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The RWANDA DHS 7 DEMOGRAPHIC AND HEALTH SURVEY 2025

Northern Province

Districts profile

September, 2026

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Director General of NISR

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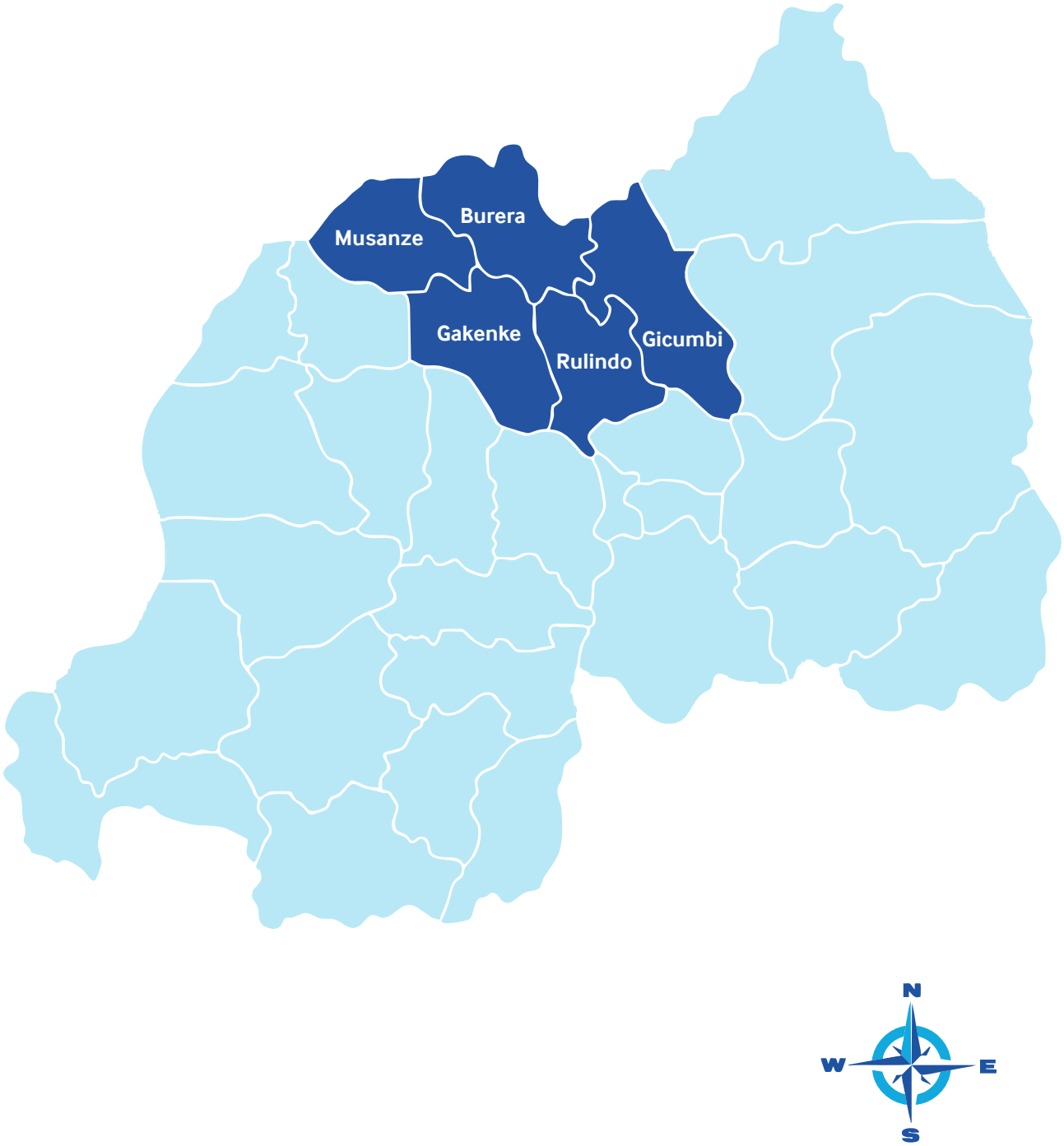
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INTRODUCTION

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 RDHS 2025 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 RDHS 2025, 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.

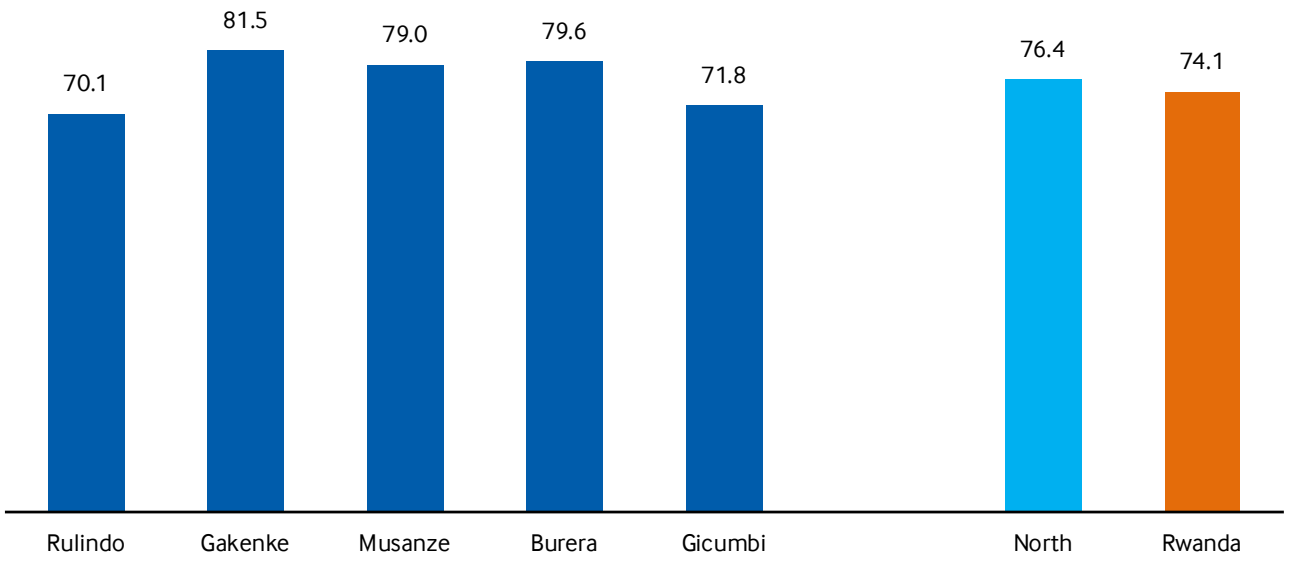
1.1. Electricity coverage

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 76% of households in the Northern Province have electricity compared to 74 % at the national level. However, the results show considerable disparities between districts within the Northern Province. Gakenke District recorded the highest number of households with electricity (81.5 %), while Rulindo District registered the lowest at 70%.

Trends: Over five years, the percentage of households with electricity coverage has increased from 33% to 76 % in the Northern Province, which shows an overall increase in electricity coverage across all districts.

Figure 1.1: Percentage of households with electricity in Northern Province



Source: RDHS 2025

1.2. Household durable goods

Figure 1.2 shows data on the possession of durable goods. Regarding mobile phones (84.7 %) is the most owned household good in the Northern Province compared to 83.7 % at the national level. The proportion of people owning mobile phone is much higher in Musanze District with 88.4 % while Gakenke has the lowest with 81.9 %.

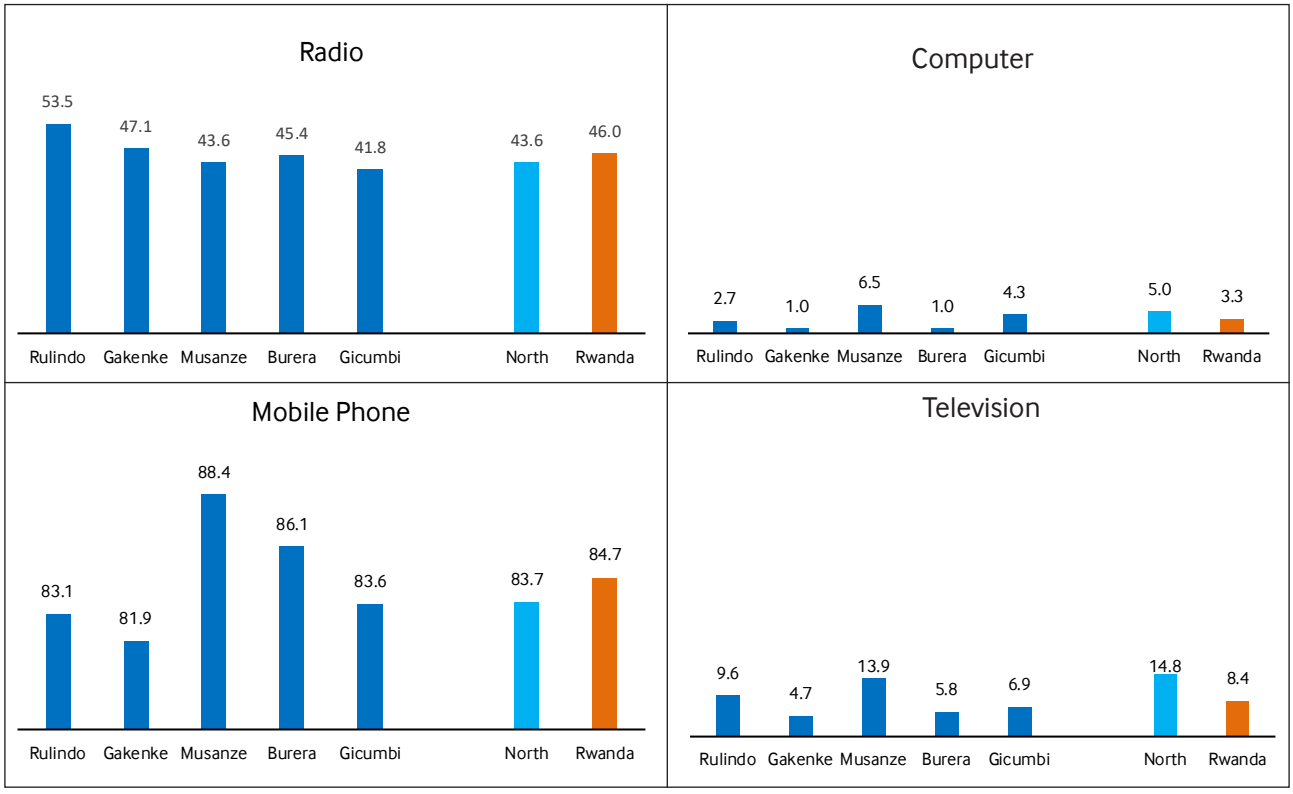
The second most common household asset is a radio, owned by 46 % of households in the Northern Province compared to 44 % at the national level. By radio possession we only asked standalone radio sets. Rulindo District has the highest percentage of households owning radio (53 %) while Gicumbi District has the lowest percentage with 42 %.

About 8 % of households own a television in the Northern Province compared to 15 % at the national level. Musanze District has the highest percentage in ownership of Television (14 %) while Gakenke District has a lower percentage (5 %).

Only 3 % of households in the Northern Province own a computer compared to 5 % at the national level. Across all districts, computer ownership ranges from 7 % in Musanze District to 1 % in Gakenke and Burera Districts.

Trends: Compared with 2019/20 RDHS, the percentage of households in the Northern Province owning a radio has increased by 5 percentage points, while mobile phone ownership increased by 18 percentage points. Ownership of computer and television also increased slightly over the same period.

Figure 1.2: Percentage of households with durable goods.



Source: RDHS 2025

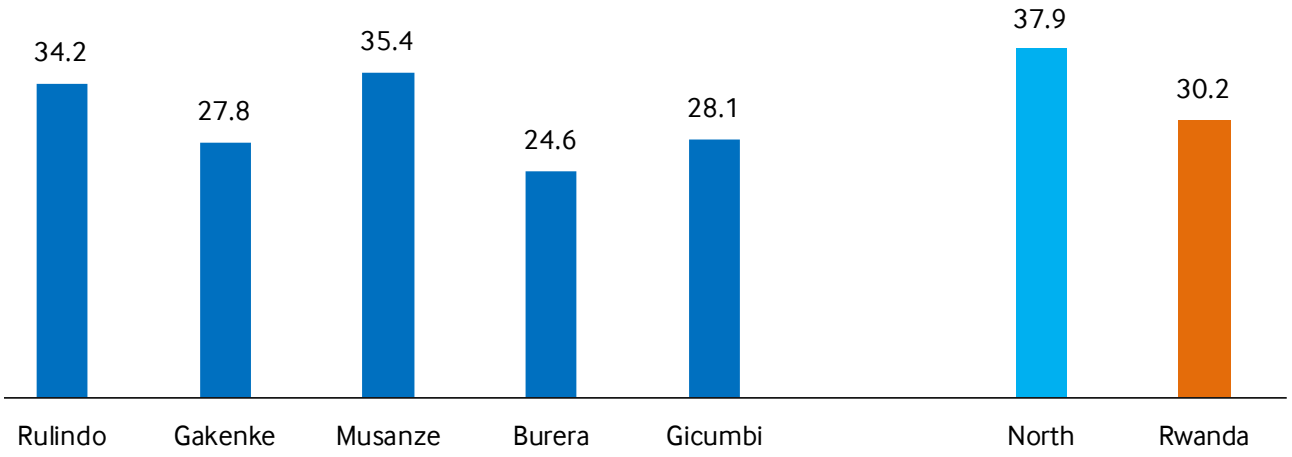
1.3. Smartphone ownership

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 overall, 30 % of households in the Northern Province own a smartphone, which is lower than the national level of 38%. However, Smartphone ownership varies across districts in the province, ranging from 25% to 35%. Musanze District recorded the highest proportion of households owning a smartphone at 35%, closely followed by Rulindo District at 34.2 %. Gicumbi District recorded an ownership rate of 28%, while Gakenke District recorded 28%. Burera District recorded the lowest rate in the province at 25%.

The results indicate that smartphone ownership in the Northern Province remains low behind the national average, with around three in ten households owning a smartphone across the province and notable disparities between top-performing districts like Musanze and Rulindo compared to Burera.

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



Source: RDHS 2025

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.

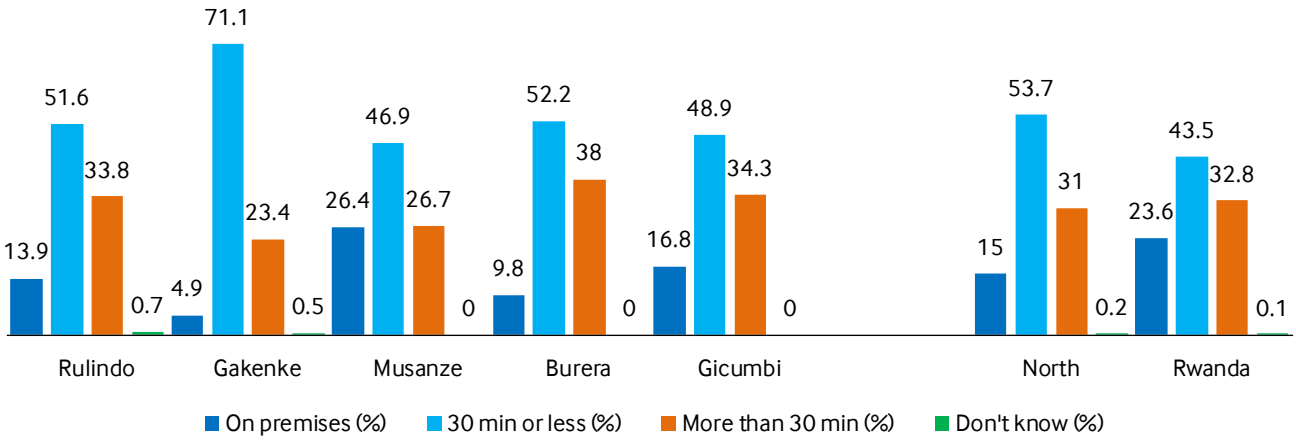
Figure 1.4a and Figure 1.4b present the percentage of households by round-trip time and distance from dwelling to obtain drinking water across districts in the Northern Province. Overall, 15% of households in the Northern Province have drinking water available on their premises, compared with 24% at the national level. Musanze District recorded the highest proportion of households with water on the premises (26%), while Gakenke District registered the lowest (5%).

The majority of households require 30 minutes or less to obtain water, accounting for 54% provincially, compared with 44% at the national level. Gakenke District recorded the highest proportion of households obtaining water within 30 minutes or less (71%). Conversely, 31% of households in the Northern Province spend more than 30 minutes obtaining drinking water, compared to 33% nationally. Burera District had the highest proportion of households spending more than 30 minutes on water collection (38%), followed by Gicumbi (34.3 %) and Rulindo (33.8%).

In terms of distance, 30.2 % of households in the Northern Province travel more than 500 metres to their water source, compared with 27.5 % at the national level. Burera District recorded the highest proportion of households travelling more than 500 metres (37.8 %), followed by Rulindo District (34.2 %). On the other hand, Gakenke District had the highest proportion of households obtaining water from a source located less than 200 metres away (26.8 %), as well as between 200 and 500 metres (41.1 %).

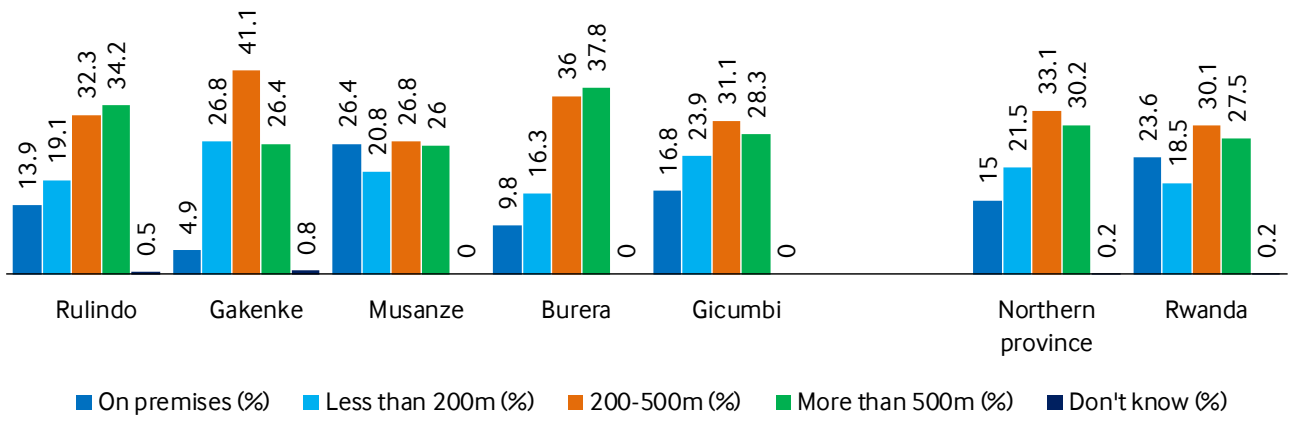
Overall, access to drinking water on premises in the Northern Province lags behind national levels, with substantial differences across districts, and Burera experiencing the highest overall time and distance burdens.

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



Source: RDHS 2025

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



Source: RDHS 2025

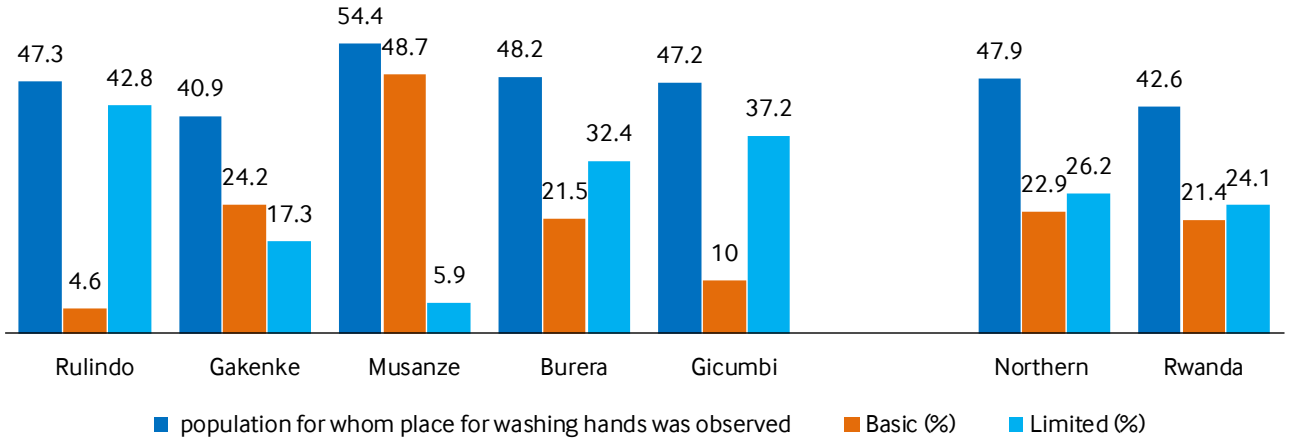
1.5. Handwashing places observed

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 48% of the de jure population in the Northern Province had handwashing facilities observed, compared with 43% nationally. The proportion with basic handwashing facilities was 23% in the province, higher than the national level of 21%, while 26% had limited facilities compared with 24% nationally. At the district level, Musanze recorded the highest proportion with handwashing facilities observed (54%), followed by Burera (48%), while Gakenke registered the lowest (41%). Musanze District recorded the highest proportion with basic facilities (49%), whereas Rulindo District had the highest proportion with limited facilities (43%).

Trends: Compared with the RDHS 2019-20, over five years, the percentage of the de jure population with a fixed place for handwashing decreased from 12% to 8 % in the Northern Province and to 11 % at the national level. A significant decrease was observed in Gicumbi District, from 95% to 47%. This substantial change may be largely attributable to the the 2019/20 survey being conducted during the COVID-19 pandemic, when handwashing facilities were more prevalent.

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



Source: RDHS 2025

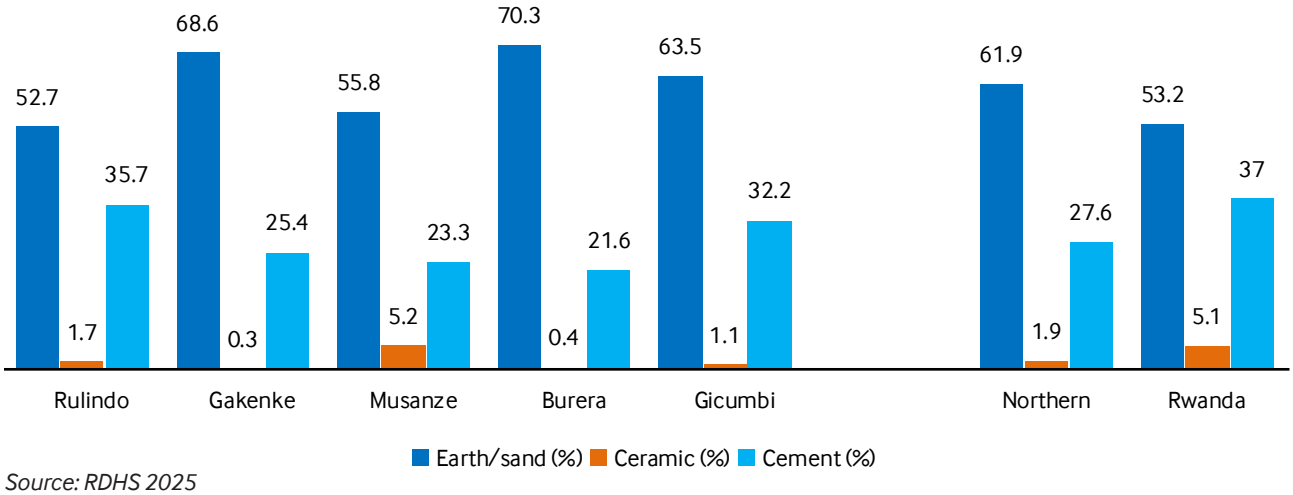
1.6. Flooring material

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

Figure 1.6 shows that in the Northern Province, 62% of households have floors made of earth or sand, compared to 53% at the national level, while 28% have cement flooring, compared to 37% at the national level. Among districts, Rulindo registered the lowest proportion of households with earth or sand floors (53%) and the highest proportion with cement flooring (36%), while Musanze recorded the highest proportion with ceramic floors (5%). Conversely, Burera recorded the highest proportion of households with earth or sand floors (70%), followed by Gakenke (69%) and Gicumbi (64%).

Overall, the findings indicate that unimproved earth or sand flooring remains the most common flooring material in the Northern Province, exceeding national levels, with substantial disparities across districts.

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



Source: RDHS 2025

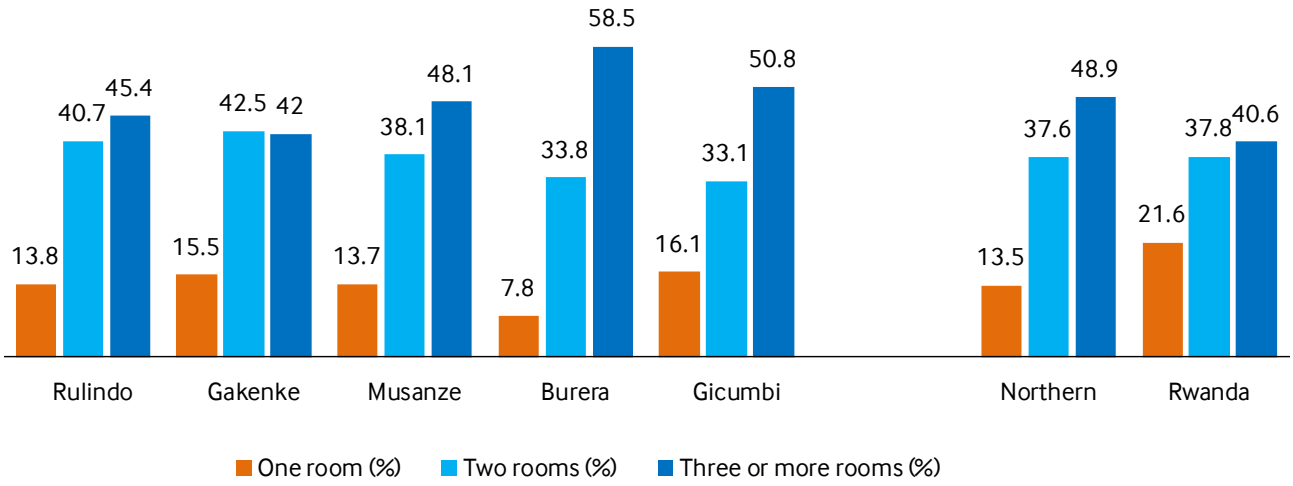
1.7. Rooms used for sleeping

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 Northern Province, 14% of households use one room for sleeping, compared to 22% at the national level. Meanwhile, 38% use two rooms and 49% use three or more rooms, compared to 38% and 41% nationally, respectively. At the district level, Burera had the highest proportion of households using three or more rooms for sleeping (59%), while Gakenke recorded the lowest (42%). Conversely, Gicumbi registered the highest proportion of households using one sleeping room (16%), whereas Burera recorded the lowest (8%).

Overall, household living space in the Northern Province compares favorably with the national average, with nearly half of households using three or more rooms for sleeping and significantly lower rates of single-room overcrowding, though notable disparities exist across districts.

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



Source: RDHS 2025

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 exposure to indoor air pollution, housing quality, and household health risks.

Figure 1.8 presents the percentage distribution of households by cooking location across districts in the Northern Province. Overall, cooking in a separate building outside the house is the predominant practice in the Northern Province, accounting for 73% of households, a rate higher than the national average of 62%. At the district level, Gakenke recorded the highest proportion of households cooking in a separate building at 85%, followed by Gicumbi (78%), Burera (75%), and Rulindo (75%), while Musanze reported the lowest rate at 56%.

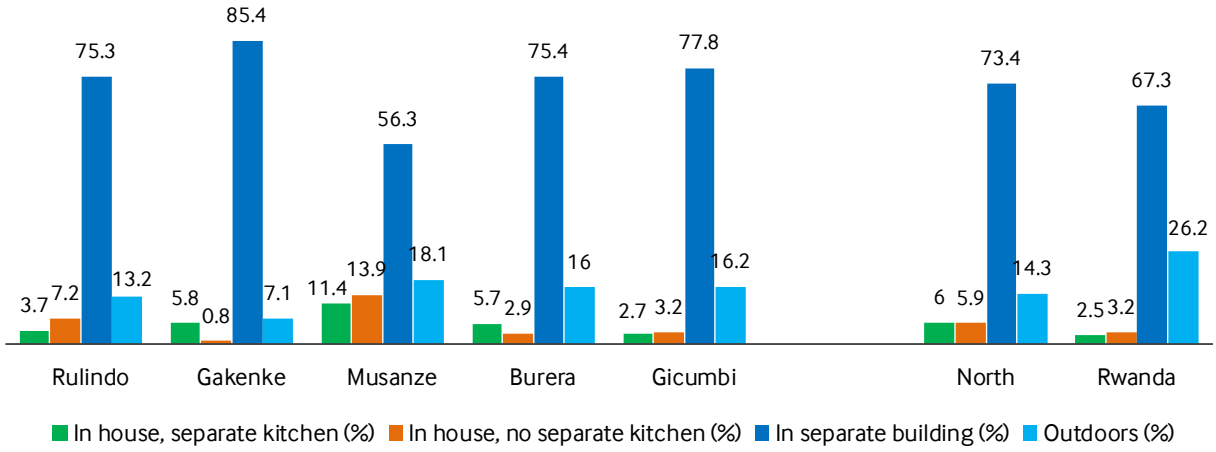
Outdoor cooking represents the second most common practice, utilized by 14% of households in the Northern Province, compared to 19% at the national level. At the district level, Musanze recorded the highest proportion of households cooking outdoors at 18%, followed by Gicumbi (16%), Burera (16%), and Rulindo (13%). Gakenke recorded the lowest prevalence of outdoor cooking at 7%.

Indoor cooking practices remain relatively rare across the province, though cooking in a separate room inside the main house is higher than national benchmarks. About 6% of households in the Northern Province cook in a separate kitchen inside the main house, versus 10% at the national level. Musanze District recorded the highest proportion in this category at 11%, followed by Gakenke (6%), Burera (6%), and Rulindo (4%), while Gicumbi recorded the lowest rate at 3%.

Additionally, 6% of households in the province cook inside the house without a separate kitchen, compared to 8% at the national level. Musanze District recorded a noticeably higher prevalence in this category at 14%, followed by Rulindo (7%), Gicumbi (3%), and Burera (3%), whereas Gakenke recorded the lowest rate at 1%.

The findings demonstrate that the vast majority of households in the Northern Province (88%) cook either in a separate building or outdoors, resulting in lower overall rates of indoor cooking compared to national averages (81%). Although outdoor and separate-building cooking practices mitigate direct indoor air pollution within primary living quarters, Musanze stands out as having a higher proportion of households cooking indoors, including those without a dedicated kitchen space.

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



Source: RDHS 2025

1.8. Sanitation services

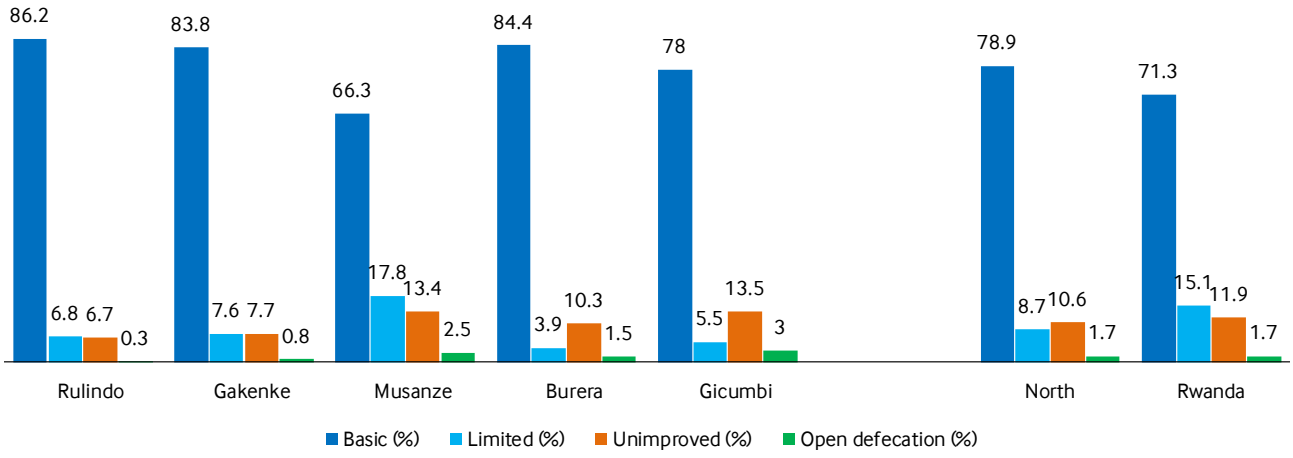
Sanitation service level classifies the de jure population according to the type and level of sanitation service available. The categories include basic sanitation(Use of improved facilities that are not shared with other households), limited sanitation (Use of improved facilities shared by two or more 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 79% of the de jure population in the Northern Province had access to basic sanitation services, compared to 71% at the national level. The province had a lower proportion with limited sanitation services (9%) than the national level (15%), as well as a lower proportion using unimproved services (11%) compared to 12% nationally, while open defecation stood at 2% both provincially and nationally.

At the district level, Rulindo recorded the highest proportion of the de jure population with access to basic sanitation services (86%), followed by Burera (84%) and Gakenke (84%), while Musanze had the lowest (66%). Musanze recorded the highest proportion with limited sanitation services (18%), while Gicumbi had the highest proportion using unimproved sanitation facilities (14%), closely followed by Musanze (13%). Conversely, Gicumbi recorded the highest level of open defecation (3%), while Rulindo recorded the lowest (less than 1%).

Overall, sanitation access in the Northern Province compares favorably to the national level, although important disparities remain across districts, particularly in Musanze.

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



Source: RDHS 2025

Chapter 2

RESPONDENT CHARACTERISTICS

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

2.1. Education attainment

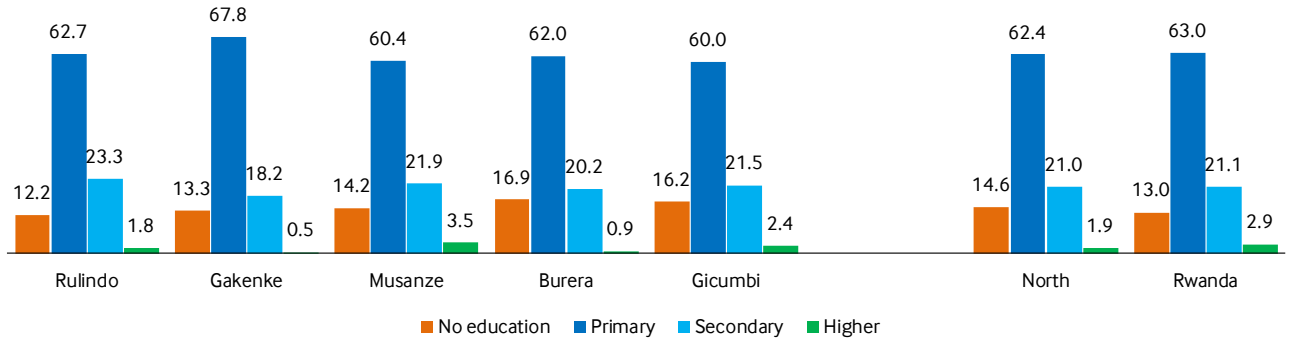
Figure 2.1a and Figure 2.1b present the distribution of female and male respondents by the highest level of education attained, across districts of the Northern Province.

The proportion of men who attained primary school is higher than that of women in the North Province (70 % and 62 %, respectively) compared to (68 % and 63 %, respectively) at the national level. At the secondary education level, the situation is reversed, the proportion of women is slightly higher than that of men (18 % and 21 % respectively). At the district level, the proportion is highest among women in Rulindo District (23 %) and among men in Musanze (23 %). Conversely, the lowest proportions are registered among men and women in Gakenke District, at 12 % and 18 %, respectively.

Trends: Compared with the RDHS 2019/20, women aged six years and above with no education in the Northern Province, remained unchanged at 15 % over the five years period, while for men it declined from 11% to 9 %.

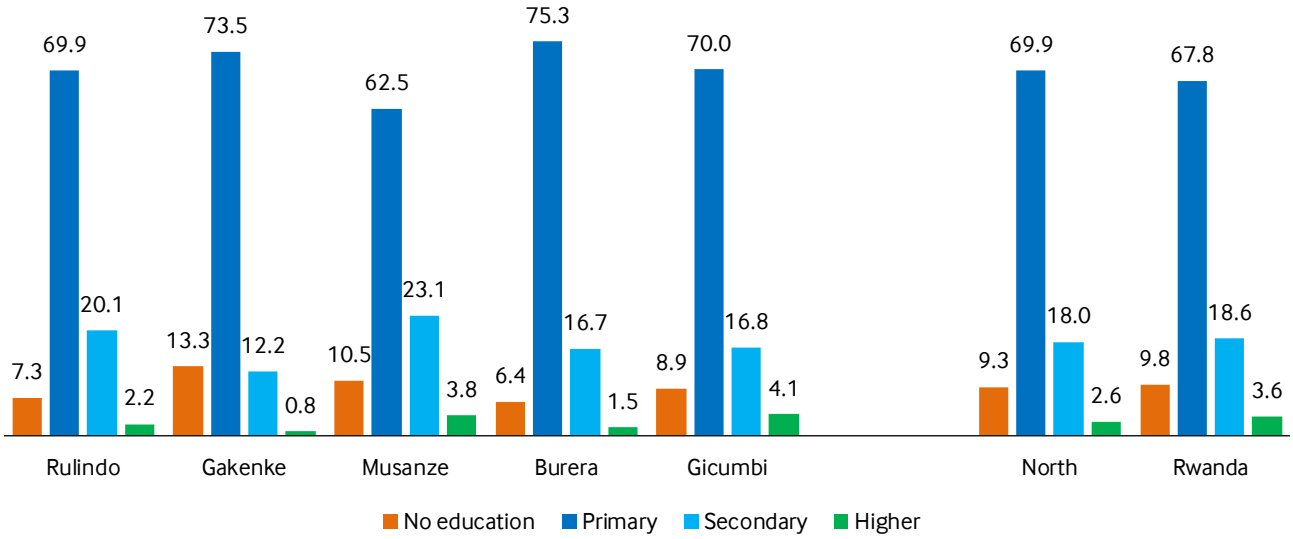
At district level, Burera had a significant decrease in number of women with no education from 22 % in 2019-20 to 17 % and Musanze District had a significant increase in percentage of women with no education from 10% to 14 %. There was a significant increase in child with no education for men in Gakenke and Musanze districts specifically.

Figure 2.1a: Percentage distribution of the de facto female household population age 6 years and above in the Northern Province by the highest education level attained.



Source: RDHS 2025

Figure 2.1b: Percentage distribution of the de facto male household population age 6 and over in the Northern Province by the highest education level attained.



Source: RDHS 2025

2.2. Literacy

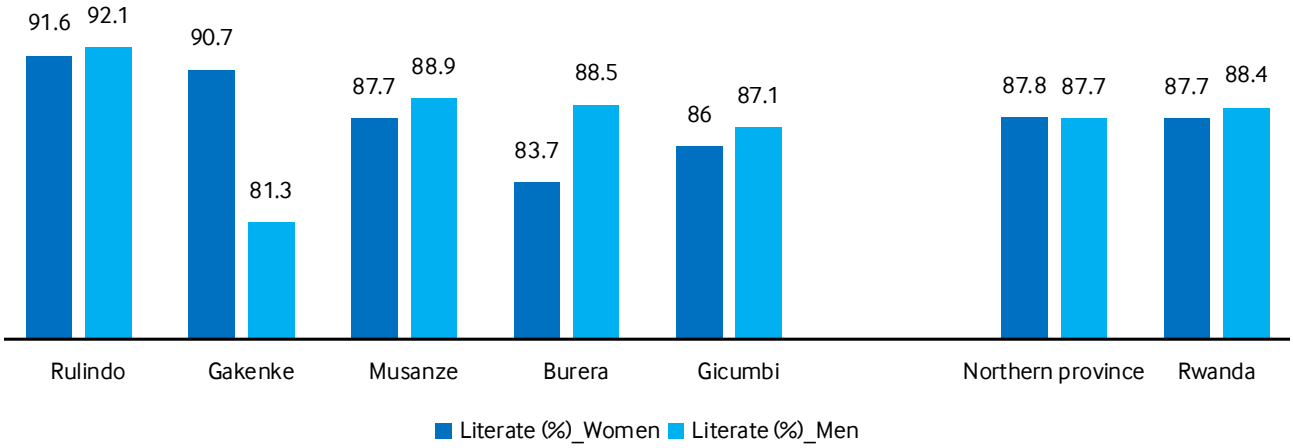
Literacy refers to the percentage of the adult population comprising both women and men, who are able to read and write. This indicator serves as a fundamental measure of basic educational attainment and skill proficiency within a population and is widely recognized as a key benchmark for assessing social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

Figure 2.2 shows literacy rates across the districts of the Northern Province, alongside the provincial and national levels for comparison. For adult women, the literacy rate in the Northern Province stands at 88%, matching the national level of 88%. At the district level, Rulindo recorded the highest female literacy rate at 92%, followed by Gakenke at 91% and Musanze at 88%. Conversely, Burera registered the lowest female literacy rate at 84%.

For adult men, the literacy rate in the Northern Province stands at 88%, compared with the national average of 88%. Rulindo District recorded the highest male literacy rate at 92%, followed by Musanze (89%), Burera (89%), and Gicumbi (87%). The lowest male literacy rate was observed in Gakenke at 81%.

These findings demonstrate that overall literacy levels in the Northern Province are comparable to national averages for both women and men. Notably, gender disparities exist across districts: female literacy is markedly higher than male literacy in Gakenke (91% vs. 81%), while male literacy rates substantially exceed female literacy rates in Burera (89% vs. 84%). Burera District consistently registered lower female literacy rates, while Gakenke displays a significant male literacy lag within the province.

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



Source: RDHS 2025

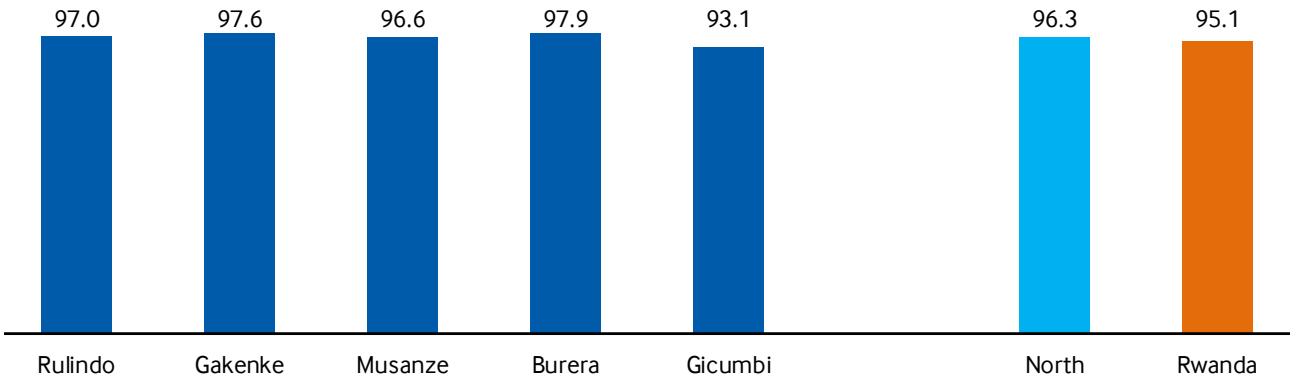
2.3. Birth registration of children under age 5

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 have been registered with the civil authorities in the Northern Province compared to 95 % at the national level. The percentage is high in Burera District with 98 % and low in Gicumbi District with 93 %.

Trends: In the Northern Province, the percentage of children under age 5 whose births are registered with the civil authorities has increased over five years from 91 to 96 %, where Burera District having a significant increase of almost 9 percentage points.

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



Source: RDHS 2025

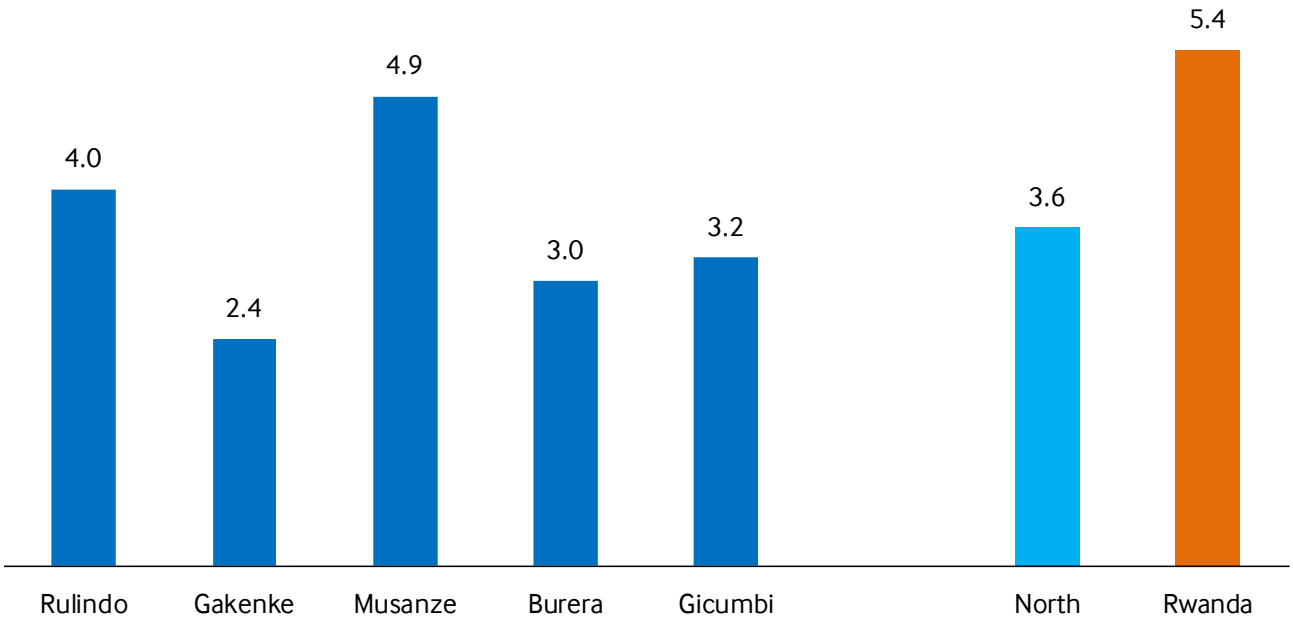
2.4. Children's orphanhood

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, 3.6 % of children under age 18 in the Northern Province have lost one or both parents compared to 5.4 % at the national level. Musanze District recorded the highest percentage (4.9 %) of orphaned children who have lost one or both parents, while Gakenke District registered the lowest percentage (2.4 %).

Trends: Compared to the RDHS 2019/20, the proportion of children under 18 years with one or both parents dead has decreased slightly from 6 to 4% over five years, in the Northern Province.

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



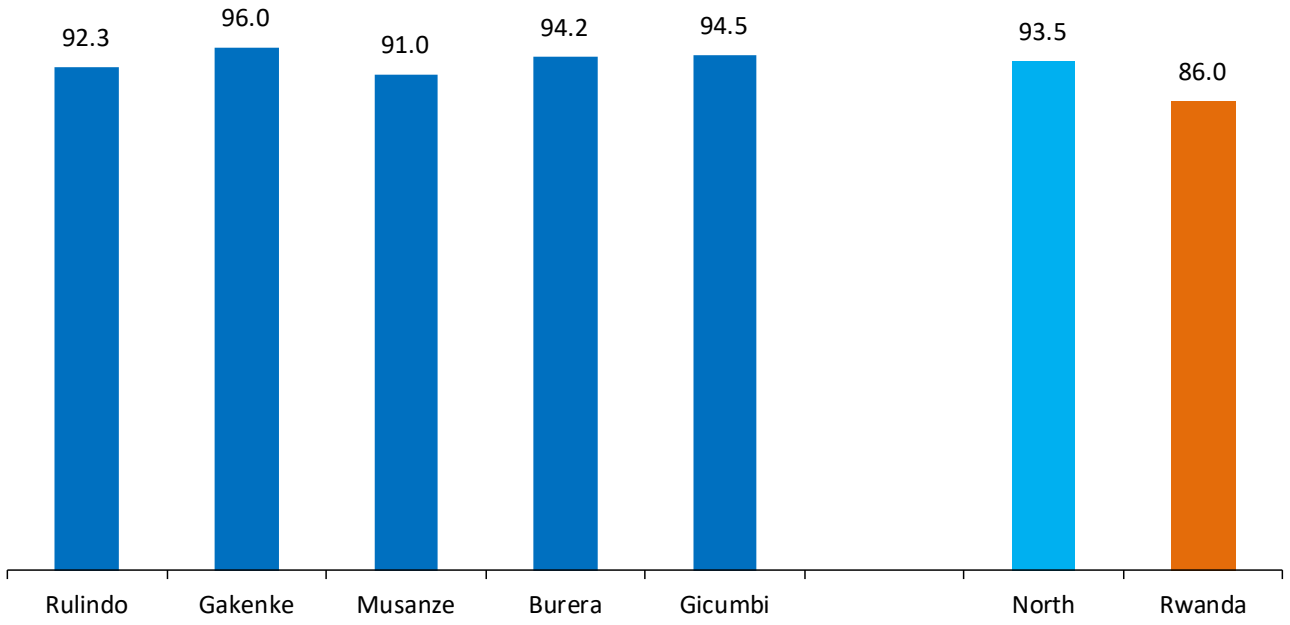
Source: RDHS 2025

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 Northern Province, 93 % of the population is covered by any health insurance compared to 86 % at the national level. This proportion is high among respondents in Gakenke District (96 %) and low in Musanze District (91 %), followed by Rulindo District at 92.3 %.

Trends: Compared to the RDHS 2019/20, the proportion of household members covered by health insurance in the Northern Province has increased from 92 to 93.5 %. At district level, decrease was observed in Gakenke District where coverage declined from 98% to 96 %, and in Rulindo District, from 93% to 92.3 %. In contrast, Burera District recorded a significant increase from 90% to 94.2 %.

Figure 2.5: Percentage of household members with Health insurance.



Source: RDHS 2025

2.5. Current marital status

In Figures 2.6a and 2.6b, the term "married" refers to men and women who are legally bound in marriage, 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.

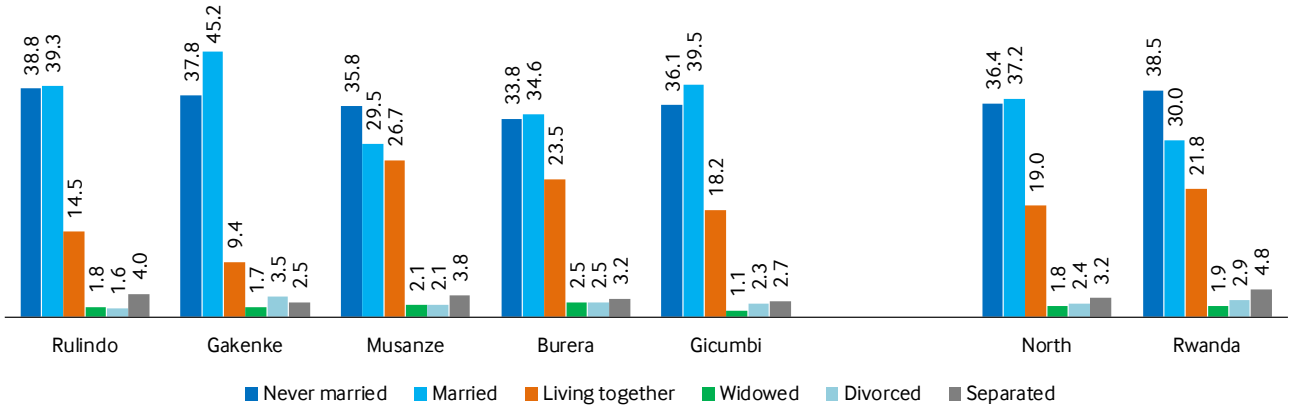
Figure 2.6a and Figure 2.6b show the distribution of women and men aged 15-49 by marital status in the Northern Province. Overall, 36% of women in this age group have never been married, lower than the national level of 39%. Among women, the proportion of women aged 15-49 who have never been married is highest in Rulindo District (39%) and Gakenke District (38%). Musanze and Gicumbi districts each recorded 36%, while Burera District registered the lowest proportion at 34%.

Overall, 56% of women interviewed in the Northern Province were in a union (37% married and 19% living together), compared to 52% at the national level (30% married and 22% living together). This proportion of women in union is highest in Musanze District (57%) and lowest in Rulindo District (54%), with Gakenke, Burera, and Gicumbi each reporting 55% to 58%. In the Northern Province, 2% of women were widowed, 2% divorced, and 3% separated, compared to 2%, 3%, and 5% nationally, respectively.

At the district level, Gakenke District recorded the highest proportion of married women (45%), while Musanze recorded the highest proportion of women living together as if married (27%). Conversely, Musanze registered the lowest married proportion (30%), and Gakenke registered the lowest proportion living together (9%).

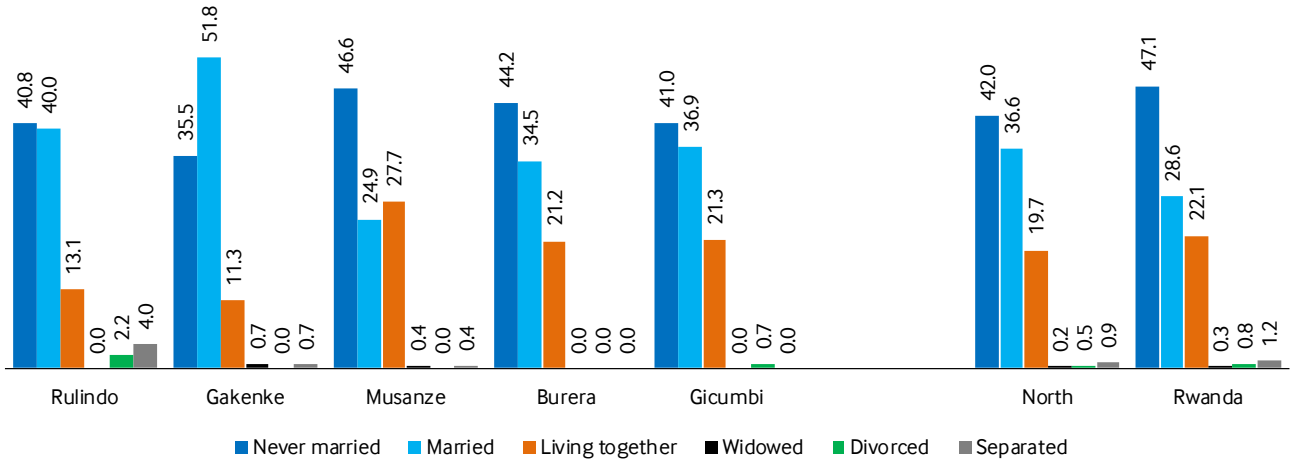
Overall, women in the Northern Province are slightly more likely to be in a formal marriage or union and less likely to have never been married compared to national averages, with Musanze District showing a notably higher prevalence of informal cohabitation compared to other districts in the province.

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



Source: RDHS 2025

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



Source: RDHS 2025

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.

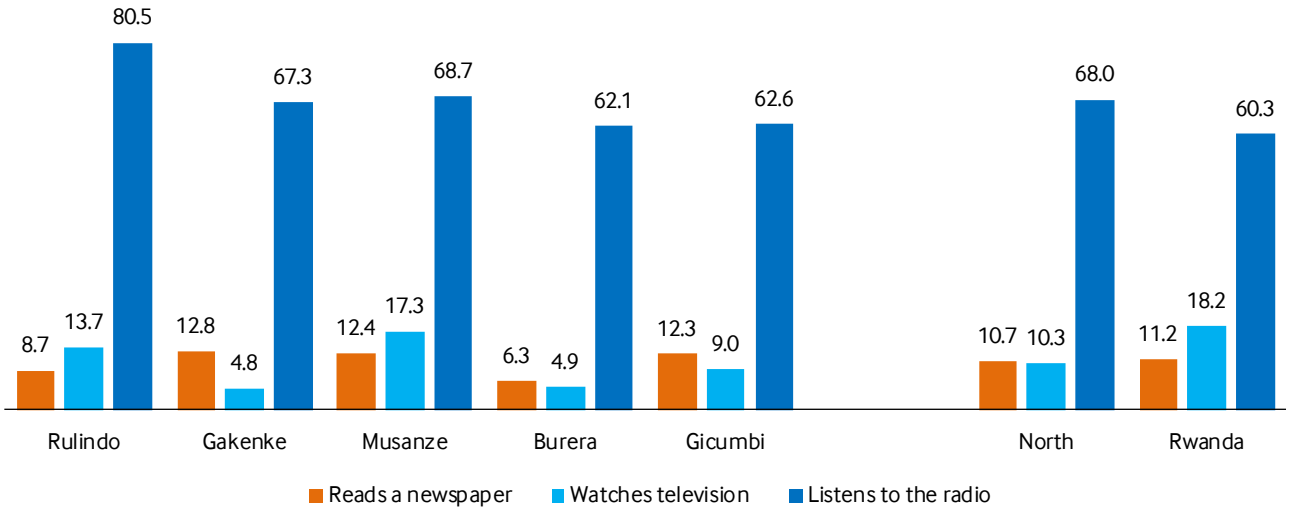
Figures 2.7a and 2.7b present data on this exposure covering both print and broadcast media. It should be noted at the outset that household ownership of a radio, television, or newspaper subscription is not a prerequisite for media access, as many people listen to the radio or watch television at the 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: 68 % of women and 86 % of men report listening to the radio at least once a week. At the district level, this proportion is high in Rulindo District among women (80 %) while it is low in Burera District (62 %). Among men, listening to the radio is high in Musanze and Gicumbi Districts (90 %).

Men watch television more frequently than women: 10 % of women and 19 % of men watch television at least once a week. Only 11 % of women and 19 % of men report reading a newspaper at least once a week.

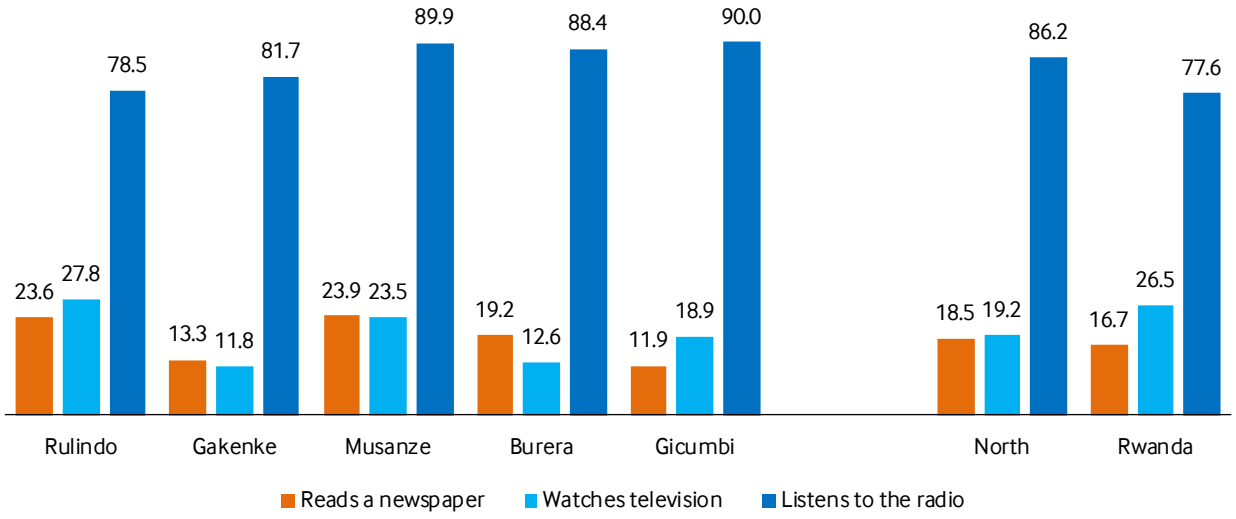
Trends: The percentage of women aged 15-49 who are exposed to radio every week has increased by 10 percentage points in the Northern Province while on men has increase by 7 percentage points over the five years.

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



Source: RDHS 2025

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



Source: RDHS 2025

2.8. Internet use frequency

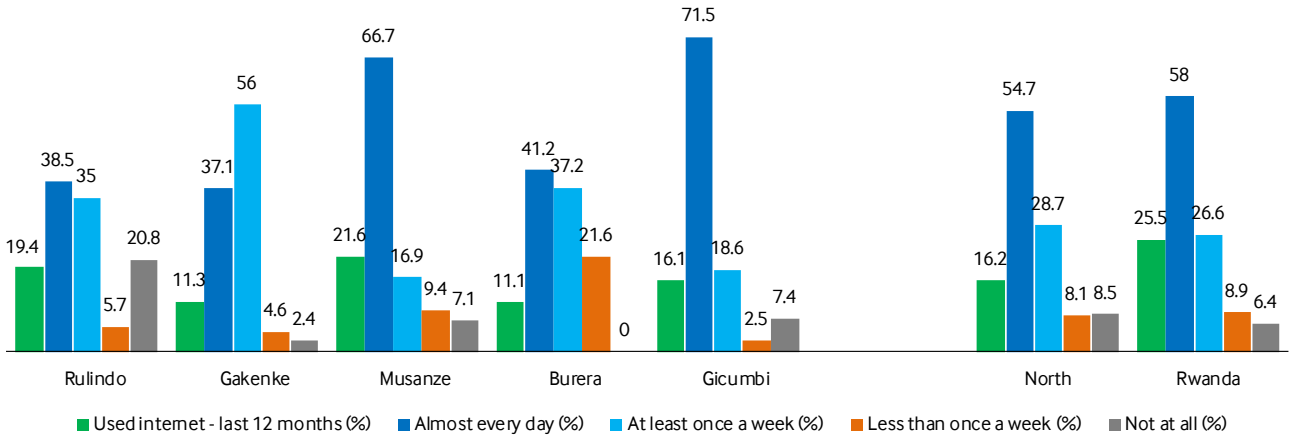
Internet use frequency measures the proportion of women and men who used the internet in the last 12 months preceding the survey, as well as how often they accessed it, categorized as almost every day, at least once a week, less than once a week, or not at all. This indicator serves as a reflection of 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 Northern Province. Overall, 16% of women in the Northern Province used the internet in the last 12 months, compared to the national average of 26%. Musanze District recorded the highest proportion of women using the internet at 22%, followed by Rulindo District (19%) and Gicumbi District (16%). In contrast, Burera and Gakenke Districts recorded the lowest rate of internet use (11%). Among women in the Northern Province who used the internet, 55% accessed it almost every day (compared to 58% nationally), while 29% used it at least once a week, 8% less than once a week, and 9% not at all in the recent period. Daily use among female internet users was highest in Gicumbi District (72%) and Musanze District (67%), and lowest in Gakenke District (37%).

Figure 2.8b presents internet use and frequency of use among men aged 15-49. In the Northern Province, 31% of men used the internet in the last 12 months preceding the survey, which is lower than the national figure of 35%. Musanze District recorded the highest internet usage among men at 38%, followed by Rulindo District (34%) and Gicumbi District (33%), whereas Burera District (24%) and Gakenke District (24%) reported the lowest usage. Among male internet users in the province, 53% used the internet almost every day (compared to 58% nationally), 34% accessed it at least once a week, 6% less than once a week, and 7% not at all. Musanze District exhibited the highest proportion of daily internet users among men at 72%, followed by Rulindo District (57%) and Gicumbi District (47%), while Gakenke District recorded the lowest daily use rate at 32%.

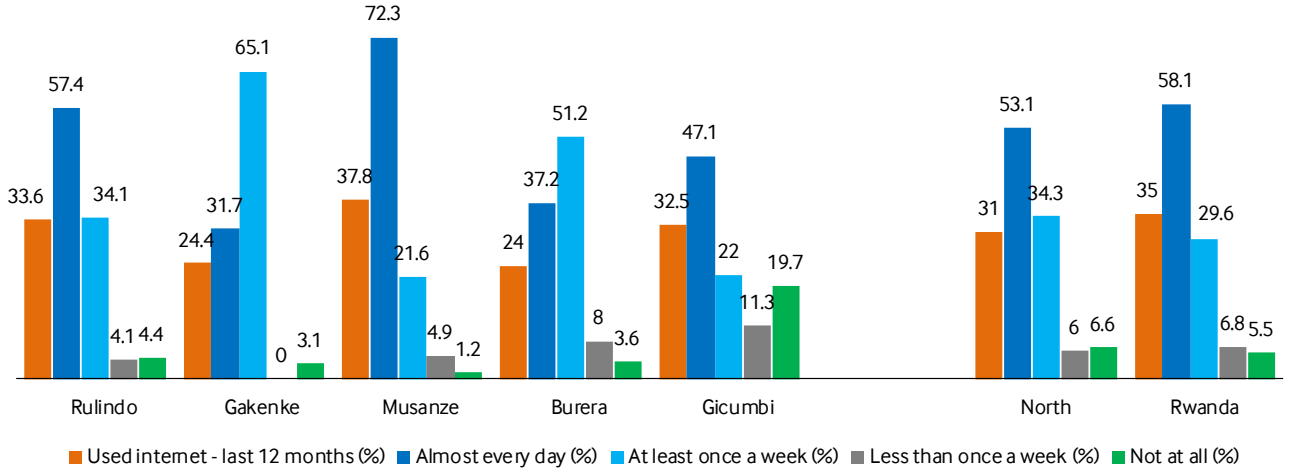
The findings indicate that both internet access and frequency of use in the Northern Province remain below national averages for both women and men. Overall, internet usage is higher among men than women across all districts. Musanze and Rulindo Districts consistently demonstrate higher connectivity levels for both sexes, while Burera and Gakenke Districts 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 Northern Province by district



Source: RDHS 2025

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



Source: RDHS 2025

2.9. Alcohol consumption among adult women and men

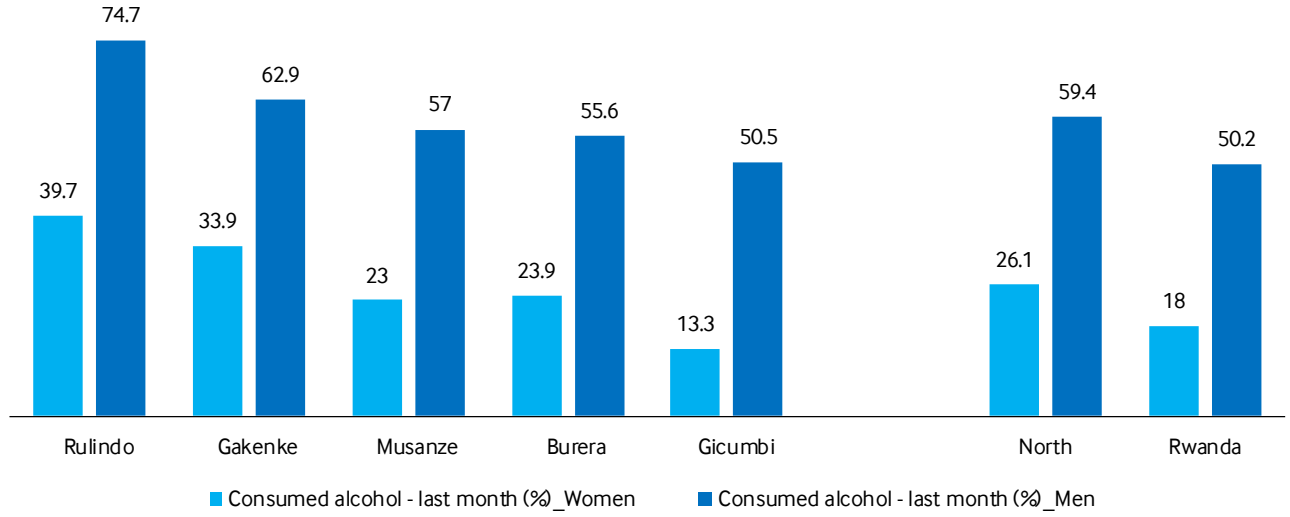
Alcohol consumption refers to the proportion of women and men aged 15-49 who consume alcohol. This indicator measures health-related behaviors and lifestyle practices, offering insight into public health trends and risk factors across regions.

Figure 2.9 shows that 26% of women aged 15-49 in the Northern Province consume alcohol, which is higher than the national level of 18%. Across districts in the province, Rulindo recorded the highest proportion of women consuming alcohol at 40%, followed by Gakenke (34%), Burera (24%), and Musanze (23%). Conversely, Gicumbi District recorded the lowest proportion at 13%.

For men aged 15-49, 59% in the Northern Province consume alcohol, compared to the national average of 50%. Rulindo District recorded the highest proportion at 75%, followed by Gakenke District at 63%, Musanze District at 57%, and Burera District at 56%. In contrast, Gicumbi District recorded the lowest proportion at 51%.

The results indicate that alcohol consumption in the Northern Province remains higher than 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 up to double or triple female rates in some areas. Additionally, districts such as Rulindo and Gakenke show markedly higher overall consumption levels than Gicumbi, which consistently reports the lowest prevalence for both sexes.

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



Source: RDHS 2025

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 RDHS 2025.

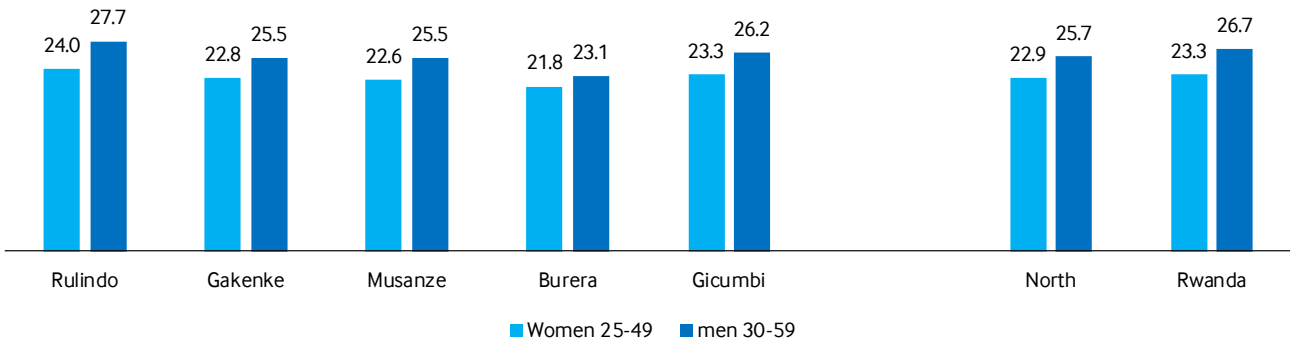
3.1. Median age at first marriage

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

The data shows variations by district: among women, Burera District records the earliest age at first union (22 years) while Rulindo District records the latest (24 years). Among men, Burera District records the earliest age at first union (23 years) and Rulindo District registered the latest (28 years).

Trends: Compared to the RDHS 2019/20, the median age at first marriage in the Northern Province has slightly increased from 24.5 years to 26 years among men and from 22.1 years to 23 years among women over five years.

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



Source: RDHS 2025

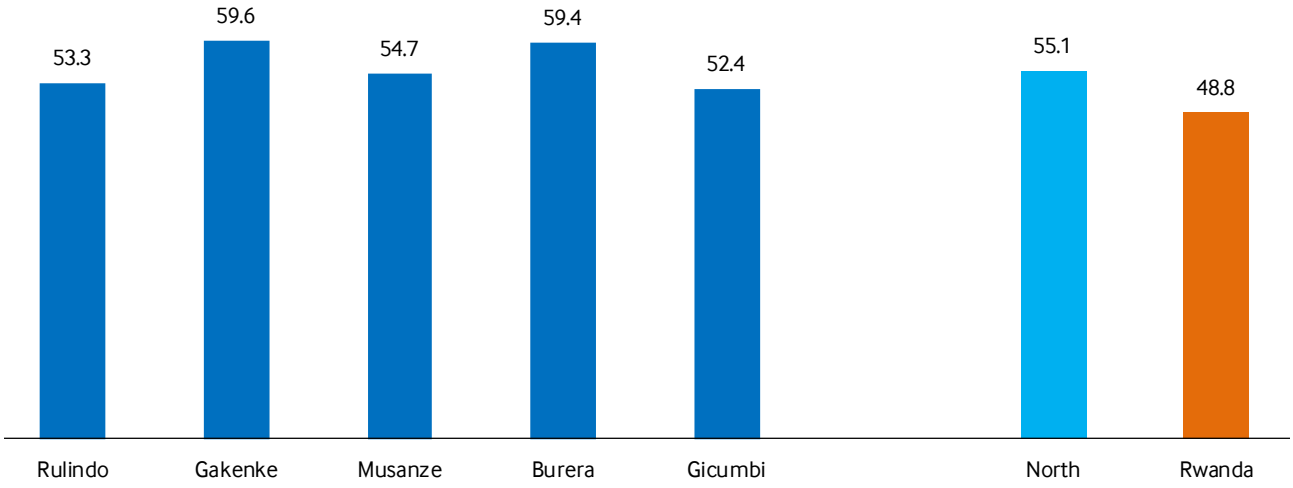
3.2.Birth intervals

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.

Figure 3.2 shows that the median birth interval is 55.1 months in the Northern Province compared to 48.8 months at the national level. By District, the birth interval varies from 52.4 months in Gicumbi to 59.6 months in Gakenke.

Trends: Compared to RDHS 2019/20, the median interval birth in the Northern Province has increased from 43.1 months to 55.1 months, mainly in Burera District where it increased by 23.6 percentage point.

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



Source: RDHS 2025

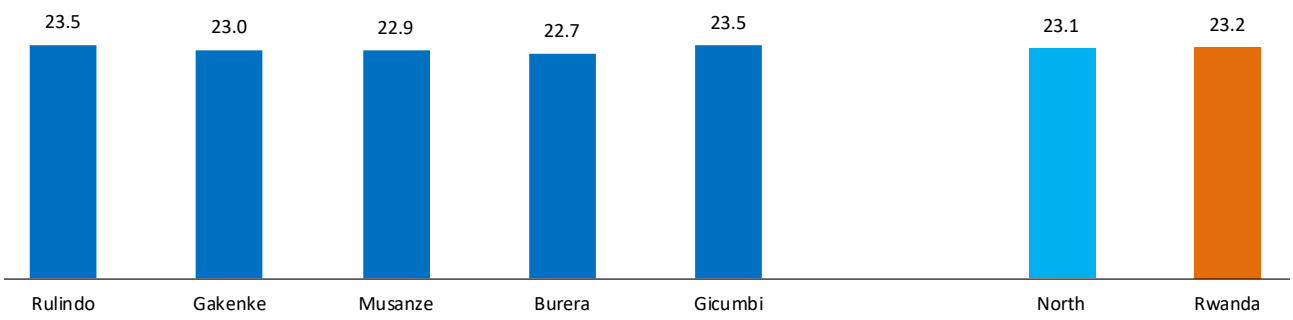
3.3. Median age at first birth

The age at which a woman has her first child has an impact on overall fertility, health, and welfare as well as the health of her child.

Figure 3.3 below shows median age at first birth among women, by age and district. The median age at first birth for women aged 25-49 in the Northern Province is 23.1 years compared to 23.2 years at the national level. At the District level, the highest median age at first birth is 23.5 years in Rulindo and Gicumbi, and the lowest is 22.7 years in Burera.

Trends: The me-dian age at first birth for women aged 25-49 has slightly increased from 22.7 years to 23.1 years in the Northern Province, and all districts had a slight change.

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



Source: RDHS 2025

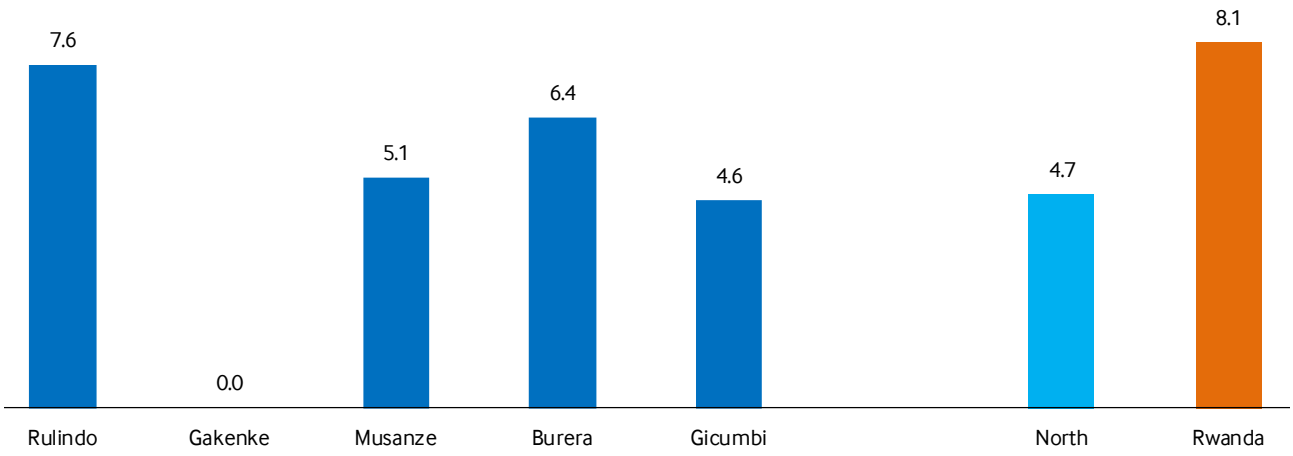
3.4. Teenage pregnancy and motherhood

Teenage pregnancy is the percentage of young women aged 15-19 years who have ever been pregnant.

Figure 3.4 shows the percentage of young women aged 15-19 who have begun childbearing in their teenage years. In the Northern Province, 5% of young women in this age group have already begun childbearing, compared to 8 % at the national level. At district level, the percentage of women aged 15-19 who have begun childbearing was below 1% in Gakenke and varies from 5% in Musanze and Gicumbi to 8% in Rulindo.

Trends: In the Northern Province, the percentage of young women aged 15-19 who have already begun childbearing remained constant (5%) compared to RDHS 2019/20. The largest increase was observed in Burera District, where the proportion rose from 1% in RDHS 2019/20 to 6 % in RDHS 2025.

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



Source: RDHS 2025

3.5. Wanted and Total fertility rate

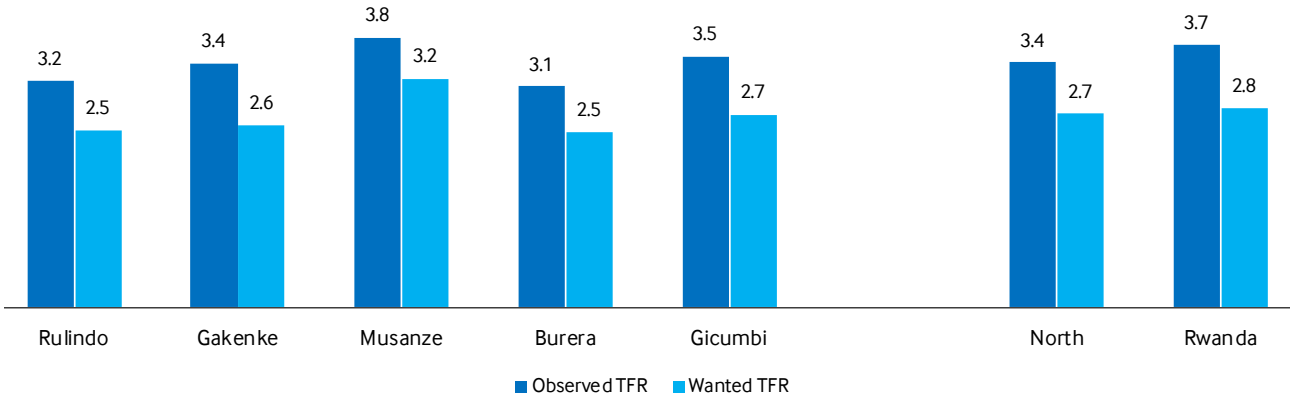
The wanted fertility rate is the average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates, excluding unwanted births. It represents the fertility level that would have prevailed if all unwanted births were prevented. Wanted fertility is any birth less than or equal to the number of children a woman reported as her ideal number.

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 that unwanted births are excluded. In the Northern Province, the TWFR for women aged 15-49 is 2.7 children compared to 2.8 at the national level.

At the provincial level, the TFR is 3.4 compared with 3.7 at the national level. Among districts, the lowest TFR is observed in Burera District (3.1 children) and the highest TFR in Musanze District (3.8 children). Considering the gap between wanted TFR and observed TFR, there is a difference of 0.7 children in the Northern Province. At District level, the highest gap is observed in Gakenke and Gicumbi(0.8) and the lowest in Musanze and Burera(0.6).

Trends: Compared to RDHS 2019/20, the total wanted fertility rate among women aged 15-49 decreased slightly by 0.5, while the observed fertility rate also decreased by 0.6 at the provincial level.

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



Source: RDHS 2025

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 Northern Province in comparison with the national figures.

4.1. Current use of contraception

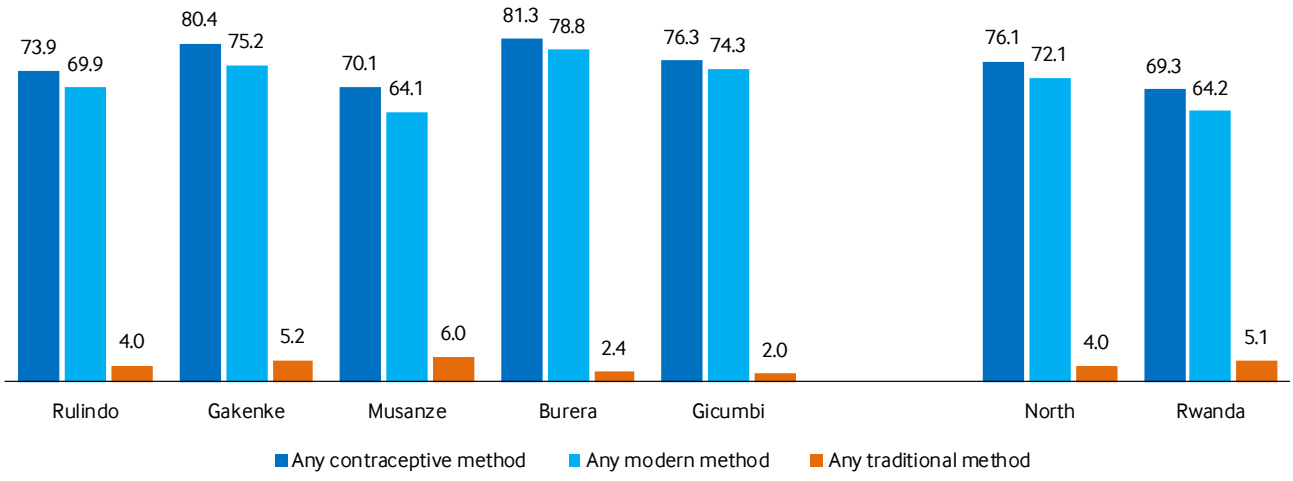
Current use of contraception refers to the proportion of women aged 15-49 who are currently using a contraceptive method. The indicator provides information on the prevalence of contraceptive use and distinguishes between modern and traditional methods, where applicable.

Figure 4.1 shows that 76% of married women aged 15-49 in the Northern Province are currently using any family planning method, among them 72% of them use any modern method, and 4% for any traditional method, compared with 69% for any contraceptive method, 64% for any modern method and 5% for any traditional method at national level.

The prevalence of current contraceptive use among women is highest in Burera District (81%) and lowest in Musanze District (70%) with the majority of women using any modern methods and the minority using traditional methods.

Trend: In the Northern Province, the use of any modern contraceptive method among currently married women increased from 65% in the RDHS 2019/20 to 72% in RDHS 2025. At district level, two districts recorded a significant increase in using contraceptive methods: Burera (from 68% to 81%) and Gicumbi (from 65% to 76%).

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



Source: RDHS 2025

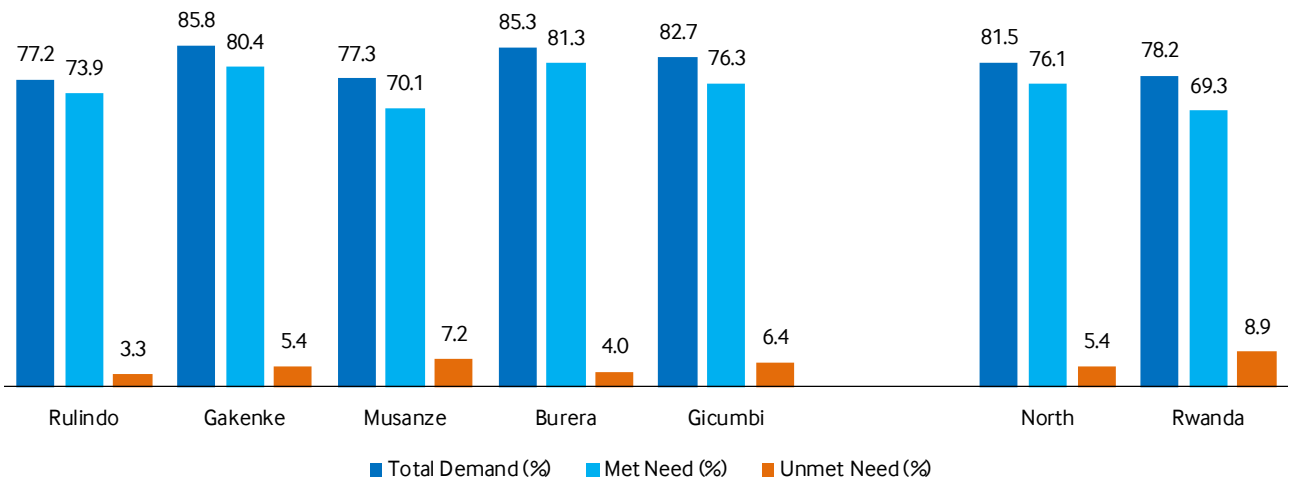
4.2. Demand for family planning

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 RDHS 2025 reports these measures together to assess the extent to which women's family planning needs are being addressed.

Figure 4.2 below describes the total demand for family planning among currently married women in the Northern Province at 82 %, which is slightly higher than the national level of 78 %. At the District level, the total demand for family planning is highest in Gakenke (86%) and lowest in Rulindo and Musanze (77%) among currently married women.

Trends: In Northern Province, the total demand for family planning among currently married women aged 15-49 has increased from 79% in RDHS 2019/20 to 82% in RDHS 2025 and Gicumbi have significant increase of 9 percentage points over the same time.

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



Source: RDHS 2025

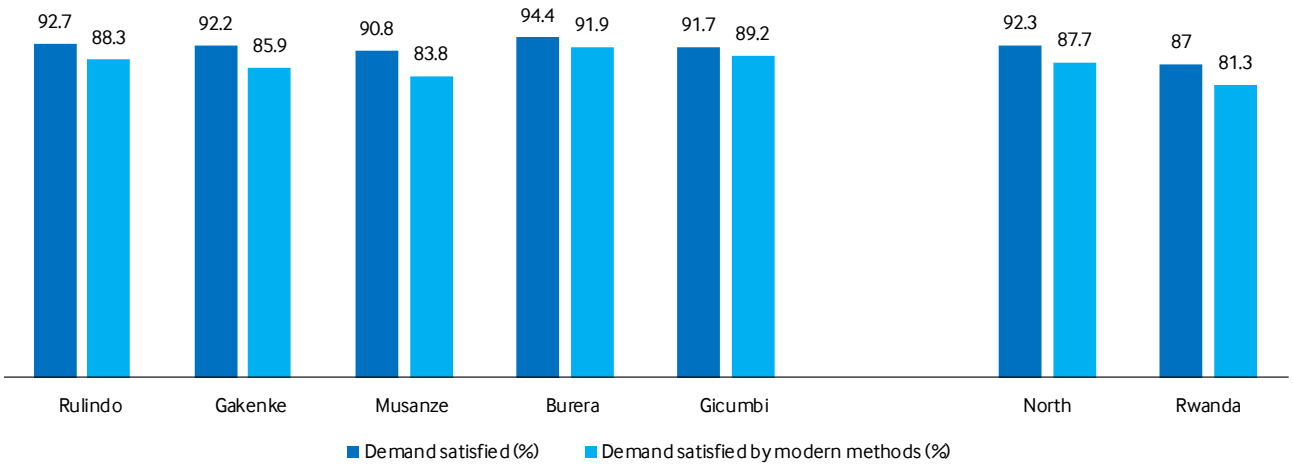
4.3. Demand for family planning satisfied

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 total demand for family planning satisfied in the Northern Province stands at 92.3 %, compared with 87.0 % nationally. Meanwhile, demand satisfied by modern methods is 87.7 % in the province, compared with 81.3 % nationally. At district level, Burera recorded the highest proportion for both total demand satisfied (94.4 %) and demand satisfied by modern methods (91.9%), followed by Gicumbi (91.7% total and 89.2% modern) and Rulindo (92.7% total and 88.3% modern). In contrast, Musanze recorded the lowest satisfaction levels, with 90.8% of total demand satisfied and 83.8% satisfied by modern methods.

Overall, satisfaction of family planning demand in the Northern Province remains notably high and above the national baseline, with a high proportion of that demand met through modern contraceptive methods across all districts.

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



Source: RDHS 2025

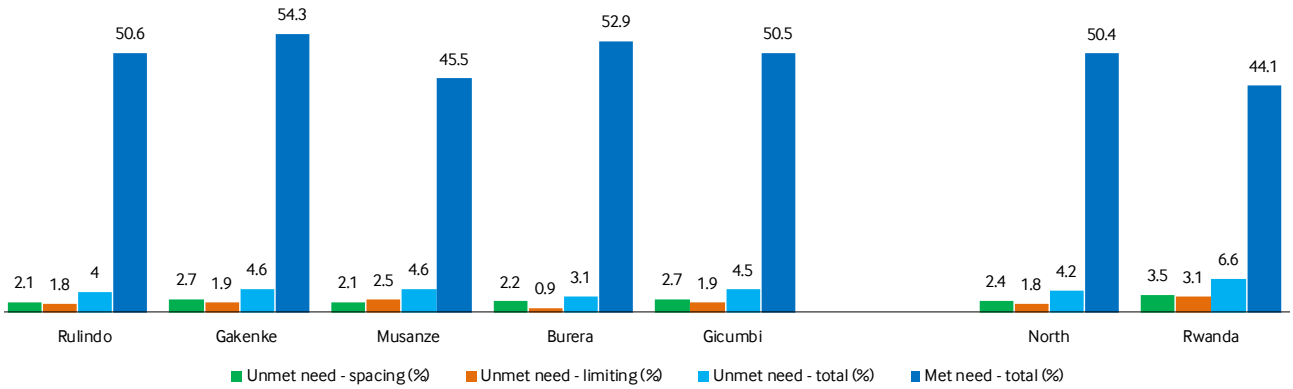
4.4. Unmet and met need for family planning

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 total unmet need for family planning in the Northern Province stands at 4.2% (2.4% for spacing and 1.8% for limiting), compared with 7% nationally (3.5% for spacing and 3.1% for limiting). Meanwhile, 50.4% of currently married women in the province have a met need for family planning, compared with 44.1% nationally. At district level, Gakenke and Musanze recorded the highest total unmet need (4.6% each), while Burera recorded the lowest (3.1%). Gakenke recorded the highest met need for family planning (54.3%), followed by Burera (52.9%), while Musanze recorded the lowest met need (45.5%).

Overall, unmet need for family planning in the Northern Province is lower than the national average, while met need is notably higher across most districts, led by Gakenke.

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



Source: RDHS 2025

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.

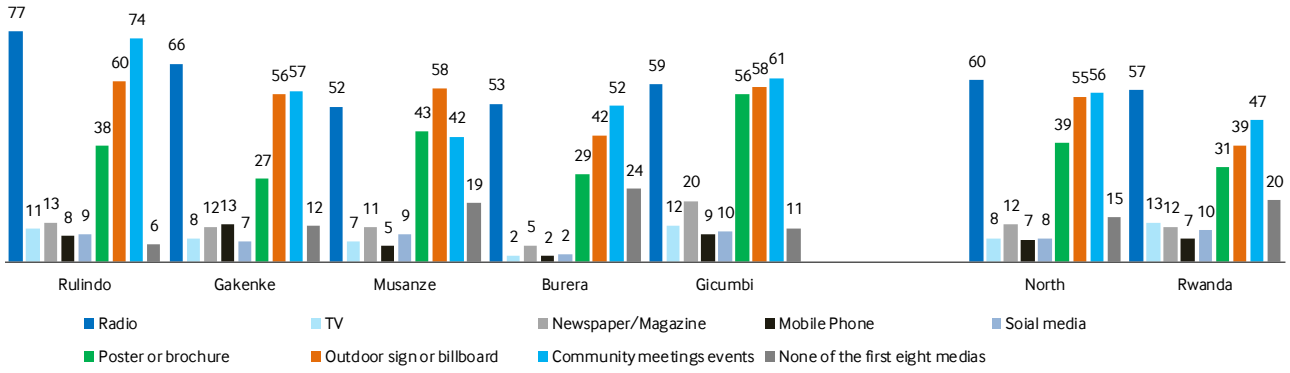
Figures 4.5a and 4.5b show that radio is the most widely accessed source of family planning messages in the Northern Province. In the past few months, 60% of women and 68% of men aged 15-49 had heard a family planning message on the radio, compared with 57% of women and 67% of men at the national level.

In the Northern Province, 8% of women and 13% of men reported having seen a family planning message on television, while 12% of women and 13% of men reported having seen a family planning message from or in a newspaper/magazine. Moreover, 7% of women and 5% of men reported having received a family planning message from mobile phones.

About 39% of women and 28% of men were exposed to family planning messages through posters or brochures. Community meeting reached a large proportion of the population, with 56% of women and 67% of men reporting exposure to family planning messages through this channel. Outdoor signs and billboards were also important sources of family planning information, reaching 55% of women and 41% of men.

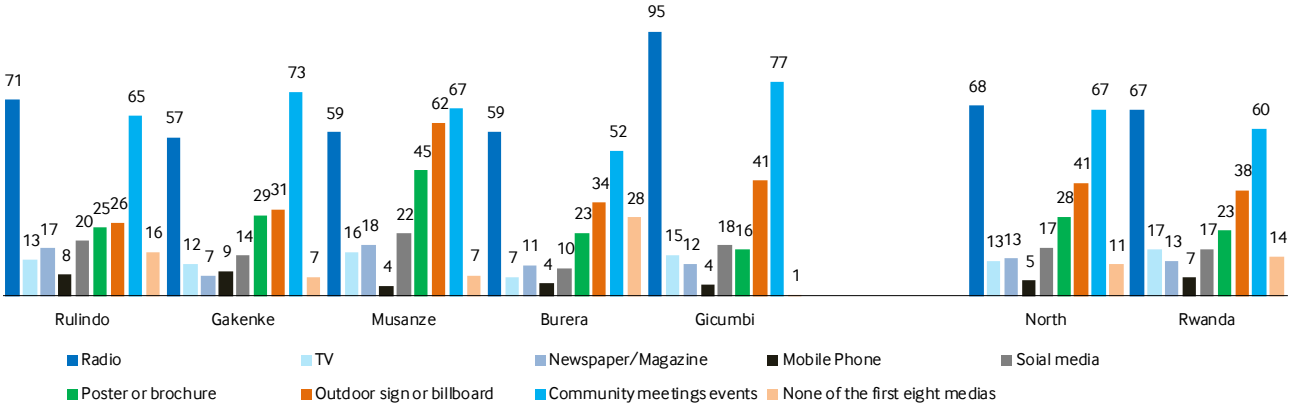
It is also important to note that 15% of women and 11% of men in the Northern Province had not been exposed to family planning messages via any of the eight specified media sources. These proportions are lower than those at the national level (20% for women and 14% for men), indicating a reduction in the proportion of women and men who were not reached by family planning messages in the Northern Province.

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



Source: RDHS 2025

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



Source: RDHS 2025

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.

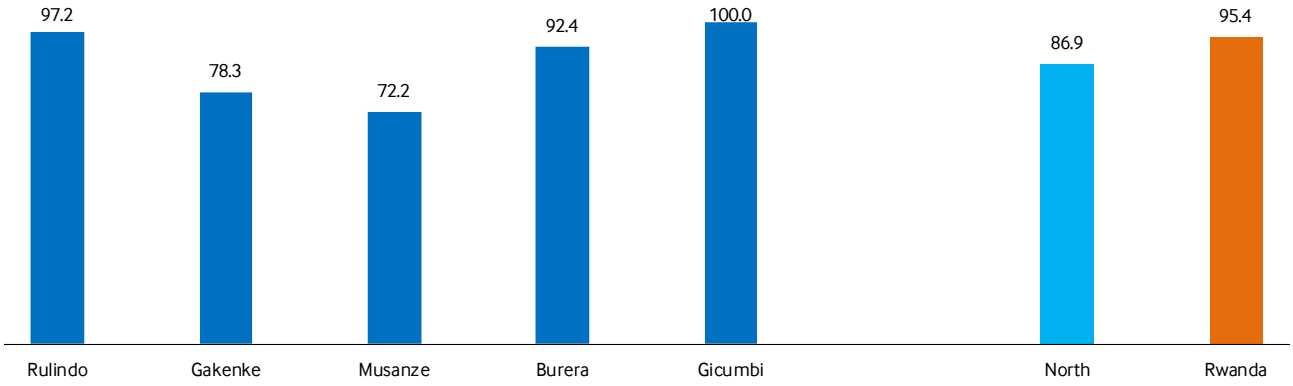
5.1. Antenatal care

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 below shows the percentage of women aged 15-49 who received antenatal care from any skilled provider by districts of the Northern Province. Nearly all mothers (87%) in the Northern Province received at least one antenatal care visit from a skilled provider for their most recent live birth in the five years preceding the survey, compared with 95% at the national level. Universal ANC from skilled personnel is almost the same in the districts of the Northern Province, and this proportion varies from 72% to 100%; Gicumbi District recorded the highest rate at 100% and Musanze District registered the lowest at 72%.

Trends: Over 5 years, the percentage of women aged 15-49 who received antenatal care from a skilled provider in the Northern Province decreased significantly. The largest decreases were observed in Musanze District (from 98.6% in 2019/2020 to 72.2% in 2025) and Gakenke District (from 99.5% in 2019/2020 to 78.3% in 2025), while Gicumbi District was the only district to record an increase.

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



Source: RDHS 2025

(1) A skilled provider includes doctor, nurse, medical assistant, and midwife.

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

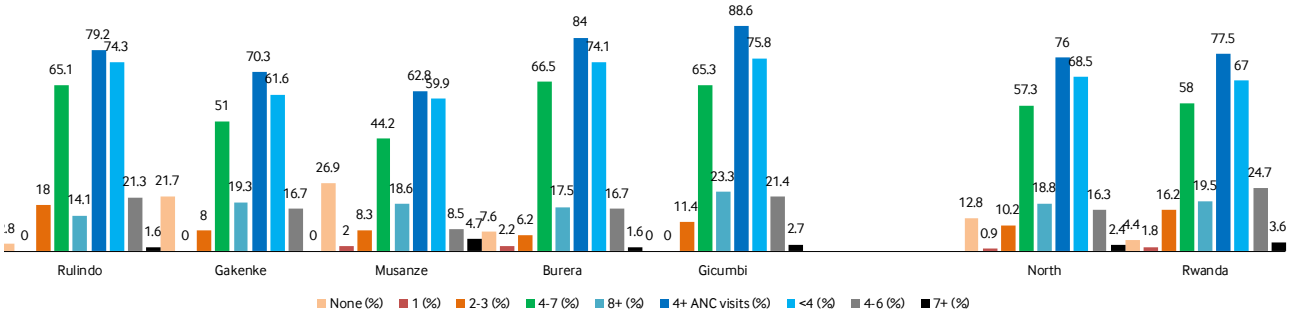
The number of antenatal care (ANC) visits and the timing of the first visit refer to the total frequency of ANC contacts a woman receives during pregnancy and the stage of pregnancy (in months) at which she makes her initial visit. These indicators are essential for evaluating the continuity, adequacy,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

Figure 5.2a shows that 76.0% of women in the Northern Province had four or more ANC visits (4+ ANC visits), compared with 77.5% at the national level. Furthermore, 19% attended eight or more visits, while 57% had four to seven visits and and 13% had no ANC visits. At the national level, the corresponding proportions were 19.5%, 58.0%, and 4.4% respectively.

At district level, Gicumbi recorded the highest proportion of women completing 4+ ANC visits (89%), followed by Burera (84.0%) and Rulindo (79%). In contrast, Musanze recorded the lowest coverage of 4+ visits (63%) and the highest proportion of women with no ANC visits (26.9%), followed by Gakenke (21.7% with no visits).

Overall, while the majority of pregnant women in the Northern Province receive the recommended 4+ ANC visits, significant district disparities exist, with Gicumbi leading in overall attendance and Musanze showing high rates of non-attendance.

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

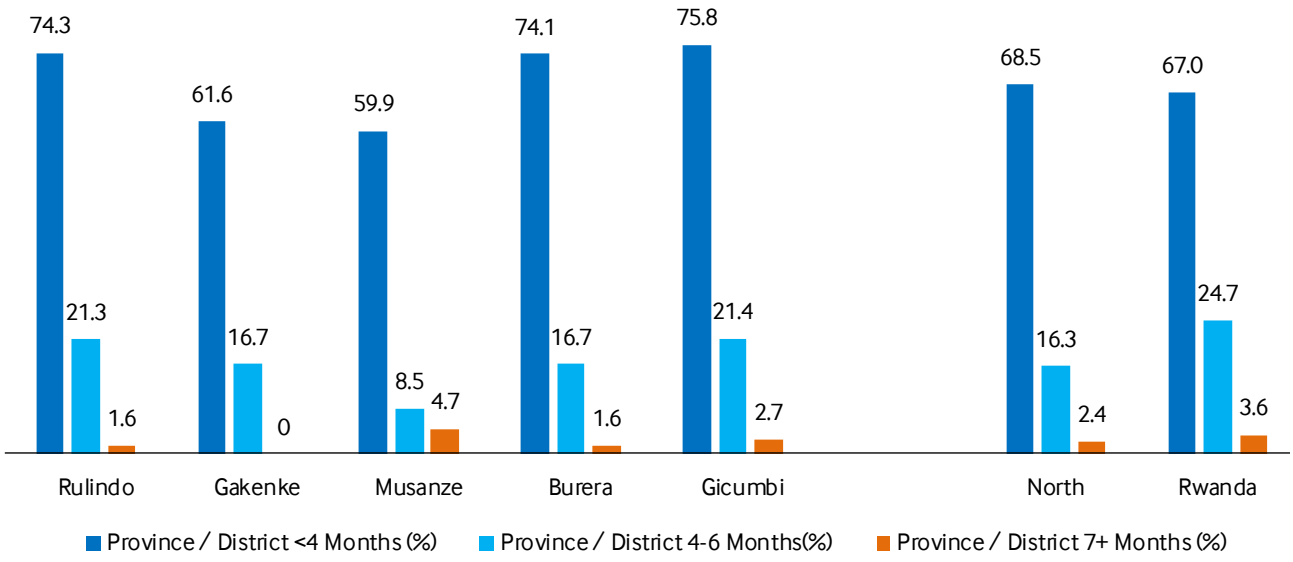


Source: RDHS 2025

Figure 5.2 b presents that 68.5% of women in the Northern Province initiated their first ANC visit early (less than four months of pregnancy), compared with 67.0% at national level. Meanwhile, 16.3% of women had their first visit between four and six months of pregnancy, while 2.4% delayed their first visit until seven or more months, compared with 24.7% and 3.6% at the national level, respectively. At district level, Gicumbi recorded the highest rate of early ANC initiation before four months (75.8%), closely followed by Rulindo (74.3%) and Burera (74.1%). Conversely, Musanze recorded the lowest proportion of early ANC initiation (59.9%) and the highest proportion of women delaying their first visit to seven or more months (4.7%).

Overall, early initiation of antenatal care in the Northern Province is slightly higher than the national baseline, with over two-thirds of pregnant women seeking care before four months of pregnancy.

Figure 5.2b: Percentage of Months Pregnant at Time of First ANC Visit in Northern Province



Source: RDHS 2025

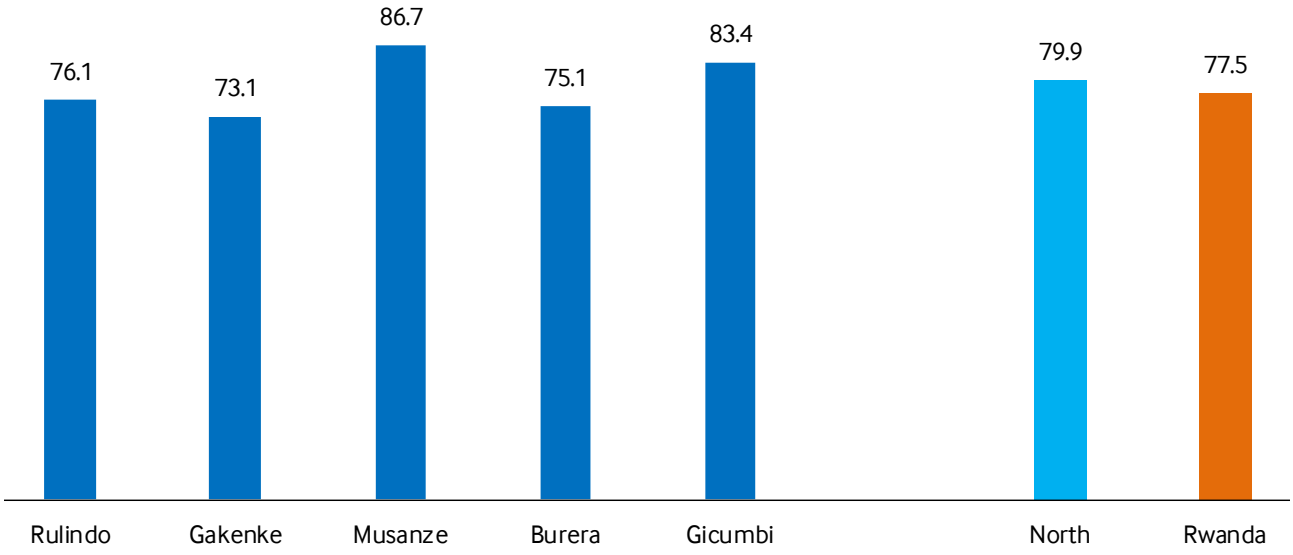
5.3. Mothers whose last birth was protected against neonatal tetanus.

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 80% of mothers in the Northern Province had their last live birth protected against neonatal tetanus, compared with 78% at the national level. At the district level, Musanze recorded the highest proportion of mothers whose last live birth was protected against neonatal tetanus (87%), while Gakenke recorded the lowest (73%).

Trends: Compared to the RDHS 2019/20, the proportion of mothers aged 15-49 in the Northern Province whose last birth was protected against neonatal tetanus remained unchanged at 80% over five years period. Rulindo District registered a notable decline of that proportion from 86% in RDHS 2019/20 to 76% in RDHS 2025, representing a decrease of 10 percentage points.

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



Source: RDHS 2025

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.*

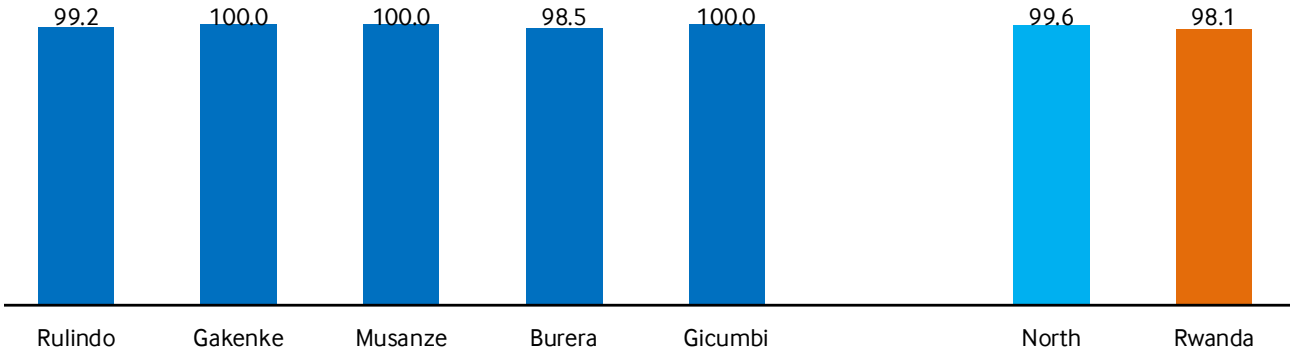
5.4. Place of Delivery

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 Northern Province, 99.6% of births in the five years preceding the survey were delivered at a health facility, slightly higher than 98.1% at the national level. At the District level, Gakenke, Musanze and Gicumbi recorded the highest proportions of births delivered at a health facility (100%), with other districts also reporting similarly high levels.

Trends: Compared to the RDHS 2019/20, the percentage of mothers aged 15-49 in the northern Province who delivered in a health facility has increased over 5 years from 96% to 99.6%. There was a significant increase of 5.6 percentage points in Musanze District.

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



Source: RDHS 2025

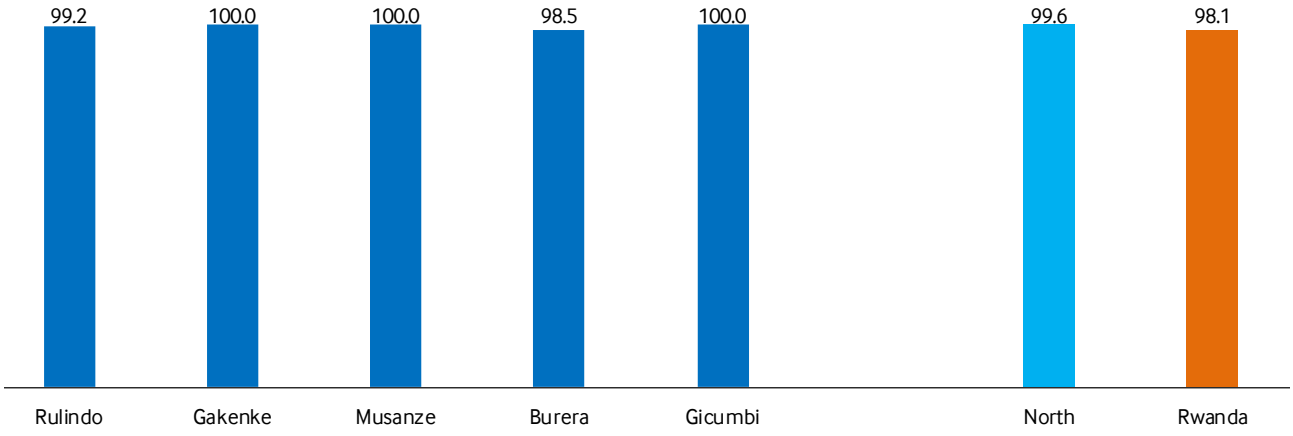
5.5. Assistance during delivery

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 in a timely manner.

Figure 5.5 presents the percentage of mothers who received assistance during delivery by a health-skilled provider. The results show that 99.6% of women were assisted by a skilled health provider in the Northern Province compared to 98.1% at the national level. At District level, Gakenke, Musanze, and Gicumbi recorded the highest proportions of mothers who received assistance from a skilled provider during delivery, at 100% each, while Burera registered the lowest, at 98.5%.

Trends: In the Northern Province, the percentage of mothers aged 15-49 assisted during delivery by skilled provider increased from 97% in the RDHS 2019/20 to 99.6% in RDHS 2025. There was a slight change in percentage among all districts.

Figure 5.5: Percentage delivered by a skilled provider.



Source: RDHS 2025

5.6. Postnatal checkup

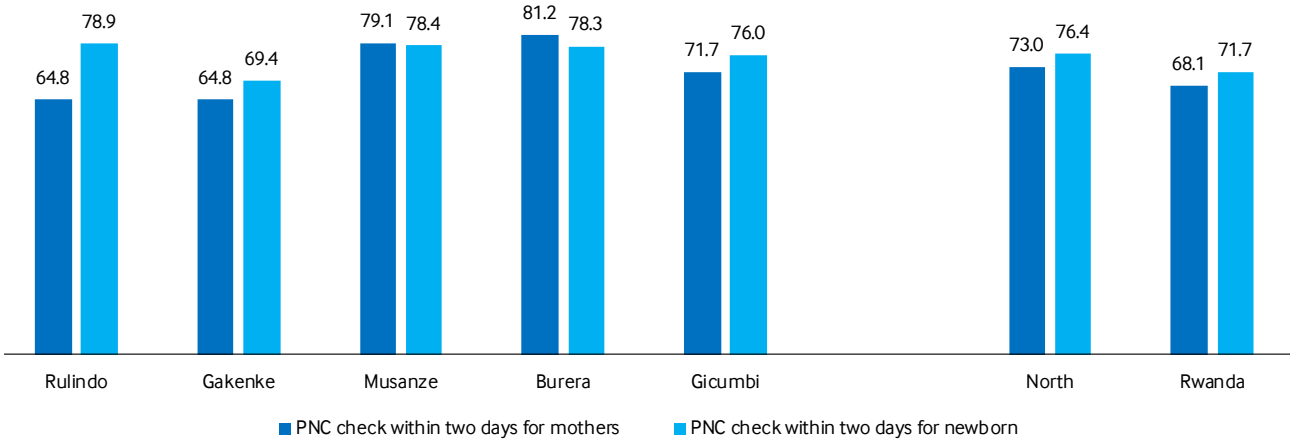
Postnatal checkup refers to the proportion of women and newborns who received a health checkup within the first two days after delivery. This indicator measures the extent to which mothers and newborns receive timely postnatal care following childbirth, which is important for the early detection and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

Figure 5.6 shows that in the Northern Province, 73% of women had a postnatal checkup in the first two days after delivery, compared with 68.1% at the national level. Burera Distric recorded the highest proportion of women who received a postnatal checkup (81.2%), while Rulindo and Gakenke Districts registered the lowest (64.8% each).

Regarding postnatal checkup within two days for newborns, 76.4% of newborns in the Northern Province received postnatal checkup in the first two days after birth, compared to 71.7% at the National level. At district level, the proportion was highest in Rulindo (78.9%) and lowest in Gakenke (69.4%).

Trends: Compared to RDHS 2019/20, the proportions of women and newborns who received postnatal checkups in the first two days after birth increased across all districts over the five-year period. The largest increase was observed in Gicumbi District, from 54% to 71.7% for postnatal checkups for mothers and from 54% to 76% for newborns.

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



Source: RDHS 2025

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 Northern 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.

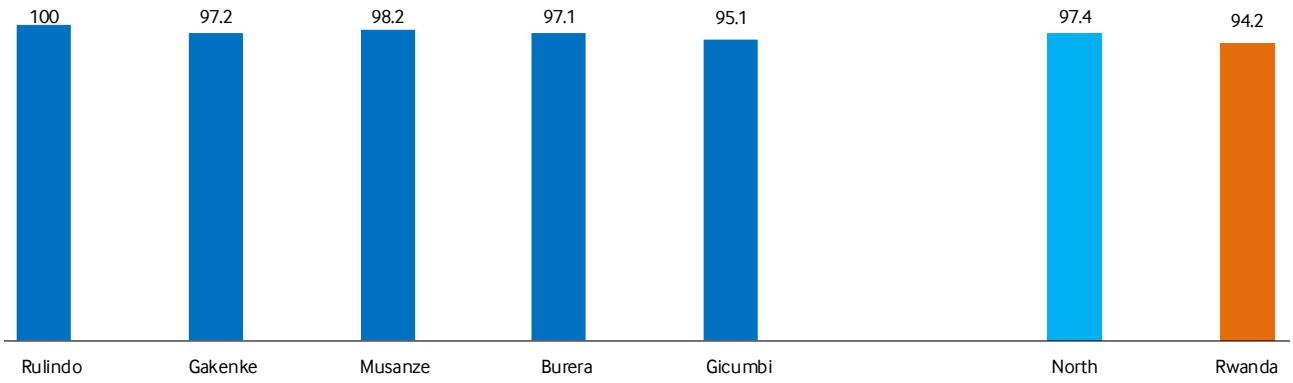
6.1.a. Full basic vaccination coverage

Full basic vaccination coverage refers to the percentage of children aged 12-23 months who have received all basic vaccines. 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 with full basic vaccination coverage across districts in the Northern Province compared to the national average. Overall, 97.4% of children in the Northern Province received full basic vaccination, compared to 94.2% at national level. Rulindo District achieved universal coverage at 100%, followed by Musanze District at 98.2%, Gakenke District at 97.2%, and Burera District at 97.1%. Conversely, Gicumbi District recorded the lowest coverage in the province at 95.1%, though it still exceeded the national benchmark.

Overall, children in the Northern Province reported higher levels of full basic vaccination coverage than the national average, with all districts performing strongly above national levels, led by Rulindo achieving complete coverage.

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



Source: RDHS 2025

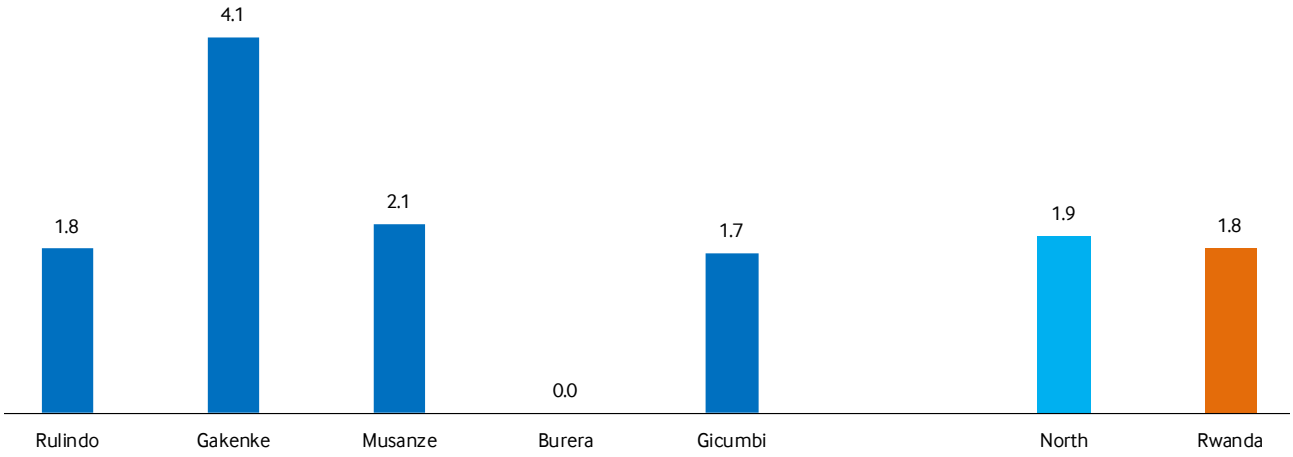
6.1.b. Prevalence of Acute Respiratory Infection (ARI)

Acute respiratory infections (ARIs), particularly pneumonia, constitute one of the main causes of child deaths. ARI symptoms consist of short, rapid breathing that is chest-related and/or difficult breathing that is chest related, sample is taken from children under five years of age with symptoms of ARI in the 2 weeks before the survey.

Figure 6.1b shows that in Northern Province, 1.9% of children under five years of age had been ill with ARIs during the two weeks preceding the survey, and this percentage is relatively identical to the national level (1.8%). It is observed that in the Northern Province, Gakenke District had the highest percentage of children under five years of age who had been affected with ARIs, with 4.1%, while Burera District had the lowest.

Trends: In Northern Province, the percentage of ARI among children under five years of age has increased from 1.6% in the RDHS 2019/20 to 1.9% in RDHS 2025, with a significant increase observed in Gakenke District, where it has increased from 1% to 4.1% over five years, and Gicumbi District had a significant declined from 4.3% to 1.7%.

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



Source: RDHS 2025

6.2. Prevalence of fever

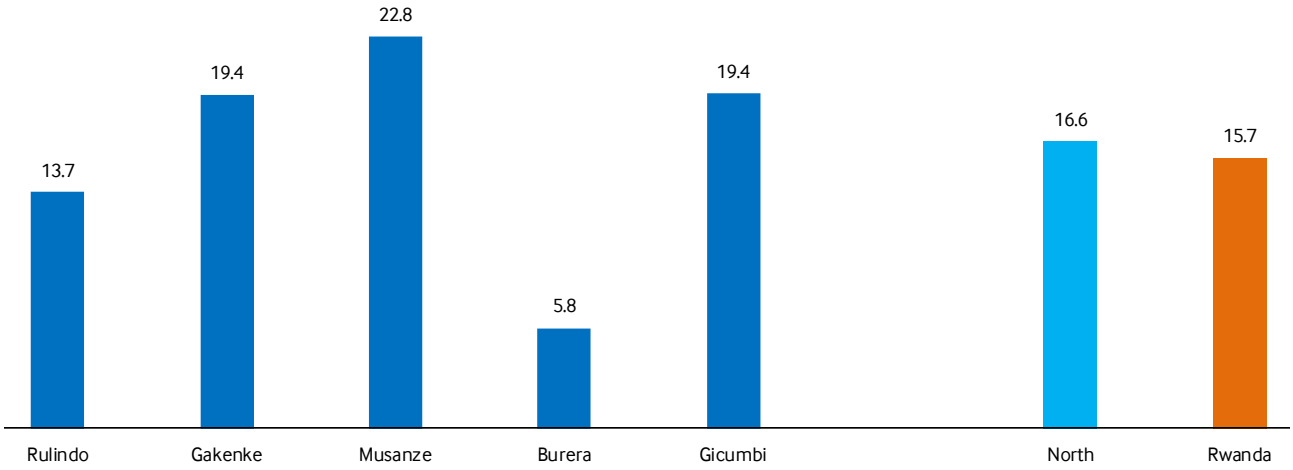
Fever is a primary symptom of many childhood illnesses, including Acute Respiratory Infections (ARIs), malaria, and measles, which contribute significantly to child mortality in developing countries. Consequently, mothers were asked whether their children had experienced fever during the two weeks preceding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

Figure 6.2 shows the prevalence of fever among children under five years across districts in the Northern Province compared to the national average. Overall, 16.6% of children under five years in the Northern Province experienced a fever during the two weeks preceding the survey, which is higher than the national average of 15.7%. Musanze District recorded the highest prevalence of fever among children under five years (22.8%), followed by Gakenke and Gicumbi Districts (19.4% each). Rulindo District recorded a prevalence of 13.7%. Conversely, Burera District recorded the lowest prevalence of fever at only 5.8%.

Trends: In the Northern Province, the prevalence of fever among children under five years has decreased from 21.0% to 16.6% over the past five years. At district level, Rulindo District experienced a significant decrease of 10.3 percentage points, whereas Burera District recorded an increase of 0.8 percentage points.

Overall, children under five in the Northern Province reported higher levels of fever prevalence than the national average, with notable district variation led by Musanze, despite an overall declining provincial trend over five years.

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



Source: RDHS 2025

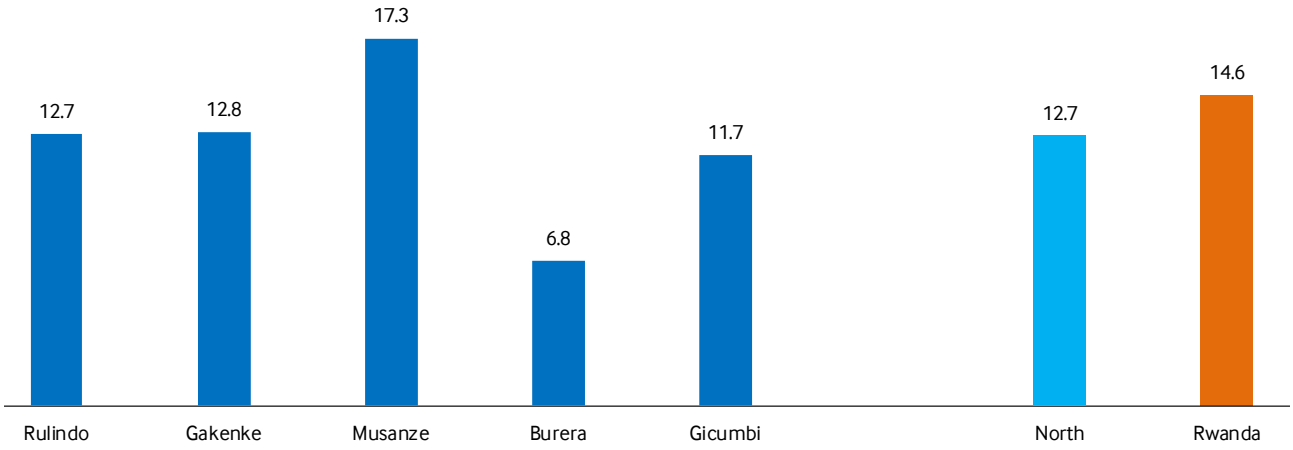
6.3. Prevalence of Diarrhea

Diarrheal disease remains an important cause of morbidity and mortality among young children in Rwanda. Oral rehydration therapy (ORT) and supplemental zinc, combined with continued feeding, are the recommended interventions for treating diarrhea. ORT may be provided in the form of increased fluids (especially increased breastfeeding), as fluid prepared from a packet of oral rehydration salts (ORS), or as government-recommended homemade fluids (RHF). Zinc has been demonstrated to reduce both the severity and duration of diarrhea; therefore, it's recommended that all children receive a 5-day course of zinc.

Figure 6.3 shows that according to mothers' reports, 12.7 % of children in the Northern Province were reported to have had diarrhea in the two weeks preceding the survey, compared to 14.6% at national level. The prevalence of diarrhea was notably high in Musanze District (17.3%) and low in Burera District (6.8%). It should be noted that diarrhea prevalence is associated with the age at which children begin to be weaning and consume complementary foods other than breast milk.

Trends: Compared to RDHS 2019/20, the prevalence of diarrhea in the Northern Province, among children under five years decreased from 16% to 12.7% over five years, and Musanze District had an increase of 0.3 percentage points compared to other districts where prevalence had decreased.

Figure 6.3: Prevalence of Diarrhea among children under five years



Source: RDHS 2025

Chapter 7

NUTRITION AMONG CHILDREN AND WOMEN

The findings from the 2025 Rwanda Demographic and Health Survey (RDHS) indicate that while the Northern 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 labor, 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 RDHS 2025 enable the measurement and evaluation of nutritional status among young children in Rwanda.

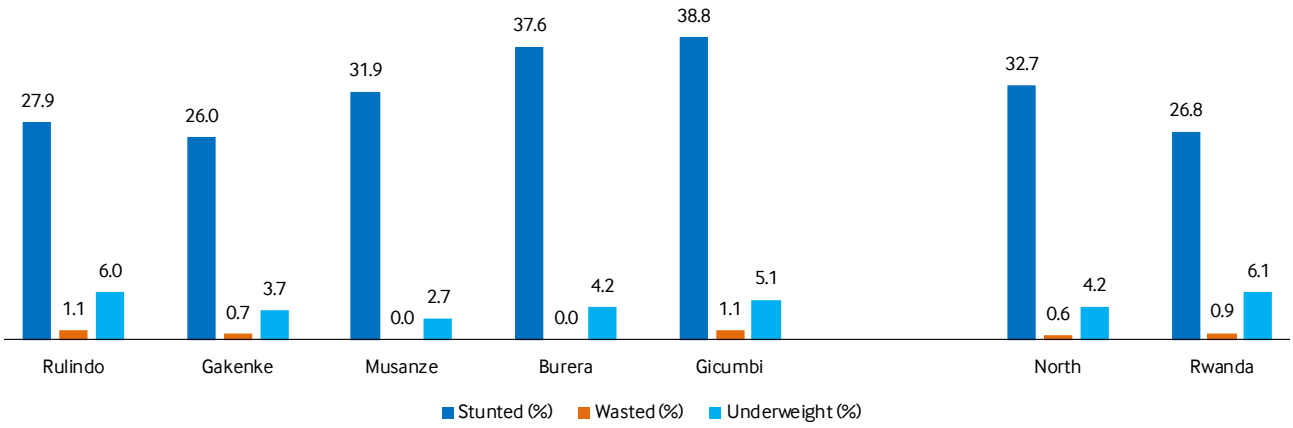
In the Northern Province, 32.7% of children under five years of age are stunted (too short for their age), compared with 26.8% at the national level (Figure 30). There is a notable variation in children's nutritional status across districts, with the highest prevalence of stunting recorded in Gicumbi (38.8 %) and lowest in Gakenke (26%).

Figure 7.1 illustrates that 0.6% of children under five years of age in the Northern Province are wasted (too thin for their height), while it is 0.9% at the national level. The wasting prevalence is high among children in Rulindo and Gicumbi Districts (1.1%), while Musanze and Burera Districts have no wasted children.

In the Northern Province, 4.2% of children under five years of age are underweight (low weight-for-age), while it is 6.1% at the national level. There is a variation in the prevalence of underweight among children across districts, with Rulindo recording the highest prevalence of underweight children (6%) while Musanze registered the lowest (2.7%).

Trend: In the Northern Province, the prevalence of stunting among children under five years of age has decreased from 41% in RDHS 2019/20 to 32.7% in RDHS 2025, whereas the prevalence of wasting underweight children has decreased slightly over the past five years.

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



Source: RDHS 2025

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.

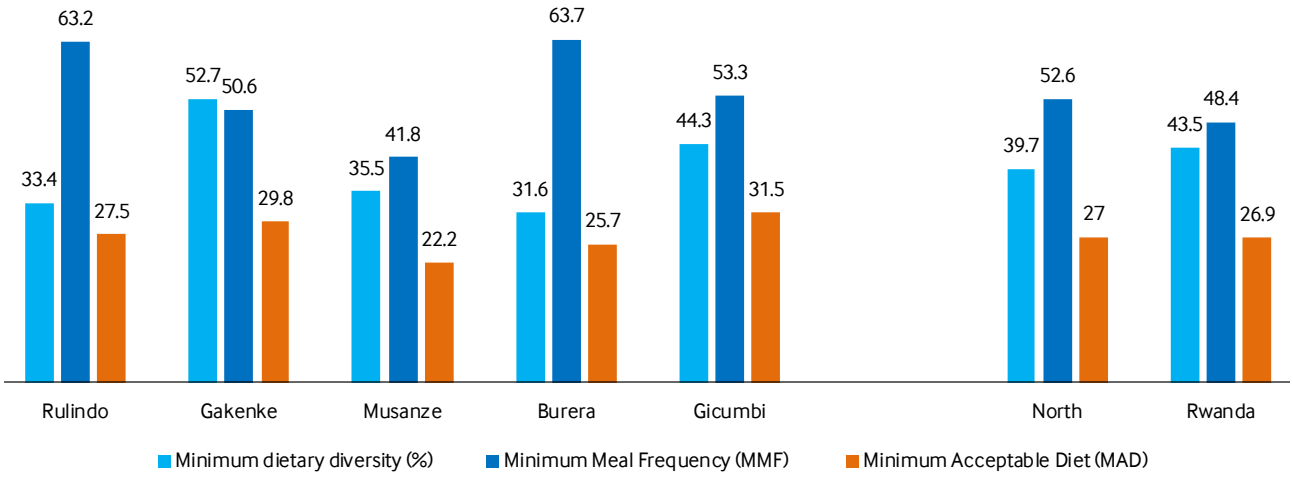
Figure 7.2 shows the feeding practices among children aged 6-23 months across districts in the Northern Province. Overall, 39.7% of children aged 6-23 months in the Northern Province met the minimum dietary diversity threshold (consuming foods from at least five of eight food groups), a figure which is lower than the national average of 43.5%. Gakenke District recorded the highest proportion of children meeting minimum dietary diversity (MDD) at 52.7%, followed by Gicumbi (44.3%) and Musanze (35.5%). Conversely, Burera recorded the lowest dietary diversity rate at 31.6%, followed by Rulindo (33.4%).

Regarding minimum meal frequency (MMF), 52.6% of children aged 6-23 months in the Northern Province received the recommended minimum number of solid, semi-solid, or milk feeds per day, compared with 48.4% at national level. Burera District recorded the highest rate at 63.7%, followed closely by Rulindo (63.2%) and Gicumbi (53.3%). The lowest rates for minimum meal frequency (MMF) were observed in Musanze District at 41.8% and Gakenke District at 50.6%.

Overall, 27.0% of children aged 6-23 months in the Northern Province achieved a minimum acceptable diet (MAD) (combining both diversity and meal frequency), slightly above the national average of 26.9%. Gicumbi District achieved the highest rate of minimum acceptable diet at 31.5%, followed by Gakenke District (29.8%), Rulindo District (27.5%), and Burera District (25.7%). In contrast, Musanze District recorded the lowest rate of minimum acceptable diet at only 22.2%.

The findings indicate that child feeding practices in the Northern Province are closely aligned with national benchmarks, with meal frequency exceeding the national baseline. While Gicumbi and Gakenke Districts show strong overall performance, notable gaps remain in Musanze District, where lower meal frequency and dietary diversity limit the proportion of children achieving a minimum acceptable diet.

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 Northern Province by district



Source: RDHS 2025

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.

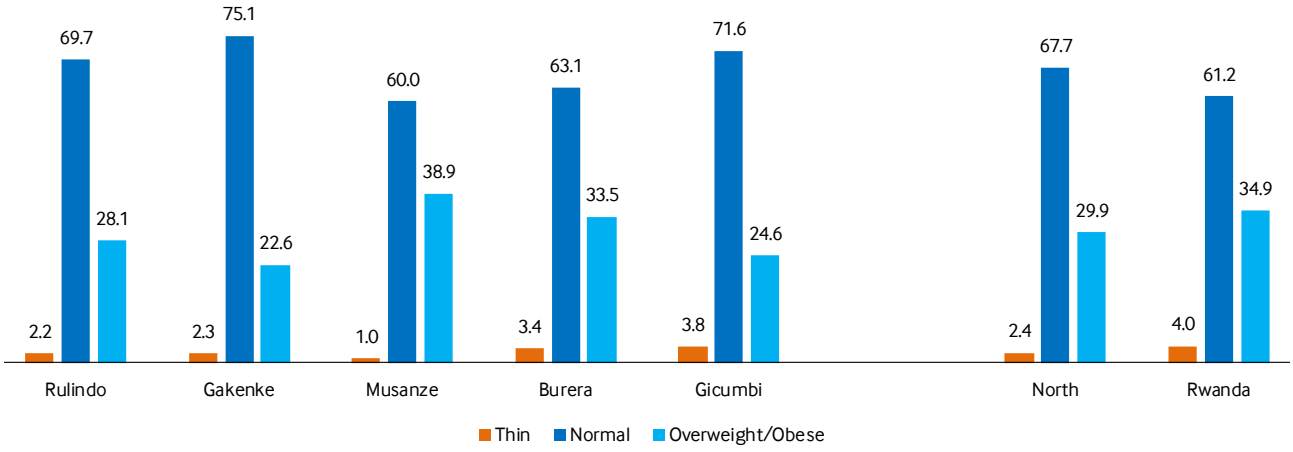
Figure 7.3 presents the nutritional status of women, highlighting the proportions falling into two high-risk categories. At the provincial level, 2.4% of women are thin (BMI below 18.5), compared with 4% at the national level. This proportion is higher in Gicumbi District (3.8%) and lower in Musanze District (1%).

29.9% of women in the Northern Province are classified as overweight or obese, compared with 34.9% at the national level. At district level, variation shows that overweight/obesity prevalence is higher in Musanze (38.9%) and lower in Gakenke (22.6%).

The proportion of women meeting normal standards in the Northern Province is 67.7% compared with 61.2% at the national level. At district level, Gakenke has the highest proportion at 75.1%, while Musanze has the lowest at 60%.

Trends: In the Northern Province, the proportion of women with normal standards has decreased from 71% in RDHS 2019/20 to 67.7% in RDHS 2025, while for the overweight standard, the proportion of women increased from 25% to 29.9% over 5 years.

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



Source: RDHS 2025

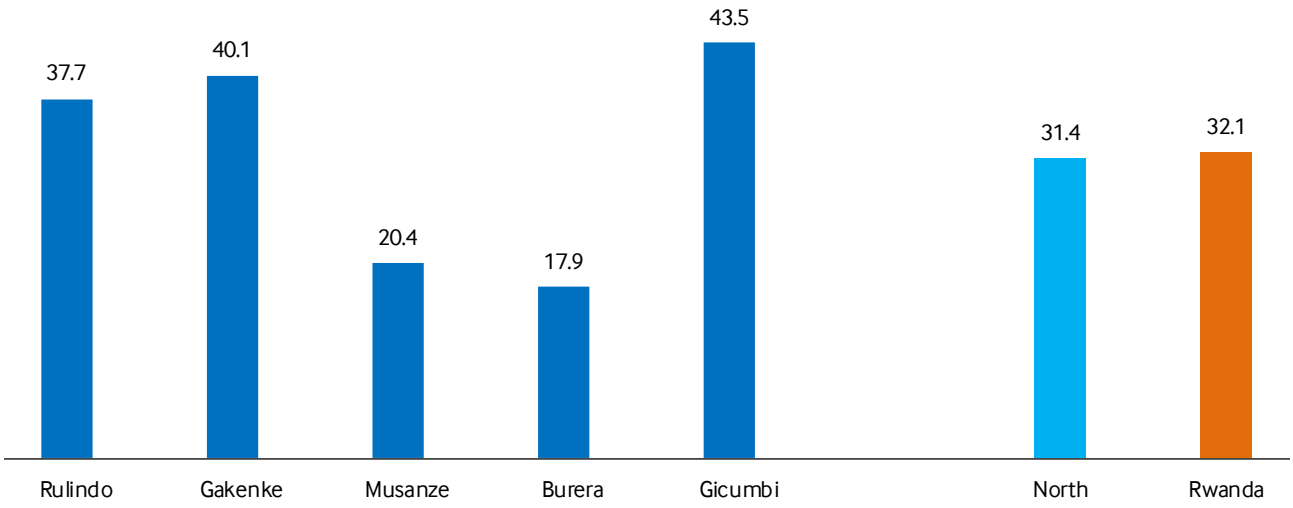
7.4. Minimum dietary diversity among women

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 shows the proportion of women aged 15-49 achieving minimum dietary diversity across districts in the Northern Province. Overall, 31.4% of women aged 15-49 in the province met the minimum dietary diversity threshold, which is slightly below the national average of 32.1%. Gicumbi District recorded the highest proportion of women achieving minimum dietary diversity at 43.5 %, followed by Gakenke District (40.1 %) and Rulindo District (37.7 %). Conversely, Burera District recorded the lowest dietary diversity rate at 17.9 %, followed by Musanze at 20.4 %.

The findings indicate that dietary diversity among women in the Northern Province closely aligns with national levels, though significant district-level variations exist. While Gicumbi and Gakenke Districts perfom above the national average, significants gaps persist in Burera and Musanze Districts, where less than one quarter of women achieve minimum dietary diversity.

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



Source: RDHS 2025

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 RDHS 2025.

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.

Figure 8.1a shows the knowledge of HIV prevention among young women aged 15-24 across districts in the Northern Province compared to national averages. In the Northern Province, 90.7% of young women know that consistent condom use reduces HIV transmission risk compared with 89.6% at national level), 84.8% know that limiting sexual intercourse to one uninfected partner reduces risk compared with 85.6% at national level). 84.6 % of young women know that a healthy-looking person can have HIV compared with 84.2% at national level), 85.4% know HIV cannot be transmitted through mosquito bites compared with 86.3% at national level, and 89.5% know HIV cannot be transmitted by sharing food compared with 91.0% at national level.

At district level, Musanze recorded the highest proportion of young women knowing that limiting sexual intercourse to one uninfected partner reduces risk (95.0%) and that a healthy-looking person can have HIV (88.5%). Rulindo recorded the highest levels of knowledge about condom use (92.5%) and rejecting the misconceptions that HIV ca be transmitted through sharing food (94.0%). Conversely, Gakenke recorded the lowest level of knowledge about reducing HIV risk by having a single uninfected partner (63.7%).

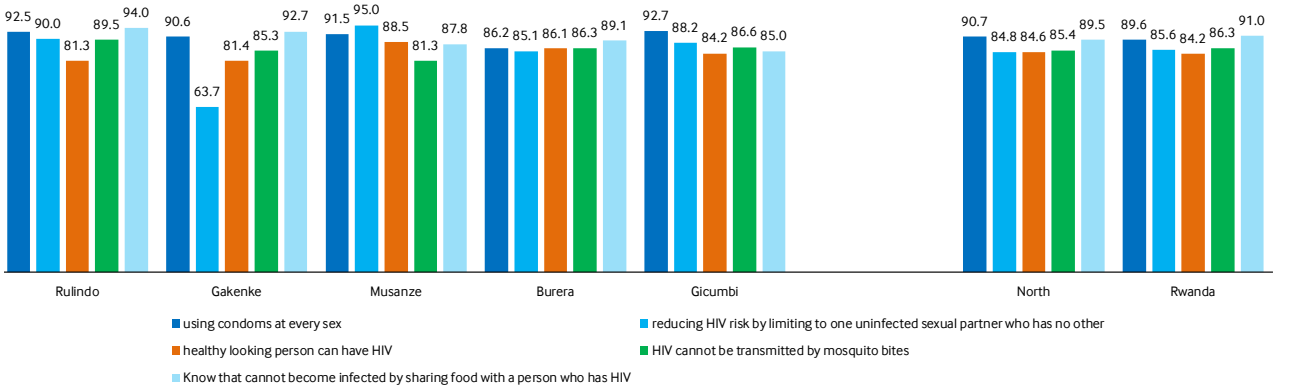
Figure 8.1b illustrates knowledge of HIV prevention among young men aged 15-24 across districts in the Northern Province compared to national averages. In the Northern Province, 90.6% of young men know that consistent condom use reduces HIV transmission risk compared with 91.7% at national level, 85.6% know that limiting sexual intercourse to one uninfected partner reduces risk compared with 87.2% at national level), 70.8% know that a healthy-looking person can have HIV compared with 77.2% at national level, 84.4% know HIV cannot be transmitted through mosquito bites compared with 84.2% at national level), and 90.0% know HIV cannot be transmitted by sharing food compared with 90.3% at national level.

At district level, Gicumbi recorded the highest proportion across almost all indicators among young men, including knowledge of condom use (97.9%), rejecting the misconception that HIV can be transmitted through mosquito bites (92.1%), and rejecting the misconception that HIV can be transmitted by sharing food (96.8%).

Conversely, Rulindo District recorded the lowest knowledge levels among young men across several indicators, including knowing a healthy-looking person can have HIV (60.5%) and limiting sexual intercourse to one partner (71.6%).

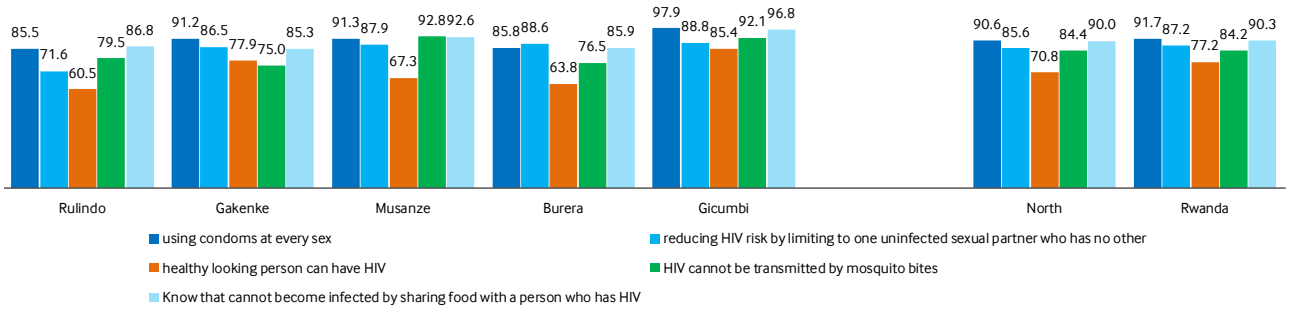
Overall, young women in the Northern Province generally demonstrated higher comprehensive HIV prevention knowledge than young men, particularly regarding awareness that a healthy-looking person can have HIV. The proportion of both young women and men with complete knowledge of HIV prevention methods has slightly increased over five years in the Northern Province.

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



Source: RDHS 2025

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



Source: RDHS 2025

8.2. Comprehensive knowledge about HIV/AIDS transmission

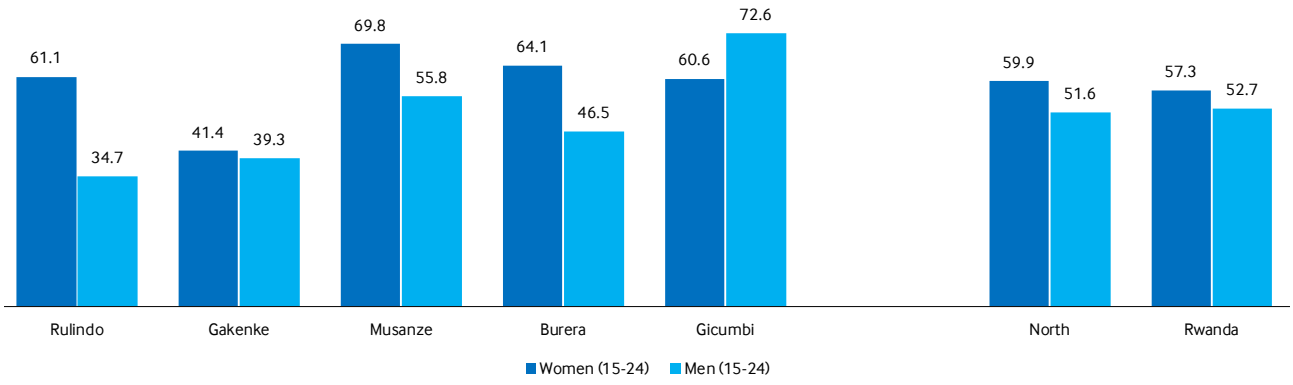
The RDHS 2025 included questions on common misconceptions regarding HIV/AIDS transmission. Respondents were asked whether they believed that a healthy-looking person can have HIV/AIDS, and whether the virus can be transmitted through mosquito bites, supernatural means, or by sharing food with a person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

The results in Figure 8.2 indicate that some Rwandan young people lack accurate knowledge regarding HIV transmission routes. Nevertheless, in the Northern Province, 59.9% of women aged 15-24 and 51.6% of men at the same age group at the province level have comprehensive knowledge about HIV/AIDS, compared with 57.3% for women and 52.7% for men at the national level. Comprehensive knowledge is defined as: knowing that a healthy-looking person can have HIV/AIDS, understanding that the virus cannot be transmitted by supernatural means or by sharing food with a person who has HIV/AIDS or through mosquito bites, and recognizing that consistent condom use during sexual intercourse and having one uninfected sexual partner reduce the risk of getting HIV.

The highest proportion of women who have comprehensive knowledge about HIV/AIDS is observed in Musanze District (69.8%), and the lowest is in Gakenke District (41.4%.) Men in Rulindo District are less likely to have knowledge about HIV/AIDS than in any other districts in the Northern Province, with 34.7%.

Trends: Over five years in the Northern Province, the proportion of women and men aged 15-24 with comprehensive knowledge about HIV has slightly decreased from 62% to 60% among women and from 52% to 51.6% among men.

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



Source: RDHS 2025

8.3. Recent HIV testing among adult women and men

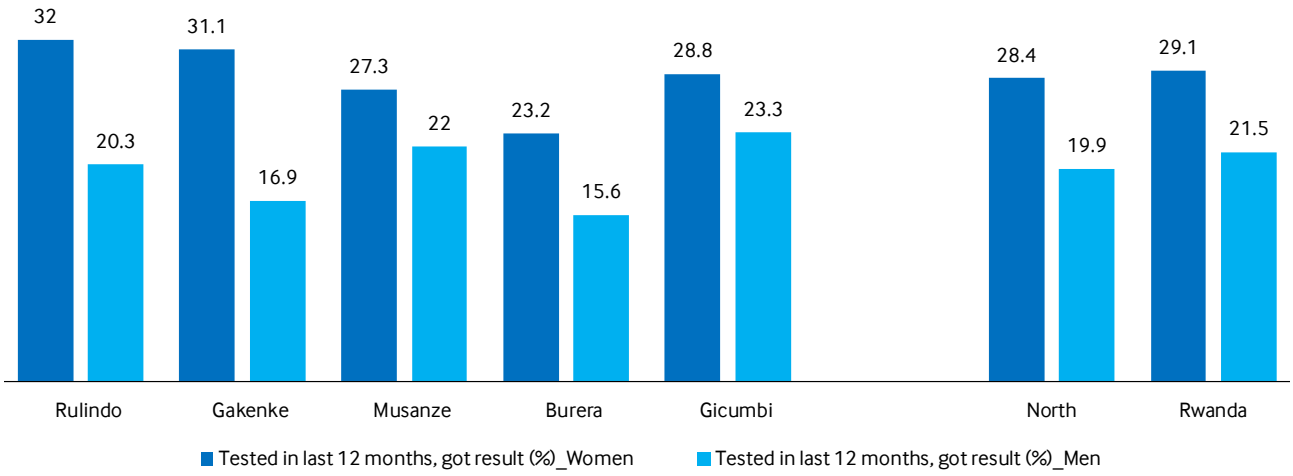
Recent HIV testing refers to the percentage of women and men aged 15-49 who were tested for HIV in the 12 months preceding the survey and received their test results. This indicator measures population-level testing coverage and active engagement with HIV prevention and care services.

Figure 8.3 shows the proportion of women and men aged 15-49 who were tested for HIV in the last 12 months and received their results across districts in the Northern Province compared to national averages. Overall, 28.4% of women in the Northern Province were tested and received their result, compared to the national rate of 29.1%. Among men, 19.9% in the Northern Province were tested and received their result, compared to 21.5% at national level.

At district level, Rulindo recorded the highest testing prevalence among women at 32.0%, followed by Gakenke (31.1%) and Gicumbi (28.8%), while Musanze (27.3%) and Burera (23.2%) recorded the lowest rates. Among men, Gicumbi District recorded the highest HIV testing prevalence at 23.3%, followed by Musanze (22.0%) and Rulindo (20.3%), whereas Gakenke (16.9%) and Burera (15.6%) recorded the lowest rates.

Overall, women and men in the Northern Province reported slightly lower HIV testing levels in the last 12 months than national averages, with women consistently showing higher testing rates than men across all districts, led by Rulindo and Gakenke for women and Gicumbi for men.

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



Source: RDHS 2025

8.4. Multiple sexual partners

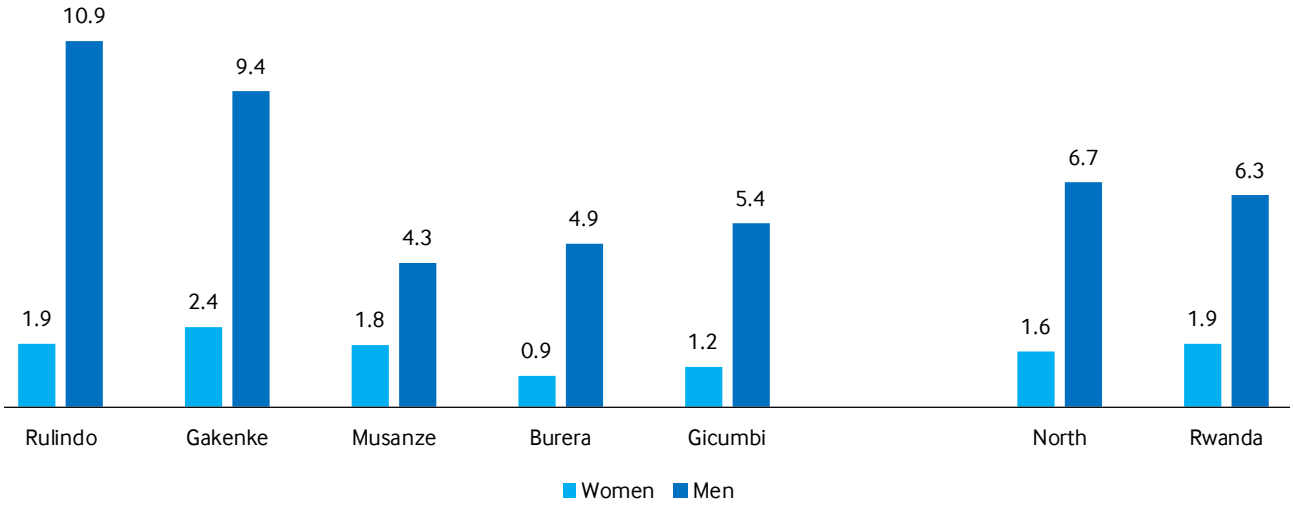
Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important for designing and monitoring intervention programs aimed at controlling the spread of the disease. However, because questions pertaining to sexual activity are sensitive, it is important to recognise 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 before the survey. 1.6% of Women and 6.7% of men in the Northern Province had two or more sexual partners as compared to 1.9% for women and 6.3% for men at the national level.

Among men, those living in Rulindo District (10.9%), were more likely to report having multiple partners over the past 12 months than their counterparts in other districts, followed by Gakenke District (9.4%). , Among women, those living in Gakenke District were more likely to report having had two or more sexual partners than other women in the Northern Province (2.4%).

Trends: The percentage of women and men aged 15-49 who had sexual intercourse with more than one partner in the last 12 months has slightly increased over five years from 1% to 1.6% among women and from 3.4% to 6.7% among men in the Northern Province. In Rulindo District, that percentage has increased among men by 8.5 percentage point.

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: RDHS 2025

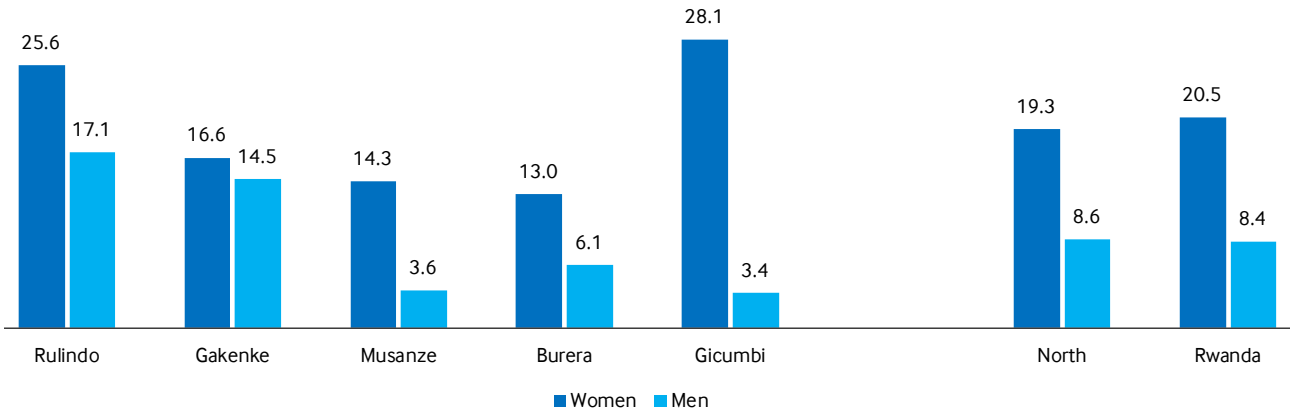
8.5. Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Figure 8.5 shows the self-reported prevalence of STIs and STI related symptoms among women and men aged 15-49 who have ever had sexual intercourse. In the Northern Province, 19.3% of women and 8.6% of men reported having had an STI or symptoms of any STI in the last 12 months preceding the survey, compared to 20.5% of women and 8.4% of men at the national level. Among women, the prevalence of STI or STI symptoms in the last 12 months preceding the survey was highest in Gicumbi District (28.1%), followed by Rulindo District (25.6%). Among men, that percentage is higher in Rulindo District (17.1%) followed by Gakenke District (14.5%) compared to the remaining districts of the Northern Province.

Trends: In the Northern Province, the prevalence of sexually transmitted infections (STIs) and STI related symptoms in the last 12 months preceding the survey has significantly increased from 3.9% in RDHS 2019/20 to 19.3% in RDHS 2025 among women and 2.5% to 8.6% among men.

A significant increase in the prevalence of STIs and STI related symptoms has been observed among women in all districts.

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



Source: RDHS 2025

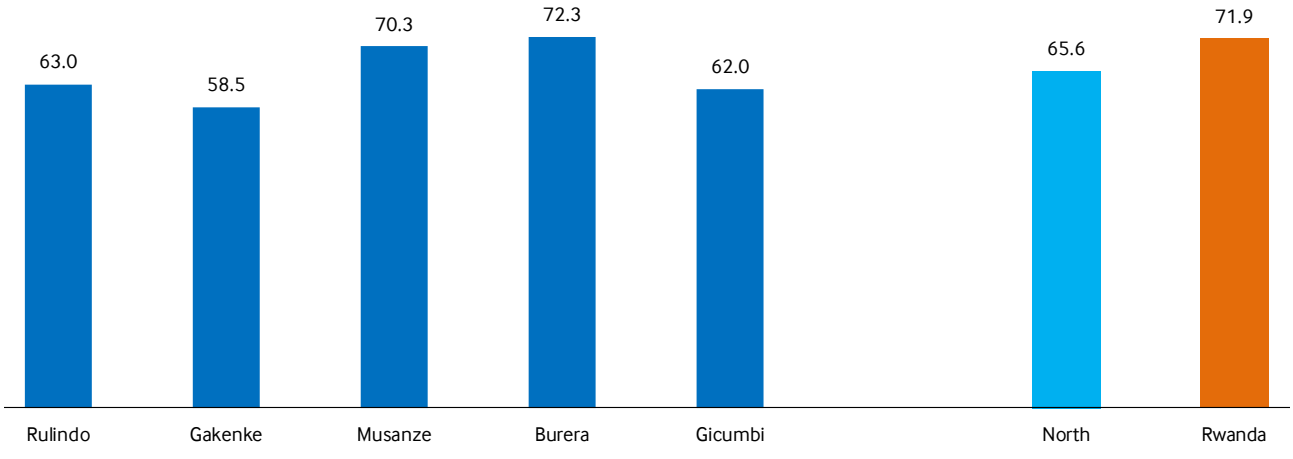
8.6. Practice of Circumcision

Studies have demonstrated that male circumcision, which involves the removal of the penile foreskin, is associated with lower susceptibility to transmission of STIs, including HIV. Consequently, the World Health Organization (WHO) recommends male circumcision as an HIV prevention method. In the Northern Province, 65.6% of men aged 15-49 have been circumcised, compared with 71.9% at the national level (Figure 38).

At district level, the proportion of circumcised men is highest in Burera (72.3%) and lowest in Gakenke District (58.5%).

Trends: Compared to the RDHS 2019/20, in the Northern Province, the percentage of circumcised men has increased from 50% to 65.6%, and a significant increase was observed in all districts.

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



Source: RDHS 2025

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 who earned cash for their work in the 12 months preceding the survey were asked who usually decides how their earnings are spent. Control over earnings and relative magnitude evaluate women's economic autonomy by examining who decides on cash expenditure and how wives' earnings compare to their husbands'.

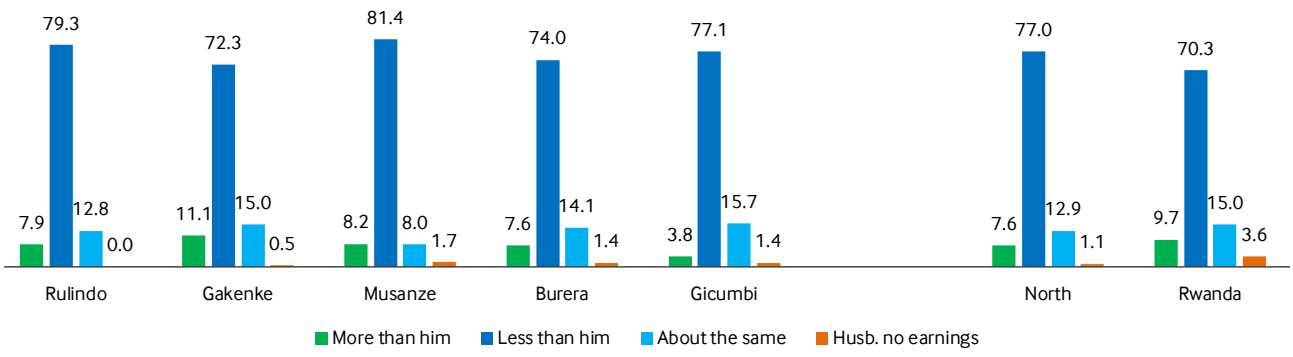
Figure 9.1 shows relative cash earnings between married women and their husbands in the Northern Province compared to national averages. Overall, 7.6% of women in the Northern Province reported earning more than their husbands compared with 9.7% at national level, 77.0% reported earning less compared with 70.3% at national level, 12.9% reported earning about the same as their husband compared with 15.0% at national level, and 1.1% reported having husbands with no earnings compared with 3.6% at national level.

At district level, Gakenke recorded the highest proportion of women earning more than their husbands (11.1%), whereas Gicumbi registered the lowest (3.8%). Musanze recorded the highest proportion of women earning less than their husbands (81.4%), while Gicumbi led in equal earnings (16.0%).

Trends: Over five years, the proportion of women in the Northern Province who earn more than their husbands decreased from 12.0% to 7.6%.

Overall, women in the Northern Province reported lower relative earnings than the national average, with a wide majority earning less than their husbands across all districts.

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



Source: RDHS 2025

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

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

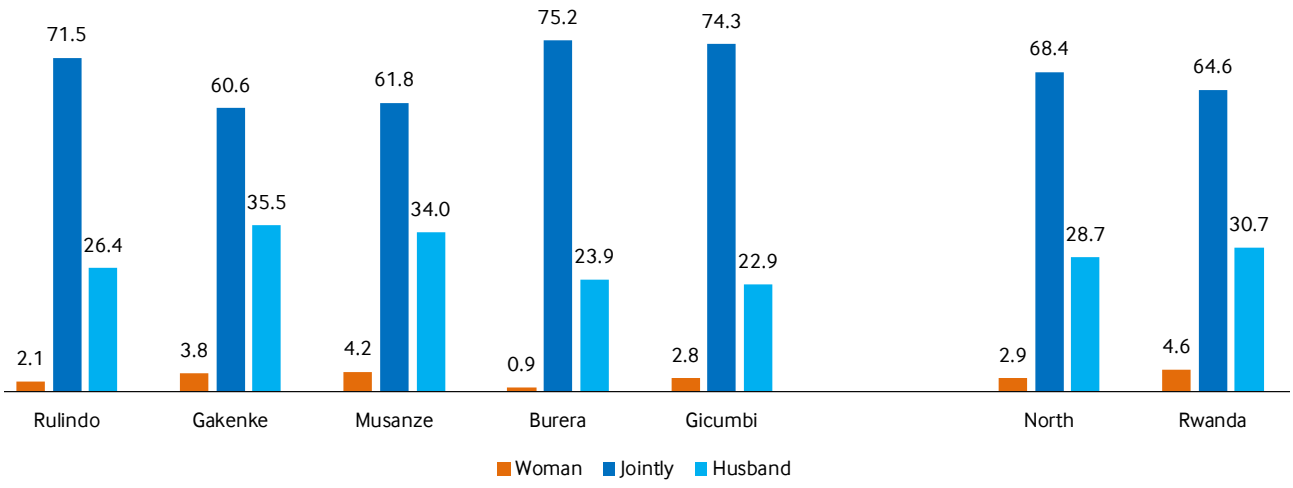
In general, Figure 9.2a shows women's reports on who makes decisions about how their husband's earnings are spent are comparable to men's reports. 28.7% of women in the Northern Province whose husbands have cash earnings reported that their husband mainly decides how their cash earnings are used compared with 30.7% of men at the national level. 68.4% of women report that decisions are made jointly, compared with 64.6% at the national level. Burera and Gicumbi Districts have the highest percentages where husbanda and wife decide jointly, at 75.2% and 74.3% respectively, while Gakenke and Musanze Districts have the lowest, at 60.6% and 61.8% respectively.

The district that has the highest percentage when it comes to mainly the husband deciding on how to use their own earnings is Gakenke District with 35.5%, and the lowest percentage is observed in Gicumbi District with 22.9%. Musanze has the highest percentage of women who are more likely to decide how their husband's cash earnings are used (4.2%) compared to other districts in the Northern Province. (see Figure 9.2b).

Figure 9.2b presents that 4.5% of men in the Northern Province, compared to 6.1% of men at the national level, report that they mainly decide how their cash earnings are used. 77.2% of men in the Northern Province state that they make these decisions jointly with their wife, compared with 73.7% at the national level, while 18.3% of men in the province state that these decisions are made mainly by their wives compared with 20.2% at the national level. Musanze District recorded the highest percentage of men who reported being the main decision-makers regarding their own earnings at 7.7%, compared with their counterparts in other districts.

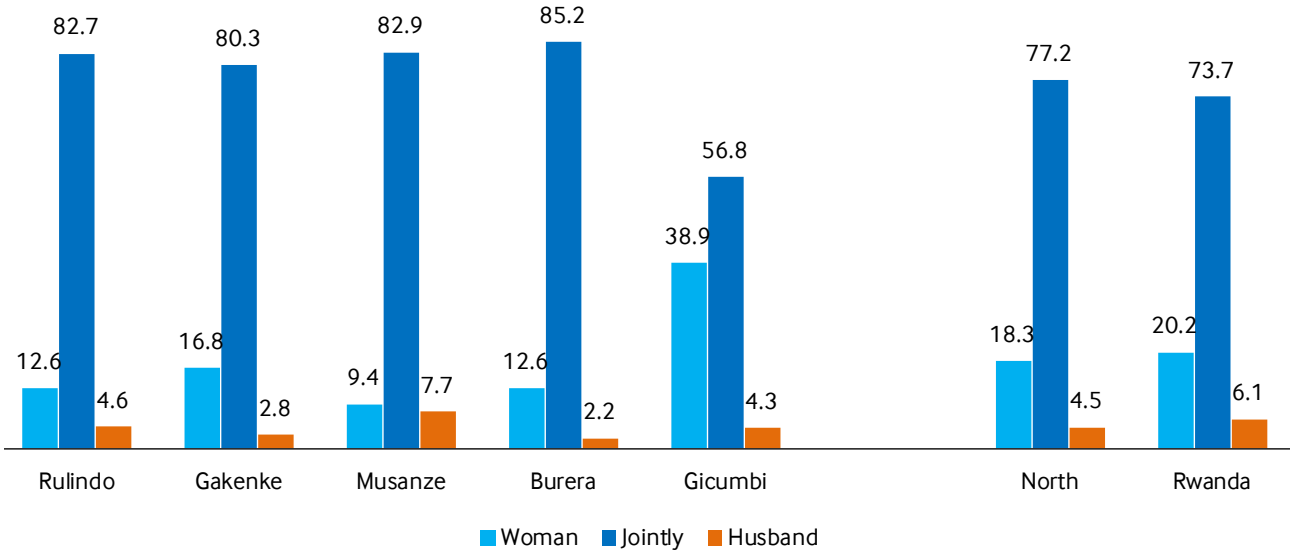
Trends: Over five years, the proportion of women who decide how their husband's earnings are used has decreased significantly, particularly in Rulindo, Musanze, Burera and Gicumbi districts. In contrast, the proportion of married men who decide how their cash earnings are used has increased since RDHS 2019/20, particularly in Musanze, Burera and Gicumbi Districts.

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: RDHS 2025

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: RDHS 2025

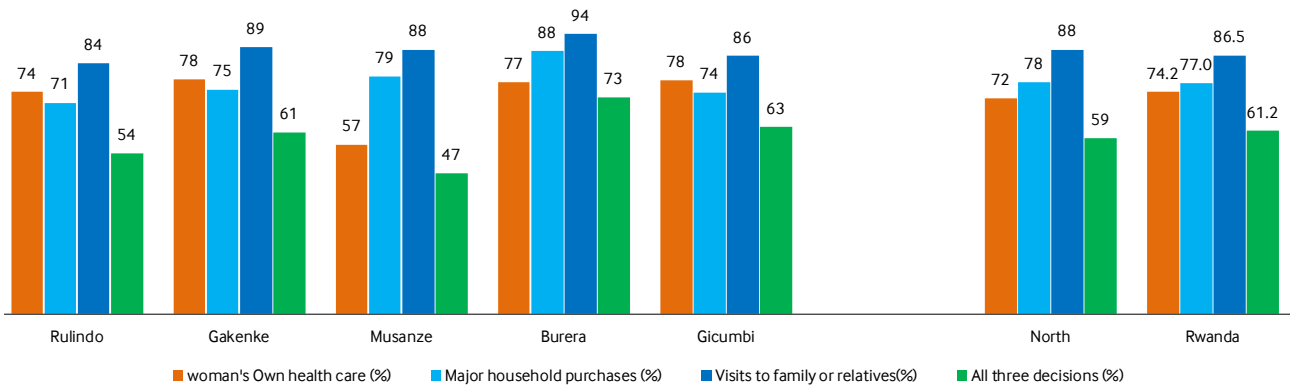
9.3. Women's participation in decision-making

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 RDHS 2025 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 how women's participation in decision-making varies by districts of the Northern Province. At the province level, 72% of currently married women aged 15-49 report that they make their own decisions regarding their health, 78% indicate that they can make major household purchases, while 88% report that they decide when to visit their families or relatives. Based on the above-mentioned decisions (women's health care, making major purchases and deciding on when to visit the family), these percentages are 74%, 77%, and 86% at the national level, respectively.

At the district level, the highest percentage of women who make their own decisions regarding their health is observed in Gakenke and Gicumbi Districts, both at 78%, while the lowest is recorded in Musanze District, at 57%. For decisions regarding major household purchases and visits to family or relatives, the highest percentages are reported in Burera District, at 88% and 94%, respectively. The lowest percentages are observed in Rulindo District, at71% and 84%, respectively.

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



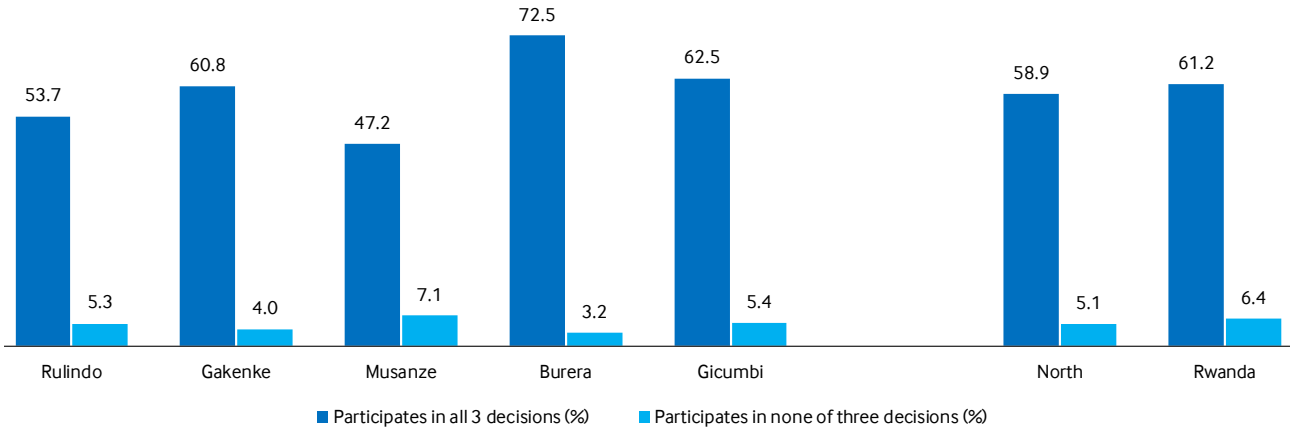
Source: RDHS 2025

Figure 9.3b illustrates how women's participation in decision-making varies across districts of the Northern Province. 59% of married women in Northern Province reported taking part in all three decisions, while 5% of women reported having no say in any of the them, compared to 61% of married women who reported taking part in all three decisions and 6% of women reported having no say in any of the three decisions at the national level.

At the district level, the highest percentage of married women who participate in all three decisions is observed in Burera District at 73%, while Musanze District recorded the lowest at 47%. In addition, the highest percentage of married women who reported having no say in any of the three decisions was observed in Musanze District at 7%, and the lowest was observed in Burera District at 3%.

Trends: Over five years, in the Northern Province there was a slight decrease in the percentage of married women who reported participating in all three decisions, and Musanze District had a significant increase of women who take part in all three decisions (23%).

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



Source: RDHS 2025

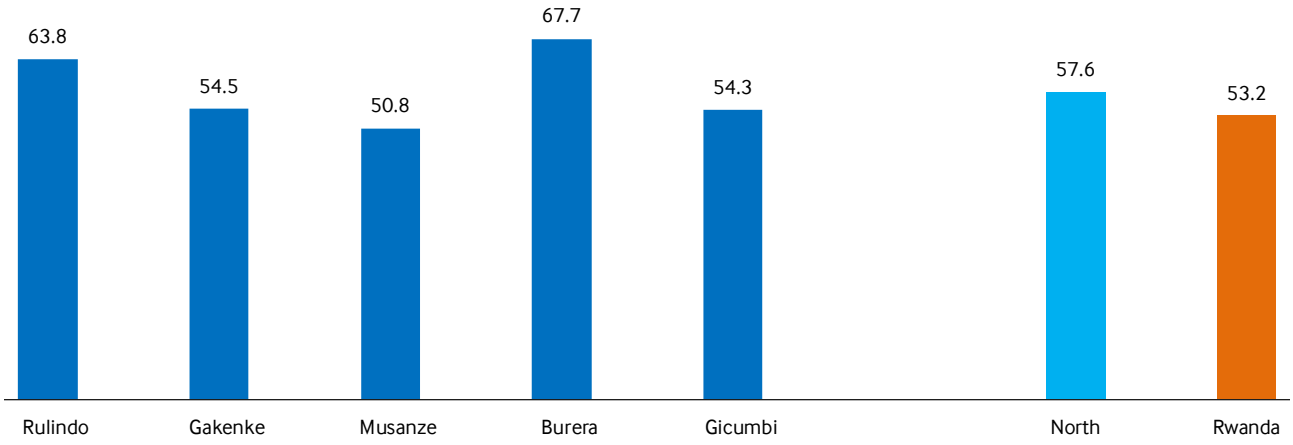
9.4. Women's participation in sexual and reproductive health decision-making

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 aged 15-49 who participate in sexual and reproductive health (SRH) decisions across districts in the Northern Province compared to the national average. Overall, 57.6% of married women in the Northern Province make their own informed decisions regarding SRH, compared to 53.2 % at national level. Burera District recorded the highest proportion at 67.7%, followed by Rulindo District at 63.8%. Gakenke (54.5%) and Gicumbi (54.3%) recorded moderate levels near the provincial baseline. Conversely, Musanze District recorded the lowest rate at 50.8%.

Overall, women in the Northern Province reported higher levels of participation in sexual and reproductive health decisions than the national average, with notable differences across districts led by Burera and Rulindo Districts, while Musanze District recorded the lowest rate of bodily autonomy.

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



Source: RDHS 2025

9.5. Attitude toward negotiating safer sex

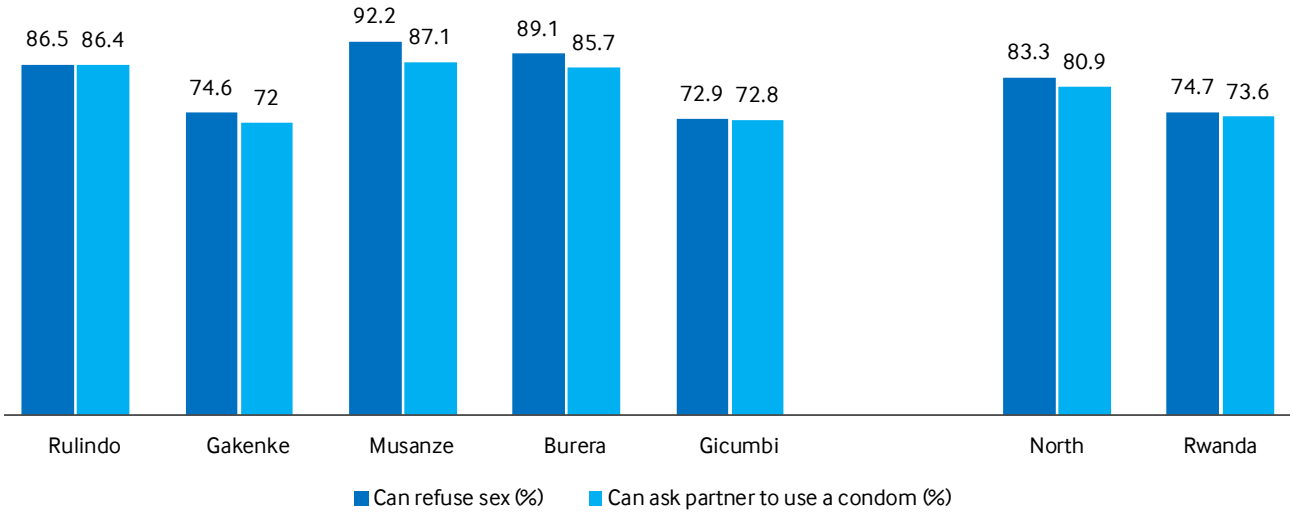
Attitude toward negotiating safer sex measures the ability of currently married women aged 15-49 to exercise sexual rights and negotiate protective measures. It evaluates two specific dimensions: the percentage of women who report being able to refuse sexual intercourse with their husband/partner if he has a sexually transmitted infection (STI), and the percentage who can ask their husband/partner to use a condom. This indicator reflects bodily autonomy, sexual rights, and women's empowerment within marital unions, which are vital for reproductive health and HIV/STIs prevention.

Figure 9.5 illustrates the ability of currently married women aged 15-49 to negotiate safer sexual relations across districts in the Northern Province compared to national averages. Overall, 83.3% of married women in the Northern Province reported that they can refuse sex with their partner, compared with 74.7% at national level. Similarly, 80.9% reported that they can ask their partner to use a condom, compared to 73.6% at national level.

At district level, Musanze recorded the highest proportion of women who reported being able to refuse sex (92.2%), followed by Burera (89.1%) and Rulindo (86.5%). Musanze also recorded the highest proportion of women who reported being able to ask their partner to use a condom (87.1%), followed closely by Rulindo (86.4%) and Burera (85.7%). Conversely, Gicumbi District recorded the lowest proportion of women who reported being able to refuse sex at 72.9%, while Gakenke District recorded the lowest proportion of women who reported being able to ask their partner to use condom at 72.0%, followed closely by Gicumbi at 72.8%).

Overall, currently married women in the Northern Province reported higher levels of ability to negotiate safer sexual relations than the national average across both indicators. Musanze, Burera, and Rulindo Districts recorded the highest levels of autonomy, while Gakenke and Gicumbi recorded the lowest.

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



Source: RDHS 2025

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.

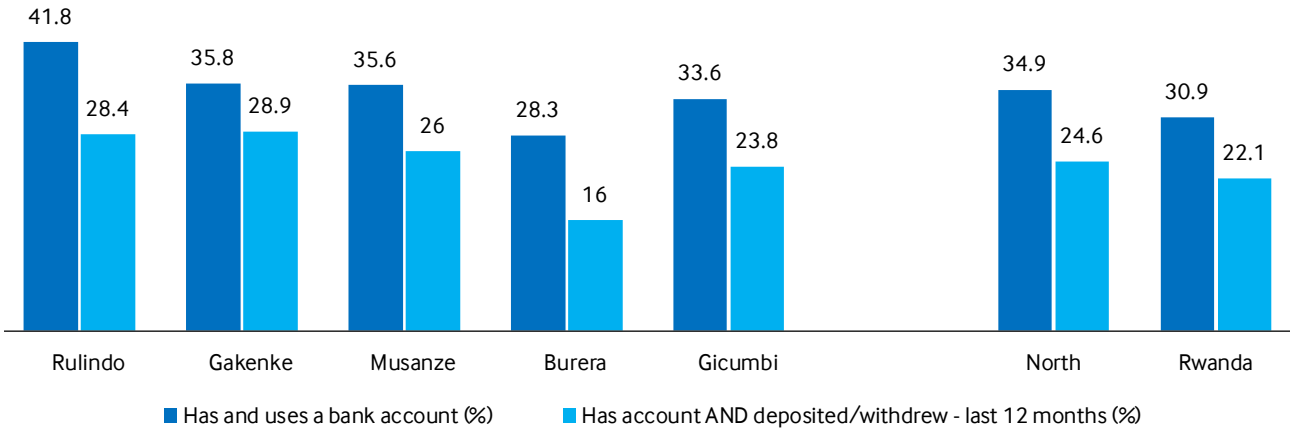
Figure 9.6a highlights bank account ownership and active use among women aged 15-49 across districts in the Northern Province compared to national averages. Overall, 34.9% of women in the Northern Province own a bank account, compared with 30.9% at national level, while 24.6% actively used their account in the last 12 months preceding the survey, compared to 22.1% at national level.

At district level, Rulindo recorded the highest proportion of women owning a bank account at 41.8%, followed by Gakenke (35.8%) and Musanze (35.6%). Gakenke recorded the highest active usage rate among women at 28.9%, closely followed by Rulindo at 28.4%. Conversely, Burera District recorded the lowest bank account ownership rate among women at 28.3% and the lowest active usage rate at 16.0 %.

Figure 9.6b illustrates bank account ownership and active use among men aged 15-49 across districts in the Northern Province compared to national averages. Overall, 39.9% of men in the Northern Province own a bank account, compared to 38.0% at national level, while 30.5% actively used it in the last 12 months preceding the survey, compared to 29.8% at national level. At district level, Gakenke recorded the highest bank account ownership rate among men at 48.0%, followed by Rulindo (46.5%) and Gicumbi (40.8%). Gicumbi recorded the highest active usage rate among men at 33.8%, followed by Gakenke (32.5%) and Musanze (31.1%). Burera District recorded the lowest bank account ownership rate among men, at 28.8% and the lowest active usage rate at 23.9%.

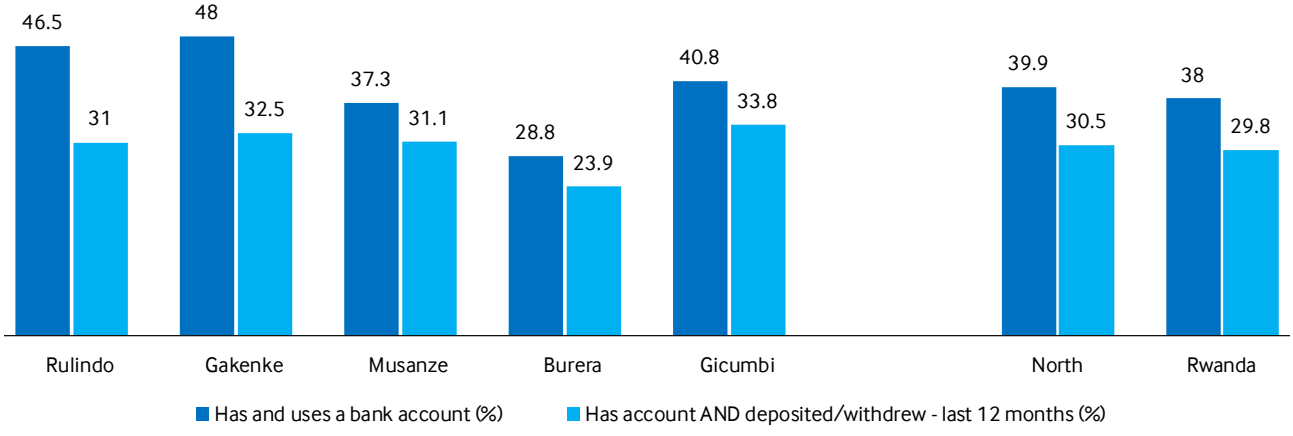
Overall, both women and men in the Northern Province reported higher levels of bank account ownership and active financial usage than national averages, with Rulindo and Gakenke leading in financial inclusion while Burera lagged across both genders.

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



Source: RDHS 2025

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



Source: RDHS 2025

Chapter
10

DOMESTIC VIOLENCE

Domestic violence is an important dimension of women's health, well-being and gender equality. The RDHS 2025 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 Northern 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 committed by a husband or intimate partner in the 12 months preceding the survey. It also presents combinations of violence types, including physical and sexual violence, all three forms of violence, and any physical, sexual, or emotional violence ever experienced.

Overall, 34.7% of women in the Northern Province reported having ever experienced any form of spousal violence (physical, sexual, or emotional), lower than the national average of 39.1%. Specifically, 30.2% reported experiencing emotional violence, 22.9% physical violence, and 7.6% sexual violence, compared with 33.2%, 25.6%, and 10.8% at national level, respectively. Furthermore, 5.8% of women in the province reported having experienced all three forms of violence concurrently in their lifetime, compared with 7.4% at national level.

At the district level, Musanze recorded the highest overall lifetime prevalence of spousal violence among women (41.7%), as well as the highest rates of physical violence (28.6%) and physical or sexual violence (29.9%). Rulindo recorded the second-highest overall lifetime prevalence (39.7%), leading in emotional violence (35.9%) and concurrent experience of all three forms of violence (9.3%). In contrast, Gicumbi recorded the lowest overall lifetime spousal violence prevalence among women (27.0%), as well as the lowest physical violence rate (16.5%) and emotional violence rate (22.1%). Burera recorded the lowest lifetime sexual violence rate (3.7%)

Overall, lifetime spousal violence against women in the Northern Province is lower than national levels across all specific forms, though Musanze and Rulindo Districts stand out as high-prevalence districts where approximately four in ten women have experienced partner violence in their lifetime.

Among men Figure 10.1b presents the proportion of men aged 15-49 who have ever experienced physical, sexual, or emotional violence committed by a current or most recent wife or partner. The indicator evaluates lifetime exposure to intimate partner violence among men to provide a gender-comparative assessment of domestic abuse.

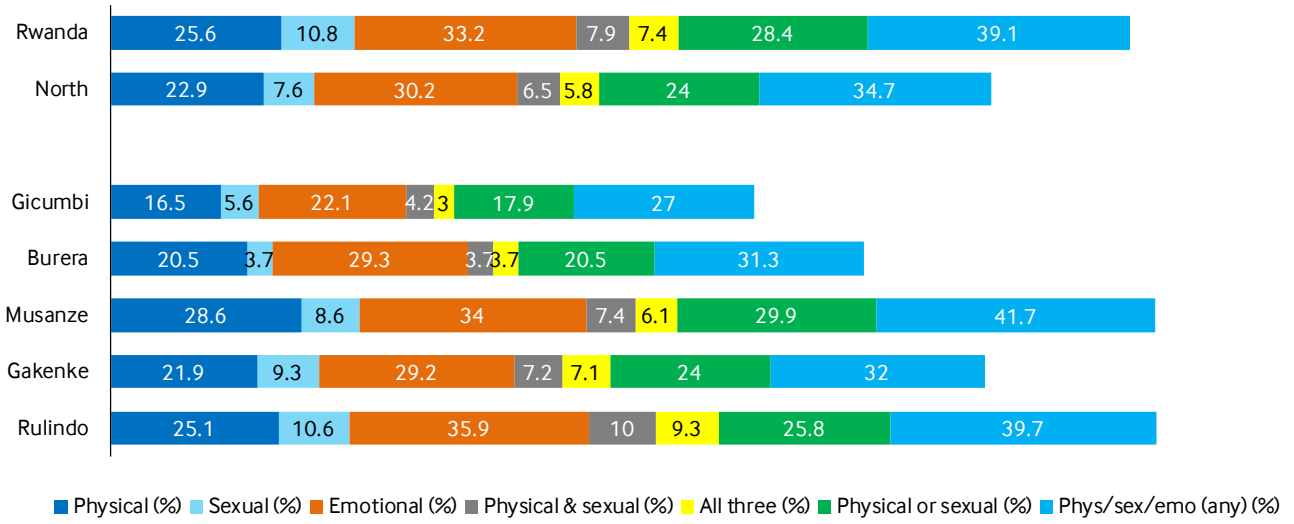
Figure 10.1b shows that 20.3% of men in the Northern Province reported having ever experienced any form of spousal violence (physical, sexual, or emotional), compared with 23.2% at national level. Specifically, emotional violence was the predominant form reported, affecting 18.7% of men in the province compared with 21.6% at national level.

Physical violence was reported by 4.6% of men, while 0.7% reported experiencing sexual violence, compared with 6.2% and 2.1% nationally, respectively. Experiencing all three forms of violence was rare among men, reported by 0.2 % provincially compared with 0.6% at national level.

At district level, Burera (26.0%) and Gakenke (25.2%) recorded the highest overall lifetime prevalence of spousal violence among men, with both figures driven almost entirely by emotional violence (26.0% and 25.2%, respectively). Conversely, Rulindo recorded the highest prevalence of physical violence (8.8%) and sexual violence (1.6%) against men, while Gicumbi recorded the lowest overall lifetime prevalence at 14.3%.

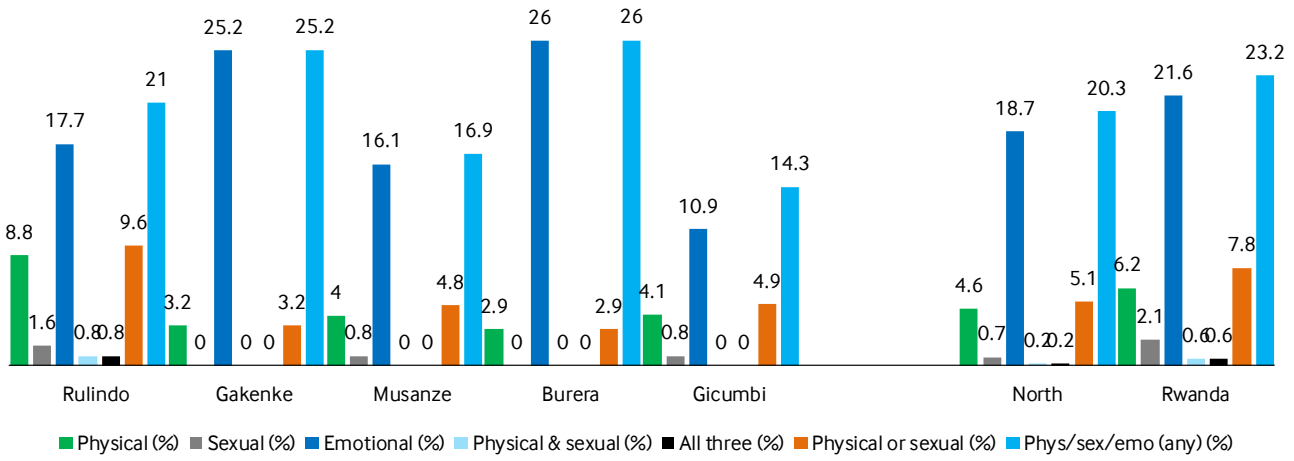
Overall, lifetime spousal violence against men in the Northern Province remains below the national level and is predominantly characterised by emotional violence, while physical and sexual violence remaining relatively low across all districts.

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



Source: RDHS 2025

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



Source: RDHS 2025

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 RDHS 2025considers 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.

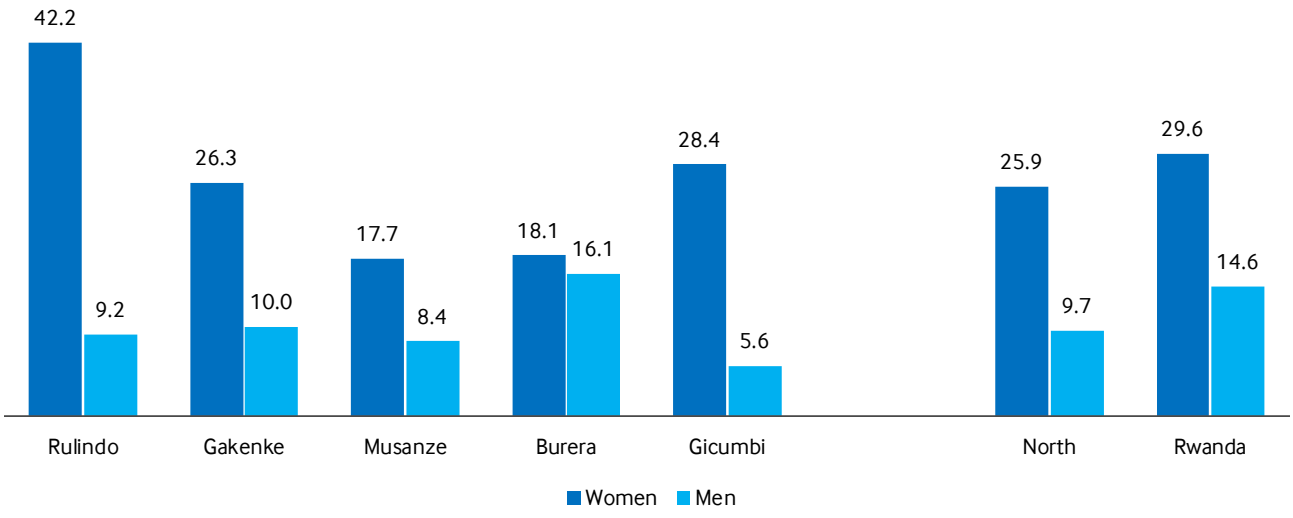
Figure 10.2 shows the percentage of women and men who feel that wife beating is justified for at least one of the specified reasons. A high proportion of respondents agreeing that wife beating is acceptable indicate a general acceptance of a man's right to control his wife's behavior, even by means of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

Figure10.2 shows that 26% of women in the Northern Province and 30% of women at national level 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 (9.7%), and 15% at a national level.

Women in Rulindo District are likely to agree that wife beating is justified for at least one reason (42.2%), while those from Musanze District (17.7%) are less likely to agree that wife beating is justified for at least one reason than women in other districts. Agreement with at least one reason justifying wife beating varies among men; the range varies from 16.1% of men in Burera District to 5.6% in Gicumbi District.

Trends: Compared to the RDHS 2019/20, in the Northern Province, the proportion of married women who believed that wife beating is justified for at least one of the specified reasons has decreased by 32.1 percentage points, and it decreased by 8.3 percentage points among men over five years.

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



Source: RDHS 2025

10.3. Controlling behaviors by partner

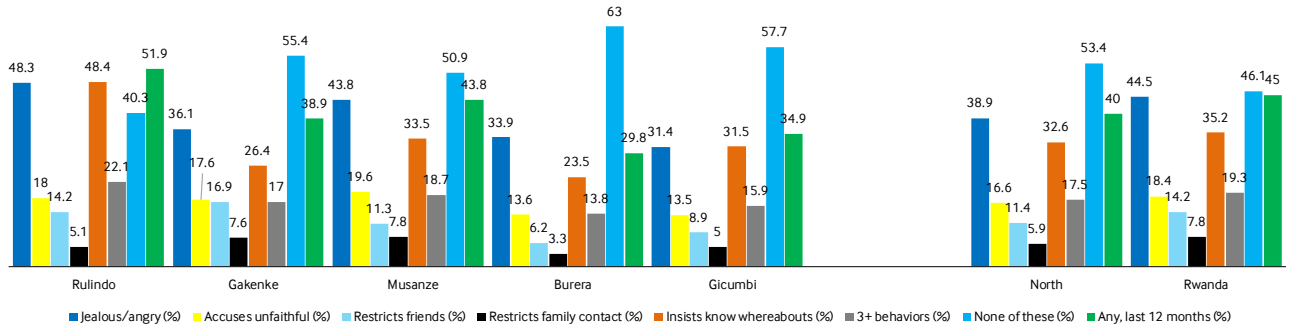
Controlling behaviors refer to actions by a husband or intimate partner that restrict a woman's freedom, social relationships or autonomy. The indicator covers behaviors such as jealousy or anger, accusations of unfaithfulness, restrictions on contact with friends or family, and insisting on knowing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

Figure 10.3a shows controlling behaviors displayed by husbands/partners against women in the Northern Province. Overall, 40.0% of women in the Northern Province reported experiencing at least one controlling behavior in the last 12 months, remaining below the national average of 45.0%. Partner jealousy or anger when speaking to other men was the most reported behavior at 38.9%, compared with 44.5% at national level, followed by insisting on knowing whereabouts at 32.6%, compared with 35.2% at national level and accusations of unfaithfulness at 16.6% compared with 18.4% at national level. Restrictions on contact with female friends (11.4%) and family (5.9%) were less common, while 17.5% of women reported experiencing three or more controlling behaviors concurrently. At district level, Rulindo recorded the highest overall prevalence, with 51.9% of women reporting any controlling behavior and 22.1% experiencing three or more behaviors. In contrast, Burera recorded the lowest prevalence of controlling behaviors against women at 29.8%.

Figure 10.3b illustrates controlling behaviors experienced by men from their wives or partners. In the Northern Province, 37.6% of men reported that their partner gets jealous or angry if they talked to other women, compared with 40.2% at national level. Insistence on knowing their whereabouts was reported by 11.6% of men (16.2% nationally), while 10.8% reported being accused of unfaithfulness (15.7% nationally). Restrictive behaviors regarding contact with friends (4.8%) and family (0.9%) remained low, and only 5.2% of men experienced three or more controlling behaviors. At district level, Rulindo recorded the highest prevalence of partner jealousy (43.1%) and insistence on knowing whereabouts (15.8%), while Gakenke recorded the highest prevalence of accusations of unfaithfulness against men (15.9%). Gicumbi recorded the lowest overall levels, with 72.0% of men reporting no controlling behaviors.

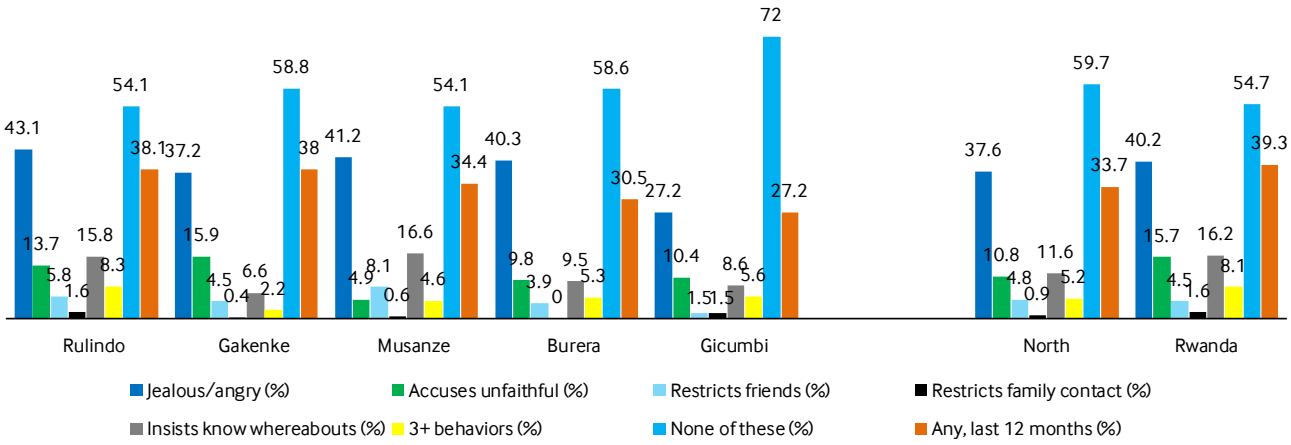
Overall, controlling behaviors in the Northern Province were below national levels for both women and men. Partner jealousy and monitoring of whereabouts were the most commonly reported forms of control for both genders, with Rulindo District consistently recorded relatively high levels of controlling behaviors in the province.

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



Source: RDHS 2025

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



Source: RDHS 2025

10.4. Physical violence by any perpetrator among women and men

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

Figure 10.4a shows the percentage of women aged 15-49 who experienced physical violence by any perpetrator in the Northern Province. Overall, 28.8% of women in the Northern Province reported having ever experienced physical violence, while 14.7% reported having experienced physical violence in the last 12 months, remaining below the national averages of 32.7% (ever) and 16.5% (last 12 months).

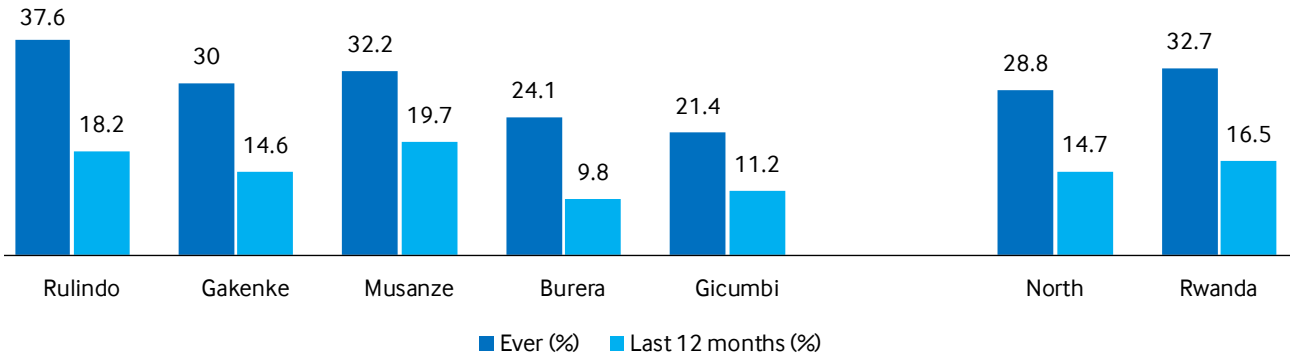
At district level, Rulindo recorded the highest lifetime prevalence among women at 37.6%, followed by Musanze (32.2%) and Gakenke (30.0%). Regarding 12-month prevalence, Musanze recorded the highest rate at 19.7%, closely followed by Rulindo at 18.2%. Conversely, Gicumbi recorded the lowest lifetime prevalence at 21.4%, while Burera recorded the lowest 12-month prevalence at 9.8%.

Figure 10.4b illustrates physical violence experienced by men aged 15-49 committed by any perpetrator in the Northern Province. Overall, 20.3% of men in the Northern Province reported having ever experienced physical violence, and 5.4% reported having experienced it in the last 12 months, compared to 22.2% (ever) and 7.6% (last 12 months) at national level.

At district level, Gakenke recorded the highest lifetime prevalence of physical violence among men at 34.5%, followed by Rulindo at 29.9% and Musanze at 20.0%. For 12-month prevalence, Gakenke (8.6%) and Rulindo (8.4%) also recorded the highest rates. In contrast, Gicumbi recorded the lowest prevalence across both timeframes, with 4.9% of men reporting having ever experienced physical violence and 3.0% reporting experiencing it in the last 12 months.

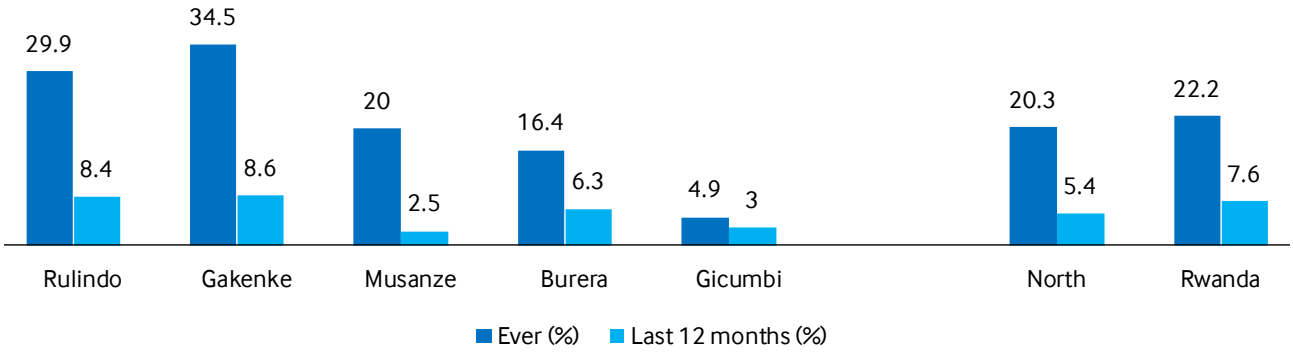
Overall, physical violence levels among both women and men in the Northern Province remain slightly below national levels. Women report higher rates of physical violence than men across both lifetime and 12-month metrics, with Rulindo, Musanze, and Gakenke recording relatively higher levels of physical violence in the province.

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



Source: RDHS 2025

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



Source: RDHS 2025

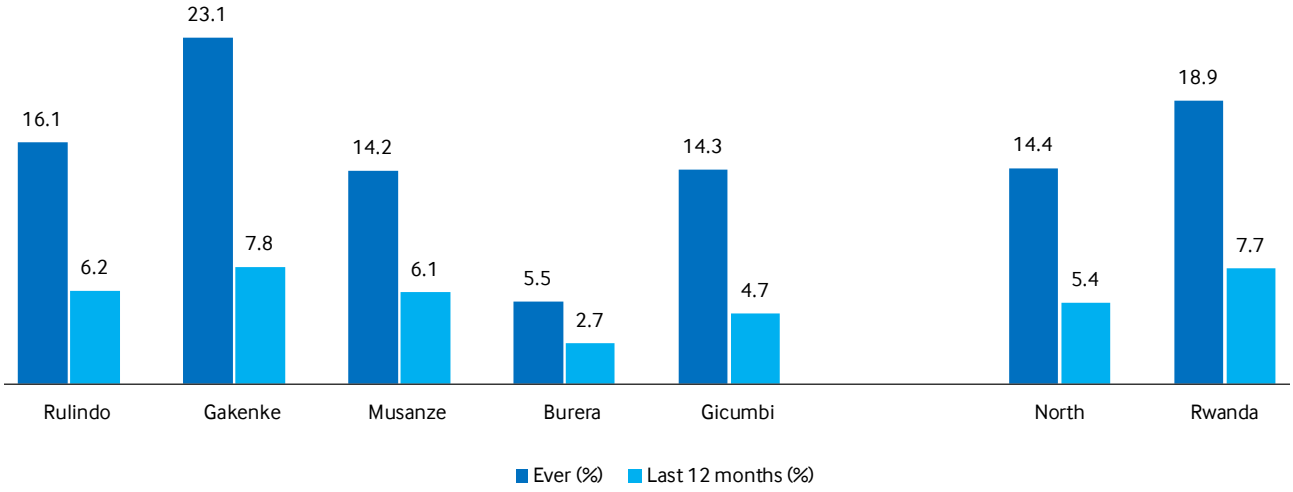
10.5. Sexual violence by any perpetrator

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 the proportion of women aged 15-49 who experienced sexual violence by any perpetrator across districts in the Northern Province. Overall, 14.4% of women in the Northern Province reported having ever experienced sexual violence, while 5.4% reported having experienced sexual violence in the last 12 months, remaining below the national averages of 18.9% (ever) and 7.7% (last 12 months). Gakenke District recorded the highest prevalence across both timeframes, with 23.1% of women ever experiencing sexual violence and 7.8% in the last 12 months. Rulindo recorded the second-highest lifetime rate at 16.1% (and 6.2% in the last 12 months), followed closely by Gicumbi (14.3% lifetime) and Musanze (14.2% lifetime; 6.1% in the last 12 months). Conversely, Burera District recorded the lowest prevalence by a substantial margin, with 5.5% of women reported having ever experienced sexual violence and 2.7% in the last 12 months.

The findings indicate that sexual violence against women in the Northern Province remains below the national levels for both lifetime and 12-month measures. While most districts recorded levels close to the provincial averages, Gakenke stands out as a major high-prevalence concern where both lifetime and recent sexual violence exceed the national average.

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



Source: RDHS 2025

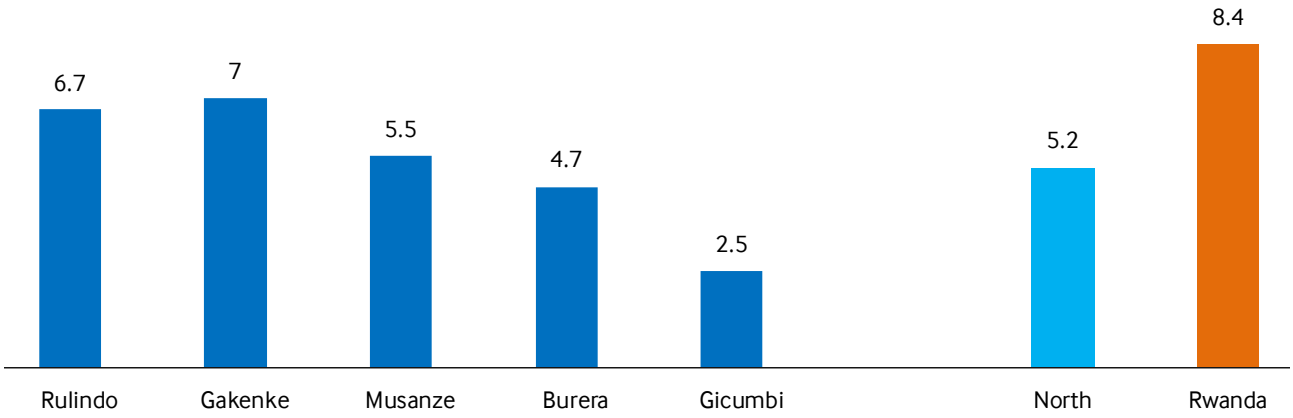
10.6. Physical Violence during pregnancy

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 the proportion of ever-pregnant women aged 15-49 who reported having experienced violence during pregnancy across districts in the Northern Province compared to the national average. Overall, 5.2% of ever-pregnant women in the Northern Province reported having experienced violence during pregnancy, compared with 8.4% at national level. Gakenke District recorded the highest proportion at 7.0%, followed by Rulindo at 6.7% and Musanze at 5.5%. Conversely, Burera District recorded 4.7%, while Gicumbi District recorded the lowest proportion at 2.5%.

Overall, women in the Northern Province reported lower levels of violence during pregnancy than the national average, with notable differences across districts led by Gakenke and Rulindo.

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



Source: RDHS 2025

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
Eastern Province	42.1	12.7	81.5	3.4
Rwamagana	52.9	17.4	86.2	4
Nyagatare	39.3	12.5	83.6	2.6
Gatsibo	41.2	11.1	76.4	2.8
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: RDHS 2025				

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

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

Source: RDHS 2025

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

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

Table 4: Health insurance coverage

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

Table 5: Median age at first Marriage

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

Source: RDHS 2025

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: RDHS 2025

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

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

Source: RDHS 2025

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

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

Source: RDHS 2025

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

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

Table 10: Nutrition status of children under five

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

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

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

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
Eastern 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: RDHS 2025

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

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

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

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

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

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

Source: RDHS 2025

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
Eastern Province	37	20	17	5.9
Rwamagana	48.1	23.7	23.7	10
Nyagatare	38.6	18.8	3.7	2
Gatsibo	36.3	18.1	24.7	8.9
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: RDHS 2025

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

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