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The RWANDA DHS 7 DEMOGRAPHIC AND HEALTH SURVEY 2025

Western Province

Districts profile

September, 2026

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Director General of NISR

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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.

Chapter 1

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.

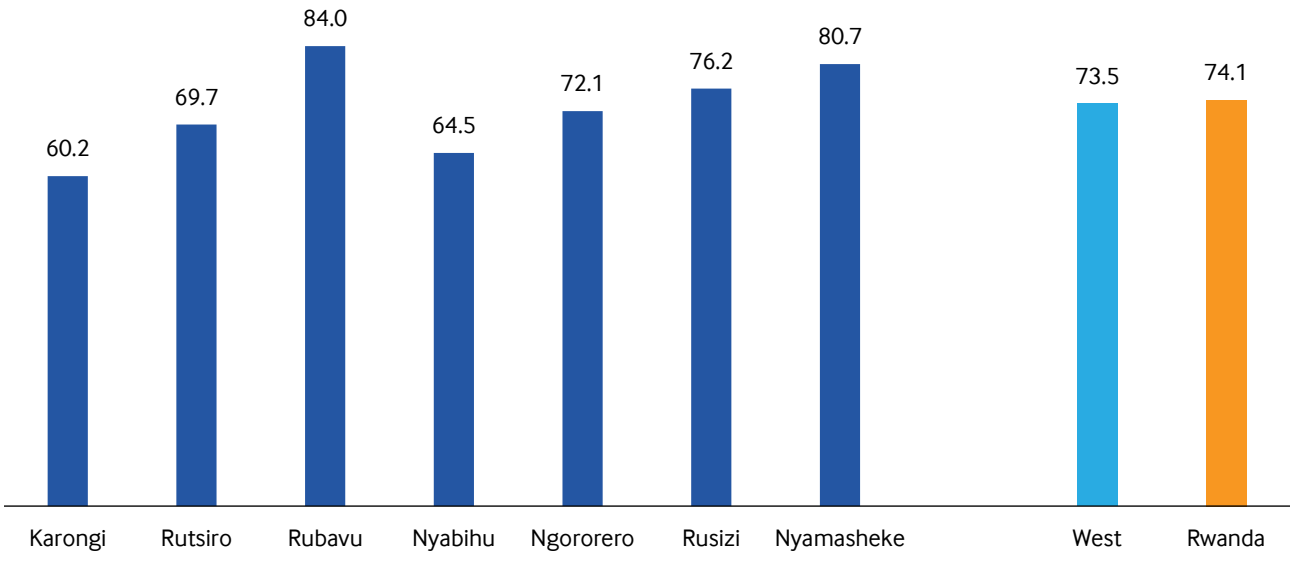
1.1. Electricity coverage

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 74% of households in the Western Province have access to electricity, a figure identical to the national level. However, the results show considerable disparities between districts within the Western Province. Rubavu and Nyamasheke Districts recorded the highest number of households with electricity (84% and 81%, respectively), while Karongi District registered the lowest, at only 60%.

Trends: In comparison with the RDHS 2019-20, Nyamasheke District has steadily improved from 40% to 81%. At the provincial level, electricity coverage rose from 41% to 74% over the same period. Overall, electricity coverage has increased across all districts in the Western Province over the past five years.

Figure 1.1: Percentage of households with electricity in Western Province



Source: 2025 RDHS

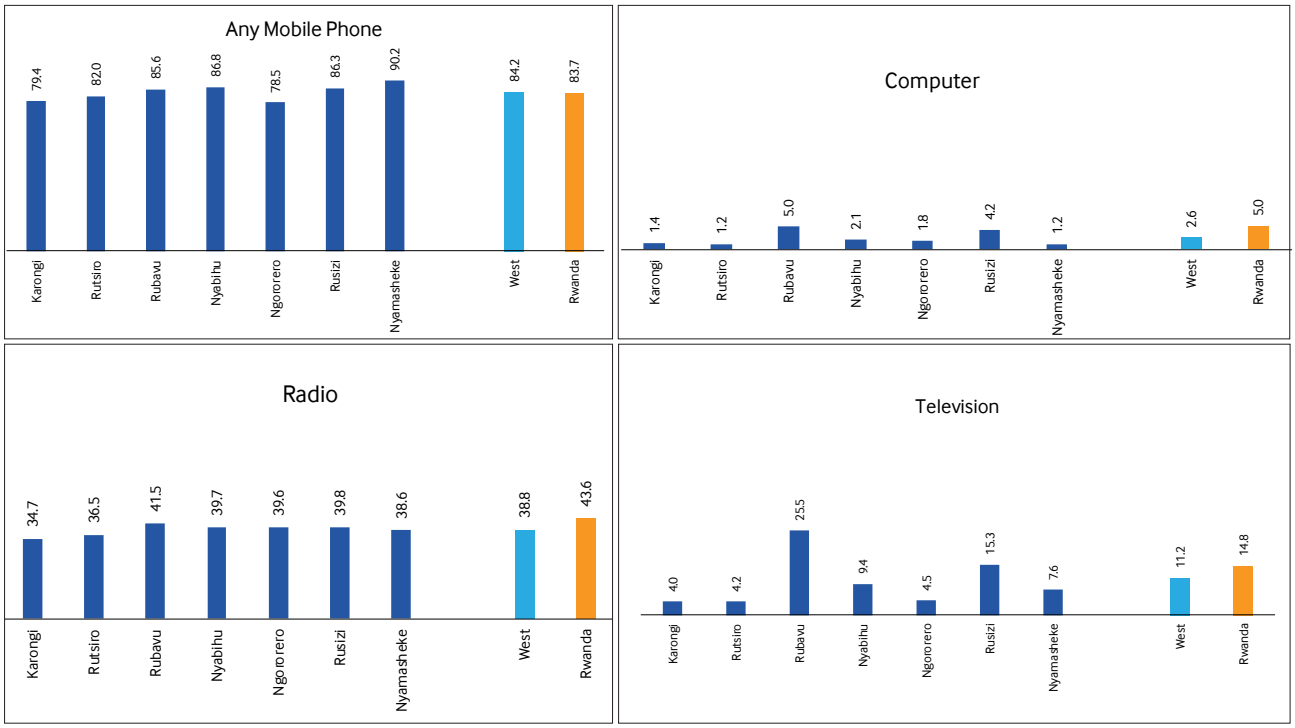
1.2. Household durable goods

Figure 1.2 shows data on the possession of durable goods. Regarding radio possession, defined exclusively as standalone radio sets, 39% of households in the Western Province own a radio, compared with 44% at the country level. Ownership varies considerably across the Western Province, ranging from 35% in Karongi District to 42% in Rubavu District, which recorded the highest proportion. Mobile telephone ownership is reported by 84% of households in the Western Province similar to the national level.

Households in Nyamasheke and Nyabihu Districts (90% and 87%, respectively) are more likely to own a telephone than those in Ngororero and Karongi Districts (79%, each). At the provincial level, 11% of households own a television, compared with 15% at the national level. Rubavu District records the highest television ownership rate of 26%, while Karongi and Rutsiro Districts report the lowest rate with 4%. Computer ownership remains limited in the Western 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 5% in Rubavu District to 1% in Karongi, Rutsiro and Nyamasheke Districts.

Trends: Compared with the RDHS 2019-20, radio possession at the provincial level increased by 5 percentage points (from 34% to 39%). Over the same period, mobile telephone ownership increased from 70% to 84%, and television ownership increased by 1 percentage point (from 10% to 11%) at the provincial level.

Figure 1.2:Percentage of households with durable goods.



Source: 2025RDHS

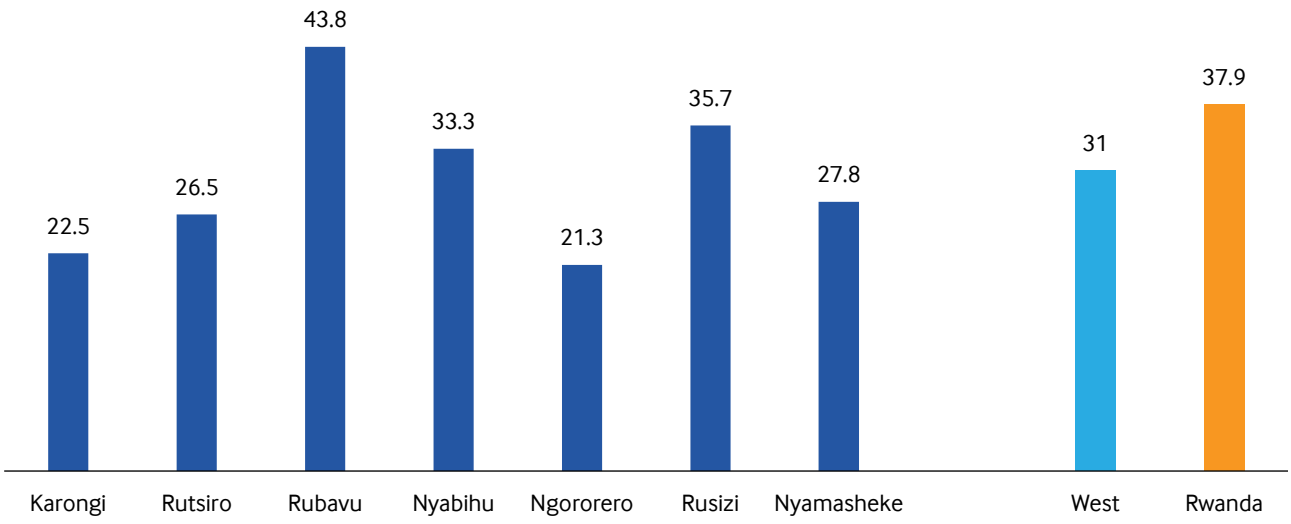
1.3. Smartphone ownership

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 31% of households in the Western Province own a smartphone, a figure lower than the national level of 38%. However, notable disparities exist across districts within the province. Rubavu District recorded the highest proportion of households owning a smartphone at 44%, followed by Rusizi District at 36% and Nyabihu District at 33%. In contrast, Ngororero and Karongi Districts recorded the lowest proportions, at 21% and 23%, respectively. Rutsiro District also recorded a relatively low proportion of smartphone ownership at 27%, while Nyamasheke District stood at 28%.

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

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



Source: 2025 RDHS

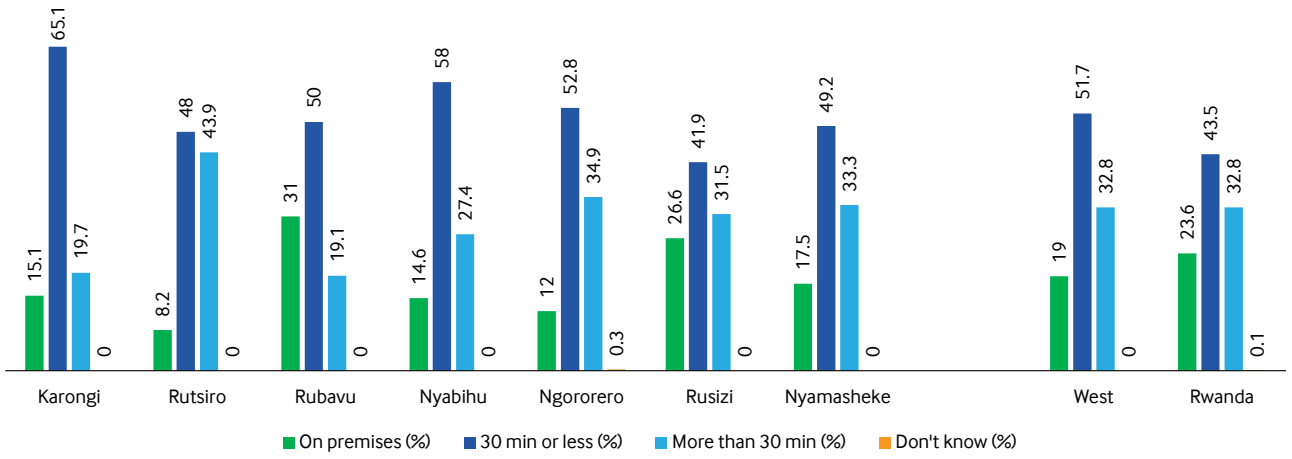
1.4. Access to drinking water

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 19% of households in the Western Province have drinking water available on their premises, compared with 24% at the national level. A higher proportion of households in this province (52%) spend 30 minutes or less obtaining drinking water, compared to (44%) at the national level. At the district level, RubavuDistrict recorded the highest proportion of households with water on the premises (31%), while Rutsiro District registered the lowest (8%). Conversely, Karongi had the highest proportion of households obtaining water within 30 minutes or less (65%), whereas Rutsiro had the highest proportion of households spending more than 30 minutes on water collection (44%).

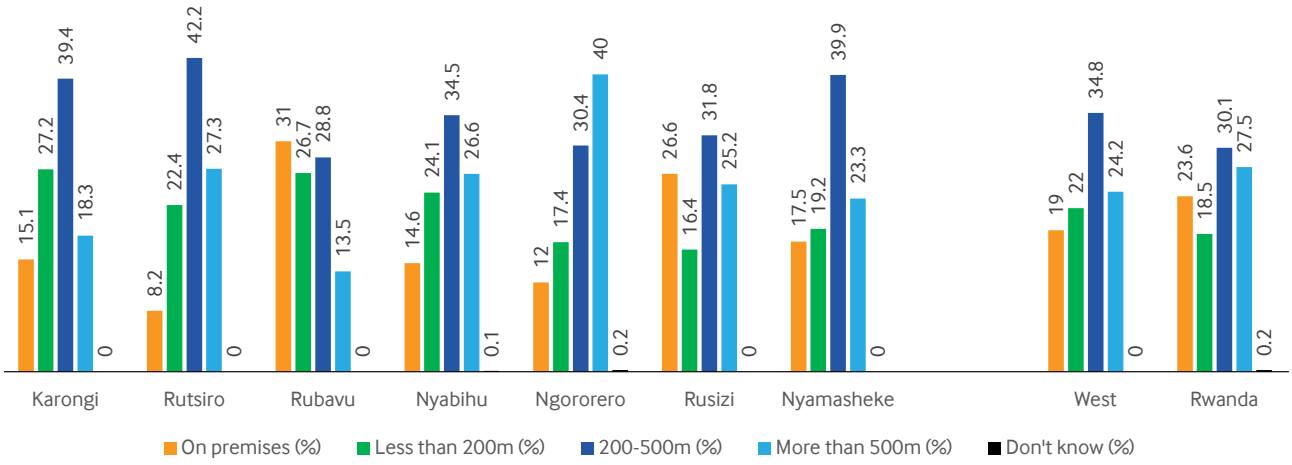
In terms of distance, 24% of households in the Western Province travel more than 500 metres to their water source, compared with 28% at the national level. Ngororero District recorded the highest proportion of households travelling more than 500 metres (40%), while Karongi District had the highest proportion of household obtaining water from a source located less than 200 metres away (27%). Overall, access to drinking water in the Western 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 Western Province



Source: 2025 RDHS

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



Source: 2025 RDHS

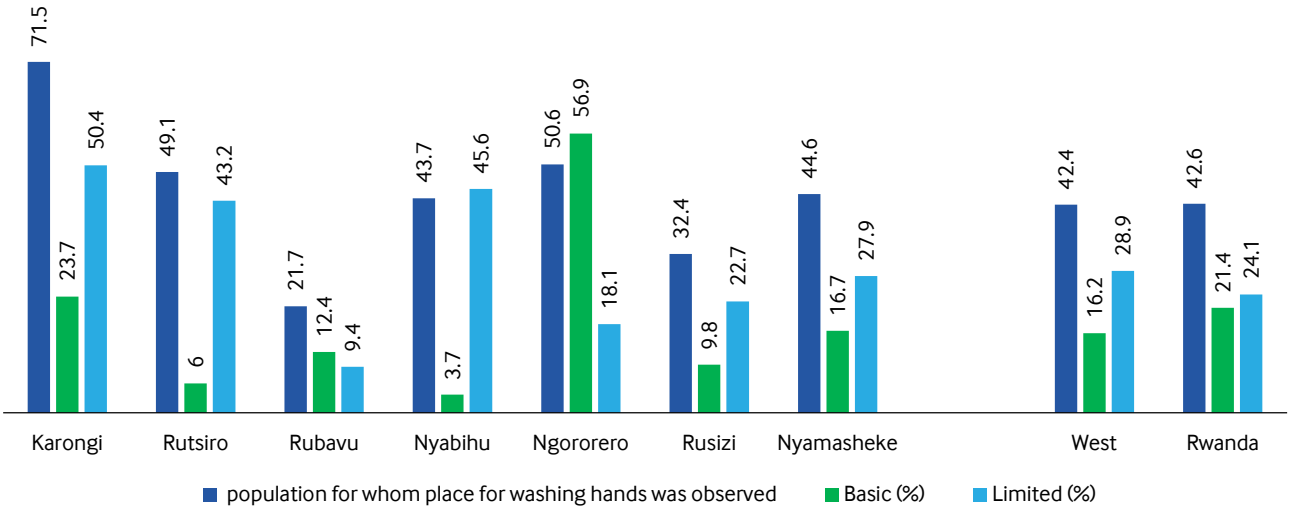
1.5. Handwashing places observed

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 Western 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 16% in the province, lower than the national level of 21%, while 29% 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, Karongi recorded the highest proportion with observed handwashing facilities (72%), while Rubavu registered the lowest (22%). Ngororero recorded the highest proportion of basic facilities (57%), whereas Karongi had the highest proportion of limited facilities (50%).

Trends: Compared with the RDHS 2019-20, the proportion of de jure population with a fixed handwashing place in the Western Province has decreased from 79% to 42%. A particularly marked decrease was observed in Rubavu District, where the figure fell from 96% to 22%. 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 Western Province



Source: 2025 RDHS

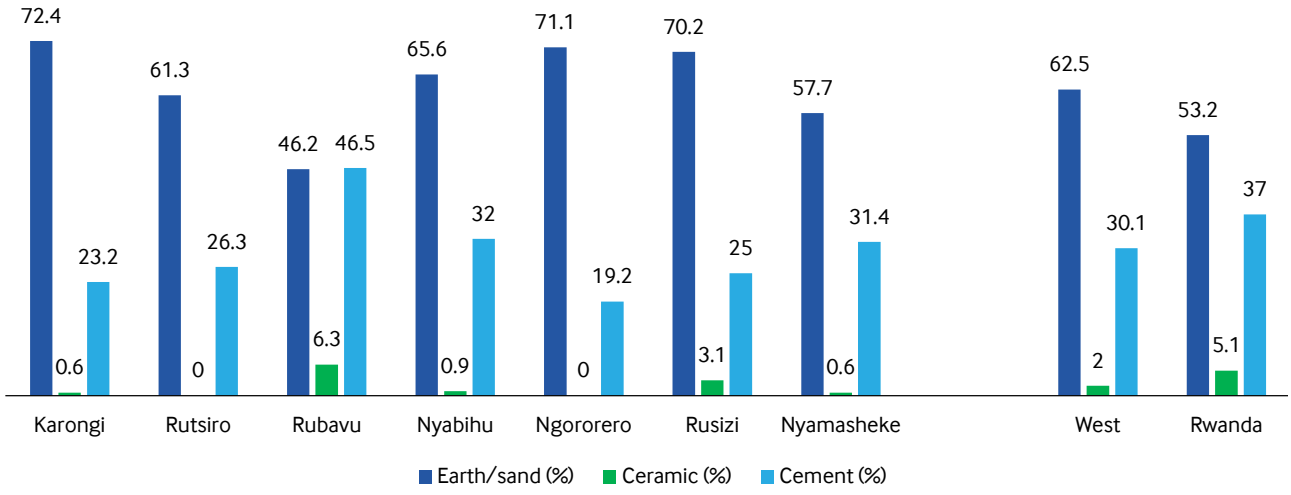
1.6. Flooring material

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.

Figure1.6 shows that in the Western Province, 63% of households have floors made of earth or sand, compared to 53 % at the national level, while 30% have cement flooring, compared to 37% at the national level. Among Districts, Rubavu had the lowest proportion of households with earth or sand floors (46%) and the highest proportion with ceramic floors (6%). Conversely, Karongi recorded the highest proportion of households with earth or sand floors (72%), followed by Ngororero (71%).

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

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



Source: 2025 RDHS

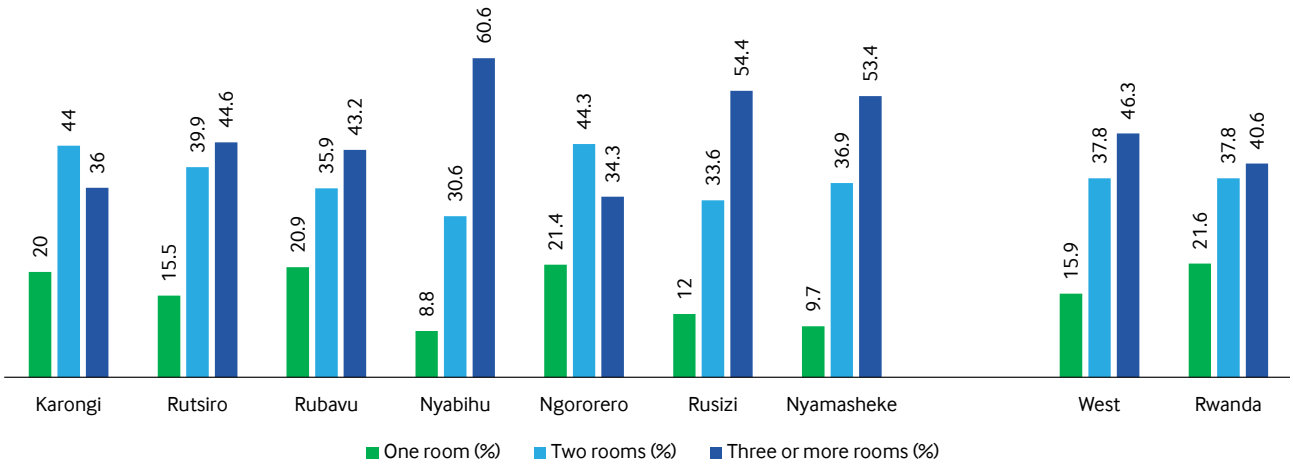
1.7. Rooms used for sleeping

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.

Figure 1.7 presents that in the Western Province, 16 % of households use one room for sleeping, compared to 22% at the national level. Meanwhile, 38% use two rooms and 46% use three or more rooms, compared to 38% and 41% nationally, respectively. At the district level, Nyabihu had the highest proportion of households using three or more rooms for sleeping (61%), while Ngororero recorded the lowest (34%). Conversely, Rubavu and Ngororero registered the highest proportion of households using one sleeping room (21%).

Overall, while the distribution of households by number of sleeping rooms in the Western 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 Western 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 Western Province. Overall, cooking in a separate building outside the house is the predominant practice in the Western Province, accounting for 64% of households, a rate higher than the national average of 62%. At the district level, Nyamasheke recorded the highest proportion of households cooking in a separate building at 86%, followed by Ngororero (72 %), Rusizi with 71% and Karongi with 69%, while Rubavu reported the lowest rate at 35%.

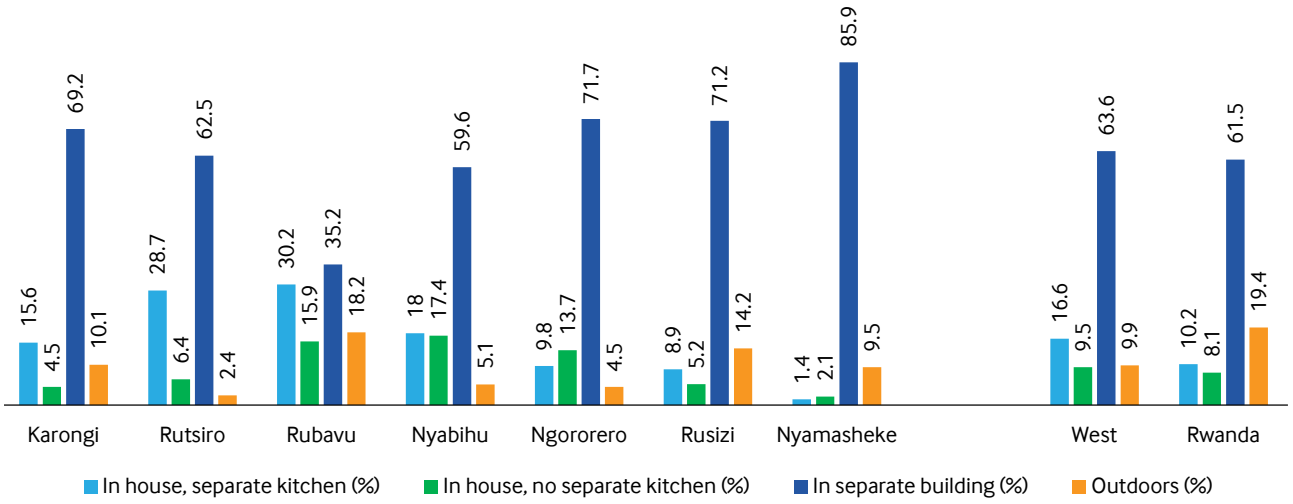
Indoor cooking represents the second most common practice, utilized by 17% of households in the western province, compared to 10% at the national level. At the district level, Rubavu District recorded the highest proportion in this category at 30%, followed by Rutsiro (29%) and Nyabihu at 18%, while Nyamasheke recorded the lowest rate (1%)

Outdoor cooking practices remain relatively rare across the province compared to national benchmark. Only 10% of households in the Western Province cook in outdoors compared to 19% at the national level. At the district level, Rubavu recorded the highest proportion of households cooking outdoors at 18%, followed by Rusizi (14%), Karongi and Nyamasheke (10%, each). Rutsiro recorded the lowest prevalence of outdoor cooking at 2%.

Additionally, 10% of households in the province cook inside the house without a separate kitchen, compared to 8% at the national level. Nyabihu District recorded a noticeably higher prevalence in this category at 17%, followed by Rubavu (16%) and Ngororero (14%), whereas Nyamasheke recorded the lowest rate at 2%.

The findings demonstrate that the vast majority of households in the Western Province (over 81%) cook either in a separate building or indoors, 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, Ngororero 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 Western Province



Source:2025 RDHS

1.9. Sanitation services

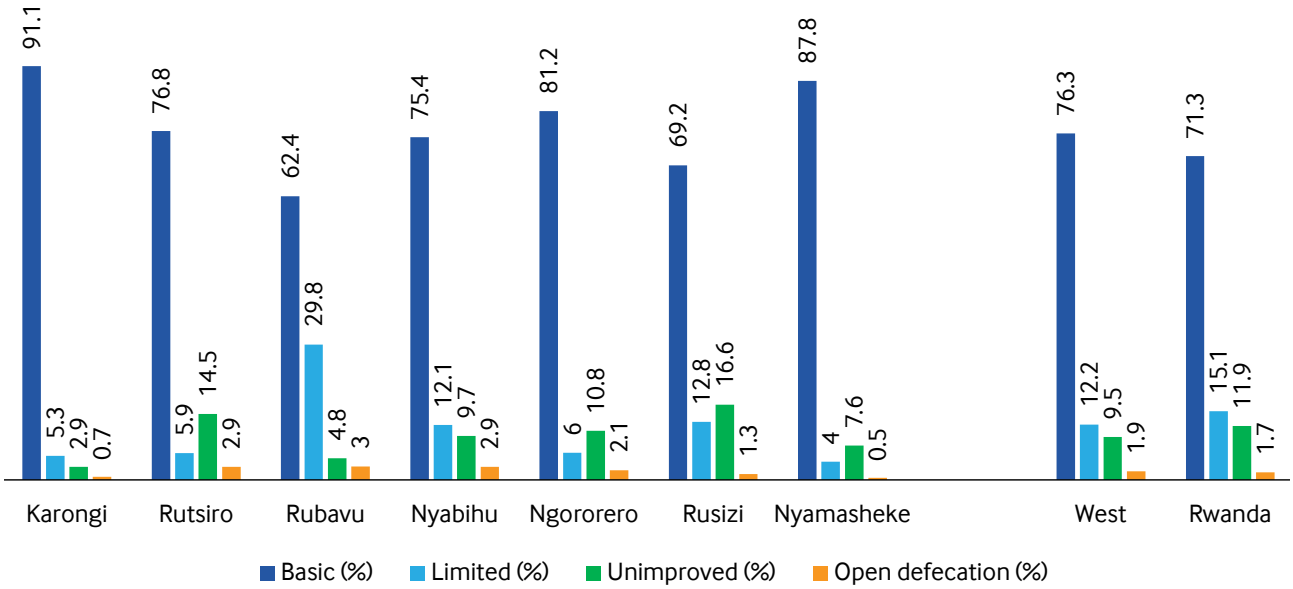
Sanitation service level classifies the de jure population according to the type and level of sanitation service available. The categories include basic sanitation(Use of improved facilities that are not shared with other households), limited sanitation (Use of improved facilities shared by two or more 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 76% of the de jure population in the Western 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%), proportions using unimproved services (10%) and practicing open defecation (2%), compared to 12% and 2% nationally, respectively.

At the district level, Karongi recorded the highest proportion of the de jure population with access to basic sanitation services (91%), followed by Nyamasheke (88%), while Rubavu had the lowest (62%). Rubavu recorded the highest proportion with limited sanitation services (30%), while Rusizi had the highest proportion using unimproved sanitation facilities (17%). Conversely, Rutsiro, Rubavu and Nyabihu recorded the highest level of open defecation (3%), while Nyamasheke recorded the lowest (less than 1%).

Overall, sanitation access in the Western 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 Western Province



Source: 2025 RDHS

Chapter 2

RESPONDENT CHARACTERISTICS

Respondent characteristics provide an overview of the demographic and socioeconomic characteristics of survey respondents in the Western Province. This chapter presents the core attributes of residents across the Western 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 Western Province.

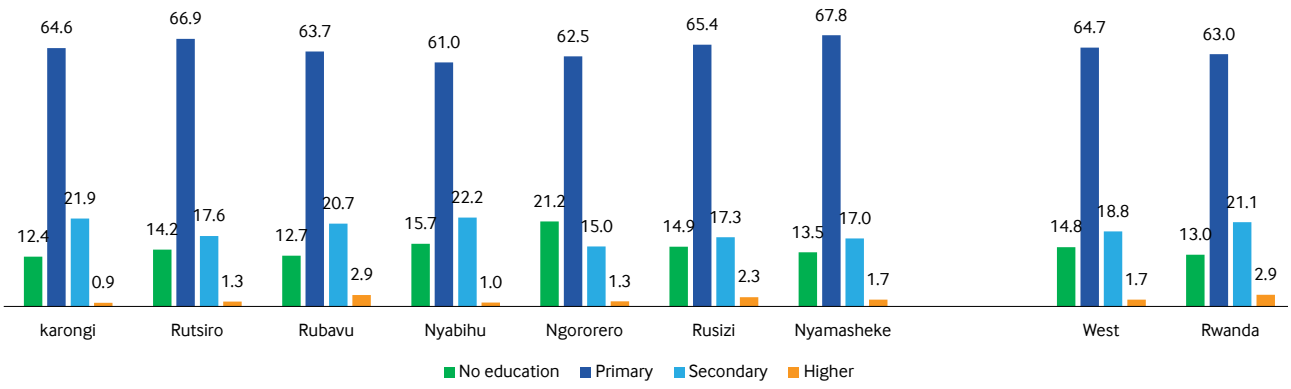
2.1. Education attainment

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 Western Province.

The proportion of women who attained primary school is slightly lower than that of men in the Western Province (65% and 71%, respectively). At the secondary education level, the corresponding proportions are 19% for women and 16% 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 Nyamasheke and Rutsiro districts (68% and 67%, respectively), while in Rutsiro district, the attendance among men is 76%. Nyabihu District records the highest secondary school attendance for both women (22%) and men (23%).

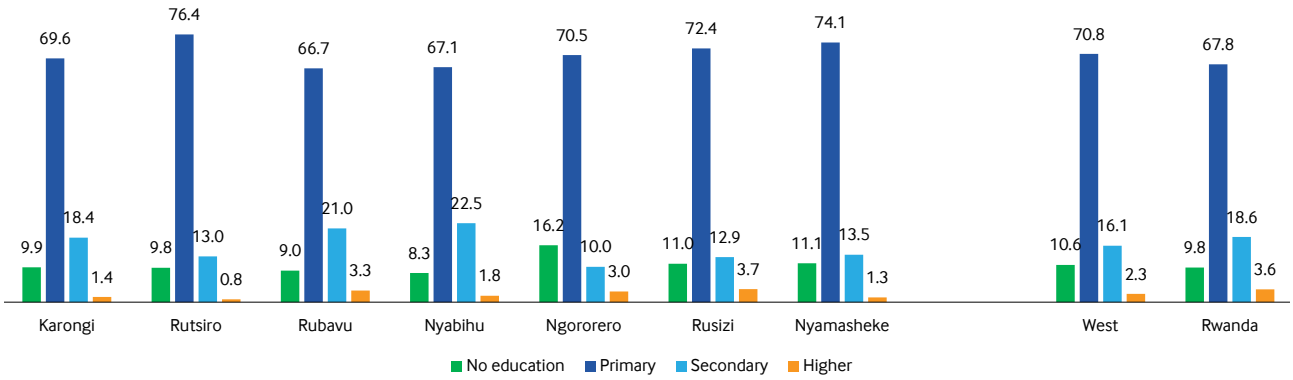
Trends: Compared with the RDHS 2019-20, secondary school attendance in the Western Province has increased from 16% to 19% for women, while for men it decreased from 17% to 16%, representing a slight decrease of 1%. At the district level, Karongi had a higher increase in secondary school attendance among females, rising from 16% to 22% and Rutsiro from 12% to 18%, indicating an increase of 5%.

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



Source: 2025 RDHS

2.2. Literacy

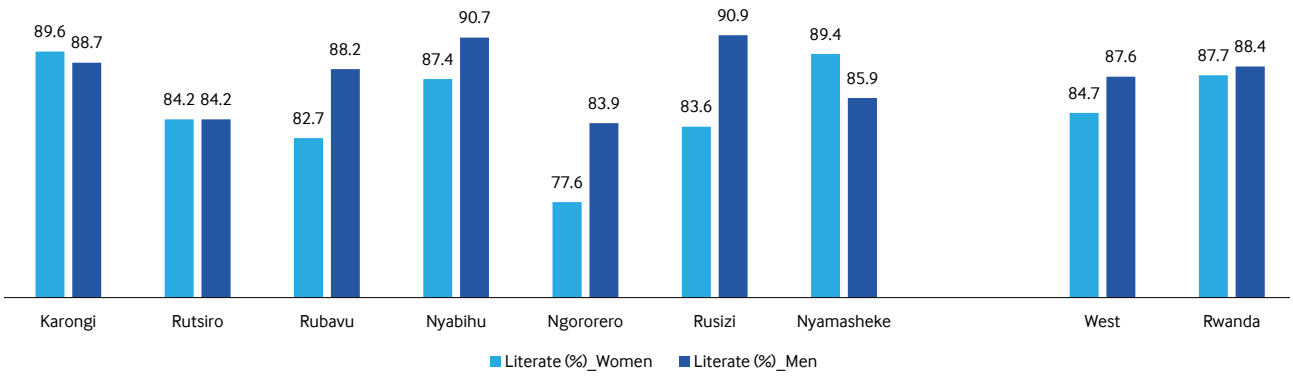
Literacy refers to the percentage of the adult population comprising both women and men who can read and write. This indicator serves as a fundamental measure of basic educational attainment and skill proficiency within a population and is widely recognized as a key benchmark for assessing social and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

Figure 2.2 shows literacy rates across the districts of the Western Province, alongside the provincial and national levels for comparison. For adult women, the literacy rate in the Western Province stands at 85%, slightly below the national level of 88%. At the district level, Karongi recorded the highest female literacy rate at 90%, followed by Nyamasheke at 89%. Conversely, Ngororero recorded the lowest female literacy rate at 78%.

For adult men, the literacy rate in the Western Province stands at 88% which is the same to the national average. Rusizi and Nyabihu District recorded the highest male literacy rate of 91%, followed by Karongi (89%), Rubavu (88%), and Nyamasheke (86%). The lowest male literacy rates were observed in Rutsiro and Ngororero at 84% each.

These findings demonstrate that overall literacy levels in the Western Province remain slightly below national averages for women and remained the same for men. Notably, gender disparities exist across districts: female literacy is markedly higher than male literacy in Karongi (90% vs. 89%) and Nyamasheke (89% vs. 86%), while male literacy rates substantially exceed female literacy rates in Rubavu (88% vs. 83%). Ngororero 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 Western Province by district



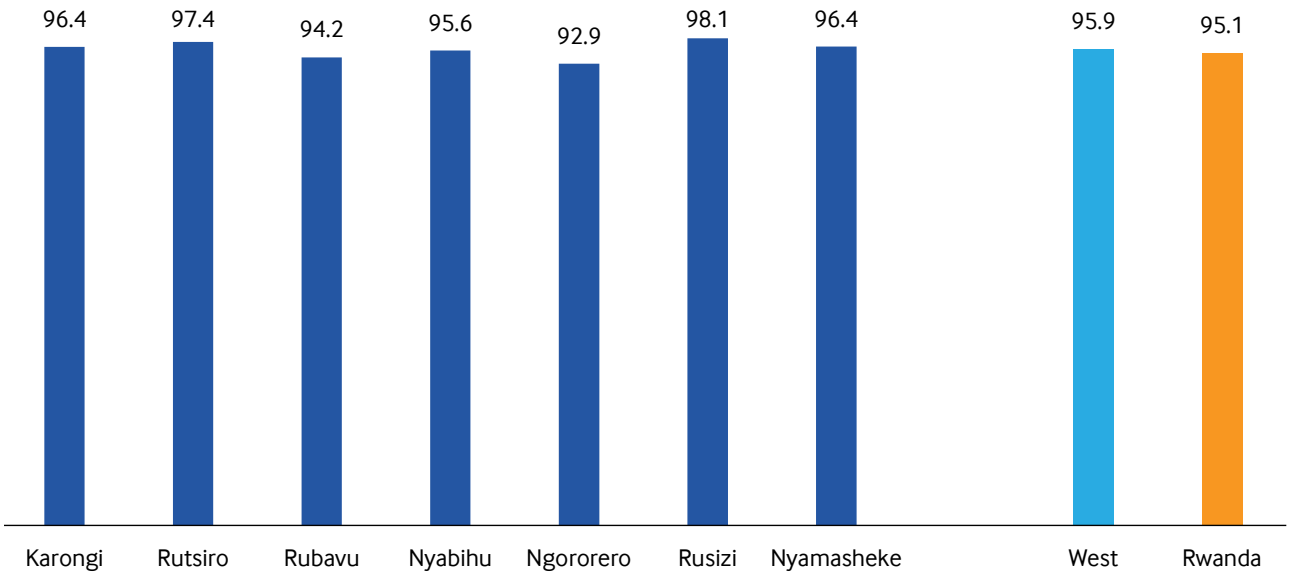
Source: 2025 RDHS

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 96% of children in the Western Province have been registered with the civil authorities compared to the national level which is 95%. The Percentage is higher in Rusizi District (98%) and lower in Ngororero District (93%).

Trend: Compared to the RDHS 2019-20, birth registration in civil authorities at the provincial level has increased by 8 percentage points, rising from 88% to 96%. Rutsiro District recorded the highest increase, from 80% to 97%; an increase of 17 percentage points.

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



Source: 2025 RDHS

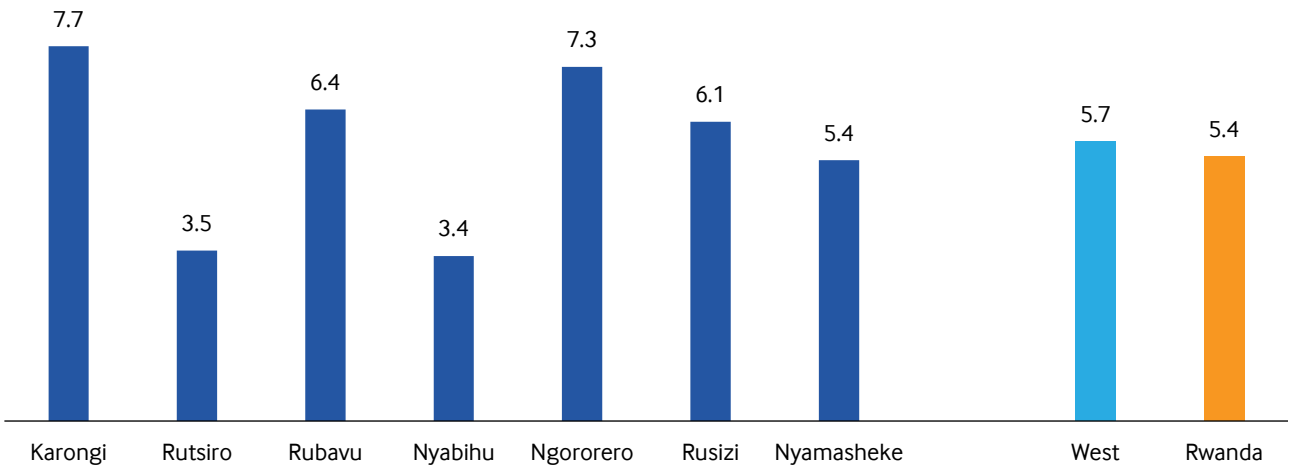
2.4. Children's orphanhood

Because 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 Western Province have lost one or both parents, compared to 5% at the national level. At district level, Karongi recorded the highest proportion of orphaned children (those who have lost one or both parents) at 8%, while Rutsiro and Nyabihu registered the lowest rate both at 3%. In the remaining districts, the percentage varies between 5% and 7%.

Trends: Compared to the RDHS 2019-20, the proportion of children under 18 years with one or both parents dead in western province has shown a slight change of 2 percentage points, moving from 8% to 6%. Meanwhile, Rutsiro District registered a decrease from 8% to 3% over the same period.

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



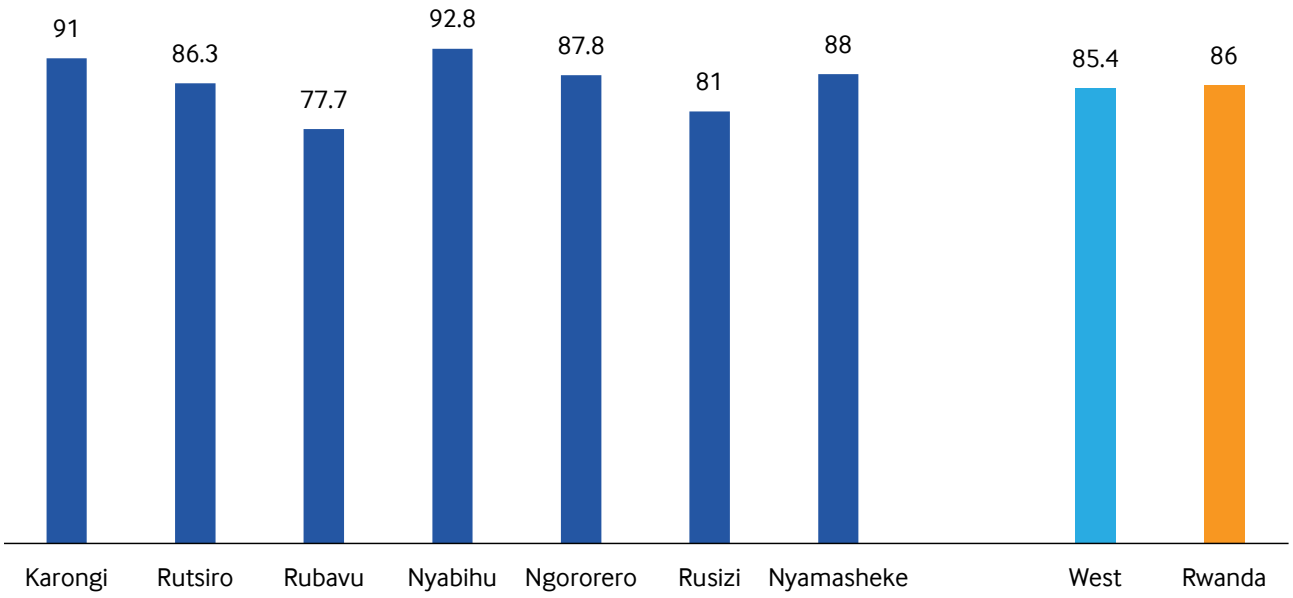
Source: 2025 RDHS

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 Western Province, 85% 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 Nyabihu District (93%) and lower in Rubavu District (78%). The remaining districts vary between 81% and 91%.

Trends: Compared to the RDHS 2019-20, the proportion of household members covered by health insurance has remained the same at the provincial level. However, Rutsiro and Nyabihu District recorded an increase from 78% to 86% and from 85% to 93%, respectively over the same period.

Figure 2.5: Percentage of household members with Health insurance.



Source: 2025 RDHS

2.6. Current marital status

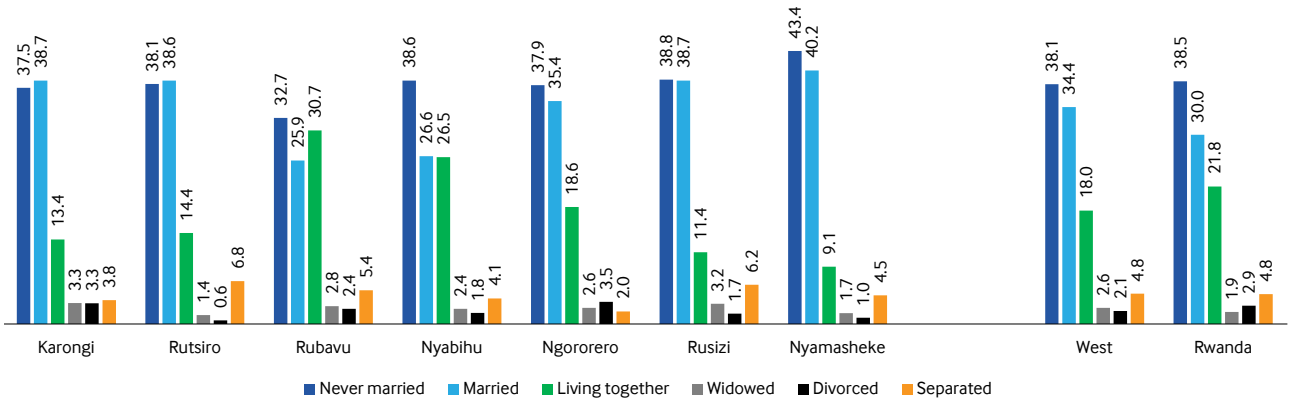
In Figures 2.6a and 2.6b, the term married refers to men and women who are legally married, while "living together" refers to couples in informal cohabiting unions. People are classified as never married if they have neither been married nor lived with a partner as if married. The category "ever married"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

Figures 2.6 a and 2.6 b show the distribution of women and men aged 15-49 by marital status in the Western Province. Overall, 38% of women in this age group have never been married, compared to 43% of men. Among women, the proportion of women aged 15-49 who have never been married is highest in Nyamasheke District (43%) and lowest in Rubavu District (33%).

Among men, corresponding figures range from 50% in Karongi District to 35% in Ngororero District. Overall, 52% of women interviewed in the Western Province were in a union (married or living together) same to the national level. This proportion is highest in Rubavu District (57%) and lowest in Nyamasheke District (49%). In the Western Province, 3% of women were widowed, 2% divorced, and 5% separated.

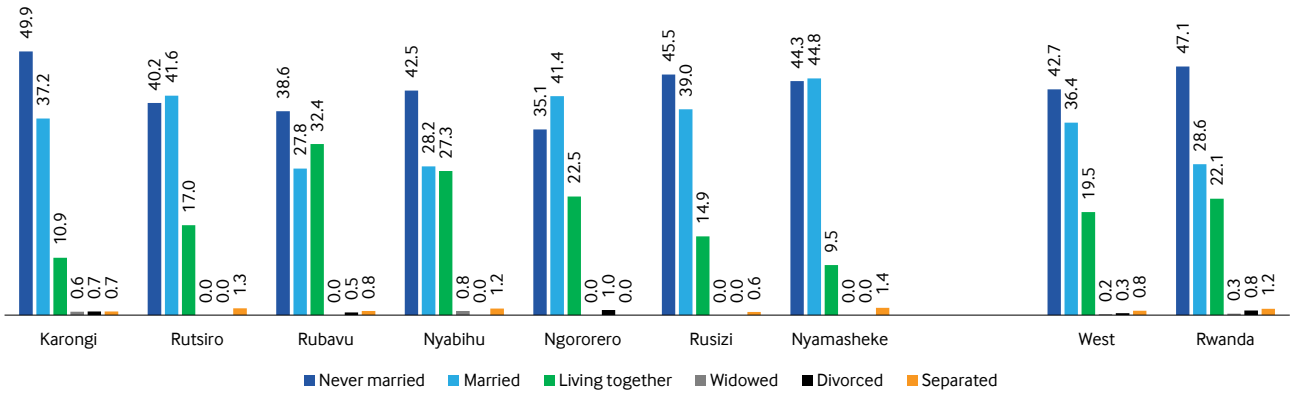
Trends: The percentage of women who have never been married decreased from 40% in the RDHS 2019-20 to 38%, while the percentage of men in the same category never changed in the current survey. Rubavu and Rusizi Districts recorded the highest decrease in never-married people, with the proportion among women falling from 40% to 33% and 46% to 39%, respectively and among men from 53% to 46% in Rusizi district 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

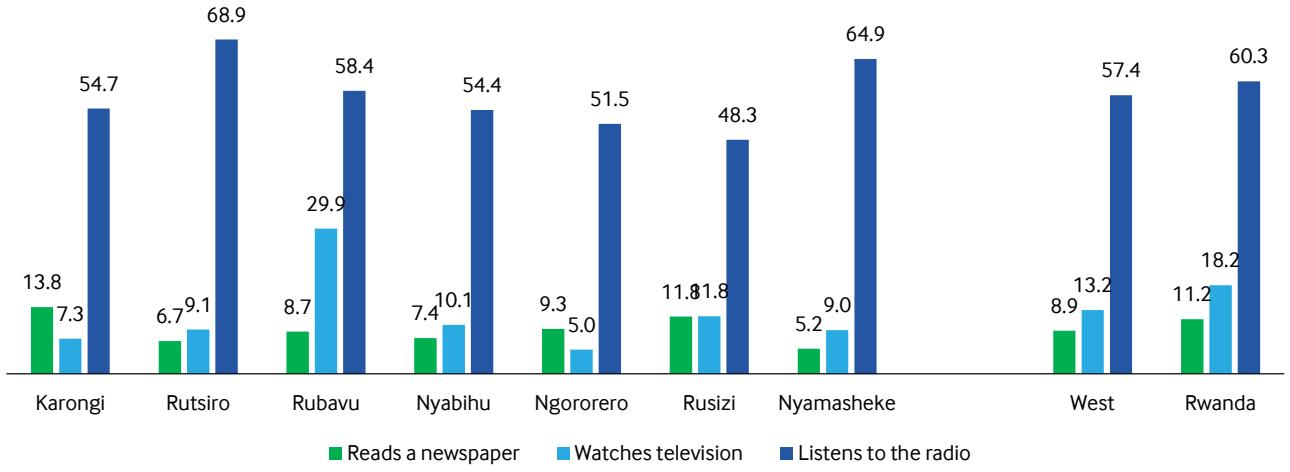
Data on the exposure of women and men to mass media are especially important to the development of educational programs and for the dissemination of all types of information, particularly information about health and family planning. Figures 2.7a and 2.7b present data on this exposure covering both print 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: 57% of women and 75% of men report listening to the radio at least once a week. At the district level, this proportion is higher among women in Rutsiro District (69%) and lowest in Rusizi District (48%). Among men, radio listenership is highest in Rutsiro District (83%) and lowest in Karongi District (62%). Television viewership is more frequent among men than among women: 13% of women and 25% of men report watching television at least once a week in the Western Province.

Only 9 % 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 Western Province follow almost the same pattern.

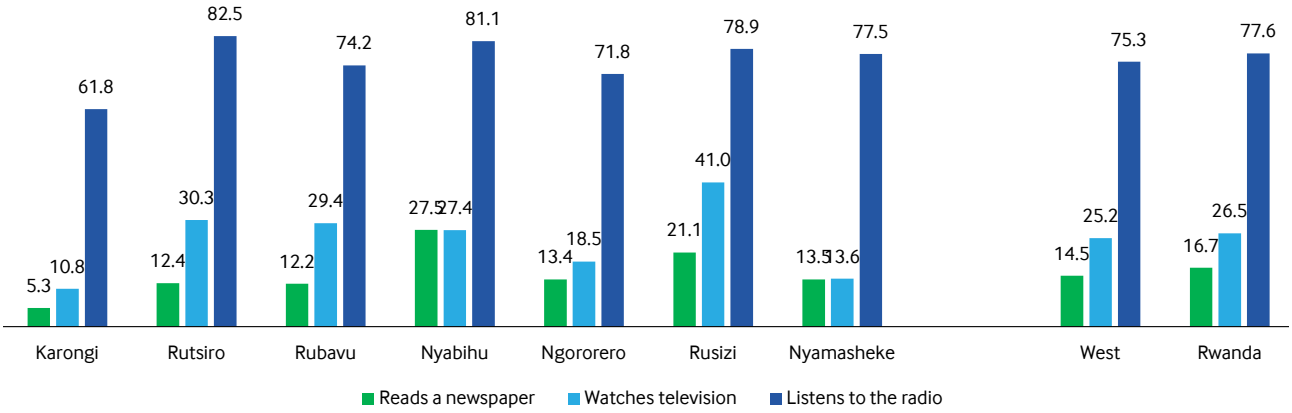
Trends: In the Western Province, exposure to television has increased, while exposure to the other two types of mass media decreased compared with the RDHS 2019-20. Among men, newspaper exposure has remained persistent, while exposure to the other two media types has shown a slight decrease.

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



Source: 2025RDHS

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



Source: 2025RDHS

2.8. Internet use frequency

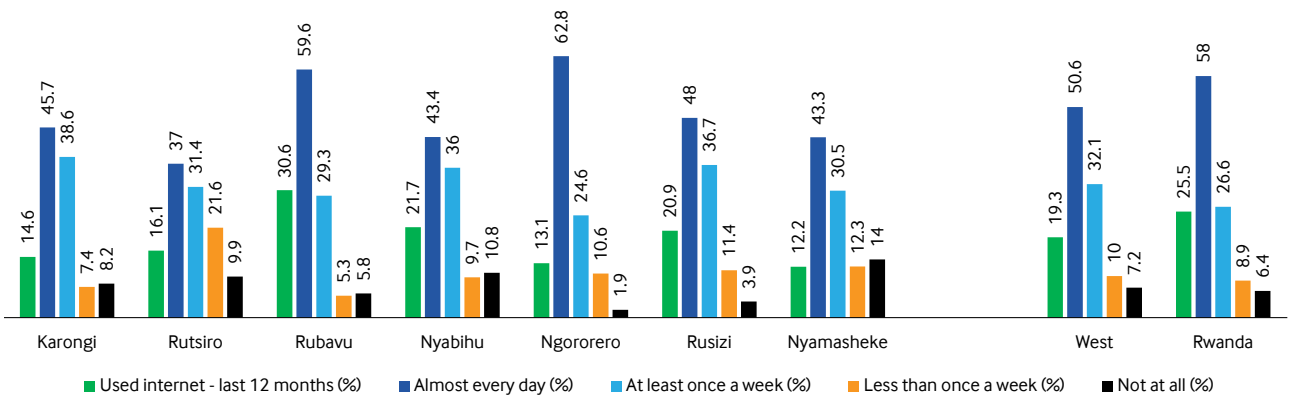
Internet use frequency measures the proportion of women and men who used the internet in the last 12 months preceding the survey, and how often they accessed it, categorized as almost every day, at least once a week, less than once a week, or not at all. This indicator serves as a reflection of both 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 Western Province. Overall, 19% of women in the Western Province used the internet in the last 12 months, compared to the national average of 26%. Rubavu District recorded the highest proportion of women using internet at 31%, followed by Nyabihu (22%), Rusizi (21%), and Rutsiro (16%). In contrast, Ngororero (13%) and Nyamasheke (12%) recorded the lowest rates of internet use. Among women in the Western Province who used the internet, 51% accessed it almost every day (compared to 58% nationally), while 32% used it at least once a week, 10% less than once a week, and 7% not at all in the recent period. Daily use among female internet users was highest in Ngororero District (63%) and Rubavu District (60%), and lowest in Rutsiro District (37%).

Figure 2.8b presents internet use and frequency of use among men aged 15-49. In the Western Province, 28% of men used the internet in the last 12 months preceding the survey, which is lower than the national figure of 35%. Rubavu District recorded the highest internet usage among men at 37%, followed by Rusizi (30%), Nyabihu (29%), and Karongi (28%), whereas Rutsiro District (18%) and Ngororero District (23%) reported the lowest usage. Among male internet users in the province, 48% used the internet almost every day (compared to 58% nationally), 37% accessed it at least once a week, 10% less than once a week, and 6% not at all. Rusizi District exhibited the highest proportion of daily internet users among men at 64%, followed by Rubavu District (54%), Nyabihu (53%), and Ngororero (52%), while Nyamasheke District recorded the lowest daily use rate at 25%.

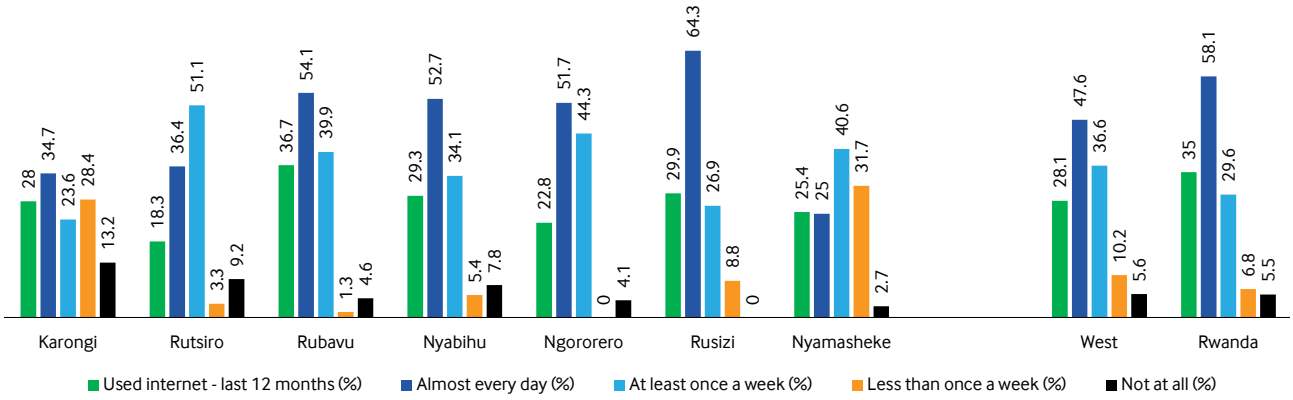
The findings indicate that both internet access and frequency of use in the Western Province remain below national averages for both women and men. Overall, internet usage is higher among men than women across most districts. Rubavu and Rusizi districts consistently demonstrate higher connectivity levels for both sexes, while Nyamasheke and Rutsiro 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 Western Province by district



Source: 2025 RDHS

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



Source: 2025 RDHS

2.9. Alcohol consumption among adult women and men

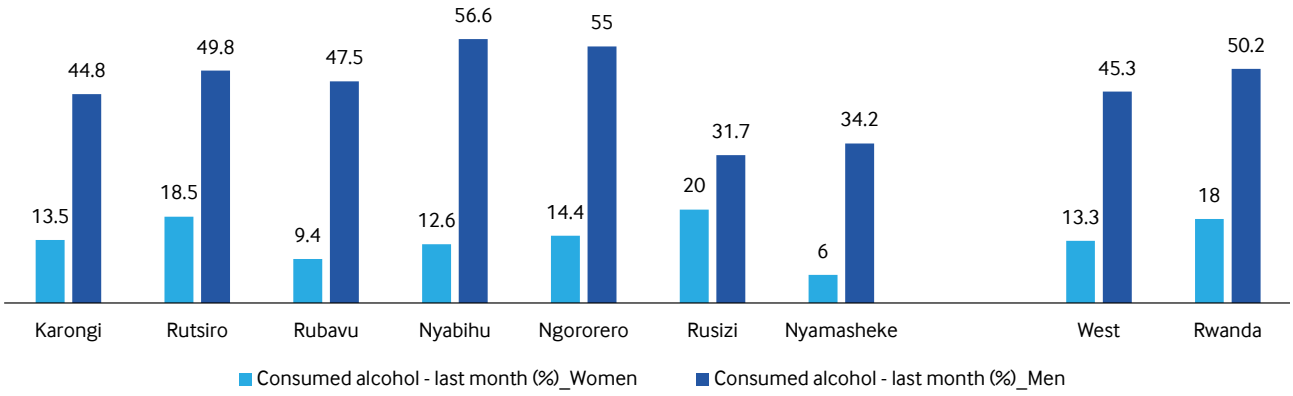
Alcohol consumption refers to the proportion of women and men aged 15-49 who consume alcohol. This indicator measures health-related behaviors and lifestyle practices, offering insight into public health trends and risk factors across regions.

Figure 2.9 shows that 13% of women aged 15-49 in the Western Province consume alcohol, which is lower than the national level of 18%. Across districts in the province, Rusizi recorded the highest proportion of women consuming alcohol at 20%, followed by Rutsiro (19%), Karongi and Ngororero at 14%. Conversely, Nyamasheke District recorded the lowest proportion at 6%, followed by Rubavu (9%) and Nyabihu (13%).

For men aged 15-49, 45% in the Western Province consume alcohol, compared to the national average of 50%. Nyabihu District recorded the highest proportion at 57%, followed by Ngororero at 55% and Rutsiro (50%). In contrast, Rusizi District recorded the lowest proportion at 32%, followed by Nyamasheke (34%), Karongi (45%).

The results indicate that alcohol consumption in the Western 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 Nyabihu and Ngororero show markedly higher overall consumption levels than Nyamasheke, which consistently reports the lowest prevalence for both sexes.

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



Source: 2025 RDHS

Chapter

3

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 RDH.

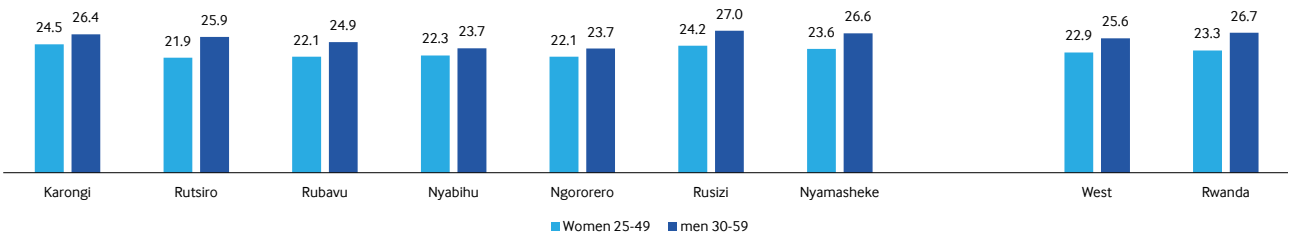
3.1. Median age at first marriage

Figure 3.1 shows the median age at first union among women aged 25-49 and men aged 30-59. In the Western Province, the median age at first marriage is 23 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, these variations are not pronounced: Rutsiro, Rubavu, Nyabihu and Ngororero Districts record the earliest age at first union, at 22 years, while the remaining districts record an age of 24 years. Among men, Rusizi and Nyamasheke Districts report the latest at 27 years, while Nyabihu and Ngororero Districts record 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

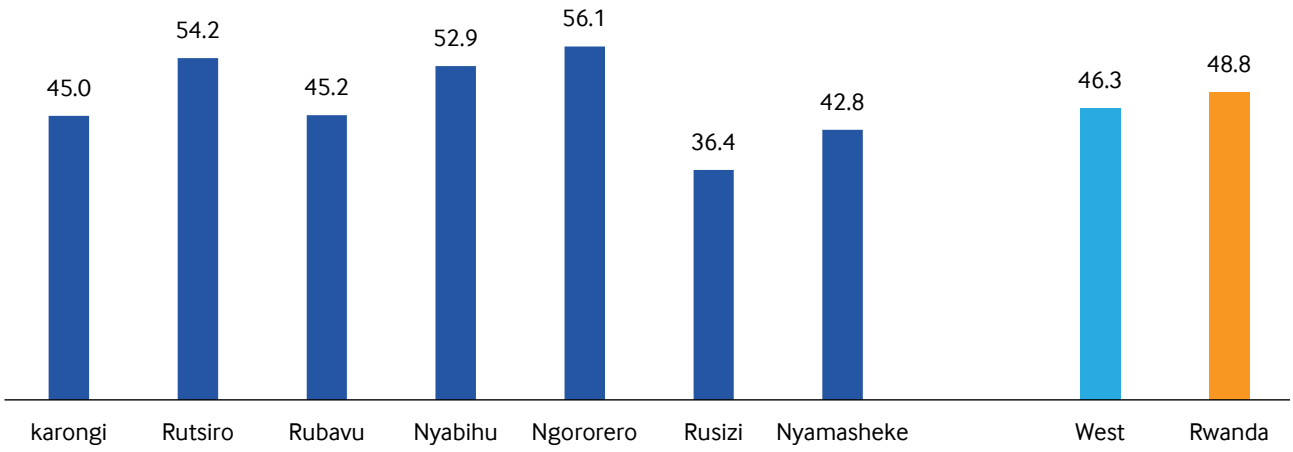
3.2. Birth intervals

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 Western Province, the median birth interval is 46.3 months, compared to 48.8 months at the national level. By district, the birth interval varies from 56 months in Ngororero District to 36 months in Rusizi District.

Trends: Compared to RDHS 2019-20, there has been a significant change in the birth interval in the Western Province, increasing from 36.6 months to 46.3 months. In Rutsiro District specifically, the interval has increased from 36 months to 54 months over the same period.

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



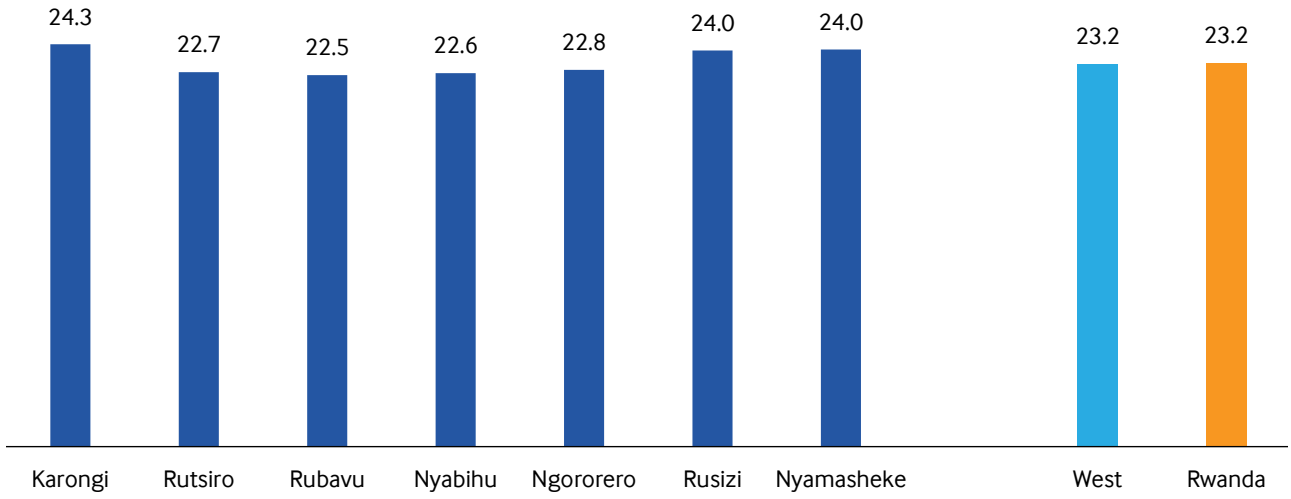
Source: 2025 RDHS

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 Western Province, the median age at first birth is 23.2 years, which is identical to the national level. At the district level, the highest median age at first birth is 24.3 years, recorded in Karongi District, while the remaining districts show little variation, with values ranging between 22.5 years and 24.0 years.

Trend: The median age at first birth has remained largely unchanged since the RDHS 2019-20, when it stood at 22.9 years, compared with the current figure of 23.2 years. This stability is observed consistently across districts.

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



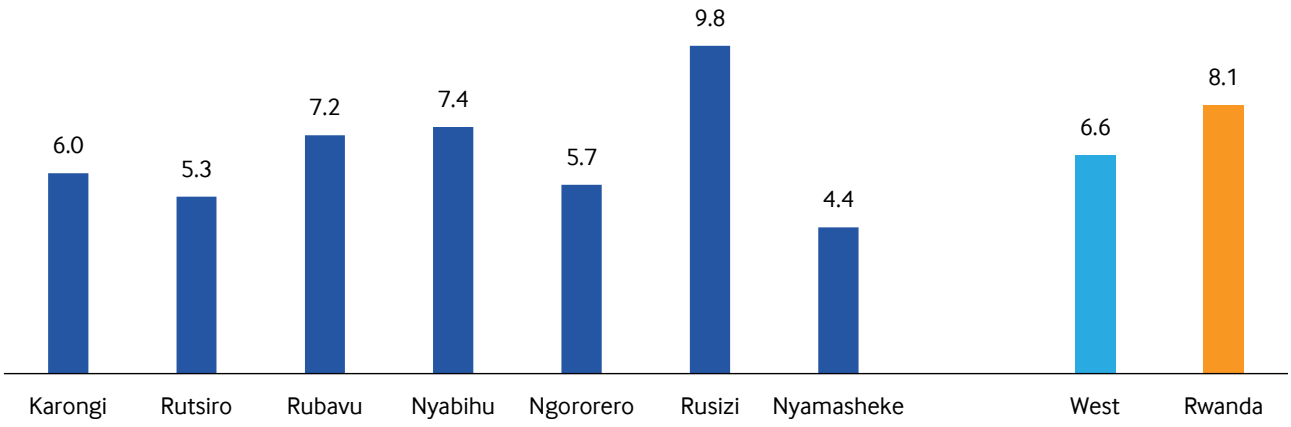
Source: 2025 RDHS

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 Western Province, 7% 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 4% in Nyamasheke District to 10% in Rusizi District.

Trends: At the province level, the percentage of young women aged 15-19 who have begun childbearing in their teenage years increased from 4% to 7%. Rusizi District is an exception as it increased from 5% to 10% between the RDHS 2019-20 and the RDHS 2025, whereas Nyabihu and Ngororero Districts remained stable at 7% and 6%, respectively, over the same period.

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



Source: 2025 RDHS

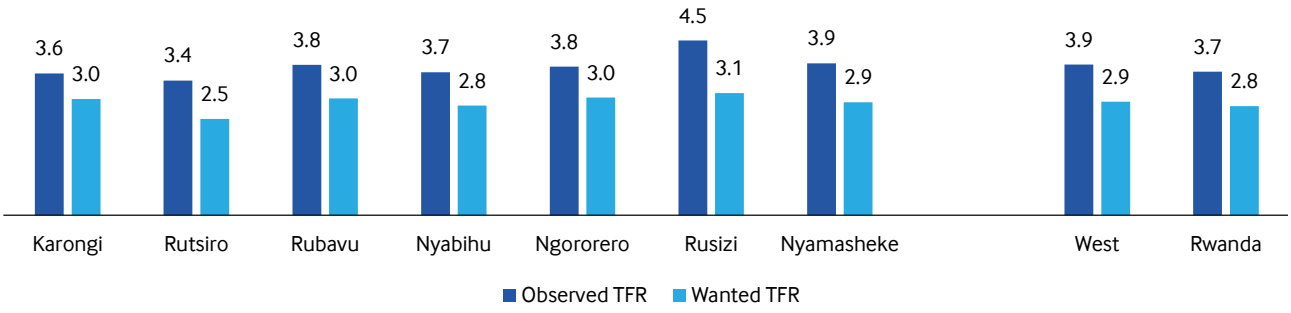
3.5. Wanted and Total fertility rate

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 Western Province, the TWFR for women aged 15-49 is 2.9 children, compared to 2.8 children at the national level.

At the Provincial level, the TFR is 3.9, compared to 3.7 at the national level. Among districts, the TFR is lowest in Rutsiro District (3.4) and highest in Rusizi District (4.5). Considering the gap between the wanted fertility rate and the TFR, there is a difference of 1.0 children in the Western Province. At the district level, the highest gap is observed in Rusizi District (1.4) and the lowest in Karongi District (0.6).

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 decreased from 3.3 to 2.9, while the observed TFR has decreased from 4.5 to 3.9.

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



Source: 2025 RDHS

Chapter

4

FAMILY PLANNING

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 Western Province in comparison with the national figures.

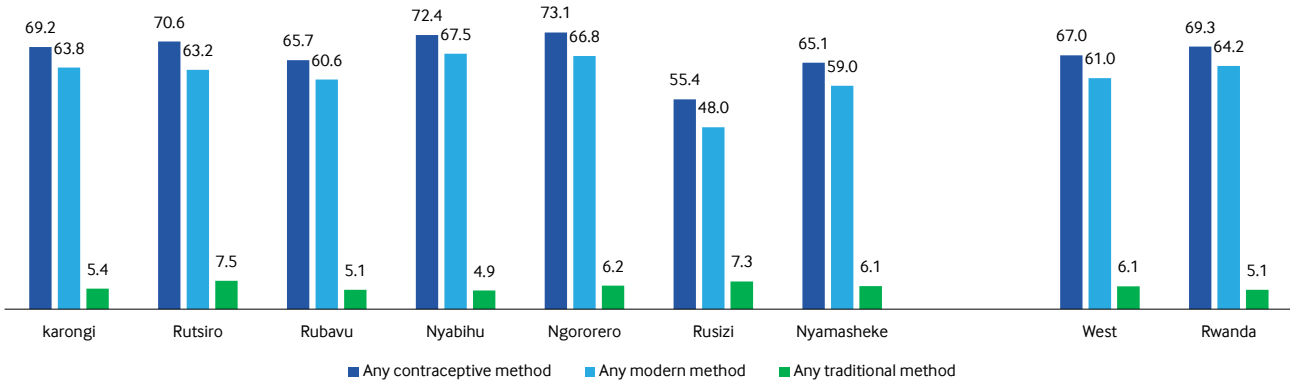
4.1. Current use of contraception

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 67% of married women aged 15-49 in the Western Province are currently using a family planning method; among them, 61% use a modern method, and 6% use a traditional method. The prevalence of current contraceptive use among women is highest in Ngororero District (73%) and lowest in Rusizi District (55%), 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 Western Province using any contraceptive method has increased from 62% in the RDHS 2019-20 to 67% in the RDHS 2025. This upward trend is observed across all districts, with Rubavu District recording a particularly notable increase from 52% to 66%.

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



Source: 2025 RDHS

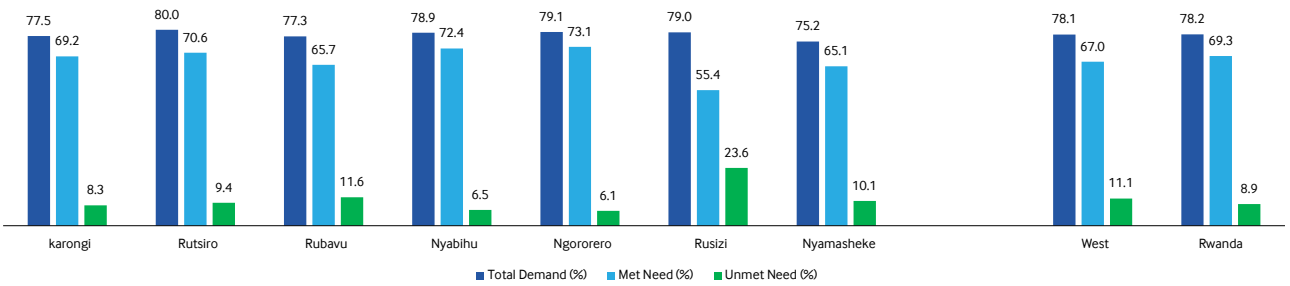
4.2. Demand for family planning

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 describes that the total demand for family planning among all women in the Western Province (78%) is similar to the national level (78%). At the district level, the total demand for family planning among women aged 15-49 is highest in Rutsiro District (80%) and lowest in Nyamasheke District (75%).

Trends: The total demand for family planning among currently married women in the Western Province remained unchanged at 78% in the RDHS 2019-20 and the 2025 RDHS. It increased significantly in Rubavu District, rising from 71% to 77%. In other districts, the proportion decreased, with the exception of Rutsiro, which remained relatively stable, and Nyabihu, which decreased from 83% to 79%.

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

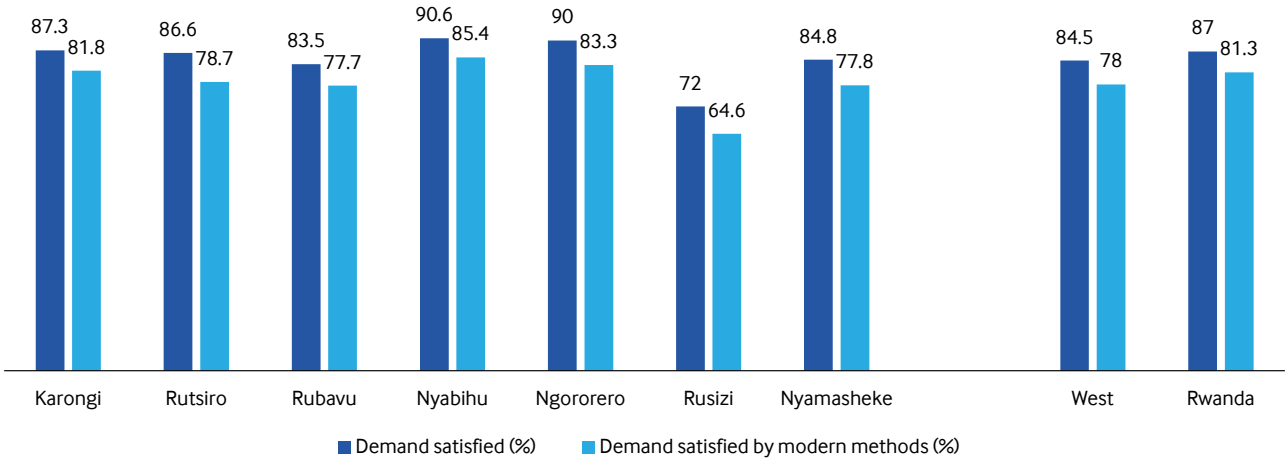
Demand for family planning satisfied measures the proportion of women with a need for family planning whose need is being met through contraceptive use. The indicator also distinguishes demand satisfied by modern methods, thereby providing an assessment of the extent to which women's family planning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

Figure 4.3 shows that 85% of the total demand for family planning among women aged 15-49 in the Western Province was satisfied, compared with 87% nationally. Demand satisfied by modern methods was 78% in this province, slightly below the national level of 81%.

At district level, Nyabihu recorded the highest proportion of total demand satisfied (91%), while Rusizi recorded the lowest (72%). Similarly, Nyabihu had the highest proportion of demand satisfied by modern methods (85%), whereas Rusizi District had the lowest (65%).

Overall, the proportion of demand satisfied in the Western 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, Western Province



Source: 2025 RDHS

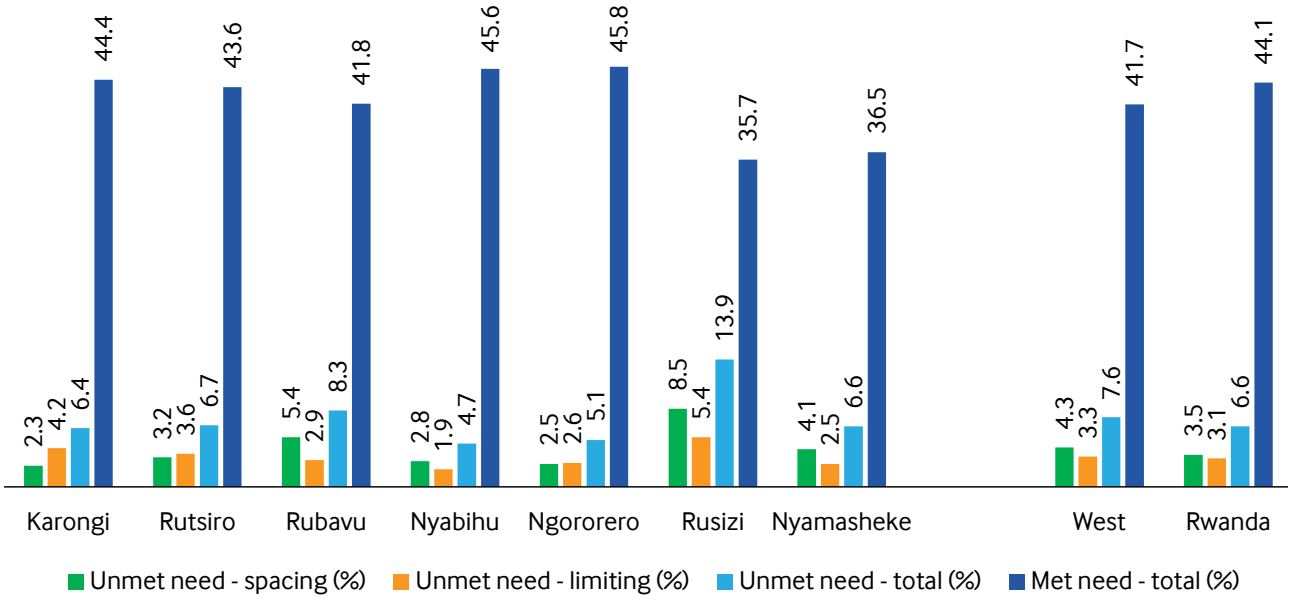
4.4. Unmet and met need for family planning

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 8% of women aged 15-49 in the Western Province had an unmet need for family planning, compared with 7 % nationally. The proportion with met need was 42% in the Western Province, compared with 44% at the national level. At the district level, Rusizi District recorded the highest total unmet need (14%), while Ngororero had the lowest (5%). Nyabihu and Ngororero recorded the highest met need (46%), whereas Rusizi had the lowest (36%).

Overall, the Western Province had a higher unmet need for family planning and a lower met need compared with 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, Western Province



Source: 2025 RDHS

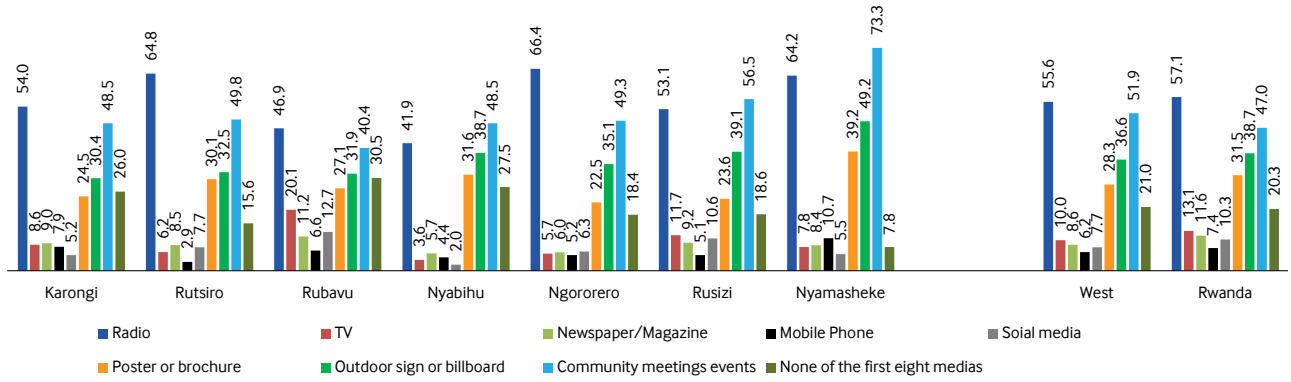
4.5. Exposure to family planning messages

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 Western Province, reaching 56% of women, a figure comparable to the national level of 57%. Exposure via radio was highest in Ngororero District (66%) and Rutsiro District (65%), and lowest in Nyabihu District (42 %). Community meetings and events constituted the second most common channel, reaching 52% of women in the province, with particularly high exposure observed in Nyamasheke District (73%) and Rusizi District (56%).

Exposure to family planning messages via television remained low across all districts, ranging from 4% in Nyabihu District to 20% in Rubavu District. Similarly, exposure through mobile phones and social media platforms was limited across the province, not exceeding 11% and 13%, respectively, in any district. Overall, 21% of women in the Western 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 Rubavu District (31%) and Nyabihu District (28%), 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.

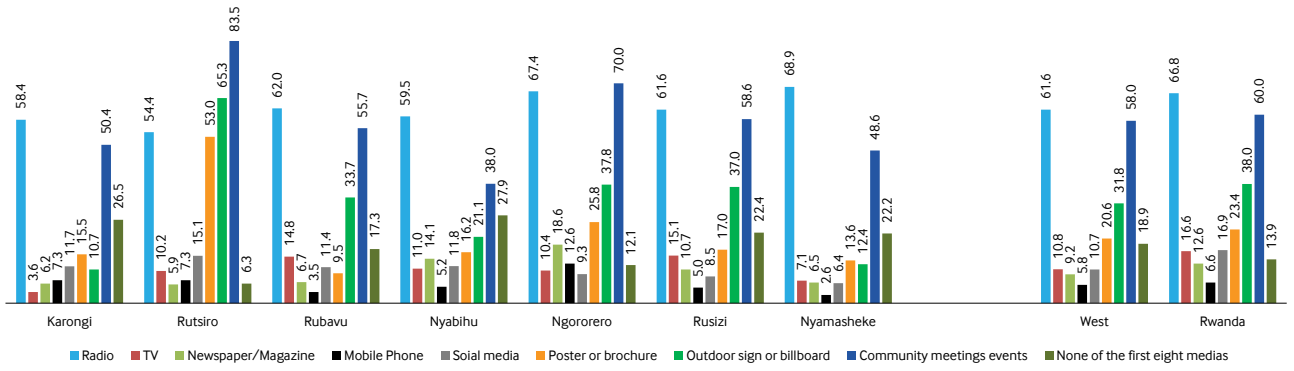


Source: 2025 RDHS

Figure 4.5b presents the same indicators for men aged 15-49. Radio exposure among men in the Western Province (62%) exceeded that observed among women (56%), with the highest levels recorded in Nyamasheke District (69%) and Ngororero District (67%). Community meetings and events also reached a considerably larger proportion of men (58%) than women (52%) at the provincial level. This gender gap was most pronounced in Rutsiro District, where 83% of men compared with 50% 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 (11%) than among women (8%) at the provincial level. The proportion of men in the Western Province who reported no exposure to family planning messages through any of the eight media channels (19%) was considerably lower than the corresponding proportion for women (21%), indicating that men are reached more effectively than women through most family planning communication channels. Exposure gaps were least pronounced in Rutsiro District, where only 6% of men reported no exposure to any media, the lowest recorded across all districts for both sexes.

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



Source: 2025 RDHS

Chapter

5

MATERNAL HEALTH

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.

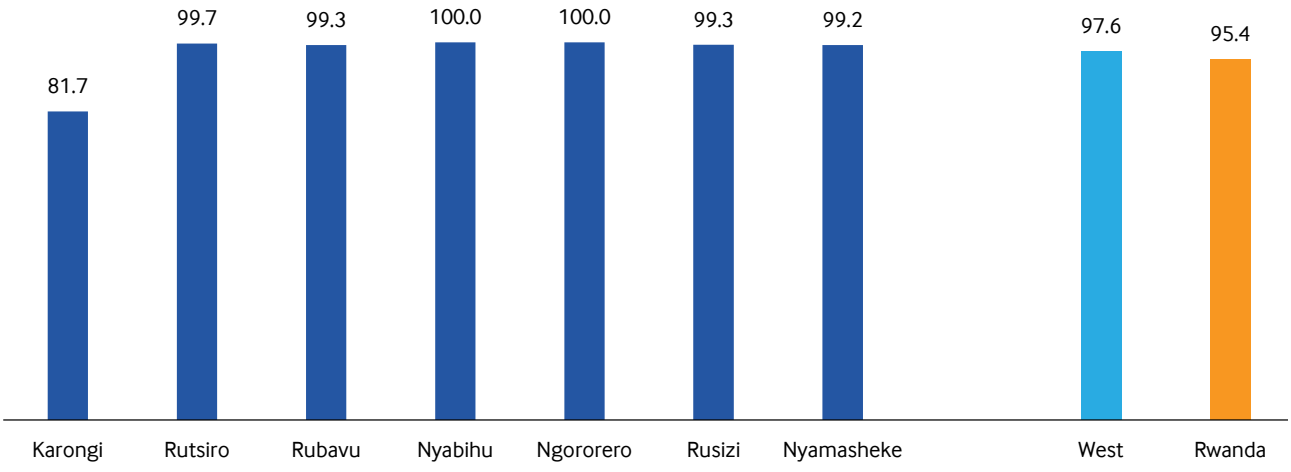
5.1. Antenatal care

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 98% of women in the Western Province received at least one antenatal care visit from a skilled provider for their most recent live birth, which is higher compared to the national average of 95%. Near-universal coverage was observed across most districts in the province. Nyabihu, Ngororero and Rutsiro Districts recorded the highest rate at 100%, followed by Rubavu, Rusizi, and Nyamasheke districts, each at approximately 99%. In contrast, Karongi District recorded the lowest coverage at 82%.

Compared to the 2019/20 RDHS, skilled antenatal care coverage in the Western Province remained relatively stable across most districts. However, a significant decline was observed in Karongi District, where coverage dropped from 97% in 2019/20 to 82% in 2025.

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



Source: RDHS, 2025

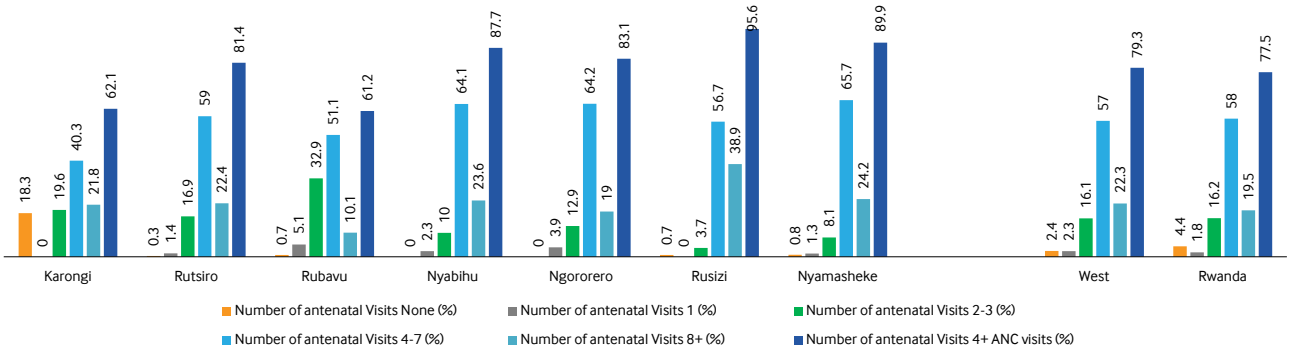
A skilled provider[1] includes doctor, nurse, medical assistant, and midwife.

5.2. Number of antenatal care visits and 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 Western Province. Overall, 79% of women in the province attended four or more ANC visits, a figure that aligns closely with the national level of 78%. Rusizi District recorded the highest proportion of women making 4+ ANC visits at 96%, followed closely by Nyamasheke District (90%) and Nyabihu District (88%). Conversely, Rubavu District recorded the lowest rate of 4+ visits at 61%, followed by Karongi District at 62%. Regarding intensive attendance (8+ visits), Rusizi District (39%), Nyamasheke, and Nyabihu Districts (24%) reported the highest proportions, while Rubavu District recorded the lowest at 10%. Furthermore, 18% of women in Karongi District reported receiving no ANC visits, compared to the provincial average of 2% and the national level of 4%. In contrast, Nyabihu and Ngororero reported 0% of women receiving no ANC care.

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

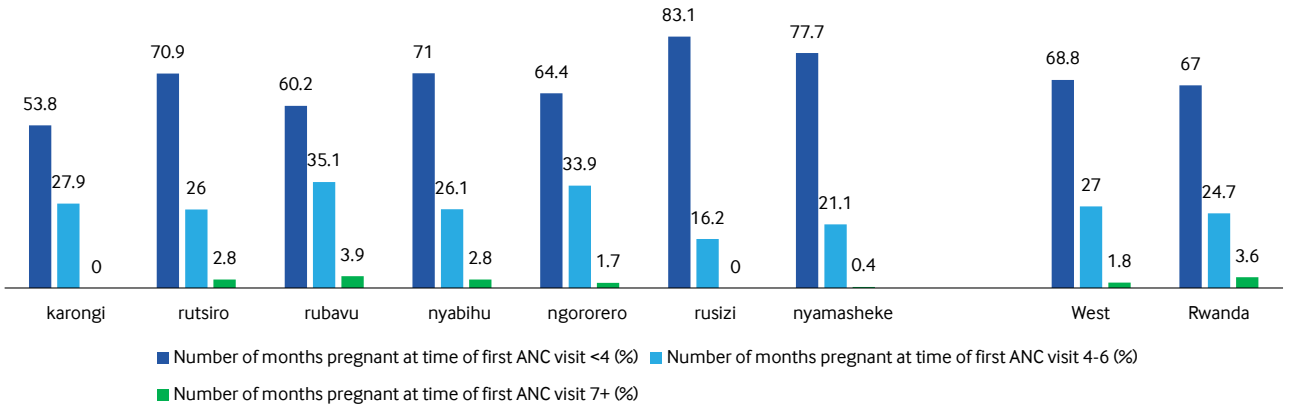


Source: 2025 RDHS

Figure 5.2 b presents the timing of the first antenatal care (ANC) visit among women in the Western Province. Overall, 69% of women across the province-initiated ANC early, defined as within the first trimester (less than four months of pregnancy), a figure that is higher than the national rate of 67%. Early initiation was highest in Rusizi district (83%), followed by Nyamasheke District (78%), Nyabihu and Rutsiro Districts (71%, each). Karongi District recorded the lowest rate of early initiation at 54%. Delayed initiation, defined as (first visit occurring at 4-6 months of pregnancy) was highest in Rubavu (35%), Ngororero(34%), and Karongi (28%). Late entry (first visit at 7+ months of pregnancy) was highest in Rubavu District (4%).

Taken together, the findings indicate that while overall coverage of skilled ANC, 4+ visits, and early initiation in the Western Province generally aligns with national standards, notable intra-provincial disparities persist. Districts such as Rusizi, Nyamasheke, and Nyabihu demonstarate strong engagement in maternal health service utilization. In contrast, Karongi 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.

Figure 5.2b: Percentage of Months Pregnant at Time of First ANC Visit in Western Province by district



Source:2025 RDHS

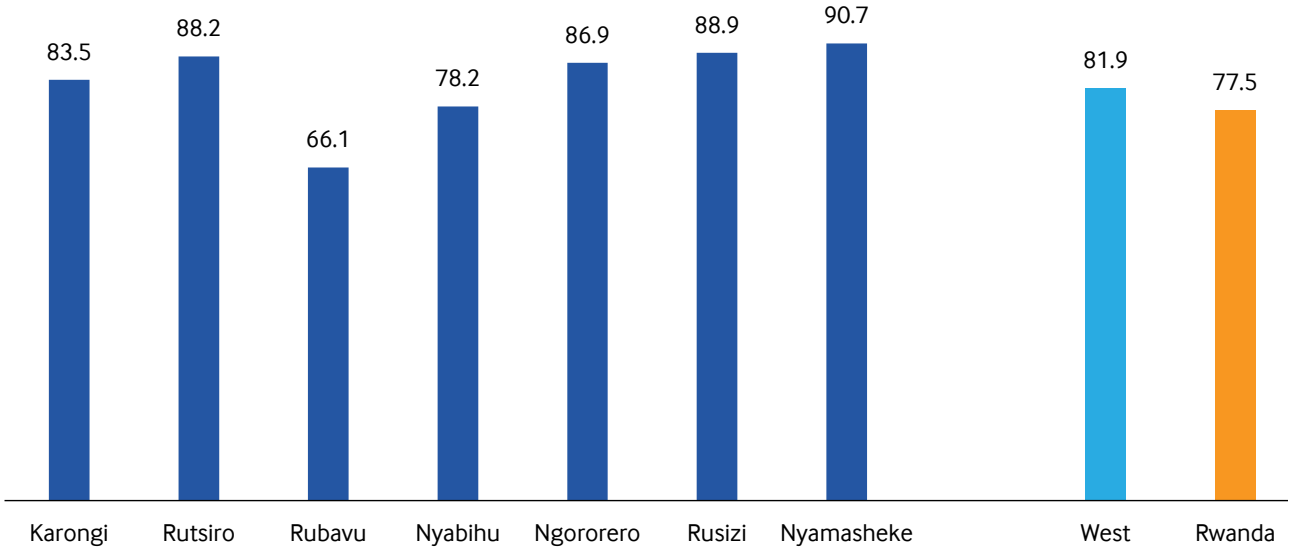
5.3. Mothers whose last birth was protected against neonatal tetanus.

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 Western Province whose most recent live birth was protected against neonatal tetanus, the proportion of pregnant women with previous protection against tetanus stood at 82%, compared with 78% at the national level. At the district level, the proportion was higher in Nyamasheke District (91%), and lower in Rubavu District (66%).

Trends: Compared to the RDHS 2019-20, the proportion of mothers with previous protection against tetanus has increased at both the provincial and district levels, with the exception of Rubavu District, which decreased from 77% to 66% and Rusizi District from 90% to 89%. At the provincial level, coverage increased from 77% to 82%. Nearly all districts recorded an increase, with the most pronounced decrease observed in Rubavu District, where coverage fell from 77% in the RDHS 2019-20 to 66% 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 3years 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.

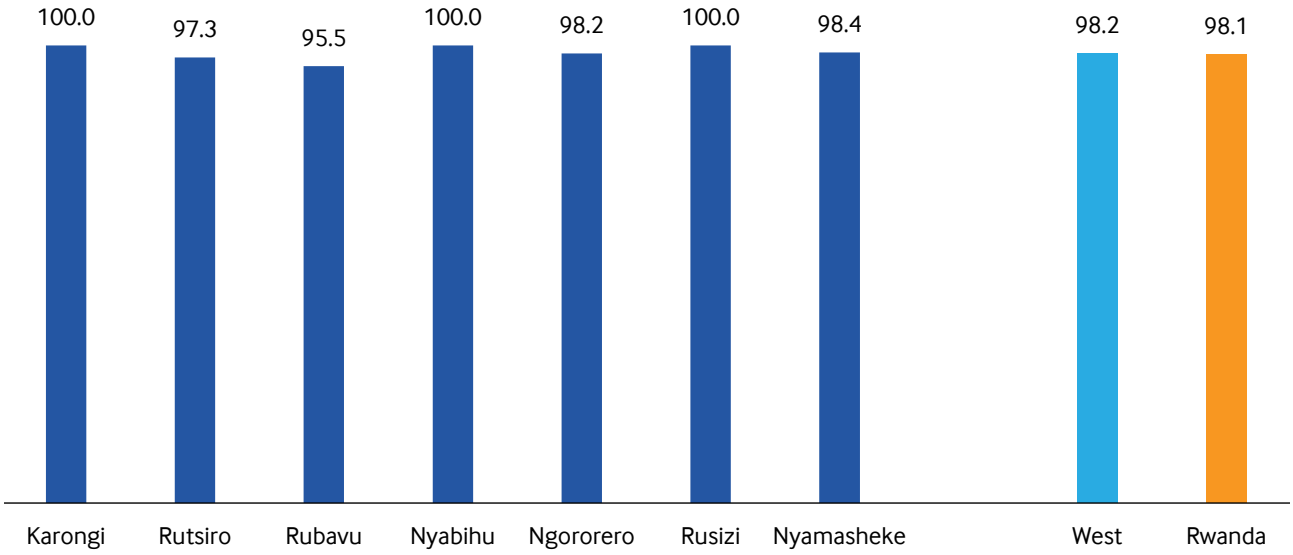
5.4. Place of Delivery

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 Western 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 Karongi, Nyabihu and Rusizi Districts (100%) and lower in Rutsiro District (97%).

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

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



Source: 2025 RDHS

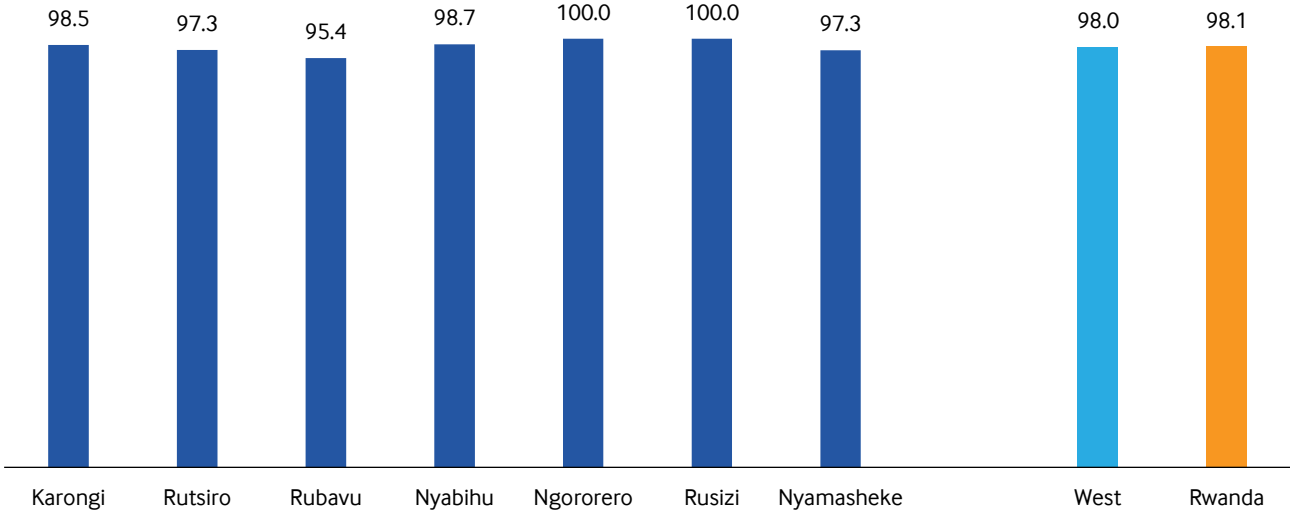
5.5. Assistance during delivery

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 Western Province were assisted by a skilled health provider, a figure consistent with the national level. This percentage was considerably higher in Ngororero and Rusizi districts (100%) and lower in Rubavu district, which recorded 95%.

Trends: Compared to the RDHS 2019-20, the percentage of mothers assisted by a health skilled provider during delivery has significantly increased from 94% to 98% in 2025, at the provincial level and countrywide.

Figure 5.5: Percentage of women age 15-49 whose last birth was assisted by a skilled health provider.



Source: 2025 RDHS

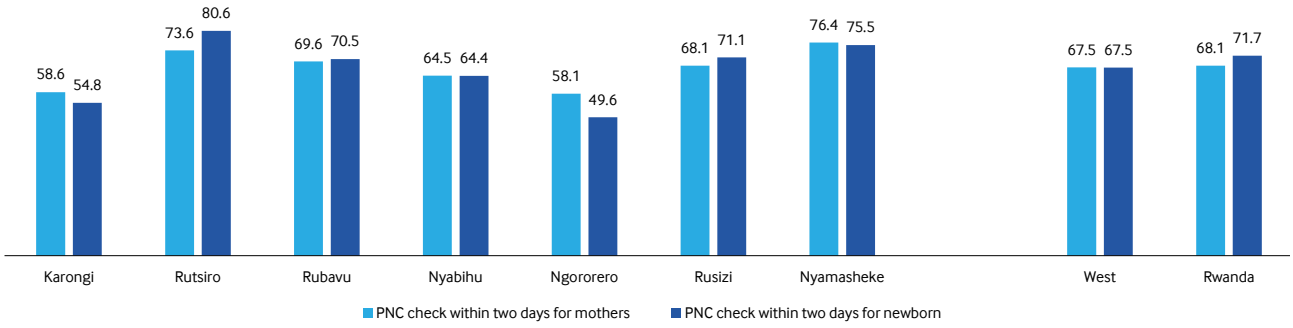
5.6. Postnatal checkup

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 67% of women and 67% of newborns in the Western 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, Nyamasheke recorded the highest proportions for women at 76% and Rutsiro recorded the highest proportions for newborns at 81%. For women, the lowest proportion was recorded in Karongi (59%), while for newborns, Ngororero 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 Western Province from 59% to 67% for women, and from 64% to 67% for newborns. A substantial increase was observed across nearly all districts, with the exception of Karongi District, which recorded a decrease from 75% to 59% for women and from 78% to 55% for newborns. Conversely, Rutsiro and Nyabihu Districts experienced the highest increase, with postnatal checkup coverage for women rising from 45% to 74% and 37% to 65%, respectively. And for newborns rising in both Nyabihu and Nyamasheke from 44% to 64% and 56% to 76%, respectively.

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



Source: 2025 RDHS

Chapter

6

CHILD HEALTH

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 Western 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

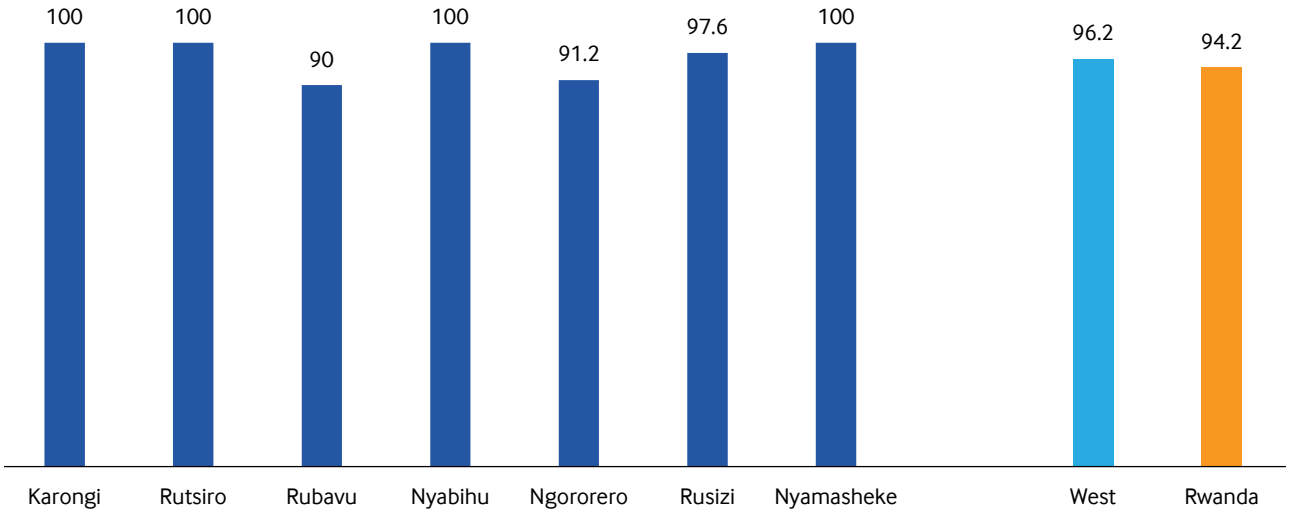
Full basic vaccination coverage refers to the percentage of children aged 12-23 months who have received all basic antigens, a child must have received all of the following: one dose of BCG vaccine, which protects against tuberculosis; Three doses of polio vaccine excluding polio vaccine given at birth; 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 Western Province. Overall, 96% of children aged 12-23 months in the Western Province received all basic vaccinations, a figure slightly below the national coverage rate of 94%.

Substantial variation is observed across districts in the province. Karongi, Rutsiro, Nyabihu and Nyamasheke Districts achieved the highest rate of full basic vaccination coverage at 100%, followed by Rusizi (98%), Ngororero (91%). In contrast, Rubavu District recorded the lowest immunization coverage at 90%, significantly below the provincial average and the national benchmark.

The results indicate that routine child immunization coverage in the Western Province is generally strong, with most districts exceeding 98% coverage. However, Rubavu 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 Western Province by district



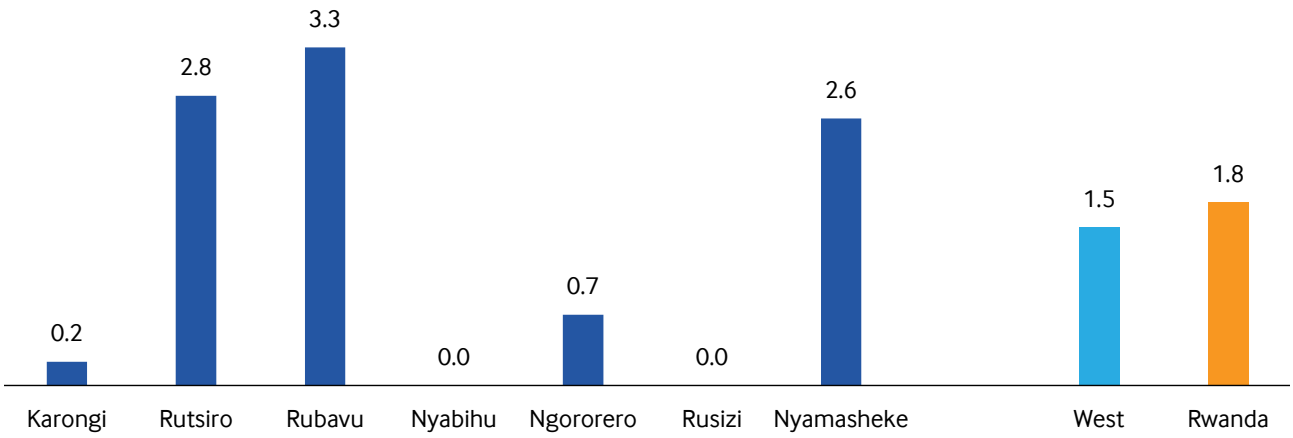
Source: 2025RDHS

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

Figure 6.1b shows that 2% of children under five years of age in the Western 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 Rubavu, Rutsiro and Nyamasheke districts at (3%), followed by Ngororero District at 1%. In the remaining districts, prevalence reports less than 1%.

Trends: Compared to the RDHS 2019-20, the Western Province recorded a slight decrease in the prevalence of acute respiratory infections, from 3% to 2%. 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

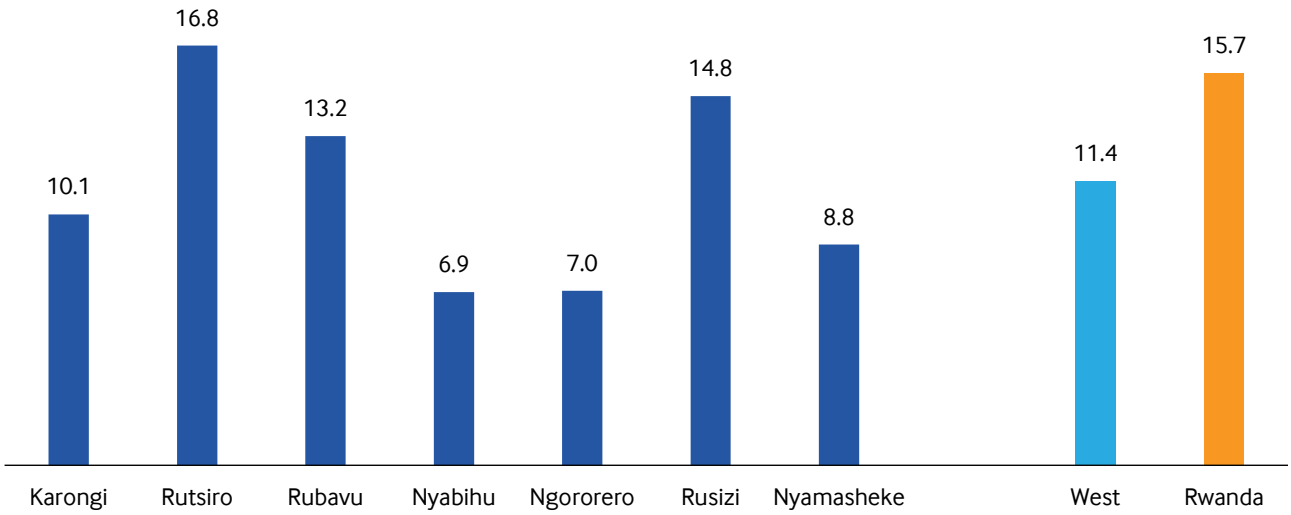
6.2. Prevalence of fever

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, 11% of children under five years of age in the Western Province had fever, compared to 16% at the national level. At the district level, children under five years of age in Rutsiro District were the most likely to have had fever (17%), while the lowest prevalence was reported in Nyabihu and Ngororero District both at 7%.

Trends: Compared to the RDHS 2019-20, the prevalence of fever, the provincial level decreased from 23% to 11%. Nyamasheke District recorded a highest reduction, declining from 32% in 2019-20 to 9% in 2025.

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



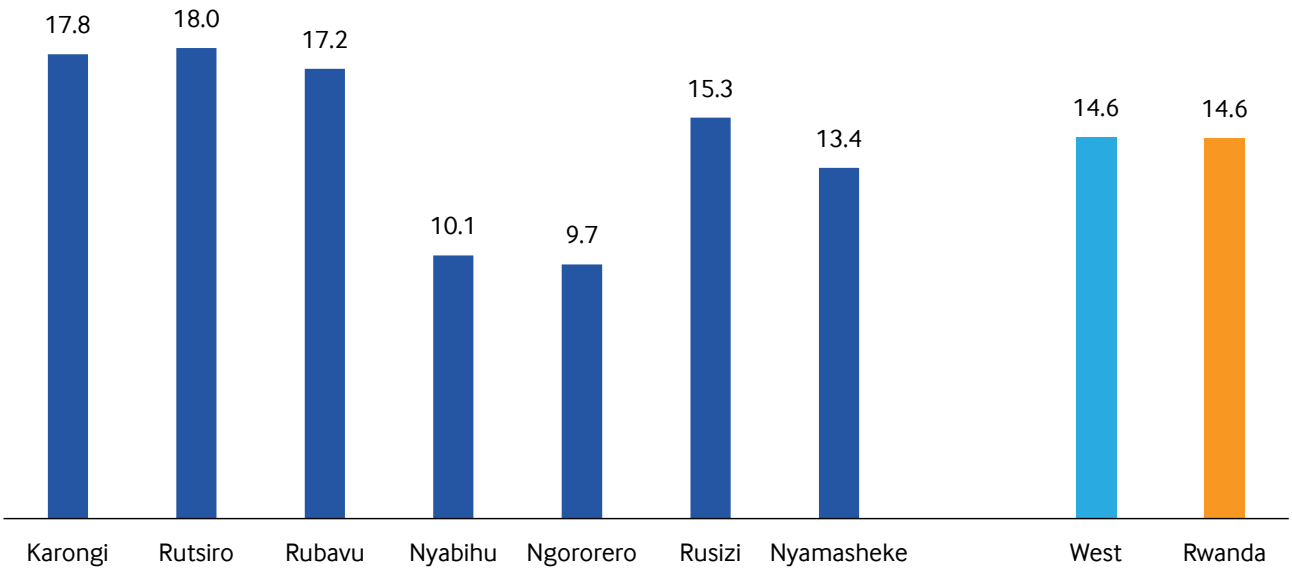
Source: 2025 RDHS

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 Western Province, 15% of children were reported to have had diarrhea in the two weeks preceding the survey, a proportion identical to that of the national level. The prevalence of diarrhea was notably high in Karongi and Rutsiro Districts both at 18%, followed by Rubavu at 17% and Rusizi district at 15%. In contrast, lower prevalence was recorded in Nyabihu and Ngororero districts, each at 10%.

Trends: Compared to the RDHS 2019-20, the prevalence of diarrhea in the Western province decreased from 18% to 15%. At the district level, Nyabihu District recorded a huge decrease from 24% to 10% in 2025.

Figure 6.3: Prevalence of Diarrhea among children under five years



Source:2025 RDHS

Chapter 7

NUTRITION AMONG CHILDREN AND WOMEN

The findings from the 2025 Rwanda Demographic and Health Survey (RDHS) indicate that while the Western 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.

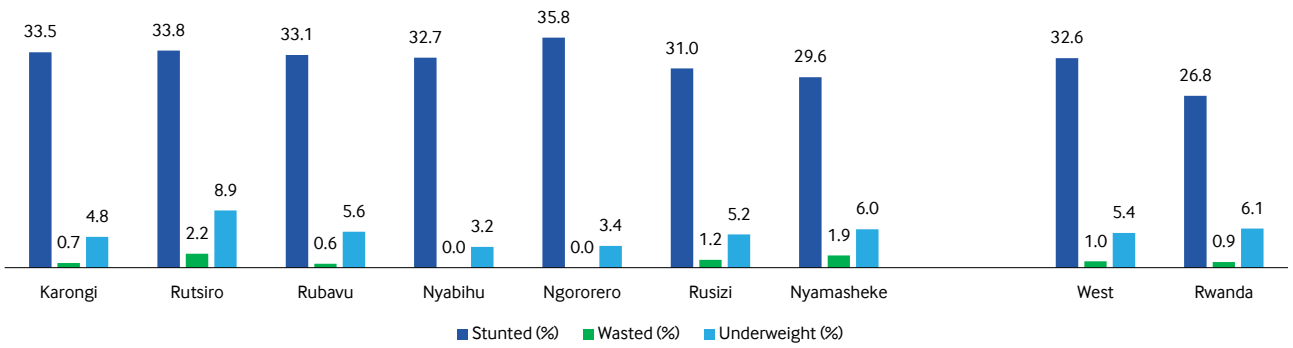
Figure 7.1 presents that, 33% of children under age 5 in the western Province are stunted (too short for their age), compared to 27% at the national level. Considerable variation in children's nutritional status is observed across districts, with stunting prevalence highest in Ngororero District (36%) and lowest in Nyamasheke District (30%).

With regard to wasting (Too thin for their height), 1% of children under five years of age in the Western Province are wasted, compared to 0.9% at the national level. The prevalence of wasting is highest among children in Rutsiro District (2%), and lowest in Nyabihu and Ngororero (0%).

The same figure also shows that 5% of children under five years of age in the Western Province and 6% at the national level are underweight (low weight-for-age). At the district level, variation indicates that Rutsiro District has the highest proportion of underweight children by district at 9%, while Nyabihu and Ngororero Districts have the lowest prevalence at 3%.

Trends: Compared to the RDHS 2019-20, the prevalence of stunting among children under five years of age has decreased in the Western Province, declining from 40% to 33%. In Ngororero District, stunting fell from 51% to 36%. The prevalence of wasting has slightly increased, rising from 0.6% to 1% at the provincial level, although an increase was observed in most districts. Ngororero District was an exception, with wasting prevalence decreasing from 1.7% to 0%. The proportion of underweight children decreased from 8% to 5% at the provincial level. However, at the district level Nyamasheke District remained stable.

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.

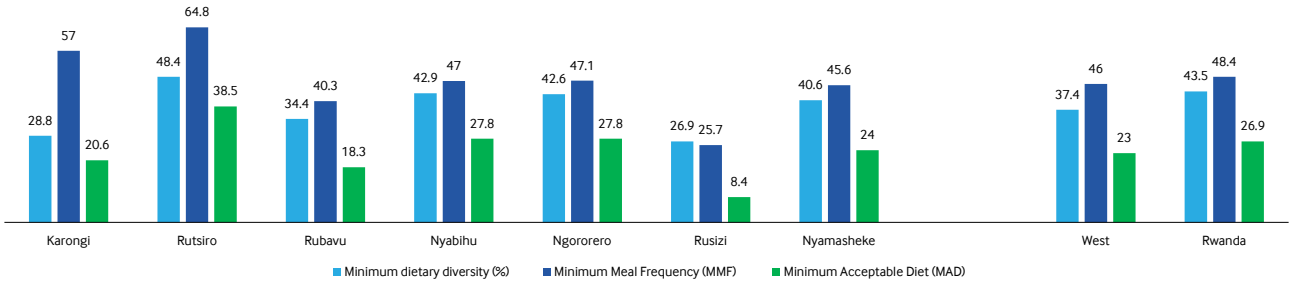
Figure 7.2 shows feeding practices among children aged 6-23 months across districts in the Western Province. Overall, 37% of children aged 6-23 months in the Western Province met the minimum dietary diversity threshold (consuming foods from at least five of eight food groups), a figure lower than the national average of 44%. Rutsiro District recorded the highest proportion of children meeting minimum dietary diversity (MDD) at 48%, followed by Nyabihu and Ngororero (43%). Conversely, Rusizi recorded the lowest dietary diversity rate at 27%, followed by Karongi (29%) and Rubavu (34%).

Regarding minimum meal frequency (MMF), 46% of children aged 6-23 months in the Western 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, Rutsiro District recorded the highest rate at 65%, followed by Karongi (57%) and Nyabihu and Ngororero (47%). The lowest rates for minimum meal frequency (MMF) were observed in Rusizi District at 26%, Rubavu at 40%, and Nyamasheke at 46%.

Overall, 23% of children aged 6-23 months in the Western Province achieved a minimum acceptable diet (MAD) (combining both diversity and meal frequency), remaining below the national average of 27%. Rutsiro District achieved the highest rate of minimum acceptable diet at 39%, followed by Nyabihu and Ngororero (28%), Nyamasheke (24%). In contrast, Rusizi District recorded the lowest rate of minimum acceptable diet at only 8%, followed by Rubavu District (18%) and Karongi District (21%).

The findings indicate that child feeding practices in the Western Province remain below national benchmarks across all three indicators, MDD, MMF, MAD. While Rutsiro District shows relatively strong performance in both dietary diversity and overall acceptable diet, severe gaps persist in Rusizi District. In Rusizi, 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 Western Province by district



Source: 2025RDHS

7.3. Nutritional status among women

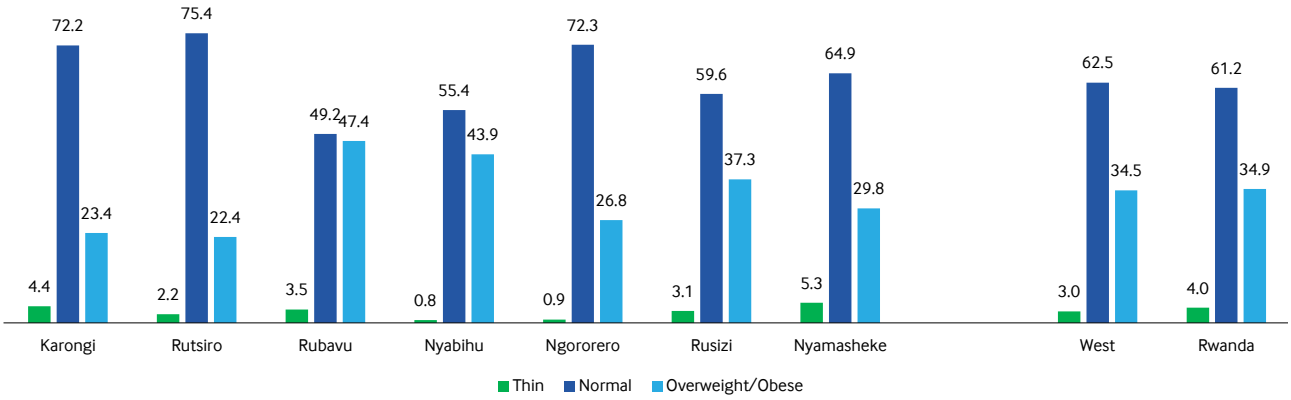
Nutritional status among women aged 15-49 is evaluated using Body Mass Index (BMI) categories to assess thinness (BMI < 18.5 kg/m²), normal weight (BMI 18.5-24.9 kg/m²), and overweight or obesity (BMI ≥ 25.0 kg/m²). This indicator measures both acute and chronic malnutrition risk as well as overnutrition, 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 below18.5), compared to 4% at the national level. This proportion is much higher in Nyamasheke district (5%) followed Karongi district (4%) and lower in Nyabihu and Ngororero districts each at (2%).

In the Western 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 Rubavu District (47%) and lower in Rutsiro District (22%). The percentage of women meeting normal standards tends to be the same across districts, ranging from 49% to 75%.

Trends: Compared to the RDHS 2019-20, the Western Province has recorded a decline in the percentages of thin and normal-weight women (from 6% to 3% and from 72% to 63%, respectively), while the prevalence of overweight/obesity has increased from 22% to 35%. At the district level, the percentages of thin and normal-weight women have decreased in all districts and Rutsiro district remained stable (for normal-weight women). Conversely, the percentage of overweight/obese women has increased in all districts. The most substantial increase was observed in Rusizi, where the prevalence of overweight/obesity rose from 19% to 37%.

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



Source: 2025RDHS

7.4. Minimum dietary diversity among women

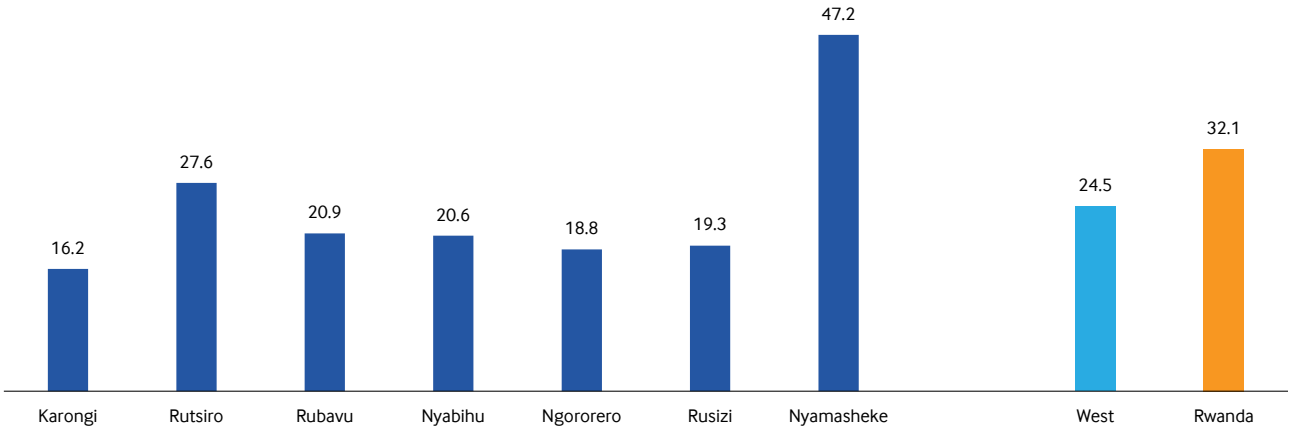
Nutritional status among women aged 15-49 is further assessed using the minimum dietary diversity (MDD) guidelines, defined as the proportion of women who consume foods from at least five out of ten defined food groups (a. grains, roots, tubers, and plantains; b. pulses (beans, peas, lentils); c. nuts 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 Western Province. Overall, 25% 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 Nyamasheke District recorded the highest proportion of women meeting minimum dietary diversity at 47%, followed by Rutsiro (28%), Rubavu and Nyabihu (21%, each). In contrast, Karongi District recorded a markedly low level of dietary diversity at 16%, while Ngororero and Rusizi also reported lower rates at 19%, each.

The results highlight that maternal dietary diversity in the Western Province lags behind national levels, with substantial disparities across administrative areas. Nyamasheke stands out with the highest proportion of women consuming a diversified diet, whereas Karongi faces critical maternal nutritional deficits with 16% of women achieving minimum dietary diversity.

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



Source: 2025RDHS

Chapter

8

HIV ATTITUDE AND KNOWLEDGE

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

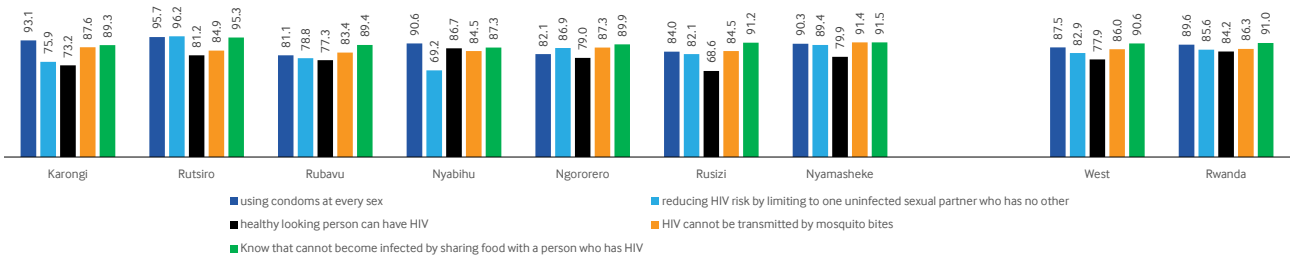
Complete knowledge of HIV prevention is measured using five different components: (1) knowing that consistent condom use during sexual intercourse reduces the risk of HIV transmission; (2) knowing that limiting sexual intercourse to one uninfected partner who has no other partners reduces the risk of 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 Western Province, 87% know that consistent condom use reduces the risk of HIV transmission risk, and 83% 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 69% in Rusizi to 87% in Ngororero.

Similarly, knowledge that HIV cannot be transmitted by mosquito bites varies considerably, from 83% in Rubavu to 91% in Nyamasheke, with Rutsiro (85%) and Nyabihu (84%) also falling below the provincial average of 86%.

Knowledge that HIV cannot be transmitted through sharing food with an infected person is high across all districts, ranging from 87% in Nyabihu to 95.0% in Rutsiro. Overall, Rusizi 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 Rusizi District.

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

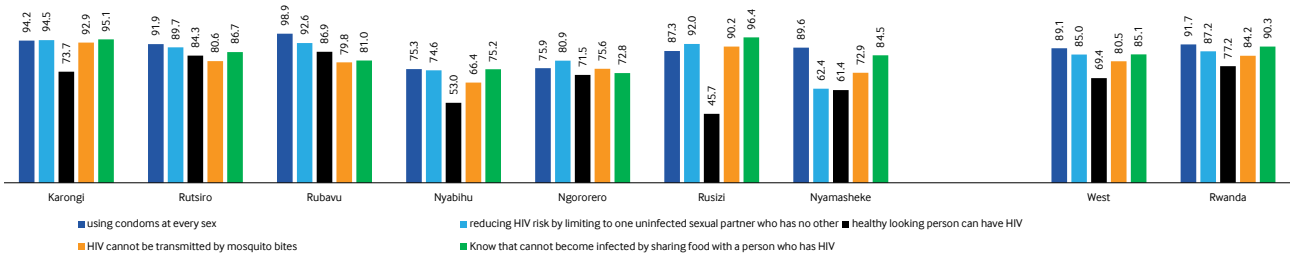


Source: 2025 RDHS

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 75% in Nyabihu to 99% in Rubavu, while knowledge of partner limitation as a risk-reduction strategy ranges from 62% in Nyamasheke to 95% in Karongi. Knowledge that a healthy-looking person can have HIV is generally high across most districts, ranging from 46% in Rusizi to 87% in Rubavu.

Knowledge that HIV cannot be transmitted by mosquito bites ranges from 66% in Nyabihu to 93% in Karongi, while knowledge regarding food-sharing is uniformly high across dist ricts, ranging from 73% in Ngororero to 96% in Rusizi. In the Western Province, young men aged 15-24 show levels of knowledge across the five components (89%, 85%, 69%, 81%, and 85%, 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 Rusizi data point noted very low.

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



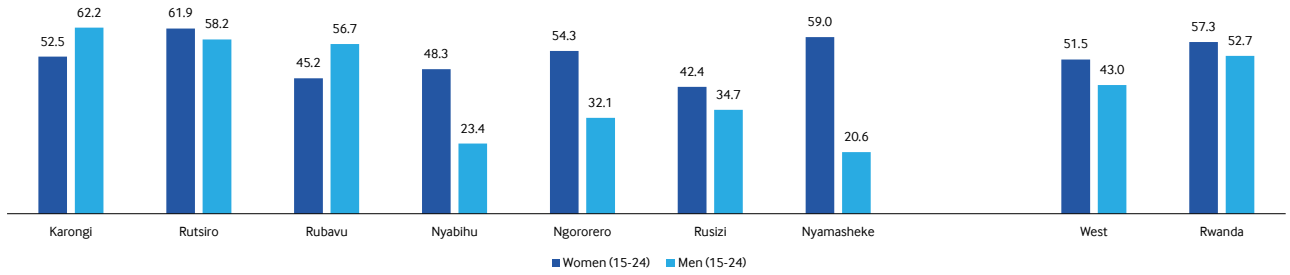
Source: 2025 RDHS

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 Western Province, 52% of women aged 15-24 and 43% 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 42% among women in Rusizi District to 62% in Rutsiro District, and from 21% among men in Nyamasheke District to 62% in Karongi 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

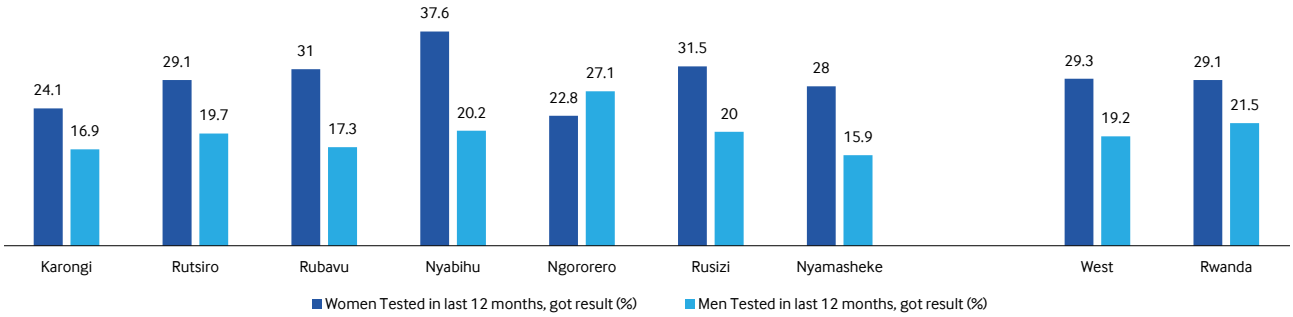
Recent HIV testing refers to the percentage of women and men aged 15-49 who were tested for HIV in the 12 months preceding the survey and received their test results. This indicator measures population-level testing coverage and active engagement with HIV prevention and care services.

Figure 8.3 shows that 29% of women aged 15-49 in the Western Province were tested for HIV in the last 12 months and received their results, which is identical to the national rate. Across districts, Nyabihu recorded the highest testing prevalence among women at 38%, followed by Rusizi (32%), Rubavu (31%), and Rutsiro (29%). Conversely, Ngororero recorded the lowest rate of HIV testing among women at 23%, followed by Karongi District (24%) and Nyamasheke (28%).

For men aged 15-49, 19% in the Western Province underwent recent HIV testing and received their results, a figure that aligns closely with the national average of 22%. Ngororero District recorded the highest proportion among men at 27%, followed by Rutsiro, Nyabihu and Rusizi each at 20%. The lowest testing rates among men were observed in Nyamasheke at 16%, Karongi and Rubavu each at 17%.

The findings indicate that recent HIV testing coverage in the Western Province remaining similar with national levels for women while slightly lower than national levels for men. Testing rates among women are consistently higher than those among men across all seven districts. At the district level, Nyabihu leads in female testing coverage, while Ngororero leads in male testing. Notably, Ngororero District consistently recorded the lowest testing coverage for both women and Nyamasheke for 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 Western Province by district



Source:2025 RDHS

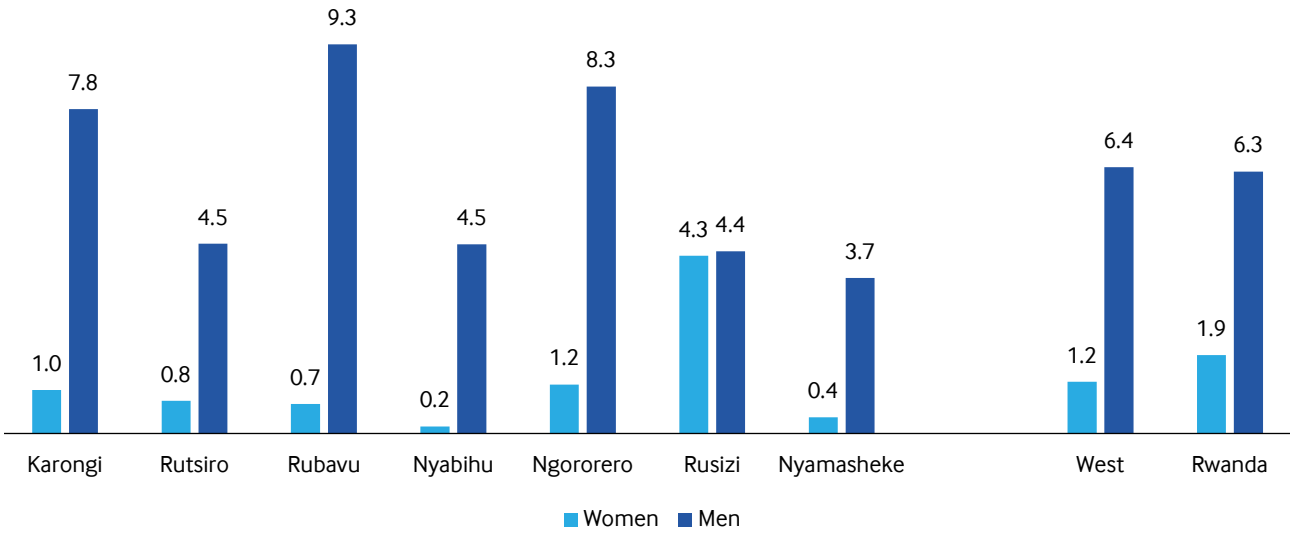
8.4. Multiple sexual partners

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 Western Province, 6% of men and 1% 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 Rubavu (9%) were more likely to report multiple partners over the past 12 months than their counterparts in other districts. Among women, those in Rusizi District (4% each) reported the highest prevalence of multiple sexual partnerships.

Trends: Compared to the RDHS 2019-20, the Western Province has recorded no change in the prevalence of multiple sexual partnerships among women and men.

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.



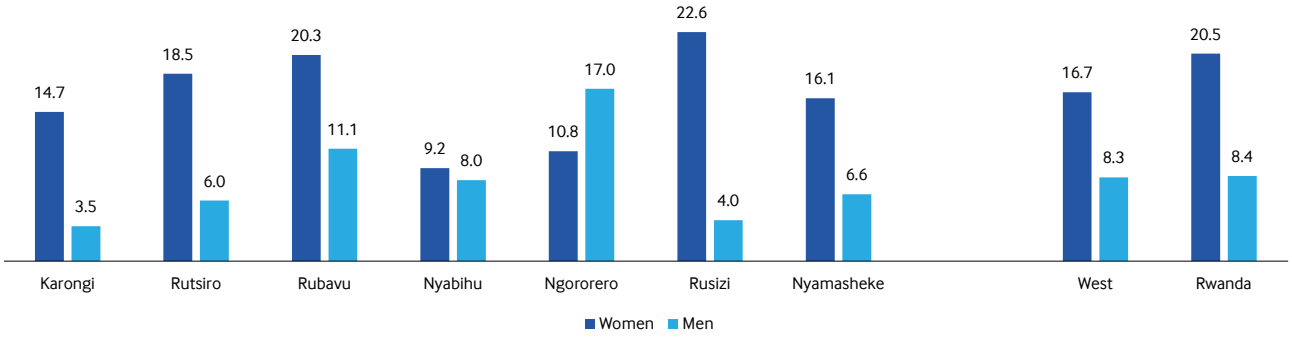
Source: 2025 RDHS

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

Figure8.5 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 Western province, 17% of women and 8% 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 Rusizi District (23%). Among men, Ngororero District recorded the highest percentage (17%) 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 Western Province, from 3% to 17% among women, and from 2% to 8% among men. This upward trend was observed across all districts for both sexes. In Rubavu district, the prevalence rose from 6% to 23% among women and from 0% to 17% among men in Ngororero. In Rusizi District the prevalence of STIs or symptoms of STI increased among women, from 6% in the RDHS 2019-20 to 23%, while it remained persistent among men.

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



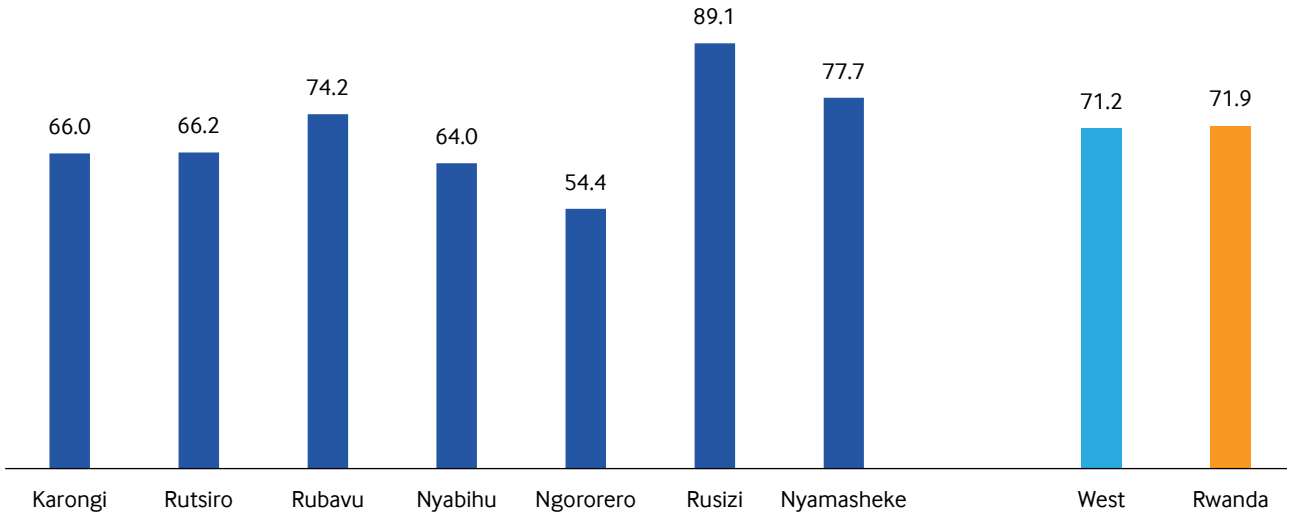
Source:2025 RDHS

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 Western Province, 71% 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 Rusizi District (89%) and lowest in Ngororero District (54%).

Trends: Compared to the RDHS 2019-20, in Western Province, the percentage of circumcised men has increased significantly from 63% to 71%. This upward trend was observed across all districts, with a particularly notable increase in Ngororero District, where the prevalence increased from 30% in the RDHS 2019-20 to 54% in the RDHS 2025.

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



Source: 2025 RDHS

Chapter

9

WOMEN EMPOWERMENT

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.

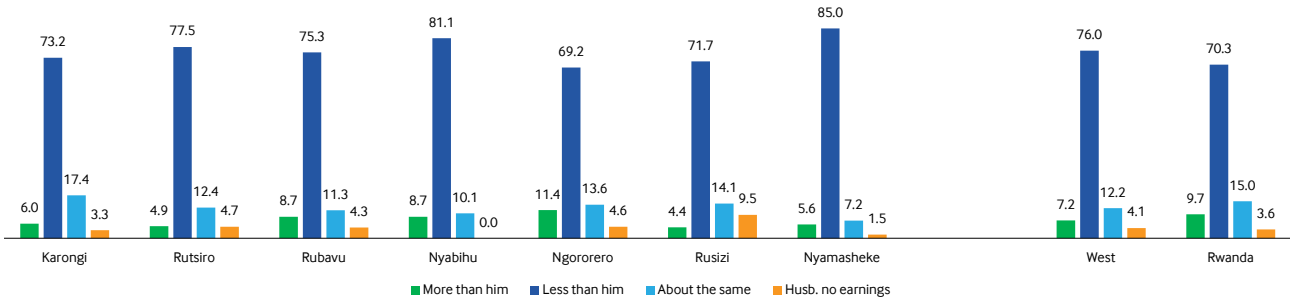
9.1. Relative magnitude of women's cash earnings

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 Western Province, 76% of women reported earning less than their husbands, 7% reported earning more than their husbands, and 12% 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, Karongi District recorded the highest percentage of women who earn the same as their husbands (17%).

Trends: Compared to the RDHS 2019-20, the proportion of women in the Western Province who earn more than their husbands has decreased from 12% to 7%. At the district level, Rusizi District recorded a notable change in the percentage of women who earn more than their husbands, from 16% to 4%.

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.

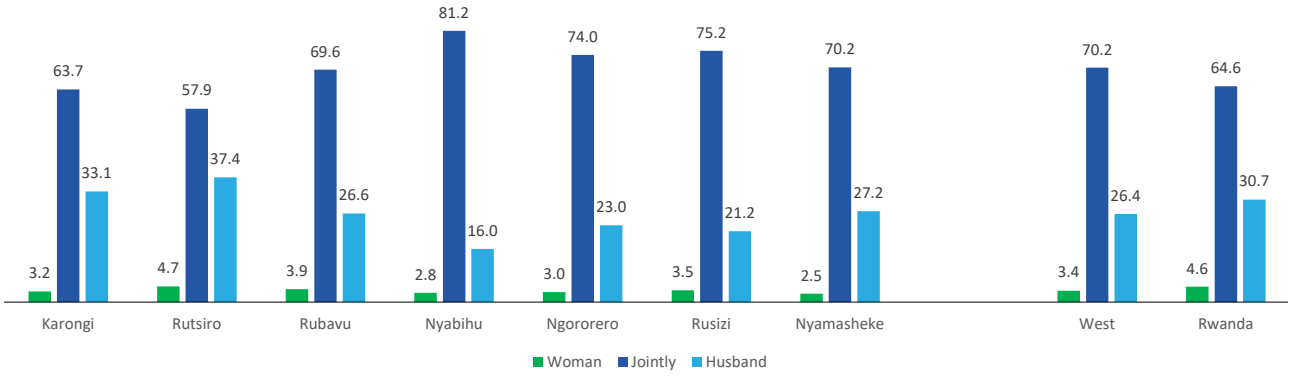
In the Western province, 3% of men report that they mainly decide how their cash earnings are used, compared to 6% at the national level. Meanwhile, 78% of men in the Western province state that decisions are made jointly with their wives, compared to 74% at the national level, and 19% report that decisions are made mainly by their wives in Western province, compared to 20% at the national level, respectively. Among districts, men in Ngororero and Nyamasheke Districts (5%, each) 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 Western province, 26% of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 3% reported by men themselves. Additionally, 70% of women report that decisions are made jointly, compared to 77% of men, while 3% of women report that they mainly decide how their husband's earnings are used, a proportion considerably lower than the 19% reported by the men in Western Province. At the district level, 37% of women in Rutsiro District whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, compared to 16% of women in Nyabihu District. In the remaining districts, the proportion ranges from 21% to 33%.

At the national level, 26% of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 3% reported by men themselves.

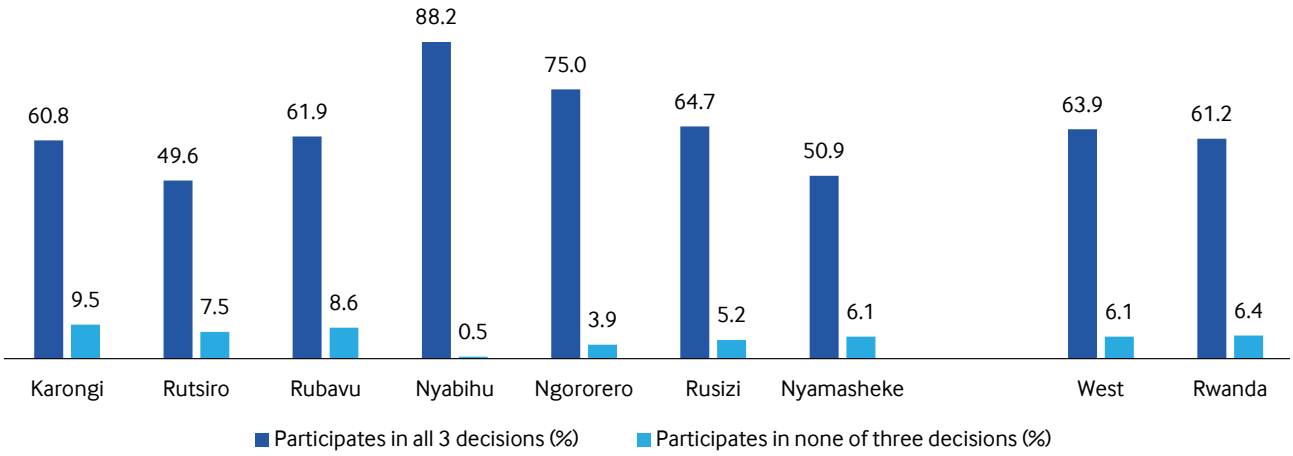
Trends: Compared to the RDHS 2019-20, reports from men and women report on who decides how men's cash earnings are used indicate a decline in joint decision-making between spouses in Western Province. Among women, the proportion reporting joint decision-making never changed (70%), while among men, it declined from 85% to 77%. 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 9.2a: 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 9.2b: 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

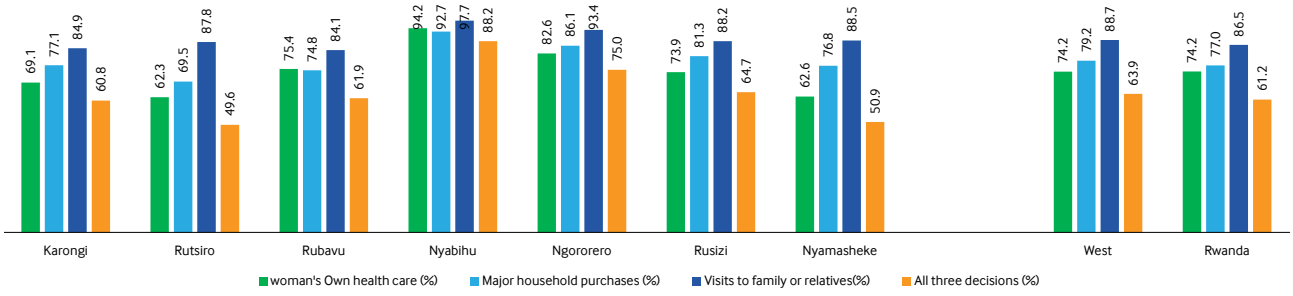
9.3. Women's participation in decision-making

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 Western 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, 79% of women indicate that they participate in decisions regarding major household purchases, and 89% 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 increased from 72% to 79% in the Western Province, from 56% to 93% in Nyabihu District, and from 64% to 81% in Rusizi District.

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



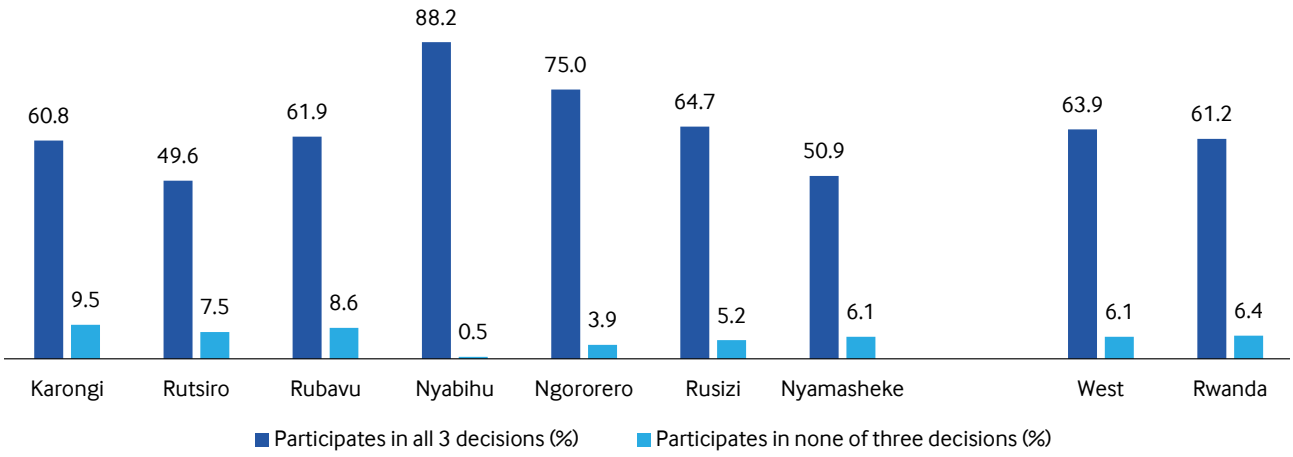
Source: 2025 RDHS

Figure 9.3b illustrates how women's participation in household decision-making varies across the districts of the Western Province. In the Western Province, 64% of married women report participating in all three key decisions, while 6% 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 Nyabihu District are the most likely to participate in all three decision-making areas, at 88%, substantially higher than in other districts. Conversely, Karongi and Rubavu Districts report the highest proportion of married women aged 15-49 with no say in any of the three decisions, at 10% each, followed by Rutsiro District at 7%.

Trends: Compared to the RDHS 2019-20, women's participation in all three decisions has increased from 62% to 64% in the Western Province. At the district level, an increase was observed across most districts, with the exception of Nyamasheke district, which declined from 80% in RDHS 2019-20 to 51% in the 2025 RDHS. The deepest increase was observed in Nyabihu District, where participation rise from 34% to 88%

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

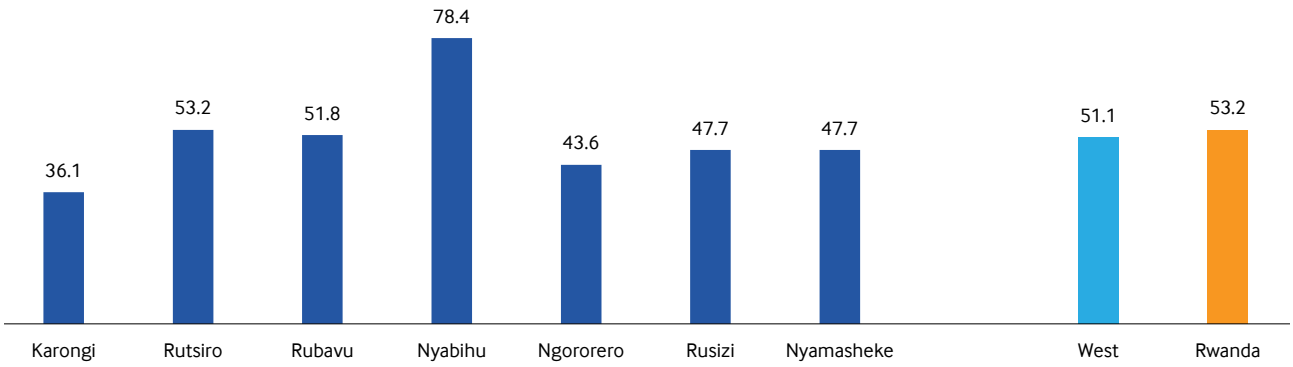
Participation in sexual and reproductive health (SRH) decision-making refers to the percentage of currently married women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care, either alone or jointly with their spouse. This composite 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 Western Province. Overall, 51% of married women in the Western Province participate in SRH decisions, remaining below the national average of 53%.

Significant district-level variations are observed across the province. Nyabihu District recorded the highest proportion of women participating in SRH decisions at 78%, followed by Rutsiro at 53%. Rubavu (52%), Rusizi and Nyamasheke both at 48% reported moderate rates near the provincial average. Conversely, Karongi recorded the lowest participation rate at 36%, while Ngororero recorded 44%.

The findings indicate that while women in districts such as Nyabihu and Rutsiro exercise substantial autonomy in SRH matters, significant gaps remain in Karongi and Ngororero districts, where fewer than 45% 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 Western Province by district



Source: 2025RDHS

9.5. Attitude toward negotiating safer sex

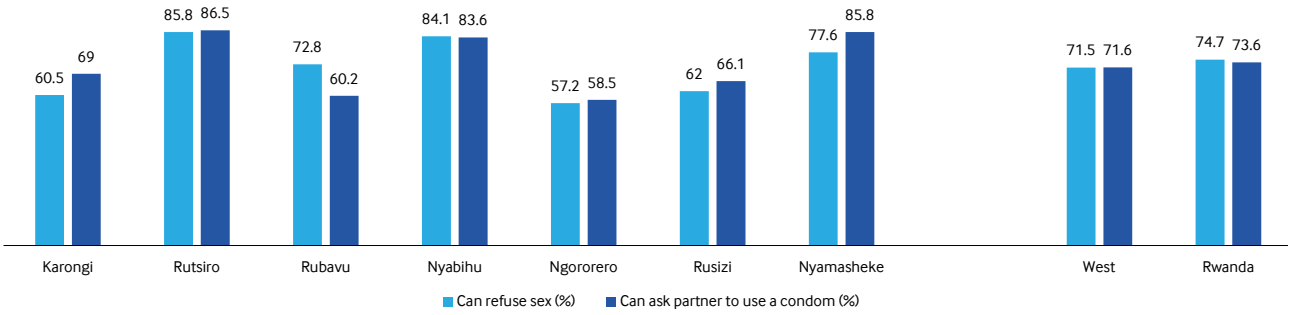
Attitude toward negotiating safer sex measures the ability of currently married women aged 15-49 to exercise sexual rights and negotiate protective measures. It evaluates two specific dimensions: the percentage of women who report being able to refuse sexual intercourse with their husband/partner if 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 Western Province. Overall, 72% of married women in the Western Province report that they can refuse sex with their partner if he has an STI, compared to 75% at the national level. Rutsiro District recorded the highest proportion at 86%, followed by Nyabihu (84%), Nyamasheke (78%), and Rubavu (73%). Conversely, Ngororero District recorded the lowest capability rate at 57%, followed by Karongi (61%) and Rusizi (62%).

Regarding condom negotiation, 72% of married women in the Western Province report that they can ask their partner to use a condom, compared to 74% at the national level. Rutsiro District leads with the highest rate at 87%, followed by Nyamasheke (86%), Nyabihu (84%), and Karongi (69%). Rusizi (66%) and Ngororero recorded the lowest capability rate at 59%, followed by Rubavu at 60%.

The results show that while women in Rutsiro and Nyabihu possess high levels of understanding regarding safer sex, women in Ngororero and Rubavu 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 Western Province by district



Source: 2025 RDHS

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

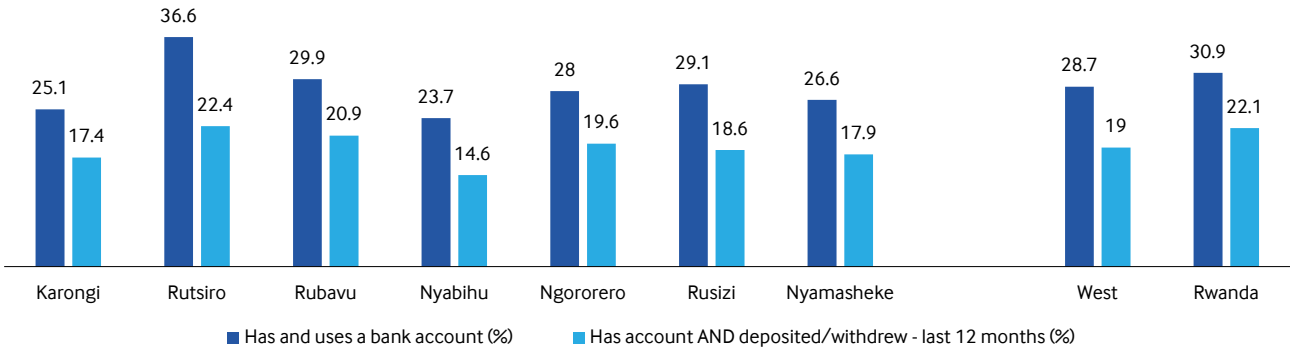
Ownership and active use of bank accounts refer to the proportion of women and men aged 15-49 who hold a bank account and those who have actively conducted financial transactions (deposits or withdrawals) within the 12 months preceding the survey. This indicator measures access to formal financial services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

Figure 9.6a highlights bank account ownership and active use among women aged 15-49 across districts in the Western Province. Overall, 29% of women in the Western Province own a bank account, compared to 31% at the national level. Rutsiro District recorded the highest rate of ownership among women at 37%, followed by Rubavu (30%), Rusizi (29%), and Ngororero (28%). Conversely, Nyabihu District recorded the lowest ownership rate among women at 24%, followed by Karongi (25%) and Nyamasheke (27%). Regarding active utilization, 19% of women in the Western Province used their account in the last 12 months preceding the survey, compared to 22% at the national level. Rutsiro lead at 22% and Rubavu at 21%, while Nyabihu (15%) reported the lowest active usage rates.

Figure 9.6b illustrates bank account ownership and active usage among men aged 15-49 in the Western Province. Province-wide, 36% of men own a bank account, compared to 38% at the national level. At the district level, Rubavu District recorded the highest male ownership rate at 44%, followed by Rutsiro (40%), Nyamasheke (35%), and Rusizi (34%), whereas Nyabihu recorded the lowest rate at 29%. In terms of active usage, 26% of men in the Western 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 Rubavu (30%), Rusizi (29%), and Karongi and Rutsiro both at 28%, and lowest in Nyabihu and Ngororero both at 20%.

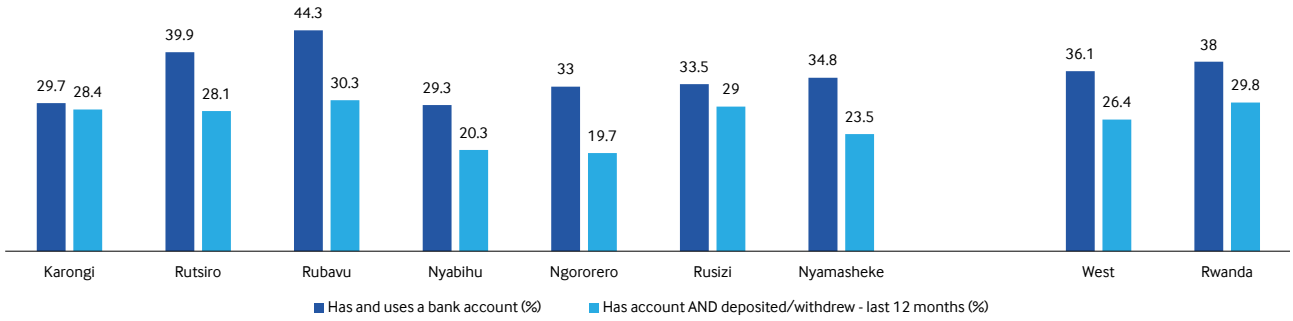
The data demonstrate that financial inclusion in the Western Province remains below national benchmarks for both women and men, with a persistent gender gap in account ownership and usage across all districts.

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



Source: 2025 RDHS

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



Source: 2025 RDHS

Chapter

10

DOMESTIC VIOLENCE

Domestic violence is an important dimension of women's health, well-being and gender equality. The 2025RDHS 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 Western 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, 37% of women in the Western Province have ever experienced spousal violence in any form, compared with 39% nationally. At the district level, the prevalence is highest in Rutsiro and Rubavu (41%, each), followed by Rusizi (38%), Karongi (36%), Nyabihu and Ngororero (35%, each), and lowest in Nyamasheke (32%).

Emotional violence was the most common form, affecting (31%) of women at the provincial level compared with 33% nationally. At the district level, Rubavu recorded the highest rate at (36%) and Rutsiro (35%), and the lowest rate was recorded in Ngororero at (25%). Physical violence affected (24%) of women at provincial level compared to (26%) nationally, with the highest prevalence in Rutsiro (29%) and the lowest in Nyamasheke (18%). Sexual violence affected 8% of women at the provincial level compared to (11%) nationally, with the highest prevalence in Rutsiro and Rusizi (10%, each) and the lowest in Ngororero and Nyamasheke (6%, each).

For combined forms, 6% experienced both physical and sexual violence compared with 8% nationally, and 6% experienced all three forms compared with 7% nationally. Rutsiro recorded the highest rate for both categories (10%, each).

Among men Figure 10.1b presents the percentage of men aged 15-49 who had ever experienced physical, sexual, or emotional violence committed by a current or most recent wife/partner across districts in the Western Province. In the Western Province, 28 % of men reported ever experiencing physical, sexual, or emotional spousal violence, compared with 23% at the national level. Rubavu District recorded the highest rate at 39%, followed by Nyamasheke (34%), while Karongi District recorded the lowest proportion at 15%.

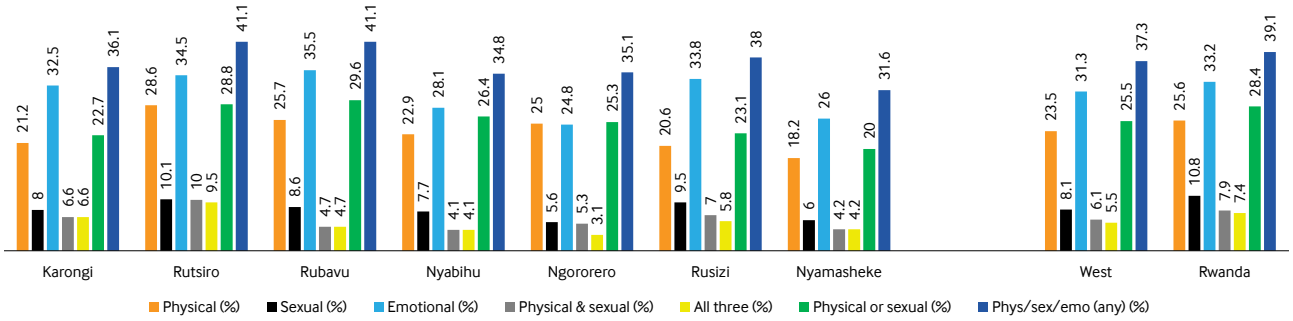
Emotional violence is also the main form of spousal violence experienced by men, reported by 25% of men in the Western Province, compared with 22% at the national level. Rubavu District recorded the highest prevalence at 36%, followed by Nyamasheke (32%) and Rutsiro (24%), whereas Karongi recorded the lowest at 9%.

Physical spousal violence was ever experienced by 6% of men in the Western Province, a figure identical to the national level. At the district level, Nyamasheke recorded the highest rate at 10%, followed by Ngororero (9%). In the Western Province, sexual spousal violence was reported by 4% of men, compared to 2% at the national level, while Ngororero recorded 7%.

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 Nyamasheke District recorded the highest proportion at 2%.

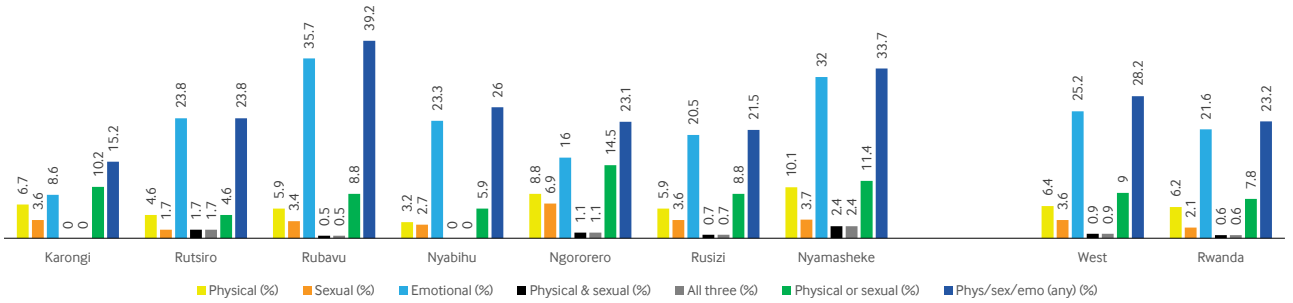
Overall, spousal violence remains substantially higher among women than among men in the Western Province, with provincial averages for women lower than national figures across the physical, sexual, and emotional dimensions. Rutsiro District shows elevated levels of spousal violence for women and Nyamasheke district for men, while Ngororero reports lower rates for women and Karongi reports lower rates for men.

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



Source: 2025 RDHS

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



Source: 2025 RDHS

10.2. Attitudes toward wife beating

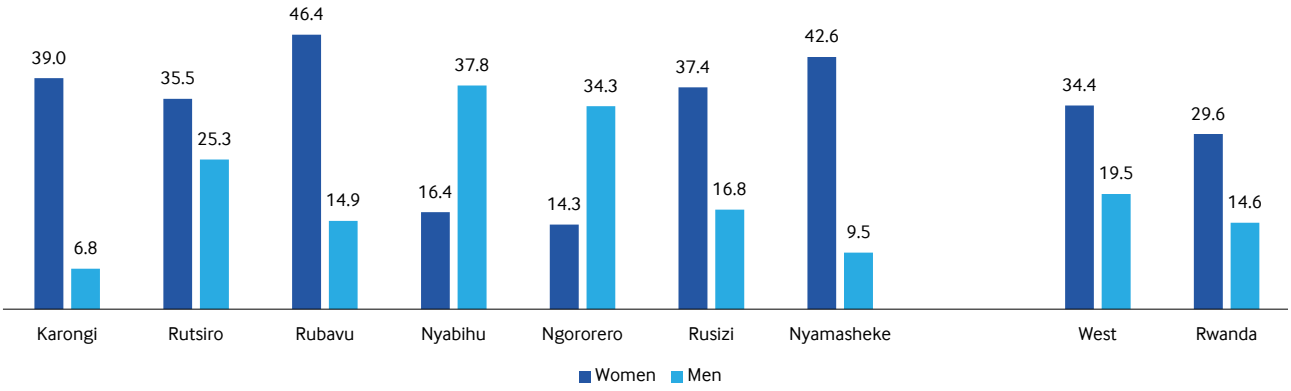
Attitudes toward wife beating measure the percentage of women and men who consider a husband justified in hitting or beating his wife under specified circumstances. The 2025 RDHS considers five situations: burning food, arguing with the husband, going out without telling him, neglecting the children, 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.

Figure10.2 shows that 34% of women in the Western 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 20% in the Western Province and 15% at the national level. Among districts, women in Ngororero District (14%) 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 38% in Nyabihu District to a lower of 7% in Karongi 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 59% to 34%. At the district level, however, Rubavu District recorded an increase from 39% to 46%.

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

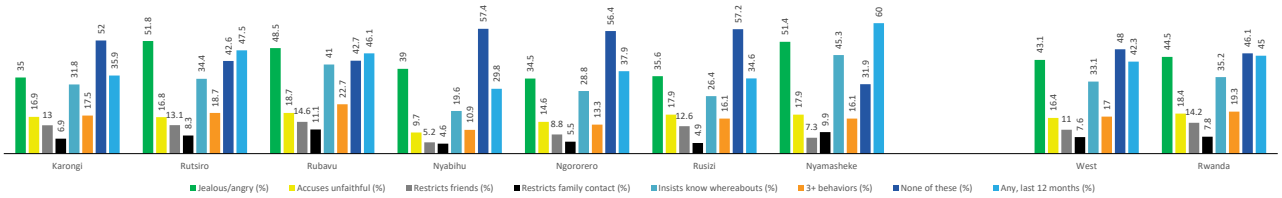
Controlling behaviors refer to actions by a husband or intimate partner that restrict a woman's freedom, social relationships or autonomy. The indicator covers behaviors such as jealousy or anger, accusations of unfaithfulness, restrictions on contact with friends or family, and insisting on knowing 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 Western Province. In the Western Province, 42% of women experienced at least one controlling behavior in the last 12 months, lower than the national average of 45%. Nyamasheke District recorded the highest rate of overall marital control against women at 60%, followed by Rutsiro (48%), Rubavu (46%), and Ngororero (38%), while Nyabihu and Rusizi recorded the lowest at 30% and 35%, respectively.

Among specific behaviors, partner jealousy or anger when speaking to other men was the most reported in the Western Province at 43%, compared to 45% at the national level, peaking in Rutsiro at 52% and Nyamasheke at 51%. In the Western Province, partner insistence on knowing where the woman is at all times affected 33% of women, compared to 35% at the national level, led by Nyamasheke (45%) and Rubavu District (41%). Unfounded accusations of unfaithfulness were reported by 16% of women in the Western Province compared to18% at the national level, restricting female friends by 11%, compared to 14% at the national level, and restricting contact with family by 8% which is identical at the national level.

Overall, 17% of women in the Western Province experienced three or more controlling behaviors, compared to 19% at the national level, with Rubavu reporting the highest prevalence at 23% and Nyabihu the lowest at 11%. Conversely, 48% 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 Western Province



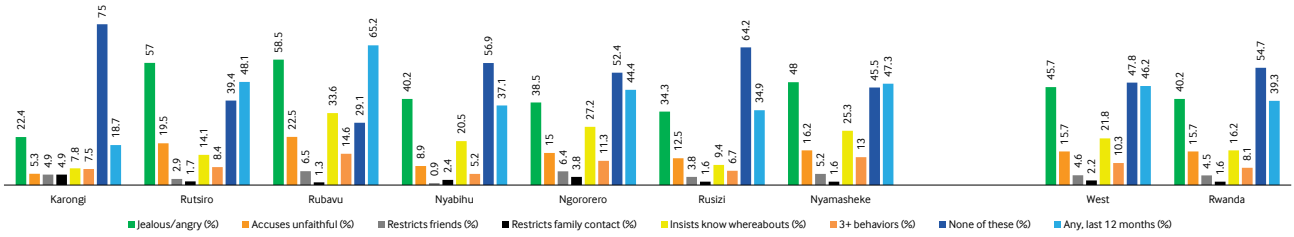
Source: 2025 RDHS

Figure 10.3b presents the percentage of men aged 15-49 whose current or most recent wife/partner displays controlling behaviors in the Western Province. Across the province, 48% of men reported that their partner displayed none of the specified controlling behaviors, compared to 55% at the national level. Karongi District recorded the highest proportion of men experiencing no controlling behaviors at 75%, followed by Rusizi (64%) and Nyabihu (57%), whereas Rubavu recorded the lowest at 29%.

Partner jealousy or anger when speaking to other women was the most prevalent behavior affecting men, reported by 46% provincially, compared to 40% at the national level. Rubavu recorded the highest rate at 59%, followed by Rutsiro (57%) and Nyamasheke (48%), while Karongi recorded 22%. In the Western Province, accusations of unfaithfulness were reported by 16% of men, a figure identical to the national level; insistence on knowing location by 22%, compared to 16% at the national level; restricting female friends by 5%, as well as at the national level; and restricting family contact by 2.2%, compared to 2% at the national level. Overall, 10% of men in the Western Province experienced three or more controlling behaviors, compared to 8% at the national level, with Rubavu (15%) and Nyamasheke (12%) recording the highest proportions.

Women in the Western 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 Rutsiro and Nyamasheke, controlling behaviors against men are most concentrated in Rubavu and Nyamasheke.

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



Source: 2025 RDHS

Physical violence by any perpetrator among women and men

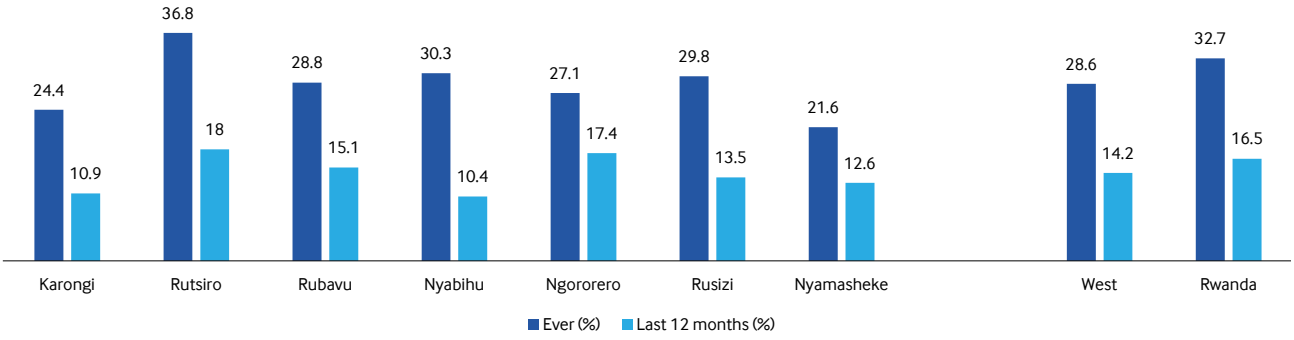
Physical violence by any perpetrator refers to the proportion of women and men who have experienced physical violence at any time in their lives or during the 12 months preceding the survey. The indicators distinguish between violence experienced ever and violence experienced in the 12 months preceding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

Figure 10.4a show that 29% of women in the Western Province had ever experienced physical violence, compared to 33% at the national level, while 14% experienced physical violence in the last 12 months preceding the survey, compared to 17% at the national level. Among men, 26% had ever experienced physical violence and 11% experienced it in the last 12 months preceding the survey, both above the national levels of 22 and 8%, respectively.

Substantial differences were observed across districts. Among women, Rutsiro recorded the highest proportion of women who had ever experienced physical violence (37%), while Nyamasheke recorded the lowest at (22%). Regarding violence in the last 12 months preceding the survey, Rutsiro had the highest proportion (18%), while Nyabihu recorded the lowest (10%). Among men, Rubavu recorded the highest proportion of those who had ever experienced physical violence (33%), whereas Karongi recorded the lowest (15%). Ngororero had the highest proportion of violence experienced in the last 12 months preceding the survey (18%), compared with 6% in Karongi District.

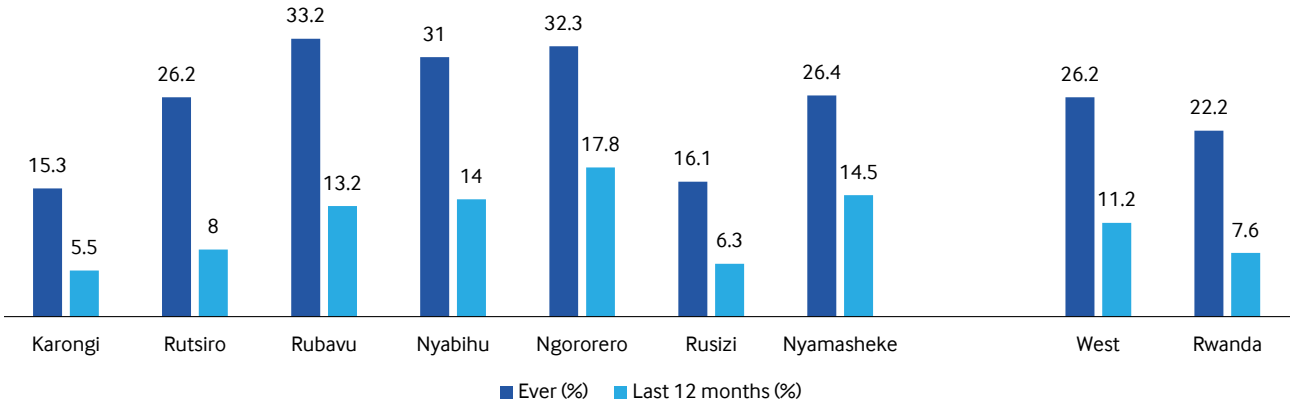
Overall, women in the Western Province reported lower levels of physical violence than the national average, while reported levels among men were higher than the national average. The findings also indicate considerable variation across districts for both women and men.

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



Source: 2025 RDHS

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



Source: 2025 RDHS

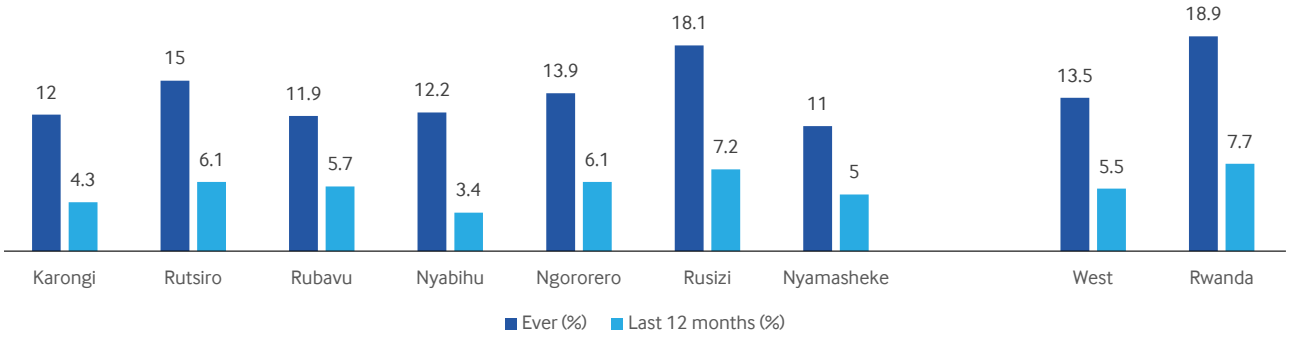
10.5. Sexual violence by any perpetrator

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 14% of women in the Western Province had ever experienced sexual violence, compared to 19% at the national level, while 6% experienced sexual violence in the last 12 months preceding the survey, compared with 8% at the national level. At the district level, Rusizi recorded the highest proportion of women who had ever experienced sexual violence (18%) and the highest proportion experiencing it in the last 12 months preceding the survey (7%). Nyamasheke recorded the lowest proportion of women who had ever experienced sexual violence at 11% and Karongi recorded the lowest proportion experiencing it in the last 12 months 4%.

Overall, women in the Western Province reported lower 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, Western Province



Source: 2025 RDHS

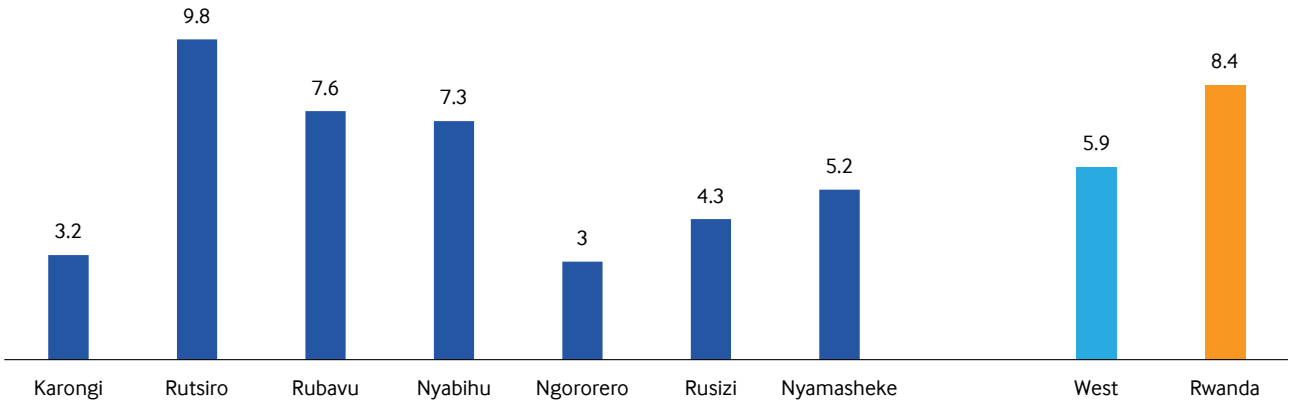
10.6. Physical Violence during pregnancy

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 6% of ever-pregnant women in the Western Province experienced violence during pregnancy, compared to 8% at the national level. At the district level, Rutsiro recorded the highest proportion (10%), followed by Rubavu (8%) and Nyabihu (7%), while Karongi and Ngororero recorded the lowest proportion at 3% each.

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

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



Source: 2025 RDHS

ANNEXES

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
Western 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
Kayonza	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
Western 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
Western 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
Kayonza	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
Western 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
Kayonza	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
Western Province	22.3	25.9
Rwamagana	23.1	27.8
Nyagatare	21.4	28.0
Gatsibo	22.5	24.9
Kayonza	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
Kayonza	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
Western 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
Western 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

Source: 2025 RDHS

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
Western 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
Kayonza	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
Western 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
Kayonza	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
Western 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

	Prevelance of STI among women in last 12 months	Prevelance 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
Western Province	25.3	9.2
Rwamagana	34.8	11.6
Nyagatare	30.0	4.1
Gatsibo	12.2	15.9
Kayonza	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
Western 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
Kayonza	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
Western Province	15.6	45.7
Rwamagana	19.3	41.2
Nyagatare	10.1	30.9
Gatsibo	20.9	59.7
Kayonza	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
Western 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

	Women		Men	
Province / District	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
Western 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
Kayonza	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, Western Province District profile report

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The RWANDA DHS 7 DEMOGRAPHIC AND HEALTH SURVEY 2025

