	100.0
Ngoma	76.3	97.7	98.6
Bugesera	100.0	100.0	100.0
<i>Source: 2025 RDHS</i>			

Table 9: Prevalence of ARI among children under five years, prevalence of fever and prevalence of diarrhea

	Prevalence of ARI symptoms (%)	Prevalence of fever (%)	Prevalence of diarrhea (%)
Rwanda	1.8	15.7	14.6
Kigali City	0.8	9.2	10.5
Nyarugenge	0.3	7.3	9.3
Gasabo	1.5	10.1	13.3
Kicukiro	0.0	10.4	8.3
Southern Province	2.5	19.9	14.7
Nyanza	2.7	18.1	14.6
Gisagara	4.7	28.3	24.5
Nyaruguru	2.9	20.8	16.4
Huye	3.4	17.2	14.9
Nyamagabe	0.0	5.9	5.1
Ruhango	1.2	24.3	9.4
Muhanga	2.3	17.9	13.1
Kamonyi	1.9	22.3	14.7
Western Province	1.5	11.4	14.6
Karongi	0.2	10.1	17.8
Rutsiro	2.8	16.8	18.0
Rubavu	3.3	13.2	17.2
Nyabihu	0.0	6.9	10.1
Ngororero	0.7	7.0	9.7
Rusizi	0.0	14.8	15.3
Nyamasheke	2.6	8.8	13.4
Northern Province	1.9	16.6	12.7
Rulindo	1.8	13.7	12.7
Gakenke	4.1	19.4	12.8
Musanze	2.1	22.8	17.3
Burera	0.0	5.8	6.8
Gicumbi	1.7	19.4	11.7
Eastern Province	1.9	18.8	17.4
Rwamagana	3.1	27.8	18.7
Nyagatare	3.1	16.8	23.6
Gatsibo	1.2	17.0	13.9
Kayanza	1.0	23.5	17.8
Kirehe	1.6	13.9	13.7
Ngoma	1.9	23.8	22.2
Bugesera	1.4	13.1	14.2
Source: 2025 RDHS			

Table 10: Nutrition status of children under five

	Stunted (%)	Wasted (%)	Underweight (%)
Rwanda	26.8	0.9	6.1
Kigali City	14.2	0.8	5.4
Nyarugenge	8.7	0.5	5.0
Gasabo	16.0	0.8	6.4
Kicukiro	14.3	1.2	3.2
Southern Province	26.1	0.7	6.8
Nyanza	23.6	1.3	6.8
Gisagara	33.2	0.0	9.2
Nyaruguru	23.9	0.1	7.6
Huye	27.1	1.1	4.4
Nyamagabe	29.4	0.7	7.2
Ruhango	22.0	0.6	5.4
Muhanga	26.6	0.0	5.7
Kamonyi	21.1	1.6	6.7
Western Province	32.6	1.0	5.4
Karongi	33.5	0.7	4.8
Rutsiro	33.8	2.2	8.9
Rubavu	33.1	0.6	5.6
Nyabihu	32.7	0.0	3.2
Ngororero	35.8	0.0	3.4
Rusizi	31.0	1.2	5.2
Nyamasheke	29.6	1.9	6.0
Northern Province	32.7	0.6	4.2
Rulindo	27.9	1.1	6.0
Gakenke	26.0	0.7	3.7
Musanze	31.9	0.0	2.7
Burera	37.6	0.0	4.2
Gicumbi	38.8	1.1	5.1
Eastern Province	25.8	1.1	7.3
Rwamagana	19.2	1.1	6.2
Nyagatare	27.8	1.1	7.4
Gatsibo	29.4	0.8	5.8
Kayanza	26.1	0.8	7.3
Kirehe	31.7	0.2	8.8
Ngoma	26.9	1.1	12.4
Bugesera	20.8	2.2	4.7
Source: 2025 RDHS			

Table 11: Percentage of youth with complete knowledge of HIV Prevention Methods

	Knowledge about HIV prevention among young women age 15-24	Knowledge about HIV prevention among young men age 15-24
Rwanda	57.3	52.7
Kigali City	63.2	70.1
Nyarugenge	69.0	64.1
Gasabo	64.3	65.7
Kicukiro	57.1	80.7
Southern Province	58.9	51.2
Nyanza	62.9	52.3
Gisagara	54.9	52.2
Nyaruguru	42.7	49.7
Huye	61.2	13.8
Nyamagabe	47.1	56.3
Ruhango	76.4	59.2
Muhanga	67.4	67.0
Kamonyi	59.7	64.4
Western Province	51.5	43.0
Karongi	52.5	62.2
Rutsiro	61.9	58.2
Rubavu	45.2	56.7
Nyabihu	48.3	23.4
Ngororero	54.3	32.1
Rusizi	42.4	34.7
Nyamasheke	59.0	20.6
Northern Province	59.9	51.6
Rulindo	61.1	34.7
Gakenke	41.4	39.3
Musanze	69.8	55.8
Burera	64.1	46.5
Gicumbi	60.6	72.6
Eastern Province	55.7	52.3
Rwamagana	63.2	39.1
Nyagatare	55.2	88.1
Gatsibo	55.8	47.6
Kayonza	58.9	8.0
Kirehe	54.4	53.9
Ngoma	36.2	55.5
Bugesera	60.4	63.4
Source: 2025 RDHS		

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

	Prevalence of STI among women in last 12 months	Prevalence of STI among men in last 12 months
Rwanda	20.5	8.4
Kigali City	21.3	5.6
Nyarugenge	15.4	7.0
Gasabo	21.2	2.9
Kicukiro	25.8	9.4
Southern Province	18.0	9.9
Nyanza	14.2	9.1
Gisagara	18.4	16.1
Nyaruguru	14.0	0.0
Huye	19.3	4.5
Nyamagabe	9.3	9.0
Ruhango	19.8	13.6
Muhanga	22.2	10.2
Kamonyi	23.0	12.4
Western Province	16.7	8.3
Karongi	14.7	3.5
Rutsiro	18.5	6.0
Rubavu	20.3	11.1
Nyabihu	9.2	8.0
Ngororero	10.8	17.0
Rusizi	22.6	4.0
Nyamasheke	16.1	6.6
Northern Province	19.3	8.6
Rulindo	25.6	17.1
Gakenke	16.6	14.5
Musanze	14.3	3.6
Burera	13.0	6.1
Gicumbi	28.1	3.4
Eastern Province	25.3	9.2
Rwamagana	34.8	11.6
Nyagatare	30.0	4.1
Gatsibo	12.2	15.9
Kayanza	26.3	7.4
Kirehe	30.9	11.7
Ngoma	31.4	6.3
Bugesera	14.0	8.5
Source: 2025 RDHS		

Table 13: Percentage of currently married women aged 15-49 participating in decision making according to the three types of decisions

	woman's Own health care (%)	Major household purchases (%)	Visits to her family or relatives (%)	All three decisions (%)
Rwanda	74.2	77.0	86.5	61.2
Kigali City	78.8	84.5	90.0	71.2
Nyarugenge	73.2	86.2	90.5	67.5
Gasabo	82.4	85.6	91.0	73.8
Kicukiro	75.9	80.8	87.6	68.9
Southern Province	73.1	72.5	84.7	57.2
Nyanza	77.2	74.3	85.5	57.5
Gisagara	71.9	72.0	84.2	57.8
Nyaruguru	65.3	73.3	87.6	52.4
Huye	65.6	69.3	86.2	49.8
Nyamagabe	84.3	81.2	91.3	74.0
Ruhango	74.0	69.7	81.2	55.9
Muhanga	67.4	68.3	78.3	51.6
Kamonyi	76.9	72.2	84.3	57.8
Western Province	74.2	79.2	88.7	63.9
Karongi	69.1	77.1	84.9	60.8
Rutsiro	62.3	69.5	87.8	49.6
Rubavu	75.4	74.8	84.1	61.9
Nyabihu	94.2	92.7	97.7	88.2
Ngororero	82.6	86.1	93.4	75.0
Rusizi	73.9	81.3	88.2	64.7
Nyamasheke	62.6	76.8	88.5	50.9
Northern Province	72.1	77.6	88.3	58.9
Rulindo	74.2	70.7	83.9	53.7
Gakenke	78.4	75.0	89.3	60.8
Musanze	56.6	79.4	88.3	47.2
Burera	77.4	87.9	93.6	72.5
Gicumbi	78.1	74.0	86.2	62.5
Eastern Province	74.0	75.0	83.3	58.6
Rwamagana	65.7	72.8	77.6	46.0
Nyagatare	83.1	77.7	85.5	69.7
Gatsibo	79.7	76.7	80.9	61.2
Kayanza	53.2	71.0	83.4	40.2
Kirehe	71.2	77.1	85.6	60.5
Ngoma	61.4	58.8	73.4	40.1
Bugesera	96.0	85.7	93.8	83.9
Source: 2025 RDHS				

Table 14: Percentage of women and men 15-49 who consumed alcohol in the last one month

Province / District	Consumed alcohol - last month (women)	Consumed alcohol - last month (men)
Rwanda	18.0	50.2
Kigali City	10.5	49.7
Nyarugenge	9.2	42.7
Gasabo	8.6	51.6
Kicukiro	15.2	51.1
Southern Province	25.6	54.1
Nyanza	15.9	26.2
Gisagara	40.0	70.5
Nyaruguru	32.9	46.9
Huye	27.2	55.1
Nyamagabe	26.0	66.8
Ruhango	18.2	50.0
Muhanga	23.3	58.1
Kamonyi	20.5	56.8
Western Province	13.3	45.3
Karongi	13.5	44.8
Rutsiro	18.5	49.8
Rubavu	9.4	47.5
Nyabihu	12.6	56.6
Ngororero	14.4	55.0
Rusizi	20.0	31.7
Nyamasheke	6.0	34.2
Northern Province	26.1	59.4
Rulindo	39.7	74.7
Gakenke	33.9	62.9
Musanze	23.0	57.0
Burera	23.9	55.6
Gicumbi	13.3	50.5
Eastern Province	15.6	45.7
Rwamagana	19.3	41.2
Nyagatare	10.1	30.9
Gatsibo	20.9	59.7
Kayanza	16.3	36.6
Kirehe	12.1	40.5
Ngoma	17.6	60.4
Bugesera	14.6	57.0
Source: 2025 RDHS		

Table 15: Percentage of Women and men 15-49 who have and use a bank account, and who actively used it in the last 12 months

Province / District	Has and uses a bank account (%) (Women)	Has and uses a bank account (%) (Men)
Rwanda	30.9	38.0
Kigali City	40.8	53.7
Nyarugenge	41.6	64.5
Gasabo	40.8	46.6
Kicukiro	40.2	58.7
Southern Province	29.4	35.7
Nyanza	26.1	42.6
Gisagara	24.5	25.2
Nyaruguru	29.6	31.5
Huye	30.5	41.1
Nyamagabe	28.3	29.2
Ruhango	26.4	32.7
Muhanga	35.0	41.4
Kamonyi	34.0	41.5
Western Province	28.7	36.1
Karongi	25.1	29.7
Rutsiro	36.6	39.9
Rubavu	29.9	44.3
Nyabihu	23.7	29.3
Ngororero	28.0	33.0
Rusizi	29.1	33.5
Nyamasheke	26.6	34.8
Northern Province	34.9	39.9
Rulindo	41.8	46.5
Gakenke	35.8	48.0
Musanze	35.6	37.3
Burera	28.3	28.8
Gicumbi	33.6	40.8
Eastern Province	25.8	30.3
Rwamagana	33.3	44.5
Nyagatare	15.3	17.6
Gatsibo	25.2	25.7
Kayonza	26.0	33.5
Kirehe	23.9	32.5
Ngoma	19.8	26.6
Bugesera	38.0	38.8
Source: 2025 RDHS		

Table 16: Percentage of Women and Men who experienced physical violence by any perpetrator

Province / District	Women		Men	
	Ever (%)	Last 12 months (%)	Ever (%)	Last 12 months (%)
Rwanda	32.7	16.5	22.2	7.6
Kigali City	28.6	11.9	16.3	2.1
Nyarugenge	20.5	11.7	8.5	2.5
Gasabo	31.8	8.9	11.1	2.1
Kicukiro	28.8	17.2	30.6	1.9
Southern Province	37.2	19.0	31	12.0
Nyanza	35.7	12.7	25.5	16.8
Gisagara	46.4	23	48	22.8
Nyaruguru	39.9	23.8	11.1	4
Huye	42.9	20	35.1	11.4
Nyamagabe	32.4	14.6	18.3	12.6
Ruhango	34	20	15.2	7.5
Muhanga	35.9	28	44.7	8.5
Kamonyi	30	12.7	43.9	10.7
Western Province	28.6	14.2	26.2	11.2
Karongi	24.4	10.9	15.3	5.5
Rutsiro	36.8	18	26.2	8
Rubavu	28.8	15.1	33.2	13.2
Nyabihu	30.3	10.4	31	14
Ngororero	27.1	17.4	32.3	17.8
Rusizi	29.8	13.5	16.1	6.3
Nyamasheke	21.6	12.6	26.4	14.5
Northern Province	28.8	14.7	20.3	5.4
Rulindo	37.6	18.2	29.9	8.4
Gakenke	30	14.6	34.5	8.6
Musanze	32.2	19.7	20	2.5
Burera	24.1	9.8	16.4	6.3
Gicumbi	21.4	11.2	4.9	3
Eastern Province	37	20	17	5.9
Rwamagana	48.1	23.7	23.7	10
Nyagatare	38.6	18.8	3.7	2
Gatsibo	36.3	18.1	24.7	8.9
Kayanza	38.5	21.2	8.1	3
Kirehe	37.5	23.9	15.3	5.7
Ngoma	37.8	24.8	48.4	11
Bugesera	23.3	13.2	11.4	4.7
Source: 2025 RDHS				



Annex .2. Persons who contributed to the production of the 2025 RDHS, Eastern Province District profile report

National survey Directors

MURENZI Ivan

MWIZERWA Jean Claude

National Technical Directors

BYIRINGIRO James

NILINGIYIMANA Faustin

NDAKIZE RUGAMBWA Michel

Assistant Technical Directors

ABALIKUMWE Francois

IMANISHIMWE Valentine

Provincial/District Coordinators

BUMANZI Delphin

HARELIMANA Massoud

IMANISHIMWE Sandrine

ISHIMWE Samuel

MAZIMPAKA Jean Claude

MUGENZI Gilbert

MUGISHA Herve Christian

NIYIGENA Eric

NIYOKWIZERWA Donathe

NKURUNZIZA Venuste

NSHUTINABAGENZI Eric

RUCAMIHIGO MUPENZI Issa

RUKUNDO Ephrem

SIBOMANA Jean Claude

UWAYEZU Beatrice





Listing and Mapping Supervisors

BIGIRIMANA Florent

NIYITEGEKA Beata

MUNDERERE Theophile

MBANGUTSE Olivier

KARERA Albert

Data Processing Team

HARELIMANA Massoud

IRADUKUNDA Josue

NIYIGENA Eric

SHARANGABO Jean Jacques

Faustin TWIBAZE Joel

MUKASA Jimmy

Provincial Profile Analysts and Proof Reading Team

ICYITEGETSE Chance

IMANISHIMWE Valentine

ISHIMWE Samuel

MUGENZI Gilbert

ISHIMWE Gyslaine

NIZEYIMANA Charles

TUYISENGE Eric

IRADUKUNDA Grace

UWINEZA Dieu Merci

NKURUNZIZA Venuste

ABALIKUMWE Francois

Editors

KALISA NEEMA Grace

UWAMUNGU Thierry

NKURUNZIZA Vital



