



# Executive Summary

December, 2025



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# **General Introduction**



The  
**RWANDA** **DHS** **7** DEMOGRAPHIC  
AND HEALTH  
SURVEY 

# Survey background

**01**

## History

The 2025 RDHS is the 7th demographic and health survey following those conducted in 1992, 2000, 2005, 2010, 2014-15 and 2019-20 as part of The DHS Program.

**02**

## Context

The 2025 RDHS is designed to provide estimates at the national level, urban and rural areas, provinces and for some indicators at district level.

# Main Objective



The primary objective of the 2025 RDHS is to provide up-to-date estimates of basic demographic and health indicators.

# Sample Design



## Sampling Frame

From 2022 (Fifth) Rwanda Population and Housing Census (RPHC)



## First Stage: 560 Clusters

Were selected in all districts: 198 in urban areas and 362 in rural areas.



## Second Stage: 26 households

Were selected per cluster resulting to 14,560 households countrywide.



### women

All aged 15-49  
In all selected households.



### men

All aged 15-59  
In a half of selected households.



## Anthropometry for children

All aged 0-59 months in all selected households.



## Biomarkers and anthropometry for adult (men and women)

In selected households for men's interview.

# Main Survey operations

## Main Training:

**01**

From 4 May – 3 June 2025  
• 173 candidates  
• 121 Interviewers  
• 52 Biomarkers

## Data collection:

**02**

From 5 June to 25 October 2025  
• Data collection method: CAPI  
• Data transfer: On daily basis to central NISR

## Data processing:

**03**

Mid November 2025

## Survey response rates by type of interview



### Household Interviews

Households selected	Households occupied	Households interviewed	Response rate
<b>14,560</b>	<b>14,434</b>	<b>14,427</b>	<b>99.9</b>



### Interviews for Women age 15-49

Eligible women	Women interviewed	Response rate
<b>14,396</b>	<b>14,283</b>	<b>99.2</b>



### Interviews for Men age 15-59

Eligible men	Men interviewed	Response rate
<b>6,667</b>	<b>6,548</b>	<b>98.2</b>

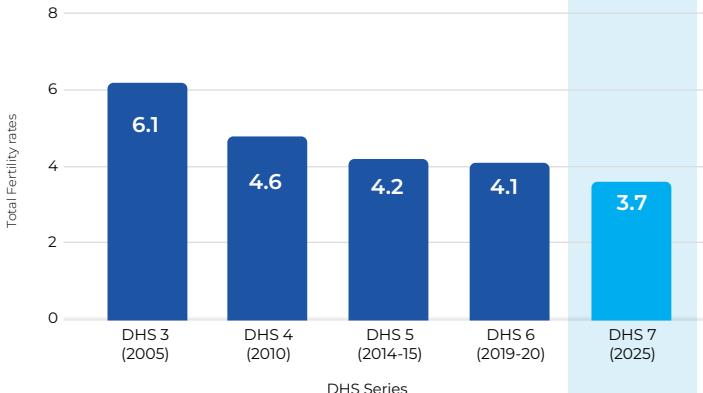


# **Key Findings**

# Total Fertility rate

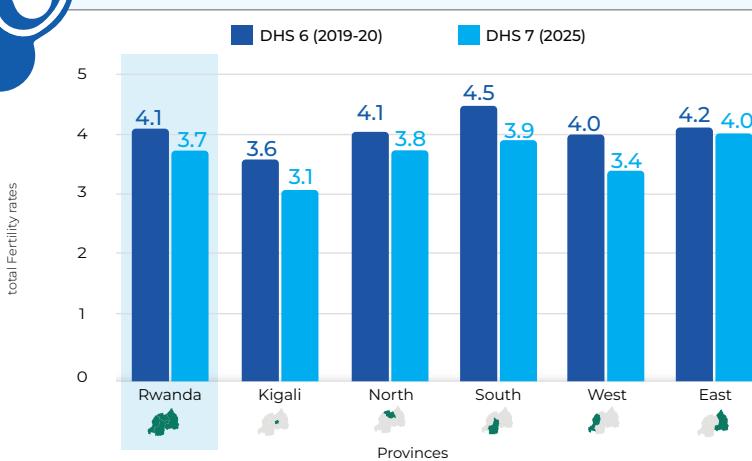
## Total Fertility rate Trends

"Births per women for the 3-years period before the survey"



"Total Fertility rate is decreasing over time"

## Total Fertility Rate by Province



"The highest decrease was observed in the Southern and Western Provinces."

Total  
Fertility rate  
by Area of  
residence



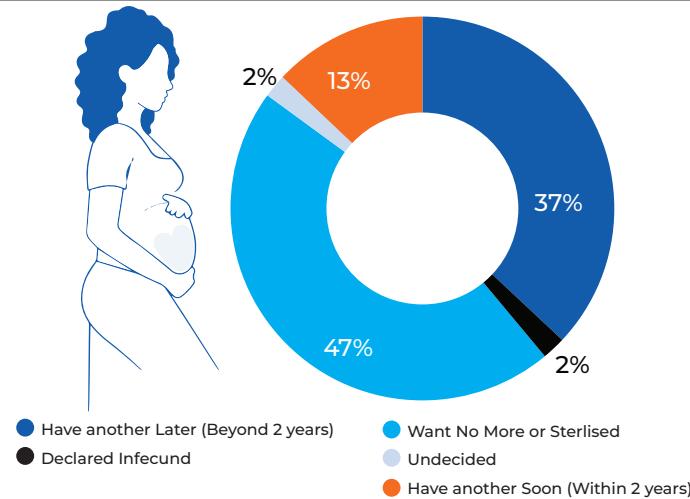
**Rural**  
from 4.3 in 2019-20



**Urban**  
Same in 2019-20

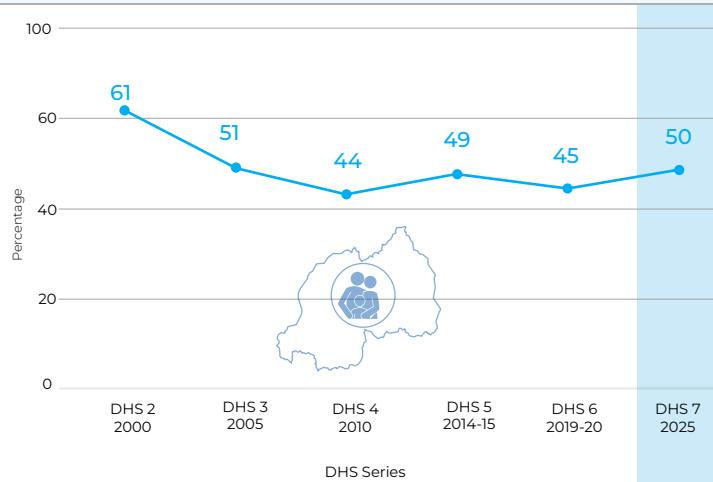
# Fertility Preferences

Percentage distribution of women in marital union aged 15-49 by desire for children



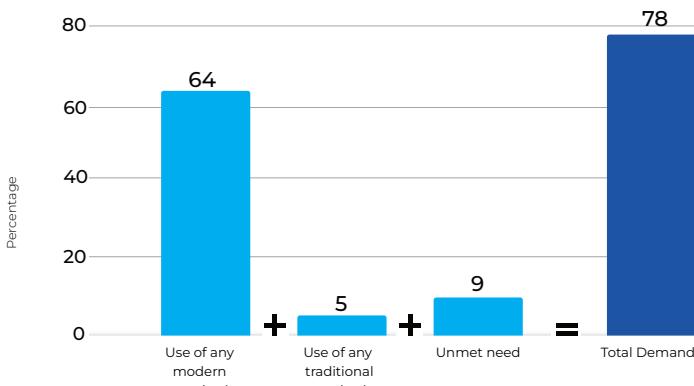
"A Half of women in marital union desire to have children, either soon or later."

Trends of women in marital union aged 15-49 who want more children

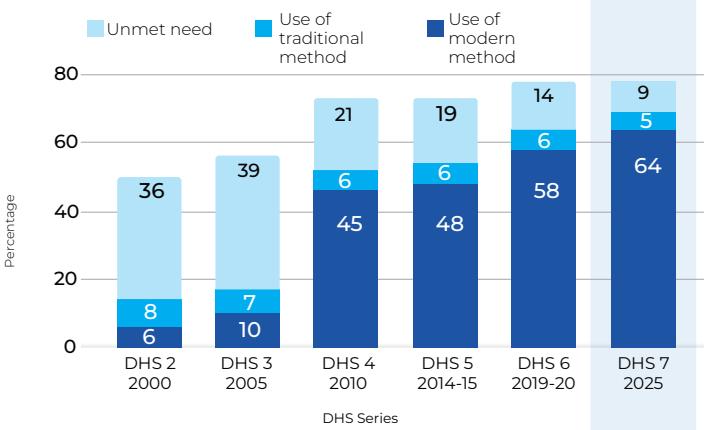


# Demand for Family Planning

Percentage of women in marital union 15-49 with unmet need, met need, and total demand for family planning:



 Trends in Use, Need, and Demand for Family Planning  
 (Percentage of women in marital union aged 15-49)



Use of any method  
 by Area of residence



**Rural**

71%  
 from 65% in 2019-20

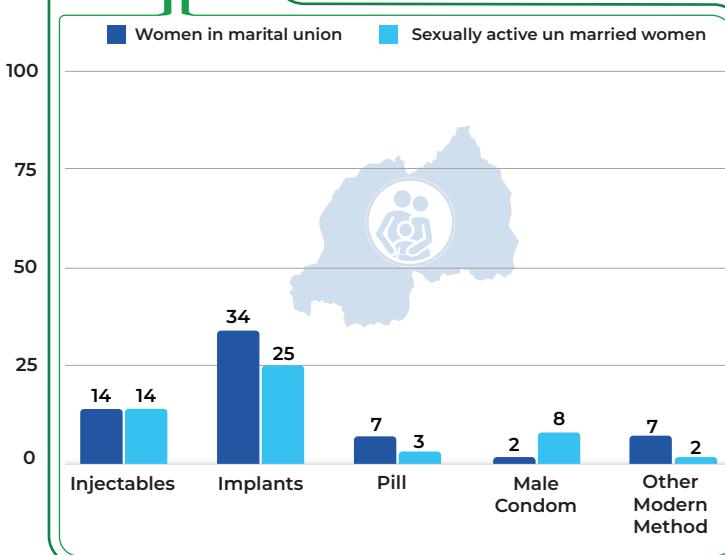
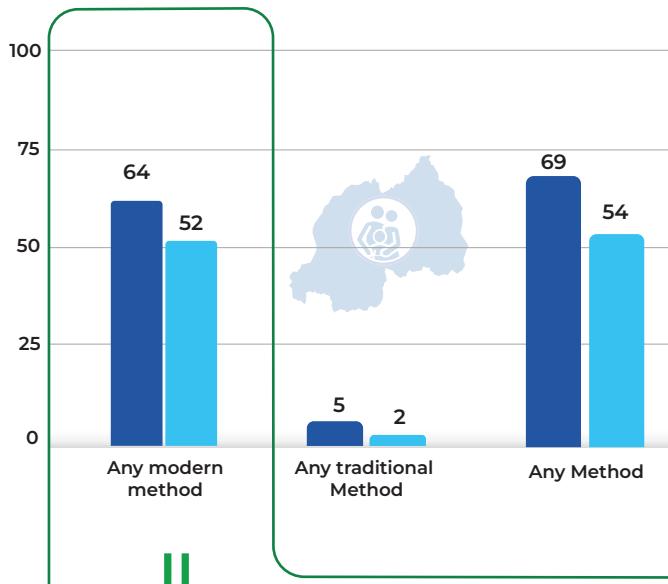


**Urban**

65%  
 from 61% in 2019-20

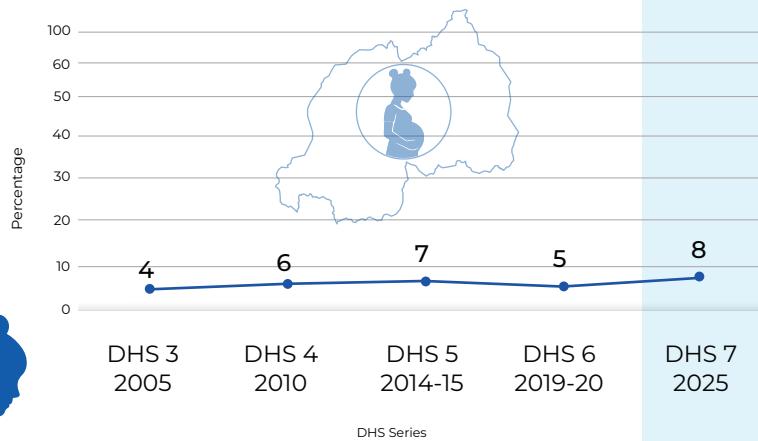
# Used method for Family Planning

Percentage of women aged 15-49  
 who use family Planning:



# Teenage Pregnancy Trend

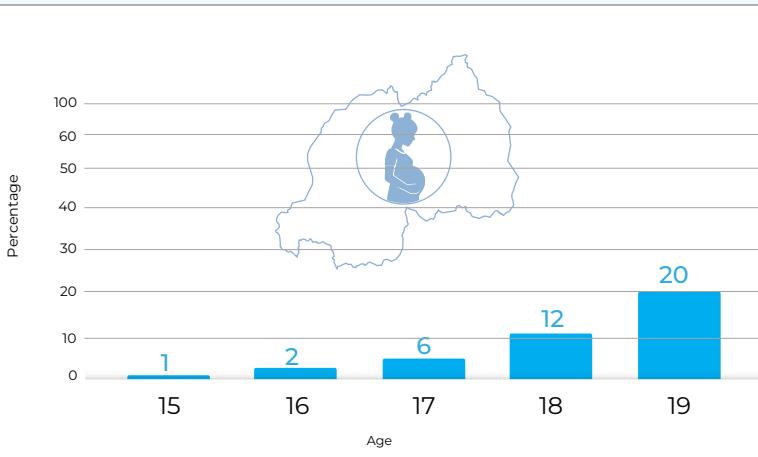
Trend of Teenage (15-19) Pregnancy



There has been an increase in teenage pregnancy over the past five years.



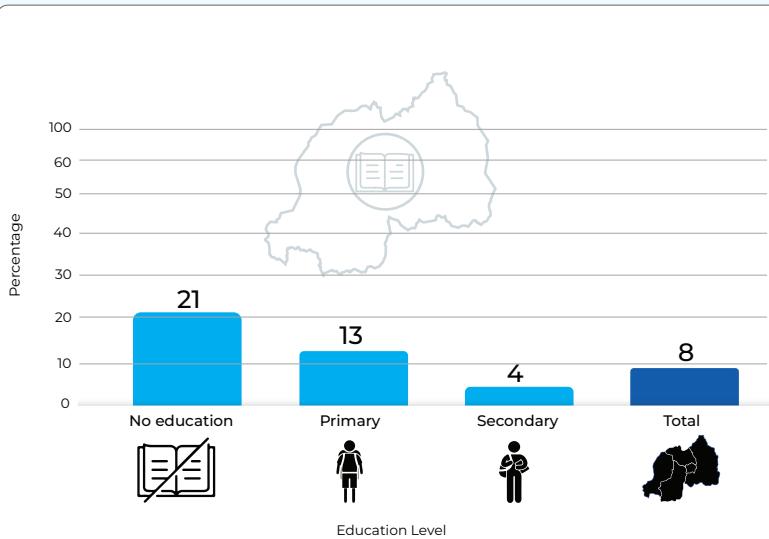
Percentage of teenagers who have ever been pregnant by single age



# Teenage Pregnancy by level of Education



Trend of Teenagers (15-19) Pregnancy

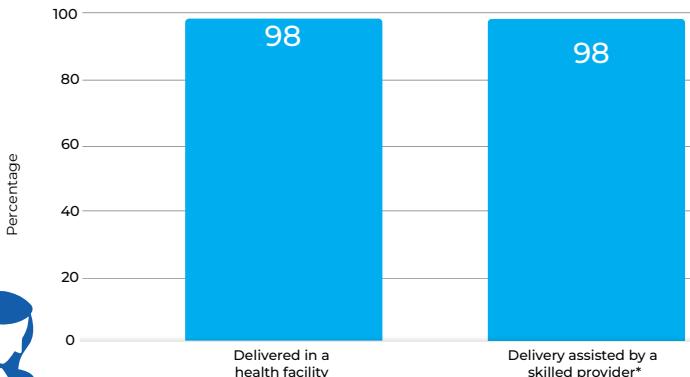


"University level is not presented due to the limited number of observations in the sample".

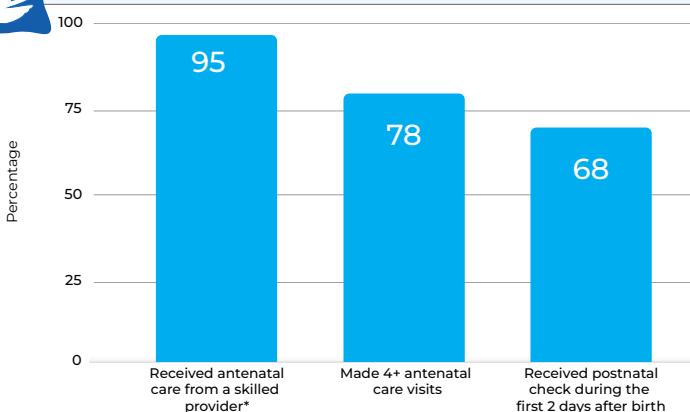
# Maternal Care

In the 2 years before the survey

Percentage of women aged 15-49 who had a live birth and/or a stillbirth: Delivery



Percentage of women aged 15-49 who had a live birth and/or a stillbirth: Antenatal Care and Postnatal Care



At least 4 ANC visits by Area of residence



**Rural**

from 47 % in 2019-20



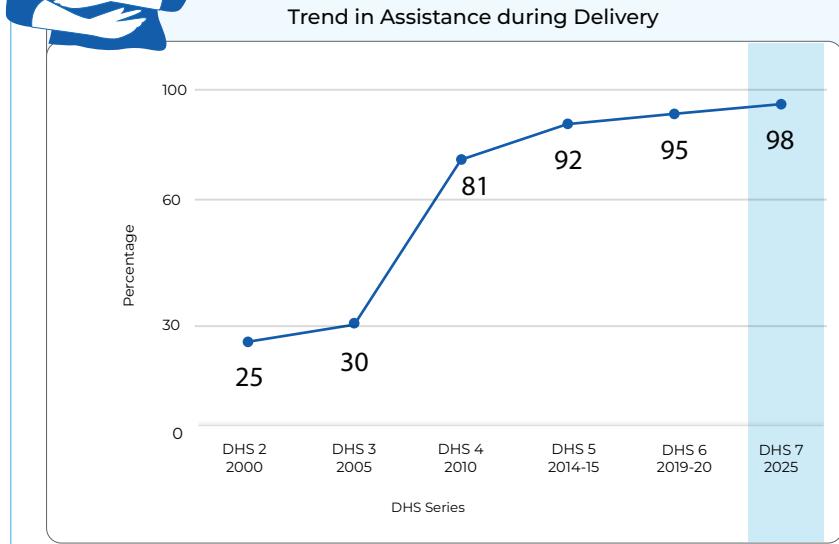
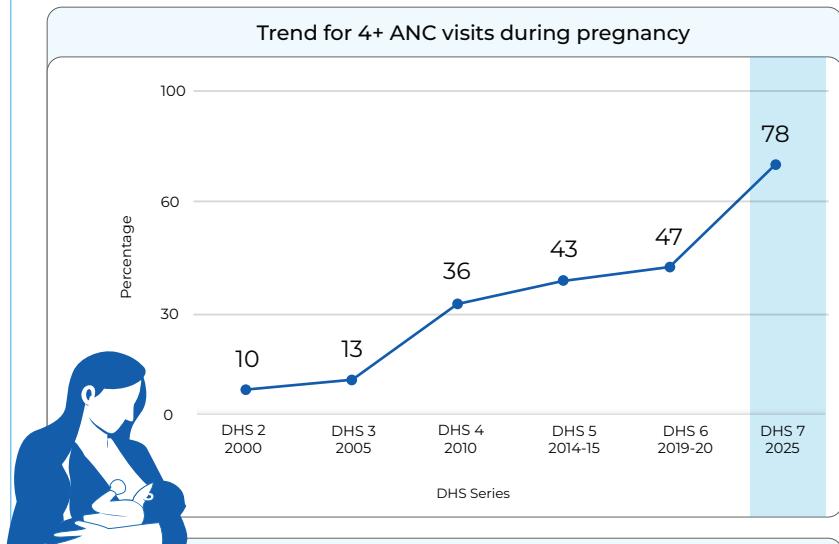
**Urban**

from 49 % in 2019-20

\*Skilled provider includes doctor, nurse/midwife

## Trends in Maternal Care

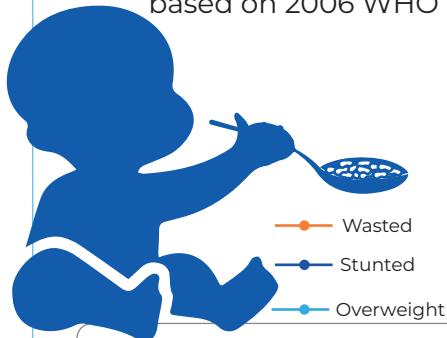
Percentage of live births in the 2 years before the survey assisted by a skilled provider



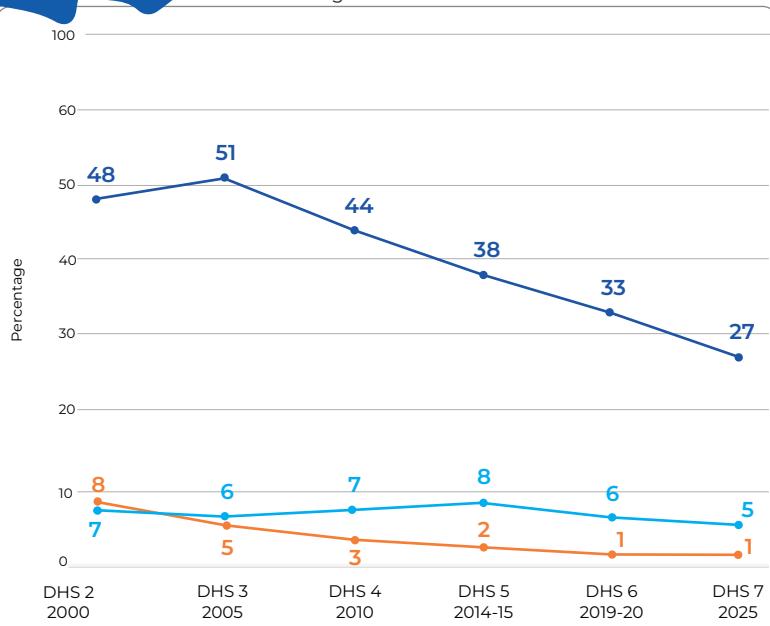
"Maternal care has continued to show improvement over recent years."

# Trends in Nutritional Status of Children

Percentage of children under age 5 who are malnourished based on 2006 WHO Child Growth Standards



**"There is a persisting yet declining trend in stunting prevalence."**



Stunting  
 Prevalence  
 by Area of  
 residence



**Rural**

from 36 % in 2019-20

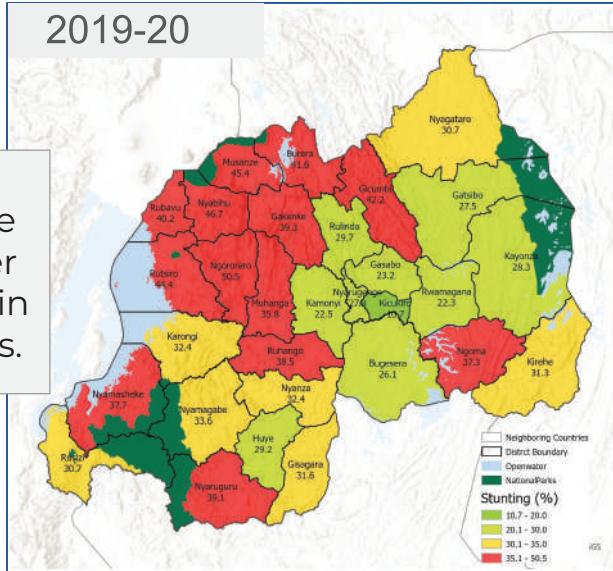


**Urban**

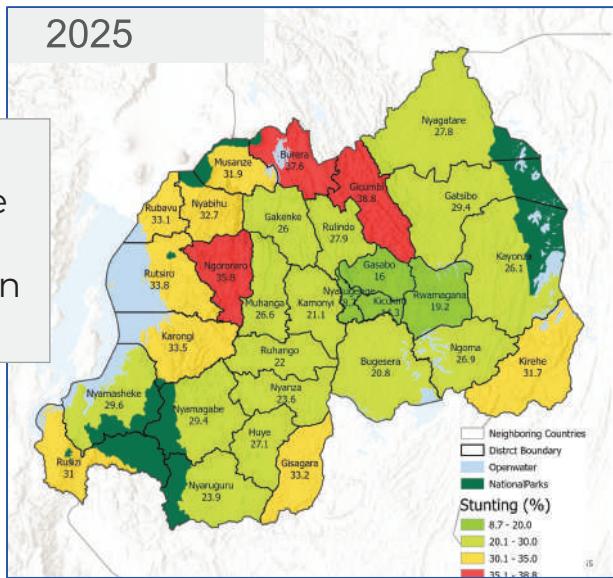
from 20 % in 2019-20

# Prevalence of stunting by district

Stunting prevalence was higher than 30% in 20 districts.



Stunting prevalence is higher than 30% in 11 districts.

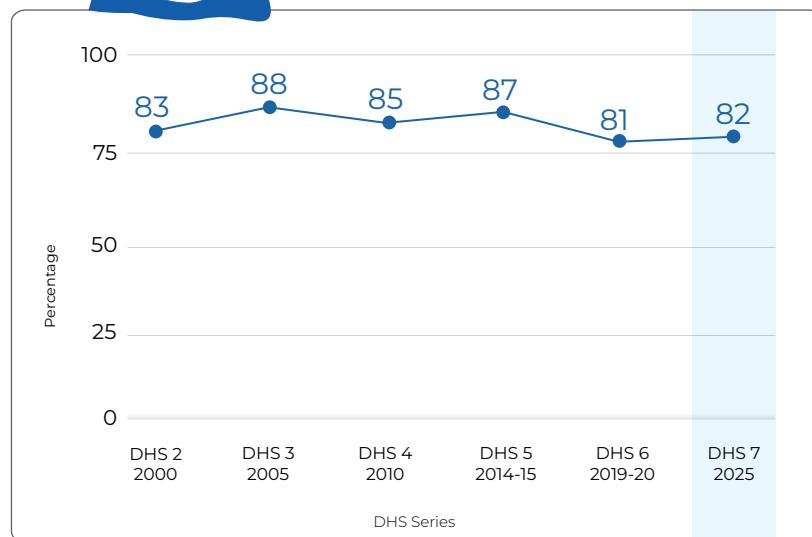


# Trend in Exclusive Breastfeeding

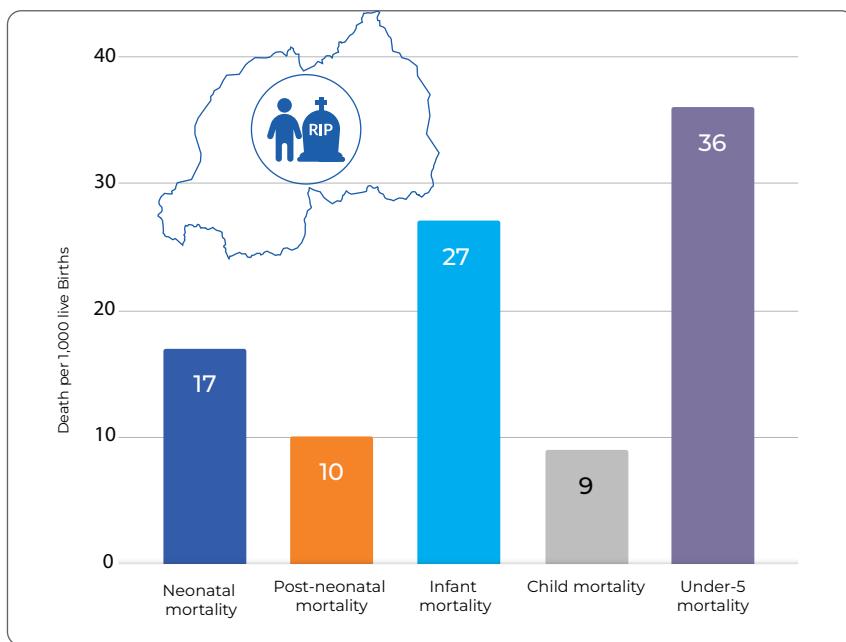
Percentage of children aged 0-5 months who are exclusively breastfed\*



\*Exclusive breastfeeding refers to feeding an infant solely with the mother's breast milk during the day before interview



# Childhood Mortality Rates



**Neonatal mortality:** The probability of dying within the first month of life.

**Postneonatal mortality:** The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

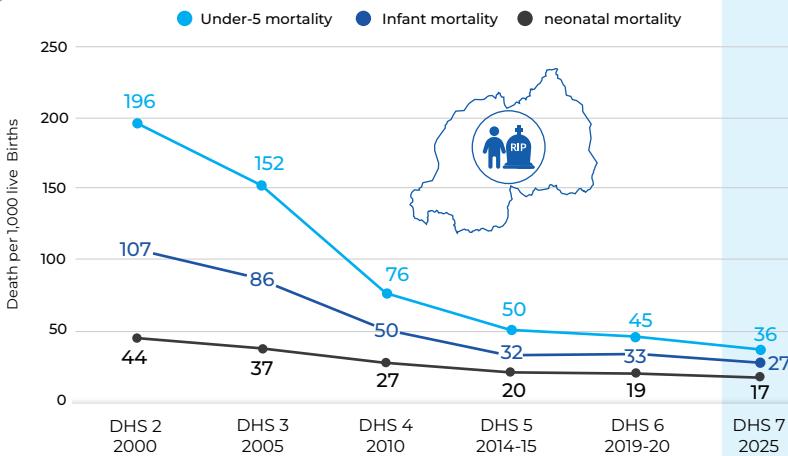
**Infant mortality:** The probability of dying between birth and the first birthday.

**Child mortality:** The probability of dying between the first and the fifth birthday.

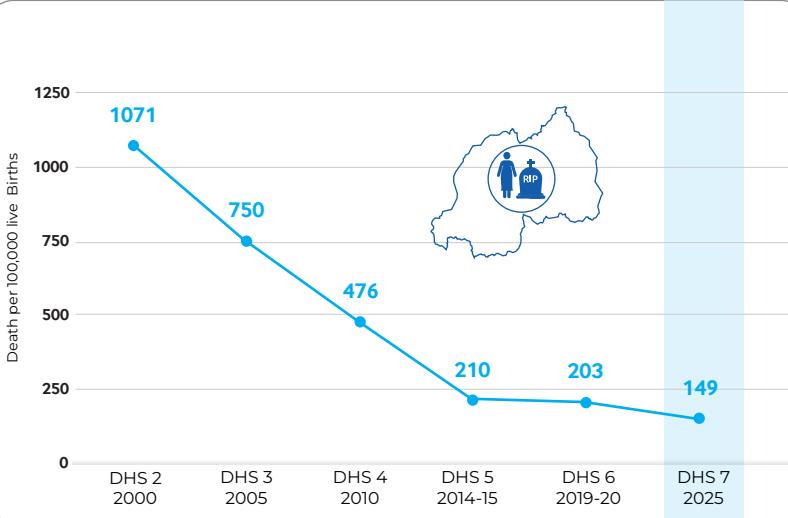
**Under-5 mortality:** The probability of dying between birth and the fifth birthday.

# Trends in Maternal and Childhood Mortality

## Trends of childhood mortality indicators



## Trend Maternal mortality ratios for the period of 0-4 years prior to the survey



"Child and maternal mortality have continued to show a declining trend."

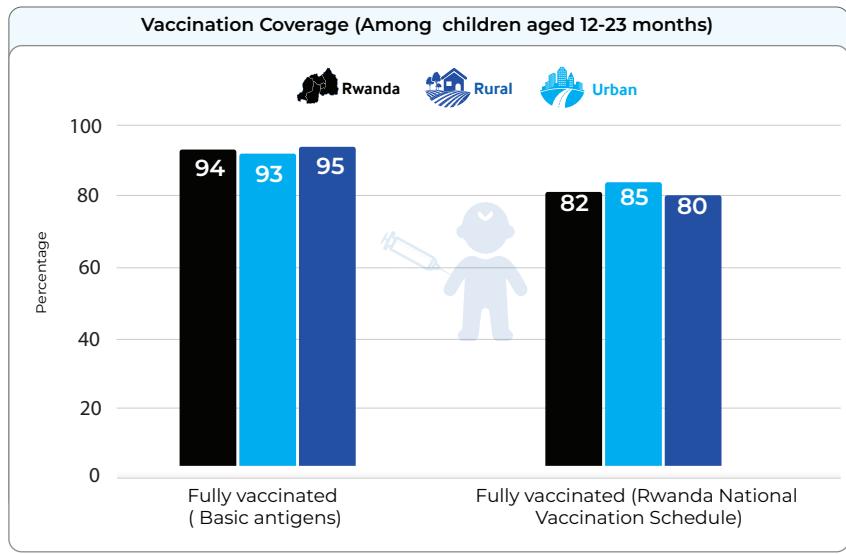
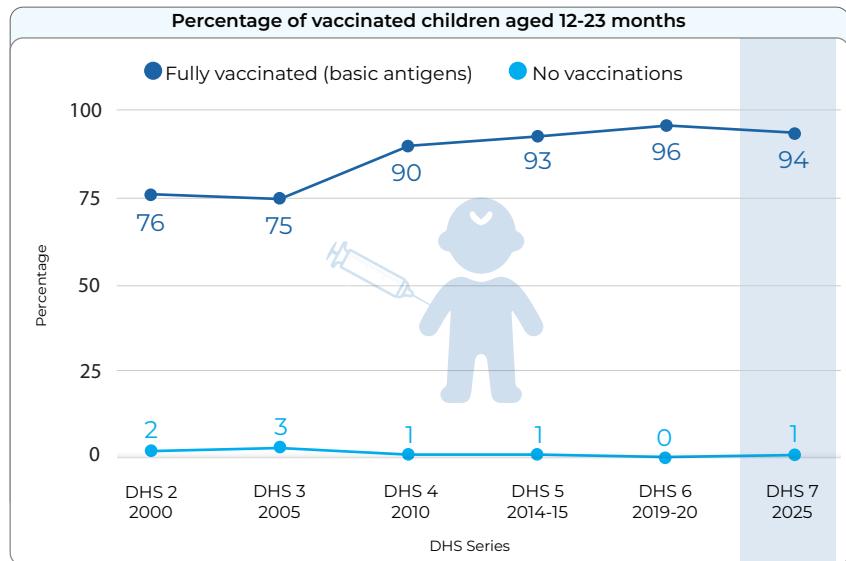
# Vaccination



A child aged 12-23 months is considered fully vaccinated with both basic antigens and through the National Vaccination schedule if the child has received the following:

Vaccine	National Vaccination Schedule	International (Basic Antigens)
BCG	✓	✓
3 doses of DPT-HepB-HiB	✓	✓
3 doses of Polio	✓	✓
1st dose of measles-rubella	✓	✓
2nd dose of measles-rubella	✓	✗
Inactivated polio vaccine (IPV)	✓	✗
3 doses of Pneumococcal vaccine	✓	✗
2 doses rotavirus vaccine	✓	✗
Polio at Birth	✓	✗

# Trends in Childhood Vaccinations



# Knowledge about HIV Prevention

The knowledge assessment was based on the  
following myths and facts about HIV

## ✗ Myths

HIV can be transmitted by mosquito bites

HIV can be transmitted through sharing food with infected person

A person can get HIV through witchcraft or supernatural means

## ✓ FACTS

A healthy-looking person can have HIV.

Consistent use of condoms reduces risk of HIV.

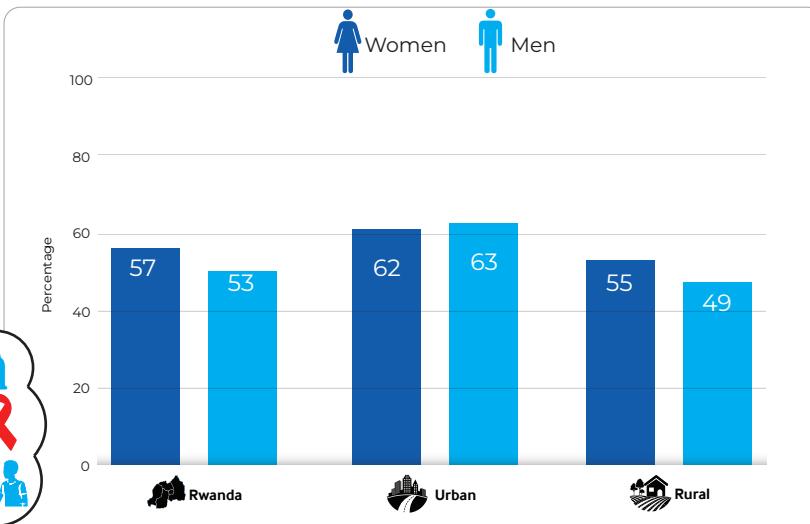
One uninfected, faithful partner lowers HIV risk.

Circumcision lowers HIV risk for men.

# Knowledge of HIV Prevention Among Young People

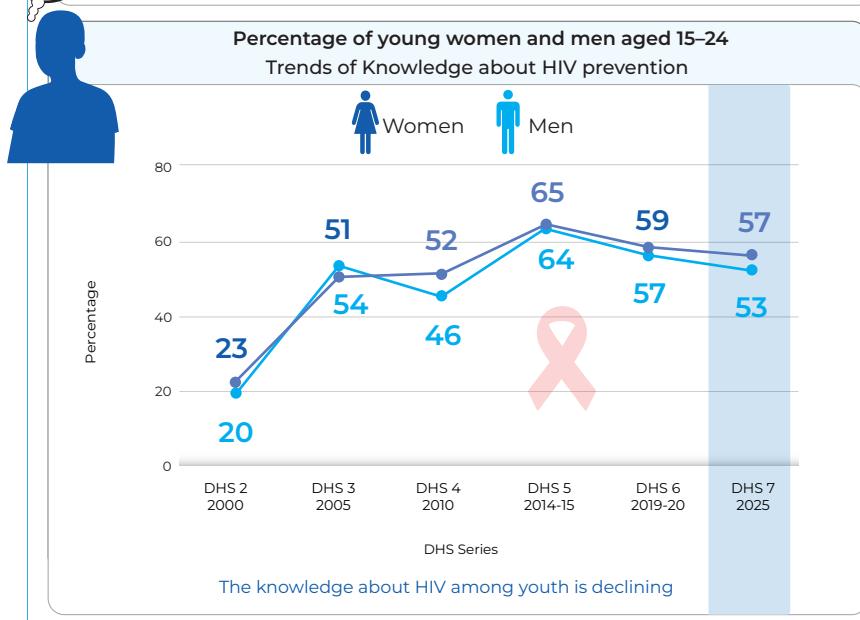
Percentage of young women and men aged 15–24

Knowledge about HIV prevention



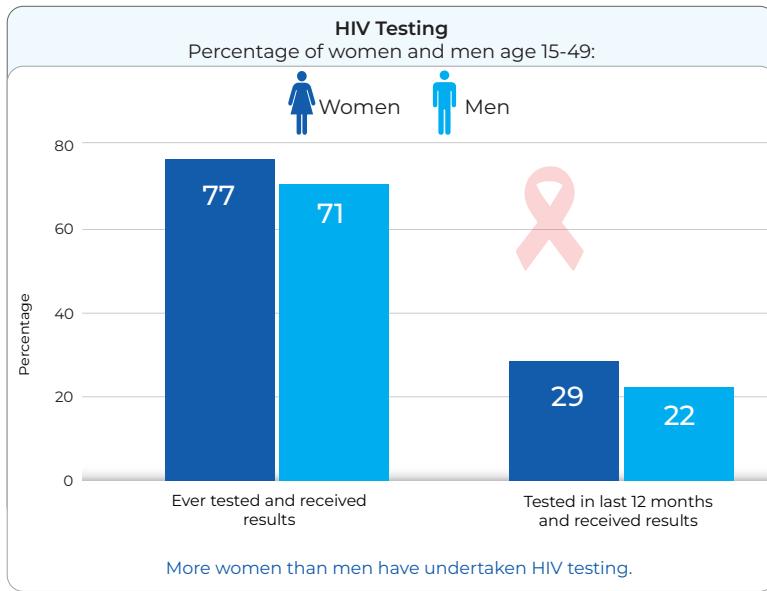
Percentage of young women and men aged 15–24

Trends of Knowledge about HIV prevention



The knowledge about HIV among youth is declining

# HIV Knowledge and Testing



\*HIV/AIDS prevalence results will be published in the Final DHS Report

The RWANDA  
**DHS7** DEMOGRAPHIC  
AND HEALTH  
SURVEY . . .



Ministry of Health



A Healthy People. A Wealthy Nation



National Child Development Agency



WORLD BANK GROUP



UNITED NATIONS  
RWANDA



kuri buri mwana



World Health  
Organization



United Nations Entity for Gender Equality  
and the Empowerment of Women



World Food  
Programme



EXPERTISE  
FRANCE  
GROUPE AFD



Gates Foundation

