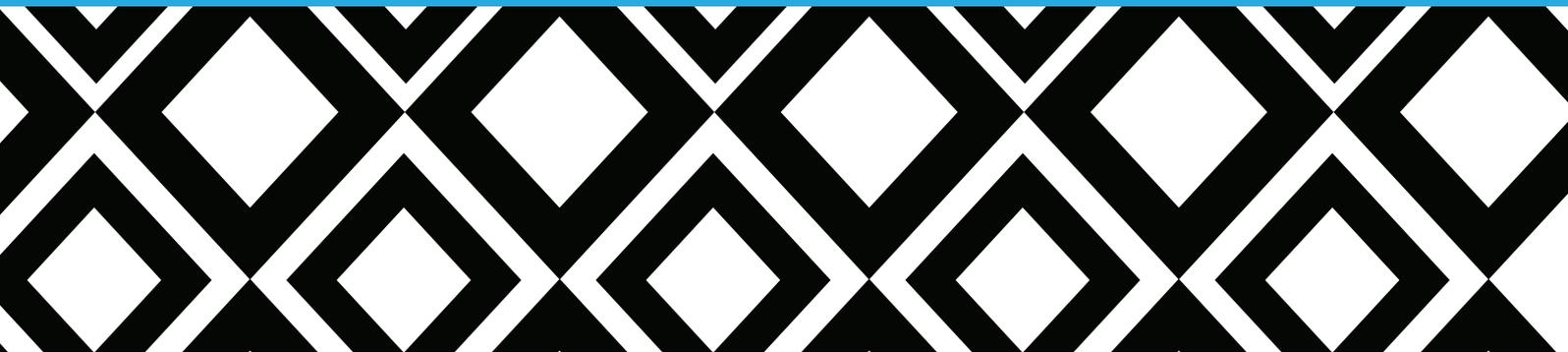




Republic of Rwanda



Rwanda Demographic and Health Survey 2019-20



District Profile

East Province



Republic of Rwanda

Rwanda Demographic and Health Survey 2019-20

District Profile

East Province

**National Institute of Statistics of Rwanda
Kigali, Rwanda**

**Ministry of Health
Kigali, Rwanda**

**The DHS Program
ICF
Rockville, Maryland, USA**

February 2022



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Telephone: +250788383103, E-mail: info@statistics.gov.rw;

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Thank you


Murangwa Yusuf
Director General, NISR

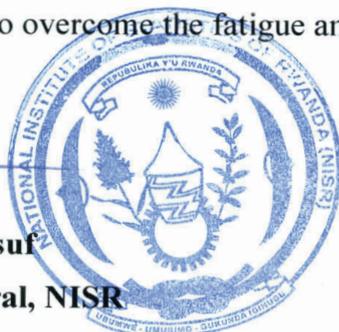


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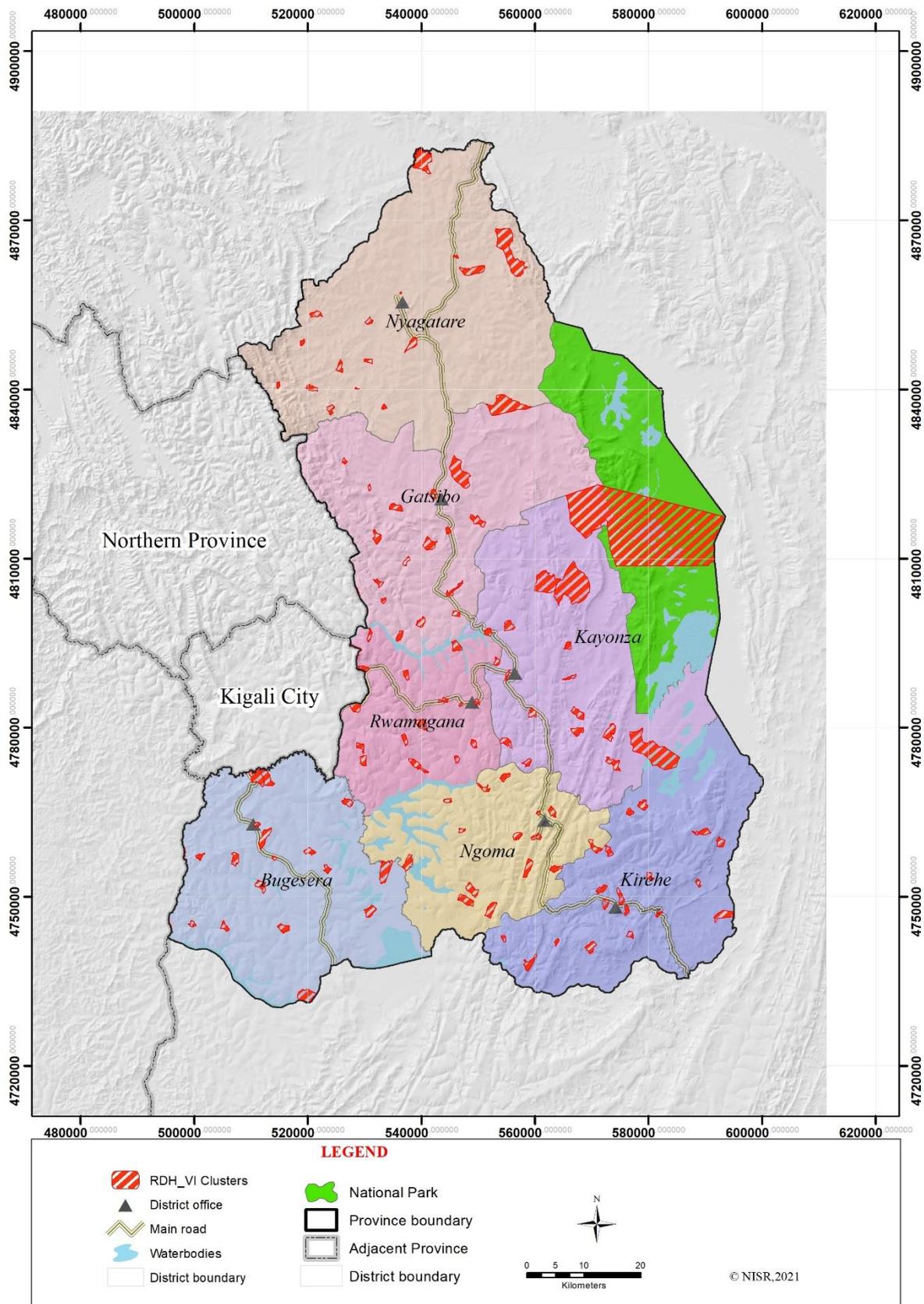
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East Province Map, RDHS 2019-20



Introduction

The National Institutes of statistics of Rwanda in collaboration with the worldwide Demographic and Health Surveys Program implemented the 2014-15 Rwanda Demographic and Health Survey (RDHS) to collect data for monitoring progress on health programs and policies in Rwanda.

The key indicators and the main report have been produced. This document is elaborated to disseminate RDHS 2014-15 results at a decentralized level.

As for the main report, the chart book gives information on demographic and health indicators such as family planning, maternal mortality, infant and child mortality, nutrition status of mothers and children, antenatal care, delivery care, and childhood diseases. In addition, the survey was designed to measure the prevalence of anemia and malaria among women and children and to measure the prevalence of HIV infection in Rwanda.

The target groups in these surveys were women age 15-49 and men age 15-59 who were randomly selected from households across the country. Information about children age 5 and under also was collected, including the weight and height of the children.

Through this document, each province will be able to trace the level attended in health care and other health-related indicators through different charts that are produced. This document will also help in the design and implementation of the District Development Plan (DDP).

The National Institute of Statistics of Rwanda is pleased to invite district planners and other users to play an active role in using this valuable information to contribute to a better quality of life for the Rwandan population.

Chapter 1: Household characteristics

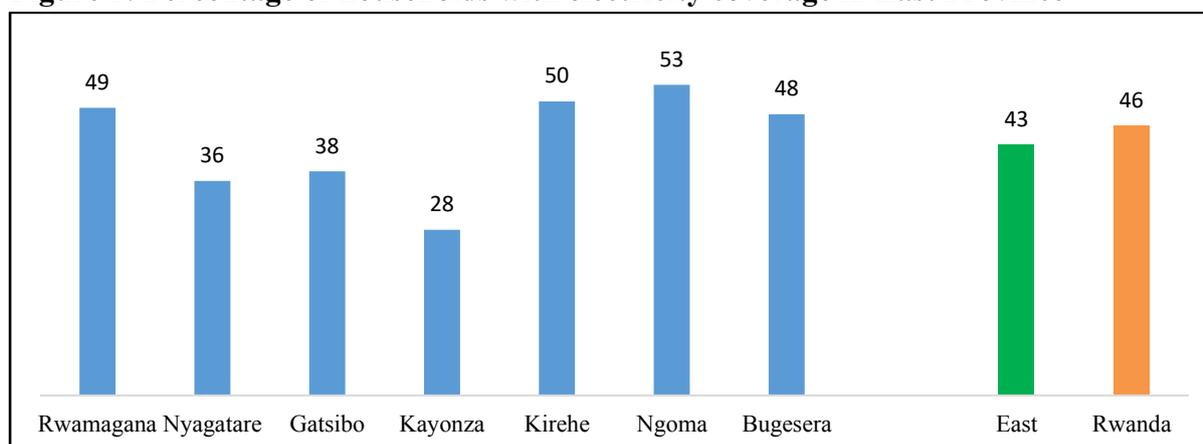
The Rwanda Demographic Health Survey (RDHS 2019-20) collected household information. This chapter presents some of the indicators that were selected, namely; access to electricity, possession of selected durable goods, availability of handwashing places to evaluate the socio-economic and living conditions of the household in the districts of the East Province.

1.1 Electricity coverage

Figure 1 shows that 43 percent of households in the East Province have access to electricity compared to 46 percent at the national level. The results show large disparities between districts in the East Province: Ngoma District had the highest number of households with electricity (53 percent) and Kayonza District had the lowest with only (28 percent) as compared to the rest of the districts in the East Province.

Trends: Compared to the RDHS 2014-15, Ngoma District has steadily improved from 15 to 53 percent and at the province level, the improvement was from 20 to 43 percent.

Figure 1: Percentage of households with electricity coverage in East Province



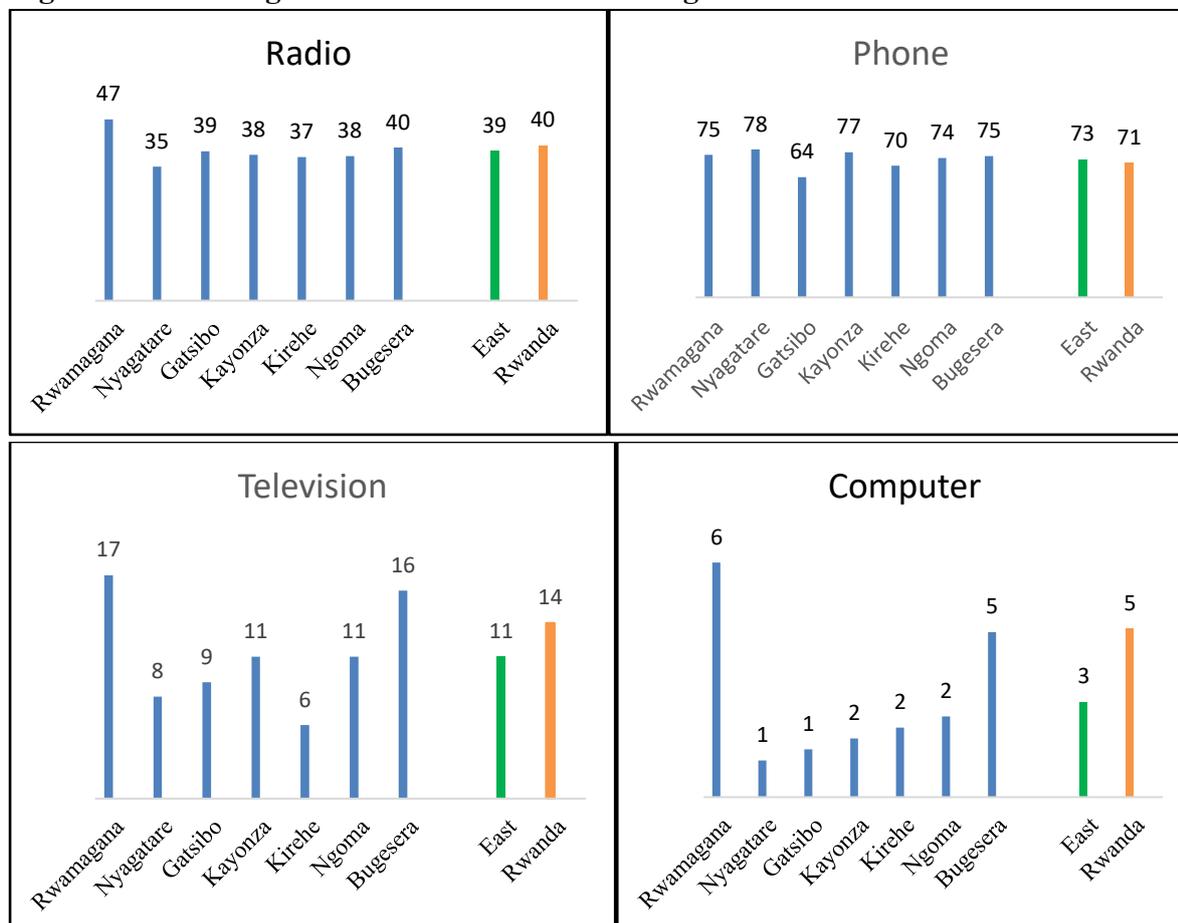
Source: RDHS2019-20

1.2 Household durable goods

Figure 2 shows that Radio possession in the household is (39 percent) at the province level and the country level is (40 percent), by Radio possession we only asked standalone Radio sets. The proportion of households owning a Radio is much higher in Rwamagana District (47 percent). Variations in ownership of Radio do not vary too much and it is from (35 percent) in Nyagatare District to (47 percent) in Rwamagana District. Mobile telephone is owned by (73 percent) of households in East Province and at the national level is (71 percent). Households in Nyagatare and Kayonza districts (78 percent and 77 Percent respectively) are the most likely to possess telephone than households in Gatsibo District (64 percent). Eleven percent of households own television in East Province compared to 14 percent at the national level. Rwamagana has the highest percentage in ownership of Television (17 percent) while Kirehe has the lowest ownership (6 percent). Only 3 percent of households in the East Province have computers compared to 5 percent at the national level. Ownership of computers is very low in all districts, where it is from 6 percent in Rwamagana District to 1 percent in Nyagatare District.

Trends: Compared to the RDHS 2014-15, radio possession had a decrease of 16 percent (from 55 percent to 39 percent) at the province level. Compared to the RDHS 2014-15, mobile telephone owner has increased by 13 percent (from 60 to 73 percent) at the province level. The ownership of television has increased by 5 percent (from 6 to 11 percent) at the province level.

Figure 2: Percentage of households with durable goods



Source: RDHS, 2019-20

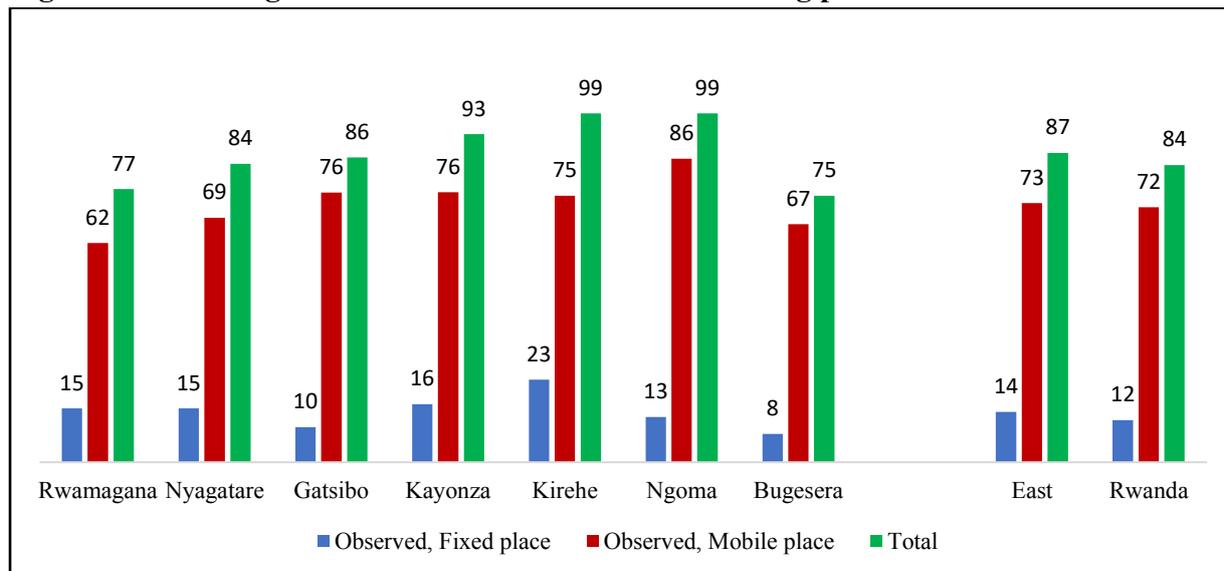
1.3 Handwashing place observed

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

Figure 3 shows that 87 percent of households in the East Province and 84 percent at the national level had a place for hand washing that was observed by an interviewer both fixed and mobile. This number is high at 99 percent of households in Kirehe and Ngoma districts of a place for hand washing that was observed. This practice is lower in Bugesera District at 75 percent.

Trends: Compared to the RDHS 2014-15, the fixed place for handwashing has increased from 8 percent to 14 percent in East province while Kirehe District has a higher increase from 3 to 23 percent.

Figure 3: Percentage of the household where handwashing places were observed



Source: RDHS, 2019-20

Chapter 2: Respondent characteristics

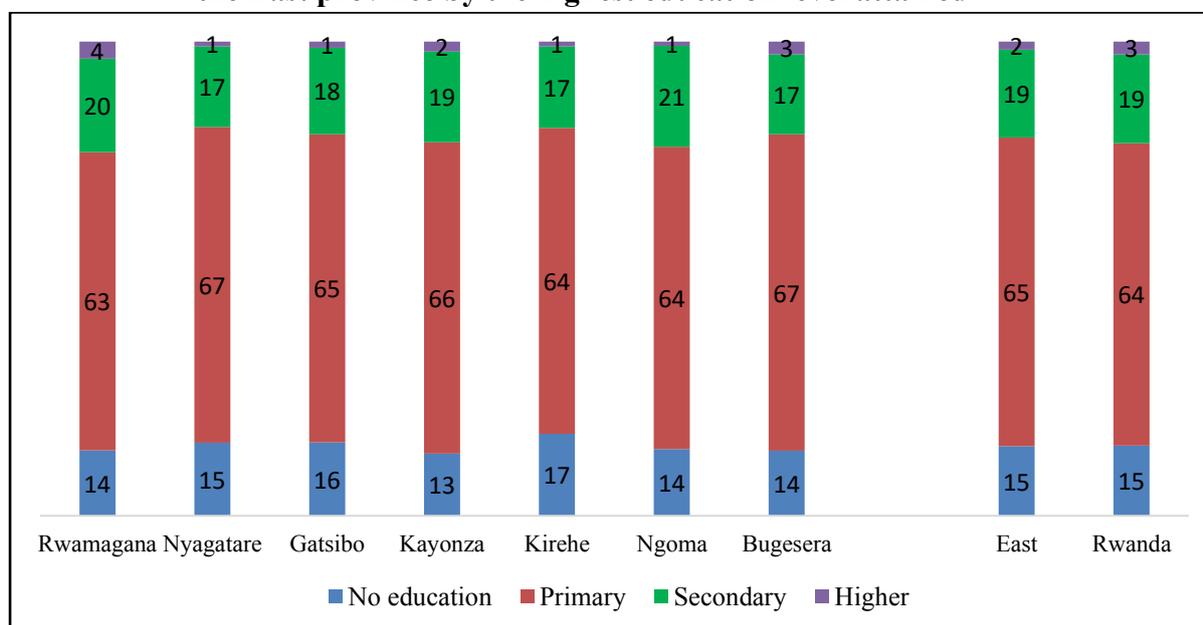
2.1 Education attainment

Figure 4 and Figure 5 show the distribution of female and male respondents by the highest level of education attained by sex in districts of the East Province. The proportion of women who attained primary school is slightly lower than that of men in the East Province (65 percent and 70 percent, respectively). At the secondary education level, the percentages are 19 percent for women and 16 percent for men in the East Province; those who attended higher education are 2 percent for women and men. The highest attendance in primary education for women is observed in Nyagatare and Bugesera districts (67 percent) while in Nyagatare and Kayonza districts for men is (73 percent).

Ngoma District has the highest Secondary attendance for women (21 percent) and Rwamagana District for men (19 percent).

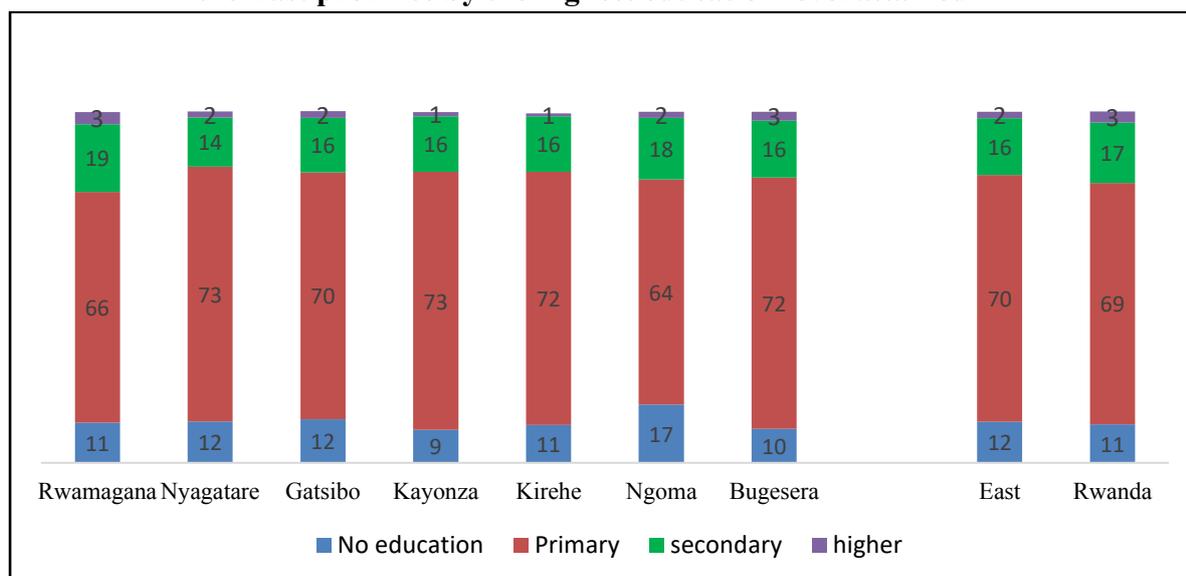
Trends: Compared to the RDHS 2014-15, Secondary attendance in East province has increased for women from 10 percent to 19 percent and for men from 12 percent to 16 percent. Ngoma District had higher increase of secondary attendance school among female it has increased from 12 to 21 percent currently.

Figure 4: Percent distribution of the de facto female household population age 6 and over in the East province by the highest education level attained



Source: RDHS, 2019-20

Figure 5: Percent distribution of the de facto male household population age 6 and over in the East province by the highest education level attained



Source: RDHS, 2019-20

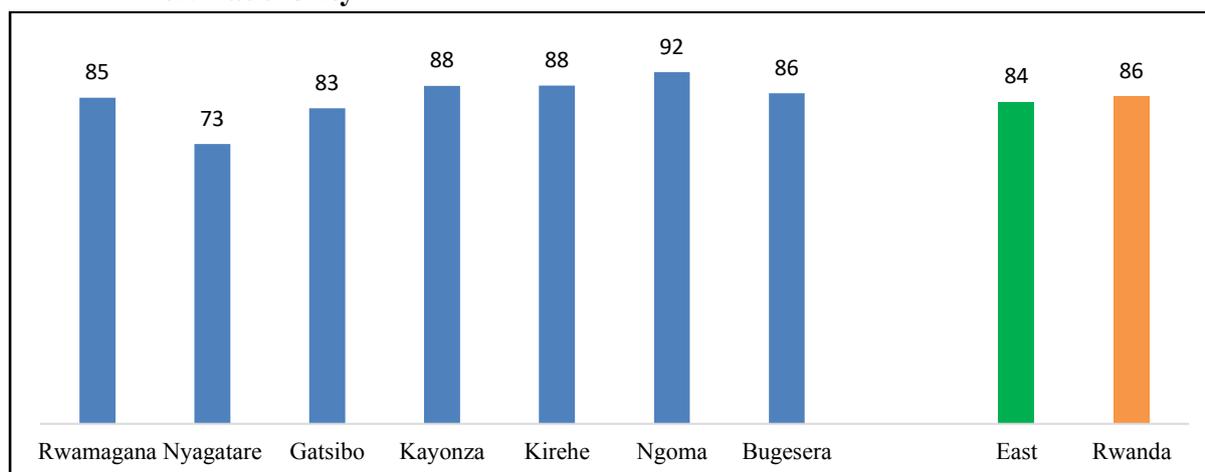
2.2 Birth registration of children under age 5

Registering a child’s birth with civil authorities establishes the child’s legal family ties and his or her right to a name and nationality before the age of majority. It confers on the child the right to be recognized by his or her parents and the right to state protection if parents abuse his or her rights. It gives the child access to social assistance through the parents, including health insurance, and establishes family lineage. Registration is therefore an essential formality. Registration of a child with civil authorities, if performed correctly, also provides a reliable source of socio-demographic statistics. For this reason, the survey asked, for all children age 0 to 4 in each household, whether the child had a birth certificate or whether the child’s birth had been registered with the civil authorities.

Figure 6 shows that 84 percent of children have been registered with the civil authorities in the East Province compared to 86 percent at the national level. The percentage is higher in Ngoma District (92 Percent) and lower in Nyagatare District (73 Percent).

Trend: Compared to the RDHS 2014-15, birth registration in civil authorities has increased from 55 percent to 84 percent at the provincial level. Ngoma District has the highest increase from 53 percent to 92 percent.

Figure 6: Percentage of de jure Children under age 5 whose births are registered with civil authority



Source: RDHS, 2019-20

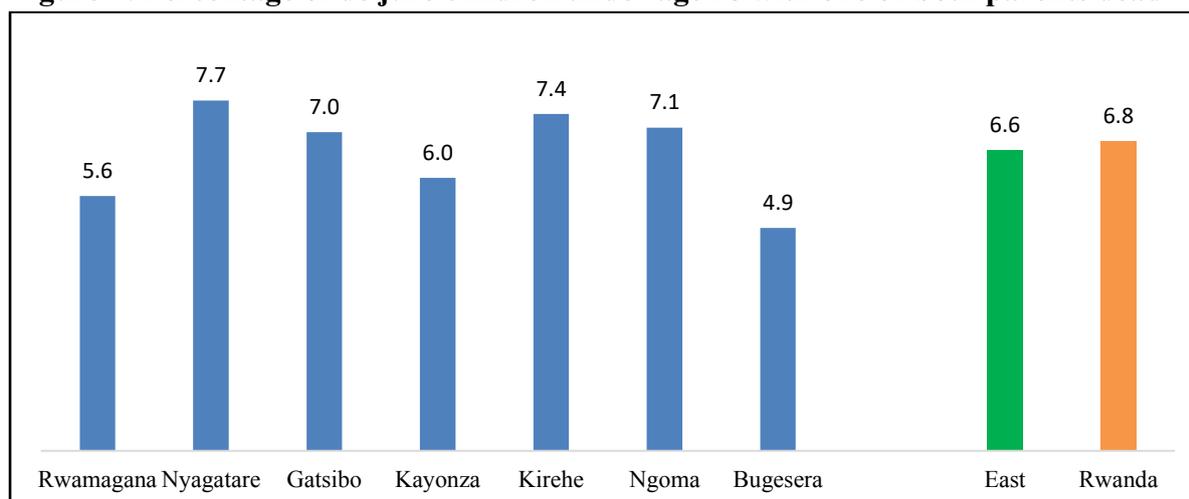
2.3 Children's orphan hood

Because the family is the primary safety net for children, any strategy aimed at protecting children must place a high priority on strengthening the family's capacity to care for children. It is therefore essential to identify orphaned children.

Overall, 6.6 percent of children under age 18 in East Province have lost one or both parents, the percent is almost the same at the National level. Nyagatare District has the highest percentage of orphaned children who have lost one or both parents (7.7 percent). This percentage is lower in Bugesera District (4.9 percent) and varies between 5.6 percent and 7.4 percent in the rest of other districts.

Trends: Compared to the RDHS 2014-15, children under 18 years old with one or both parents' dead have reduced from 9 percent to 7 percent.

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



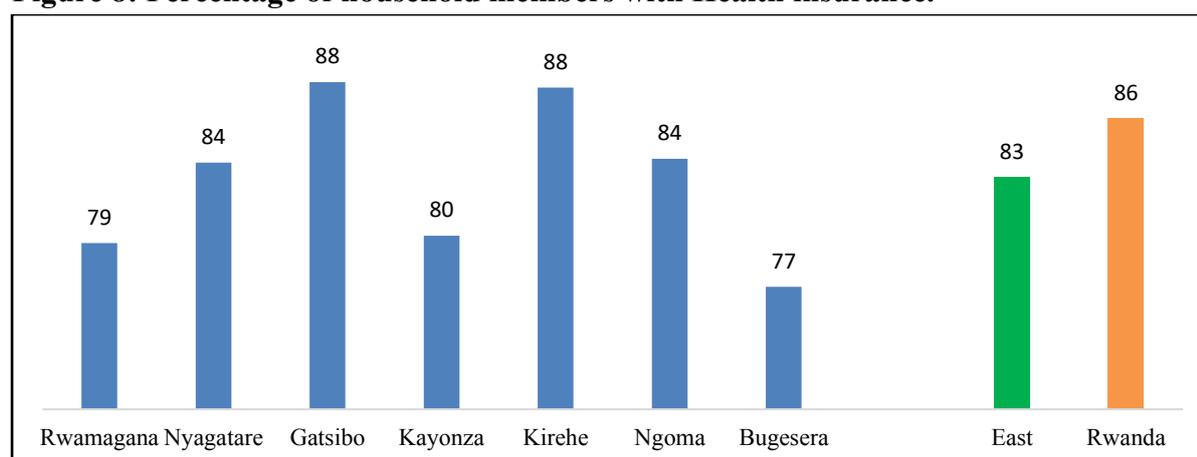
Source: RDHS, 2019-20

2.4 Health insurance among adult women and men

Information on health insurance coverage was collected during the survey. The percentage of household members with health insurance coverage is shown in figure 8. Eighty-three percent of the population is covered by any health insurance in East Province compared to 86 percent at the National level. This proportion is higher among respondents in Gatsibo and Kirehe districts (88 percent) and lower in Bugesera District (77 percent).

Trends: Compared to the RDHS 2014-15, overall, all-district households' members with health insurance has increased from 72 percent to 83 percent.

Figure 8: Percentage of household members with Health insurance.



Source: RDHS, 2019-20

2.5 Exposure to mass media

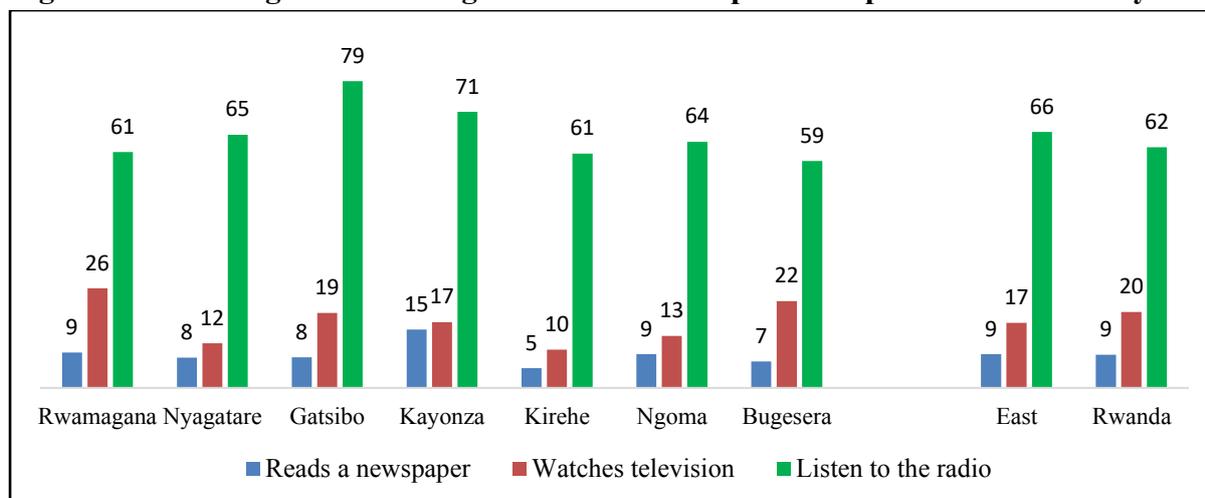
Data on the exposure of women and men to mass media are especially important to the development of education programs and the dissemination of all types of information, particularly information about health and family planning. Figures 9 and 10 present data on the exposure of women and men to mass media (print or broadcast). It should be stated at the outset that it is not necessary for a household to own a radio or television or to buy a newspaper to have access to these media because many people listen to the radio or watch television at the homes of friends and neighbors.

Figures 9 and 10 show that, at the provincial level, Radio is the most common form of media exposure: 66 percent of women and 82 percent of men report listening to the radio at least once a week. At the district level, this percentage is higher in Gatsibo District among women (79 percent) while it is low in Bugesera District (59 percent). Among men, the number who listen to the radio is high in Ngoma District (94 percent) and lower in Nyagatare District (70 Percent). Men watch television more frequently than women 17 percent of women and 25 percent of men watch television at least once a week in East province.

Only 9 percent of women report reading a newspaper at least once a week while men are 10 percent. The proportions of women and men who are exposed to media across all districts of the East province follow almost the same pattern.

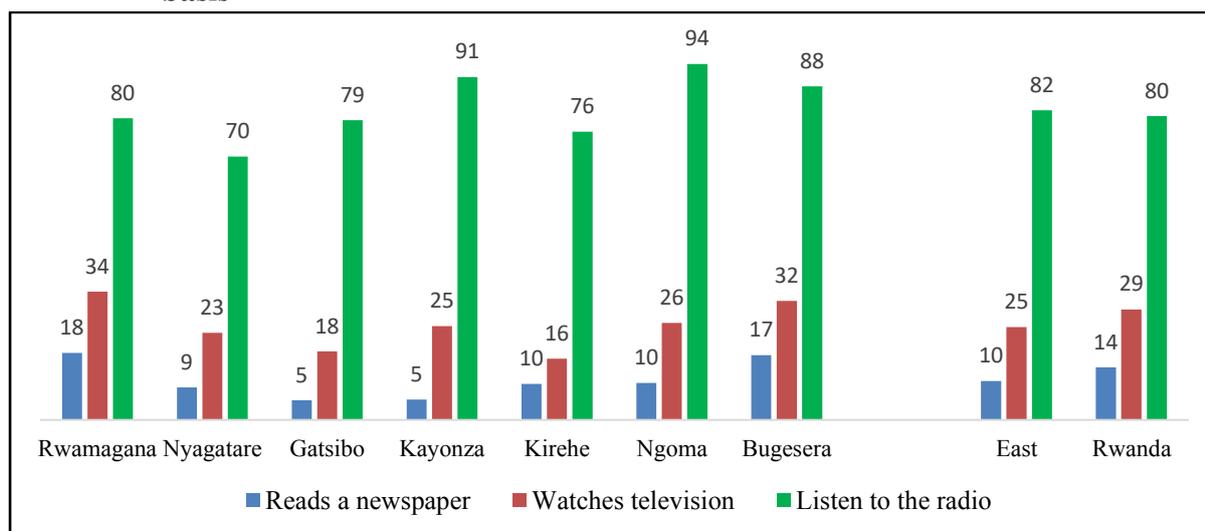
Trends: The exposure to mass media for women in East has increased for all three medias compared to RDHS 2014-15, while for men is has decreased for all medias.

Figure 9: Percentage of women age 14-49 who are exposed to specific media weekly



Source: RDHS, 2019-20

Figure 10: Percentage of men age 14-49 who are exposed to specific media on a weekly basis



Source: RDHS, 2019-20

2.6 Current marital status

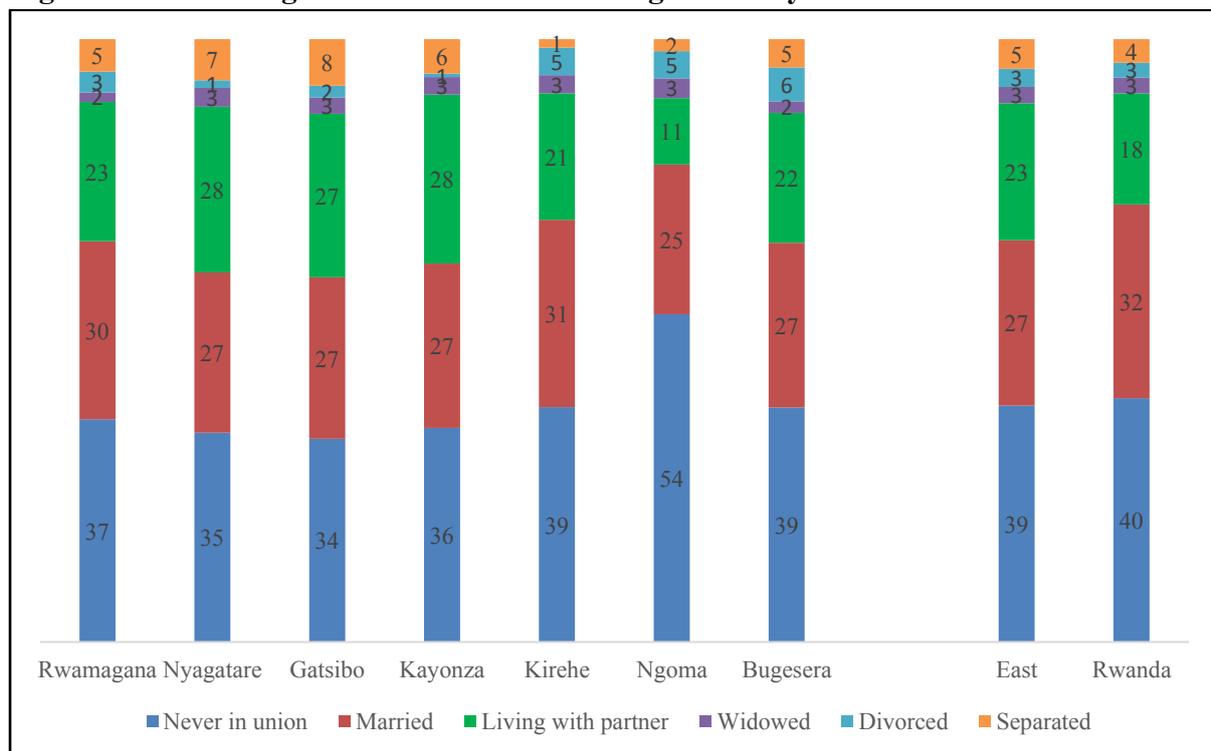
In figures 11 and 12 displayed below, the term *married* refers to men and women bound together legally, while *living together* refers to couples cohabiting in informal unions. People are considered *never married* if they have never been married or lived together with a partner. *Ever-married* people include those who are currently married as well as those who ever lived with a partner: widowed, separated or divorced.

Figures 11 and 12 show the distribution of women and men by marital status age 15 to 49. Overall 39 percent of women age 15-49 are never married compared to 43 percent of men age 15-49 in the East Province. The percentage of women 15-49 who have never been married is highest in Ngoma District (54 percent) and lowest in Gatsibo District (34 percent) among

women. Among men, it varies from 51 percent in Ngoma District to (40 percent) in Bugesera District. Overall, (60 percent) of women interviewed in the East province were in a union (Married or living together). This proportion is highest in Kirehe District (51 percent) and lowest in Ngoma District (36 percent). The East province count (3 Percent) of women that are widowed, (3 percent) divorced and (5 percent) separated.

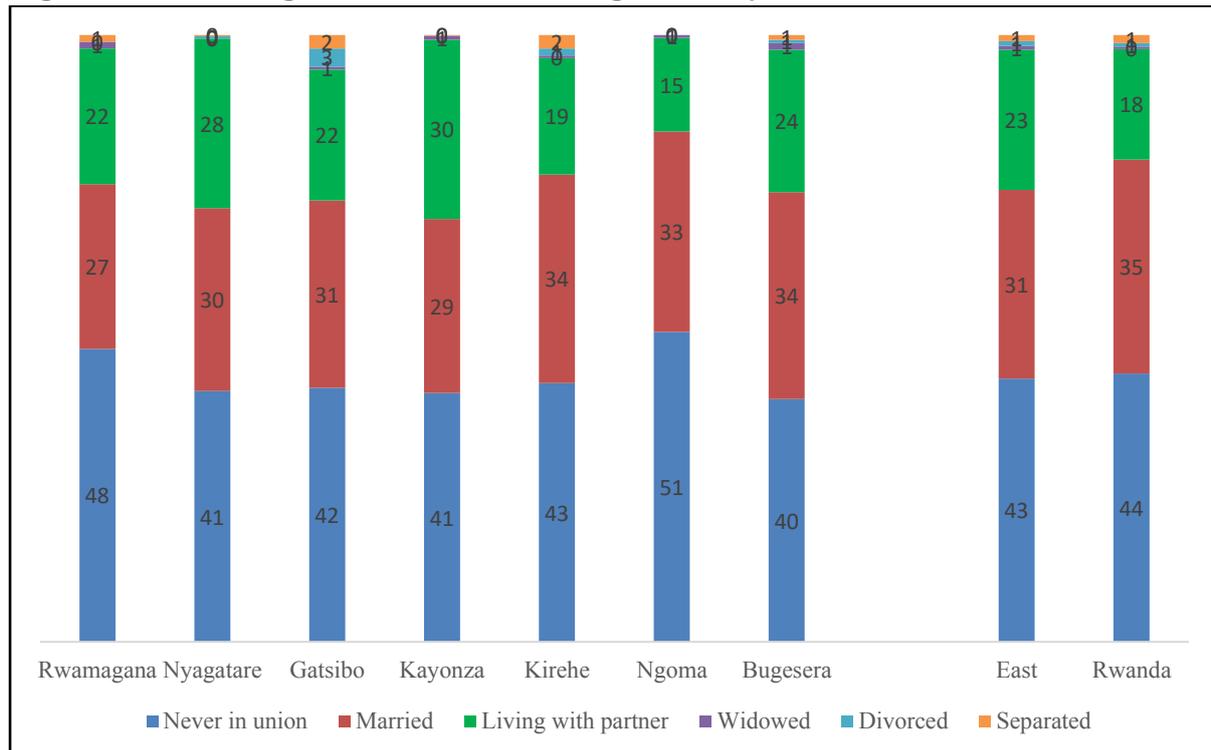
Trends: The percentage of women never married has increased from 32 percent in RDHS 2014-15 to 39 percent currently while the percentage of men decreased from 48 percent to 43 percent currently. Ngoma District had the highest increase in never married women and men from 32 percent and 43 percent respectively in RDHS 2014-15 to 54 percent and 51 percent respectively.

Figure 11: Percentage distribution of women age 15-49 by current marital status



Source: RDHS, 2019-20

Figure 12: Percentage distribution of men age 15-49 by current marital status



Source: RDHS, 2019-20

Chapter 3: Fertility determinants and fertility rates

This chapter analyzes the fertility determinants like age at first birth and age at first marriage as well as fertility rates gathered in the 2019-20 RDHS.

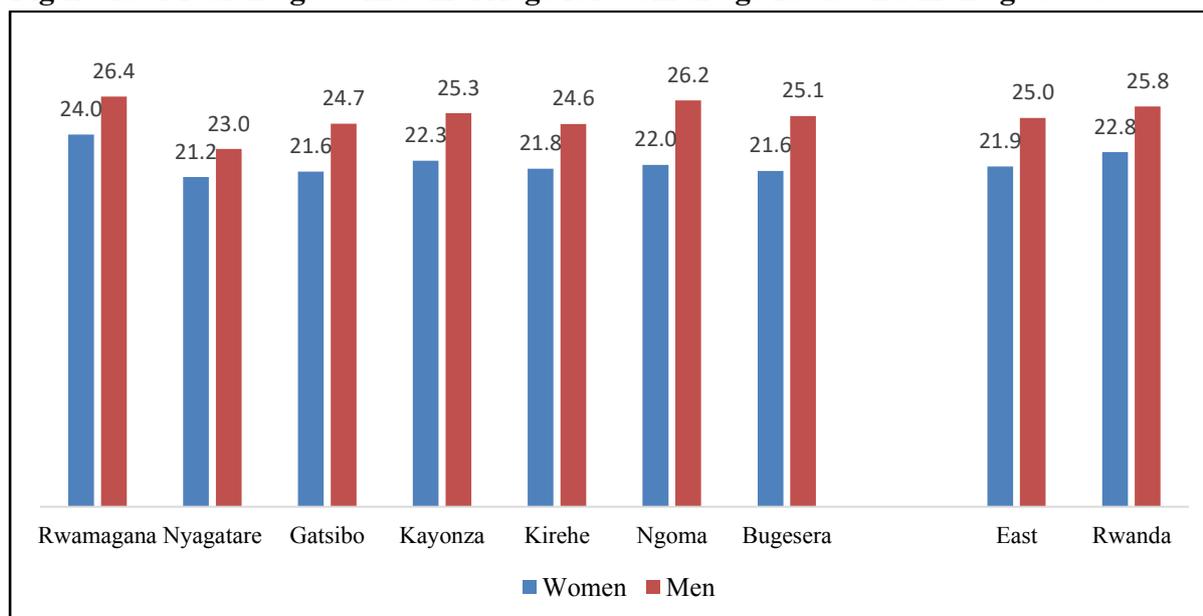
3.1 Median age at first marriage

Figure 13 shows the median age at first union among women age 25-49 and men 30-59. The median age at first marriage is 21.9 years and 25.0 years among women and men respectively in the East Province compared to 22.8 years versus 25.8 years for women and men at the national level.

The data show variations by District: among women, variations are not remarkable Nyagatare District has the earliest age at first union (21.2 years), while in other districts it is around 21.6 years to 24.0 years. Among men, Rwamagana District has the latest (26.4 years) and Nyagatare District has the earliest 23.0 years.

Trends: Compared to the RDHS 2014-15, there is a little change for median age at first marriage.

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



Source: RDHS, 2019-20

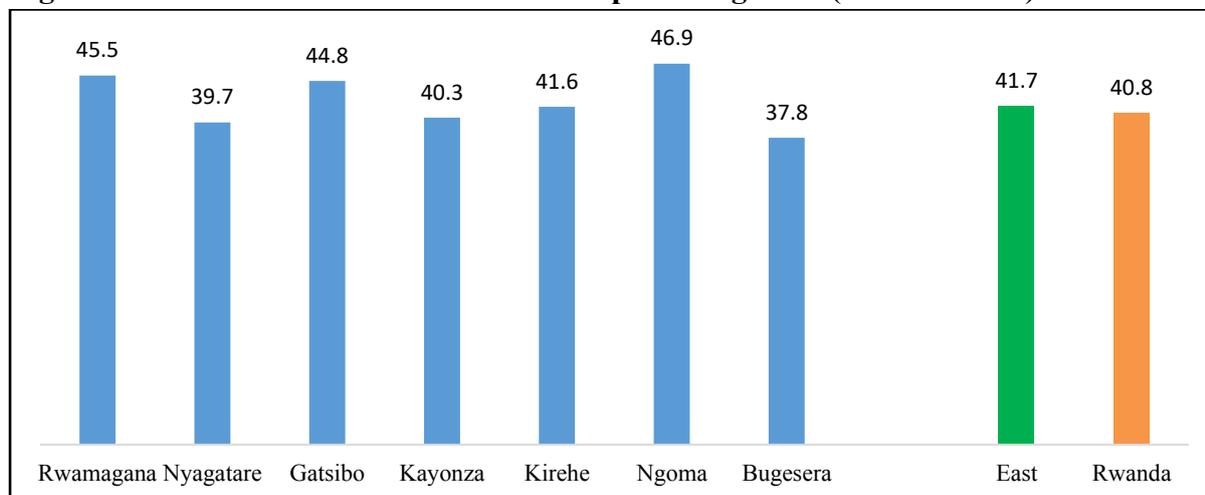
3.2 Birth intervals

Birth intervals, or the length of time between two successive live births, are important not only because they influence the health status of both mother and child but also because they play a role in fertility analysis and the design of reproductive health programs. Short birth intervals, particularly those less than 24 months, place newborns and their mothers at increased health risk.

The interval between births is 41.7 months in the East Province compared to 40.8 months at national level. By district, the birth interval varies from 46.9 months in Ngoma District to 37.8 months in Bugesera District.

Trends: Compared to RDHS 2014-15, there is no significant change in the interval between births it was from 40.3 months to 41.7 months in East Province. However, in Rwamagana District it has increased from 36.9 months to 45.5 months.

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



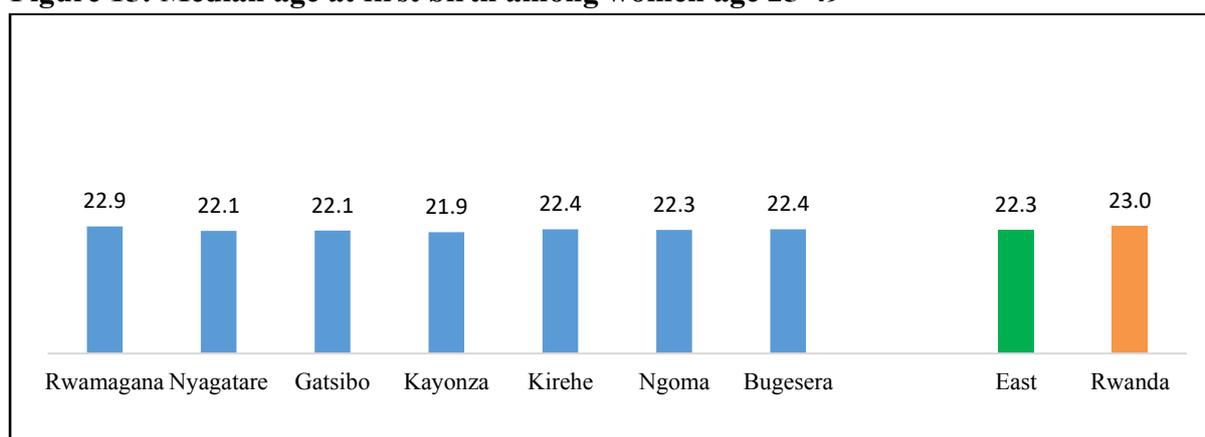
Source: RDHS, 2019-20

3.3 Median age at first birth

Figure 15 below shows the median age at first birth according to the age of women by district. The median age at first birth for women, age 25-49 in East province is 22.3 years as compared to 23 years at the national level. At the district level, the highest median age at first birth is 22.9 years in Rwamagana District and varies very little in all other districts at 22.4 years to 21.9 years.

Trend: The median age at first birth has almost remained the same to RDHS 2014-15 it was 22.1 years and now it is 22.3 years and the change is very little among districts.

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



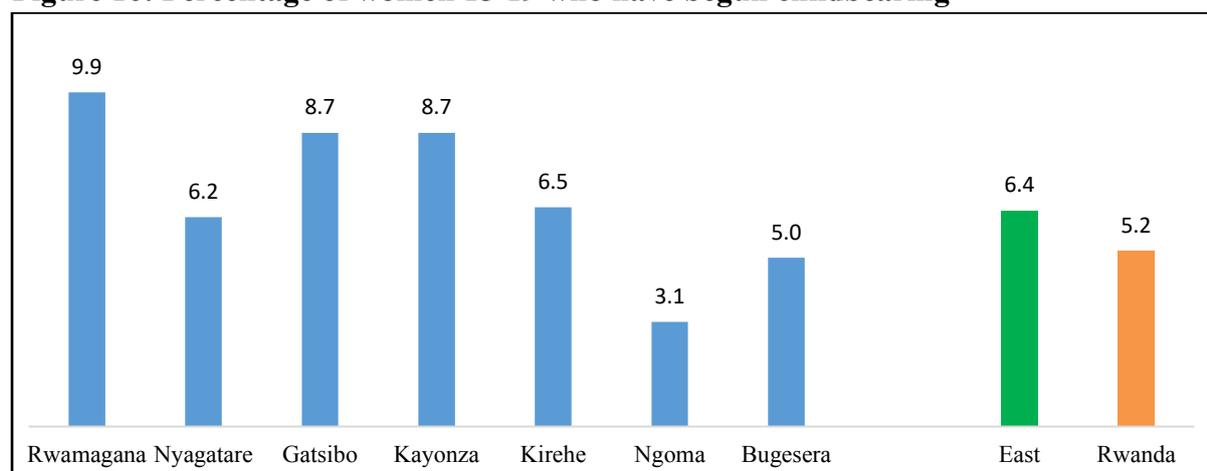
Source: RDHS, 2019-20

3.4 Teenage pregnancy and motherhood

Figure 16 shows the percentage of young women age 15-19 who have begun childbearing in their teenage age. Six percent of young women between age 15 and age 19 have already begun childbearing in the East Province while it is 5 percent at the national level. At the district level, the percentage of women age 15-19 who have begun childbearing varies from 3 percent in Ngoma District to 10 percent in Rwamagana District.

Trends: At the province level young women, age 15-19 who have begun childbearing in their teenage have reduced from 11 to 6 percent, except in Kirehe District where it remained at 7 percent between RDHS 2014-15 and RDHS 2019-20.

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



Source: RDHS, 2019-20

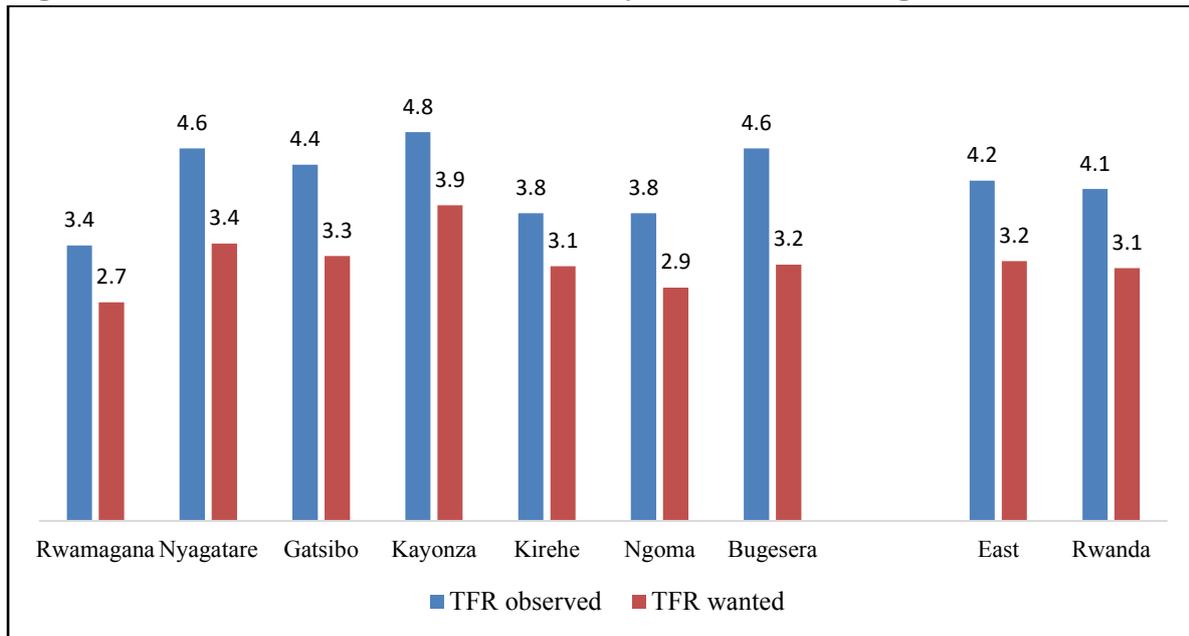
3.5 Wanted and Total fertility rate

Figure 17 compares the total wanted fertility rate (TWFR) with the current total fertility rate (TFR) for the five years preceding the survey. Calculation of the TWFR is the same as for the TFR, except those unwanted births are omitted. TWFR for women age 15-49 in the East Province is 3.2 children compared to 3.1 children at the national level.

At the Province level, the TFR is 4.2 and it is 4.1 at the National level. Among districts the TFR is lowest in Rwamagana District (3.4 children) and highest in the Kayonza District (4.8 children). Considering the gap between wanted and TFR, it is seen that there is a gap of 1 child in the East province. At the district level, the highest gap is observed in Bugsera District (1.4) and the lowest in Rwamagana and Kirehe districts (0.7).

Trends: Compared to the RDHS 2014-15, there is no significant change for Wanted and Total fertility rate. TWFR decreased from 3.5 to 3.2 and observed TFR decreased from 4.6 to 4.2.

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



Source: RDHS, 2019-20

Chapter 4: Family planning

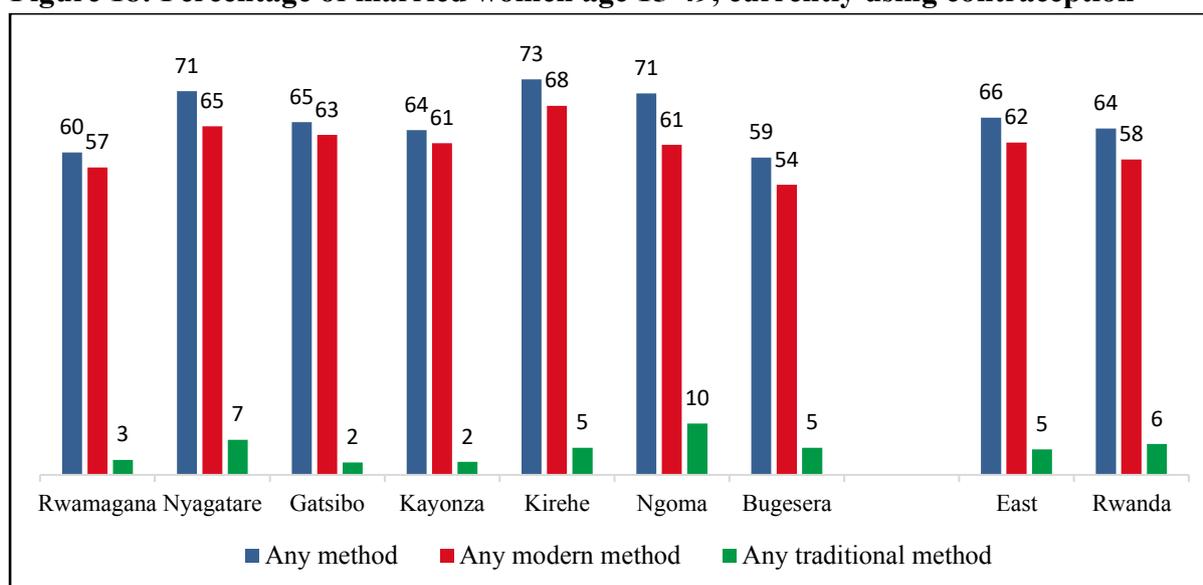
This section presents information on the prevalence of current contraceptive use among women age 15-49 at the time of the survey. The level of current use of contraceptives is one of the indicators most frequently used to assess the success of family planning program activities and one of the determinants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

4.1 Current use of contraception

Figure 18 shows that 66 percent of married women age 15-49 in the East Province are currently using any family planning method, among them 62 percent use any modern method, and 5 percent of women are using any traditional method. These figures are relatively the same at the national level. Women who are currently using the contraceptive method are high in Kirehe District (73 percent) and low in Bugesera District (59 percent) with the majority of women using any modern method and the minority using the traditional methods.

Trends: The percentage of married women age 15-49 in East province who use any contraceptive method has increased from 54 percent in RDHS 2014-15 to 66 percent in RDHS 2019-20 and in all the districts it has increased, especially Ngoma District had a higher increase from 57 percent to 73 percent.

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



Source: RDHS, 2019-20

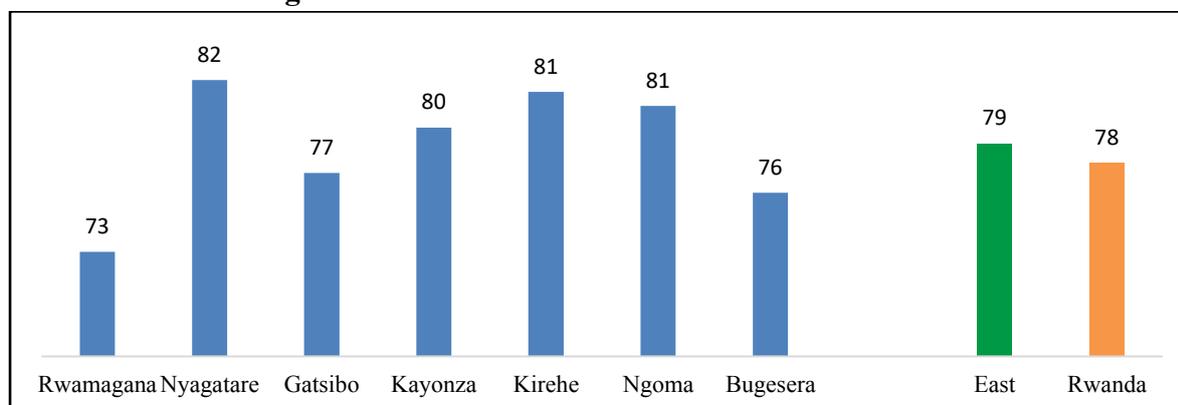
4.2 Demand for family planning

Figure 19 below describes the total demand for family planning among all women in the East Province (79 percent) is relatively the same as at it is at the national level (78 percent), at the District level; the total demand for family planning is highest in Nyagatare District (82 percent) and lowest in Rwamagana District (73 percent) among all women.

Trends: The total demand for family planning among currently married women in the East Province increased from 72 percent in RDHS 2014-15 to 79 percent in RDHS 2019-20. It has

highly increased in Nyagatare District from 72 percent to 82 percent and in other districts, the proportion increased.

Figure 19: Percentage of Total demand for family planning among currently married women age 15-49



Source: RDHS, 2019-20

4.3 Exposure to family planning messages

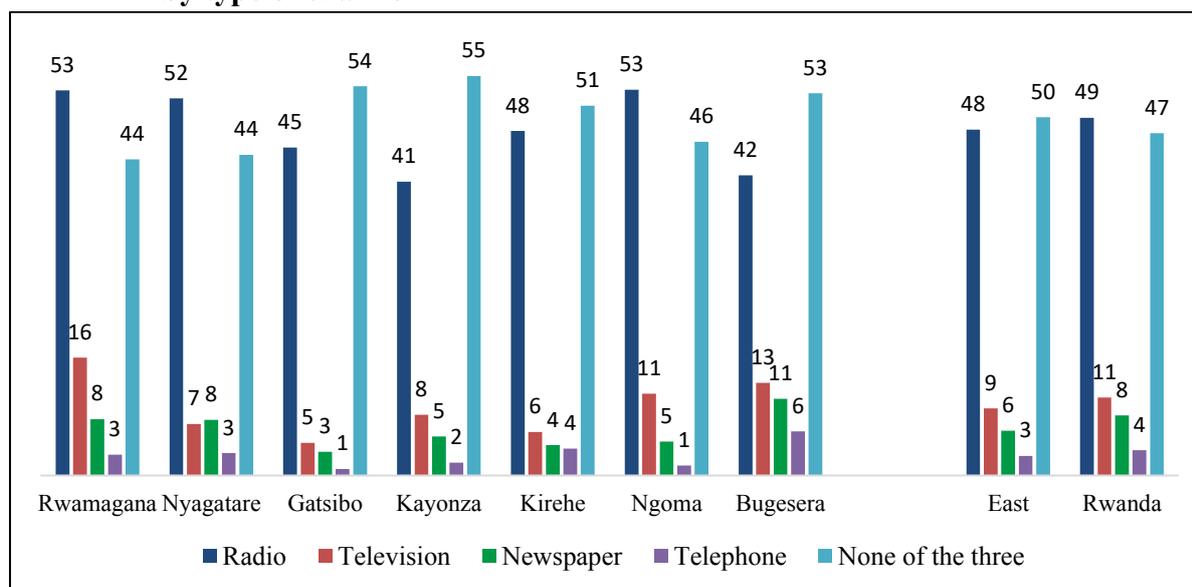
The mass media play an important role in communicating messages about family planning. Data on levels of exposure to radio, television, telephone, and printed materials are important for program managers and planners to effectively target population subgroups for information, education, and communication campaigns. To assess the effectiveness of family planning information disseminated through various media, respondents were asked if they had been exposed to family planning messages on the radio, on television, on the telephone, and in print (newspapers and magazines) in the few months preceding the survey.

Figure 20 and Figure 21 show that radio is the most widely accessed source of family planning messages in East province with 48 percent of women and 65 percent of men age 15-49 who have heard a family planning message on the radio in the past few months, as compared to 49 percent of women and 63 percent of men at the nation level. Nine percent of women and 12 percent of men reported having seen a family planning message on television or read it in a newspaper/magazine in the East Province.

It is also important to note that, 50 percent of women and 32 percent of men in East Province have not been exposed to any family planning messages in any of the four specified media sources. These proportions are almost the same in all districts.

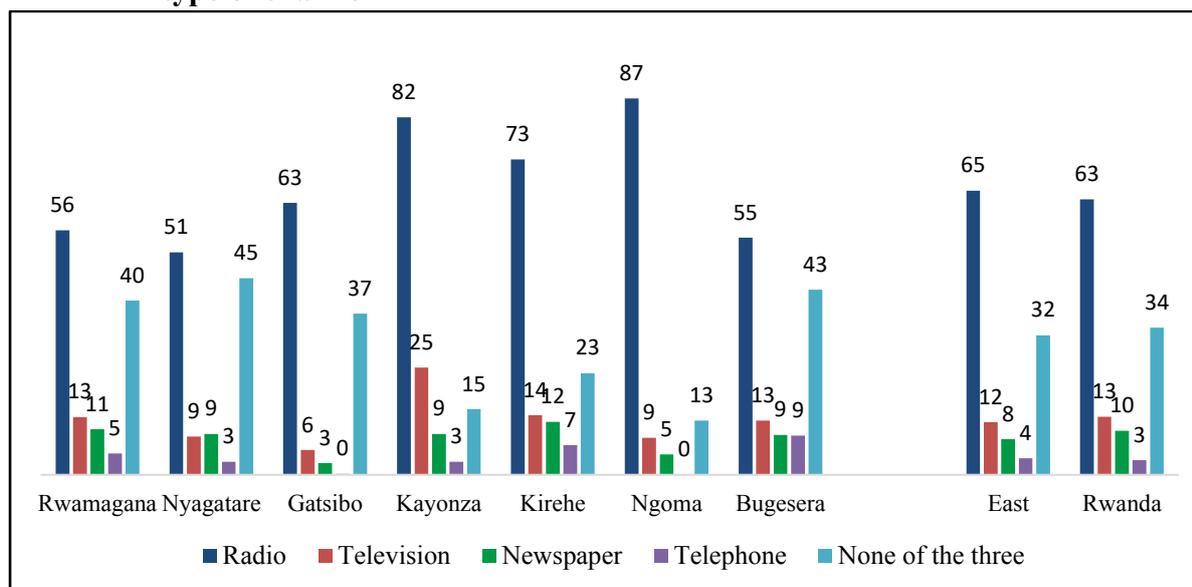
Trends: The proportion of people who have not been exposed to any family planning messages in any of the four specified media sources has increased in all districts of the East Province if compared to RDHS 2014-1.

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



Source: RDHS, 2019-20

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



Source: RDHS, 2019-20

Chapter 5: Maternal health

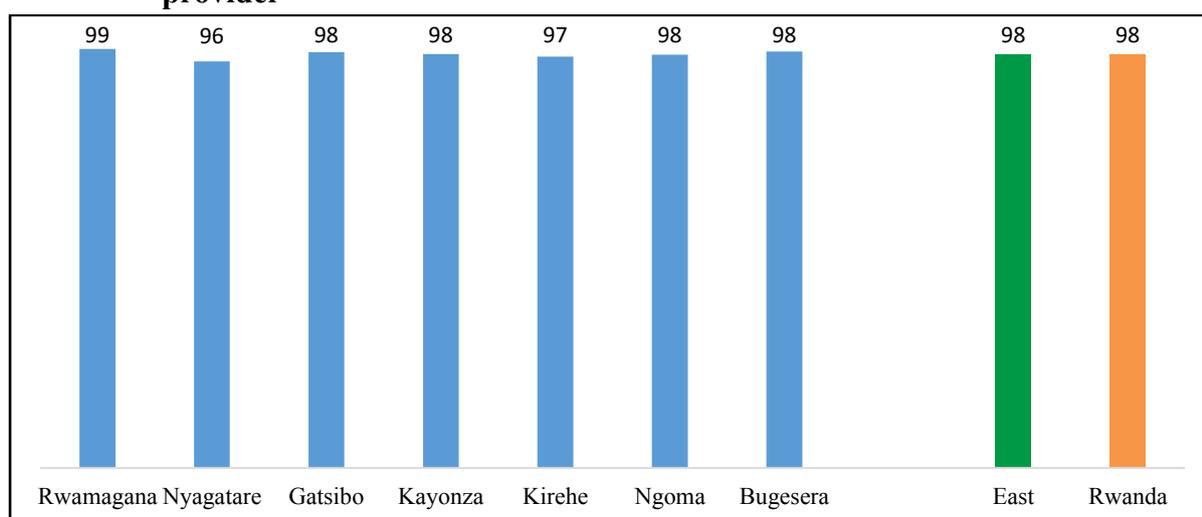
5.1 Antenatal care

Monitoring of pregnant women through antenatal care visits helps to reduce risks and complications during pregnancy, delivery, and the postpartum periods. The RDHS 2019-20 asked women who had had a live birth in the five years preceding the survey whether they had received antenatal care (ANC).

Figure 22 shows the percentage of women who had consulted any skill health provider during the pregnancy for their most recent birth. Nearly all mothers (98 percent) in the East Province received at least one antenatal care from a skilled provider for their most recent live birth in the five years preceding the survey as it is in Rwanda. Universal ANC from skilled personnel is almost the same in the districts of the East Province varies between 96 percent in Nyagatare District to 99 percent in Rwamagana District.

Trends: Compared to RDSH 2014-15 there was very slight little increase of percentage who received at least one antenatal care from a skilled provider for their most recent live birth in the five years preceding the survey in East province at province and at district level.

Figure 22: Percentage of women aged 15-49 who received antenatal care from a skilled provider¹



Source: RDHS, 2019-20

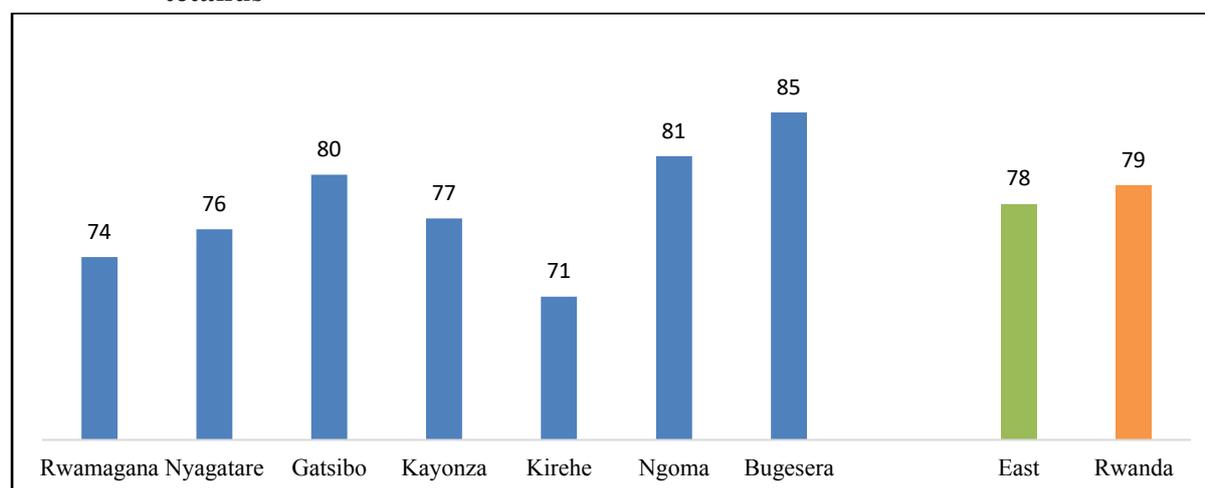
A **skilled provider**¹ includes doctor, nurse, medical assistant, and midwife

5.2 Mothers whose last birth was protected against neonatal tetanus

Neonatal tetanus is a major cause of death among newborns in developing countries. Tetanus toxoid injections are given to the mother during pregnancy to protect both mother and child against this disease. Figure 23 shows that in the East Province among mothers who had previous protection against tetanus, the proportion protected against tetanus is 78 percent and at the national level, 79 percent of pregnant women had previous protection against tetanus. According to the district, the proportion of mothers whose last birth was protected against neonatal care is higher in Bugesera District (85 percent), and lower in Kirehe District (71 percent)

Trends: Compared to RDHS 2014-15, the percentage of mothers who had previous protection against tetanus has declined at the province as well as at district levels. At the province level, it was from 82 percent to 78 percent. At the district level, it has reduced in almost all districts where the decrease is very significant in Kirehe District (from 93 percent in 2014-15 to 71 percent in 2019-20)

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



Source: RDHS, 2019-20

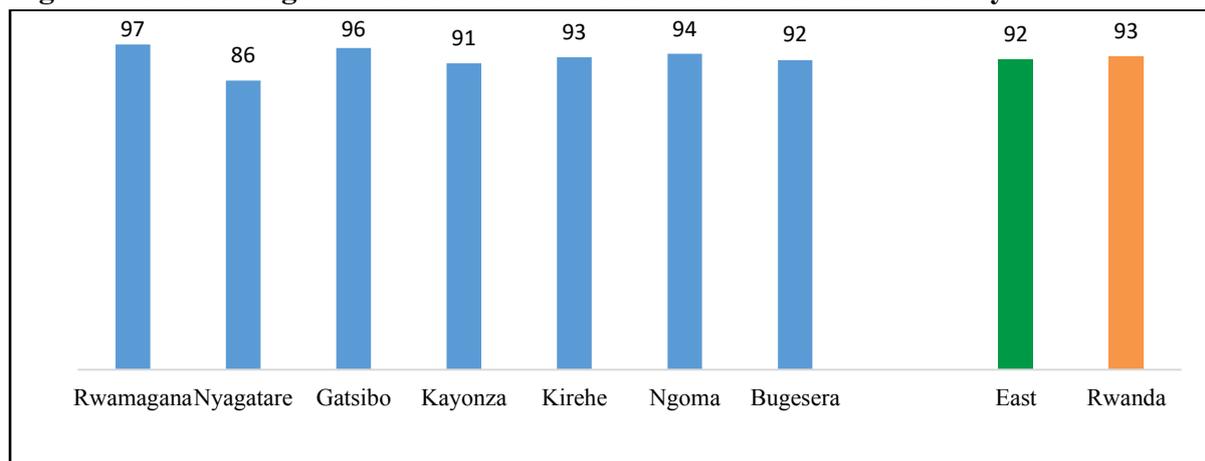
Note: Neonatal tetanus includes mothers with two injections during the pregnancy of their last birth or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time before the last birth.

5.3: Place of delivery

Since every pregnancy may be subject to complications, women are advised to deliver their babies in a health facility so that they access emergency services if needed during labor, delivery, and post-delivery. Figure 24 shows that in the East Province, 92 percent of births in the five years before the survey were delivered at a health facility, compared with 93 percent at the national level. At the District level, mothers in Rwamagana District (97 percent) are more likely to deliver in a health facility while they are lower in Nyagatare District (86 percent).

Trends: Compared to RDHS 2014-15, the percentage of mothers who delivered their babies at a health facility has increased from 89 percent to 92 percent in East Province. At the district level, they have increased in almost all district but especially in Rwamagana District (from 93 percent to 97 percent).

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



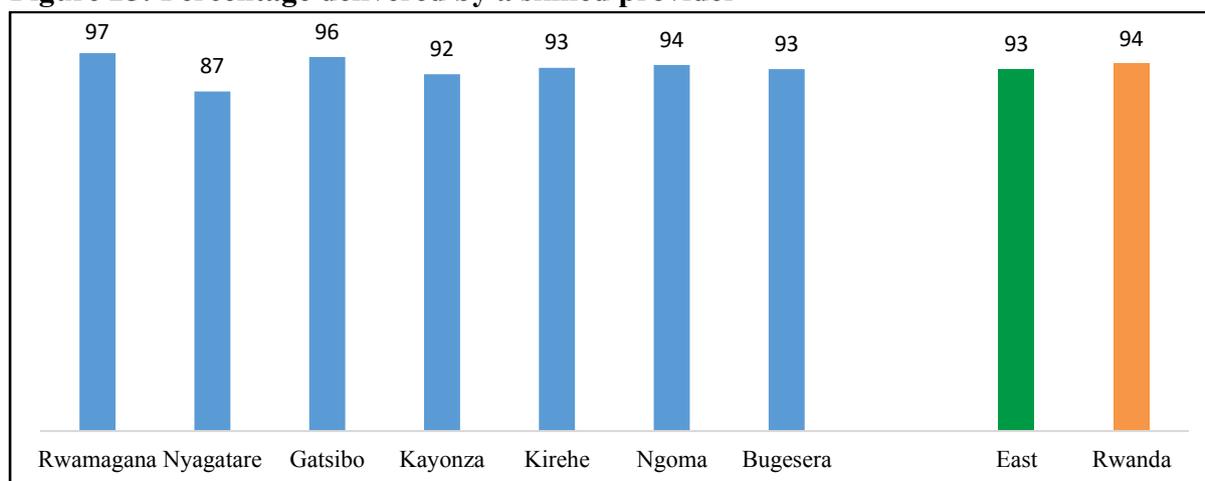
Source: RDHS, 2019-20

5.4: Assistance during delivery

To avoid the risk of complications and maternal deaths, women should be assisted during delivery by personnel who have received training in childbirth and who are able, if needed, to diagnose, treat, and refer complications on time. Figure 25 presents the percentage of mothers provided with assistance during the delivery by a health skilled provider. The results show that 9 in 10 births (93 percent) were assisted by a skilled health provider in the East Province, and it is almost the same at the national level (94 percent). This percentage is much higher in Rwamagana District (97 percent) and lower in Nyagatare District 87 percent.

Trends: Compared to RHDS 2014-15, the percentage of mothers provided with assistance during the delivery by a health skilled provider has increased from 89 percent to 93 percent at the province level. At the district level, the majority of districts were between 80 percent and 93 percent but in 2019-20, except Nyagatare District, the percentage of mothers provided with assistance during the delivery by a health skilled provider for the remaining districts is more than 90 percent.

Figure 25: Percentage delivered by a skilled provider



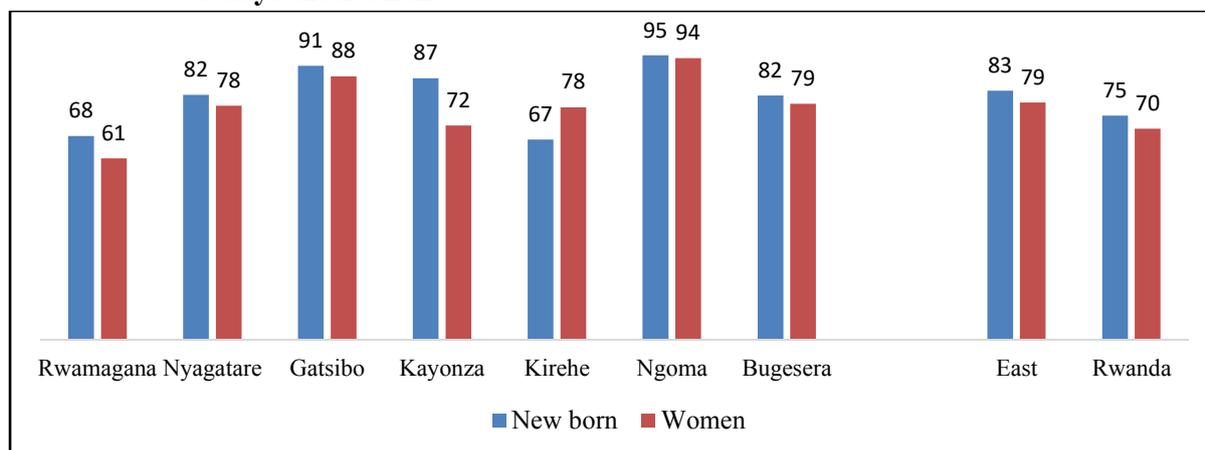
Source: RDHS, 2019-20

5.5: Postnatal checkup

Figure 26 describe the post-natal checkups among women and newborn. In the East Province, Seventy-nine percent of women and eighty-three percent of newborns had a postnatal checkup in the first two days after delivery, at the National level seventy percent of women and seventy-five of the newborn were checked. The proportion of women and children who received a postnatal checkup is high in Ngoma District (94 percent and 95percent respectively). For women, this percentage is lower in Rwamagana District (61 percent) and for children; it is low in Kirehe District where 67 percent of children were checked.

Trends: Compared to the RDHS 2014-15, there is a significant improvement for women and newborns in the East province (from 40 percent to 79 percent for women and, from 23 percent to 83 percent for newborn), and in other districts there is a very high increase in almost all districts except for Rwamagana District that has reduced from 96 percent to 61 percent for mother and 97 percent to 68 percent for newborn.

Figure 26: Percentage of women/newborns who received postnatal checkups in the first two days after birth



Source: RDHS, 2019-20

Chapter 6: Child health

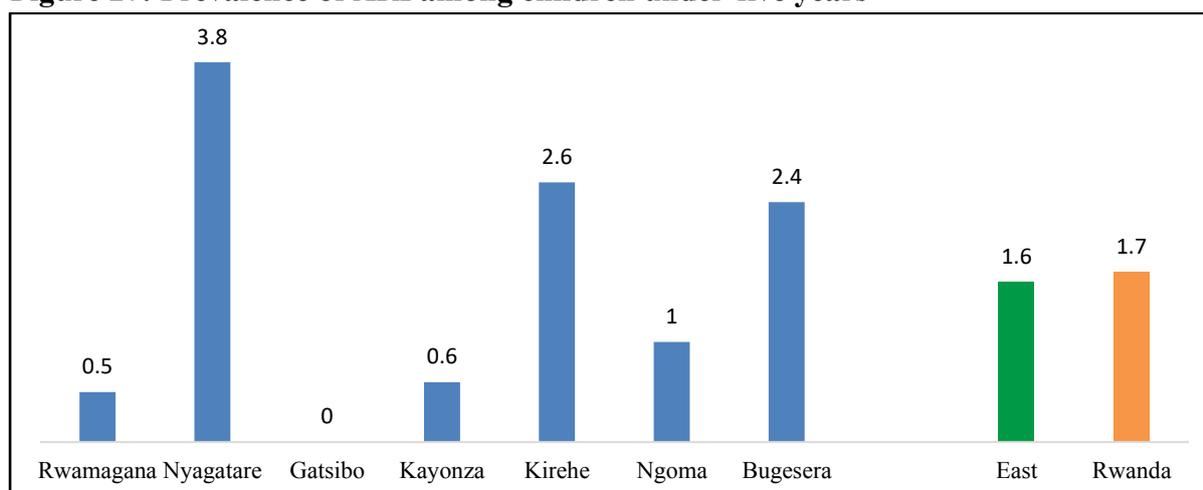
To assess the prevalence of the infections, mothers were asked if their children under age 5 had been ill with a cough during the two weeks preceding the survey and, if so, whether the cough had been accompanied by short, rapid breathing. It should be borne in mind that these data are subjective (i.e., based on the mother's perception of illness) and not validated by a medical examination.

6.1 Prevalence of Acute Respiratory infection (ARI)

Figure 27 shows that 1.6 percent of children under age 5 in the East Province had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey, compared to 1.7 percent at the national level. Results according to Districts of the East Province show a very higher prevalence of ARIs in Nyagatare District (3.8 percent), followed by Kirehe District (2.6 percent) and Bugesera District (2.4 percent). It is less than 1 percent in the remaining districts and there is no case in Gatsibo District.

Trends: Compared to the RDHS 2014-15, there is a notable decrease in acute respiratory infection where they have reduced from 5 percent to 1.6 percent at the province level. Ngoma District has decreased from 12 percent in RDHS 2014-15 to 1 percent in RDHS 2019-20.

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



Source: RDHS, 2019-20

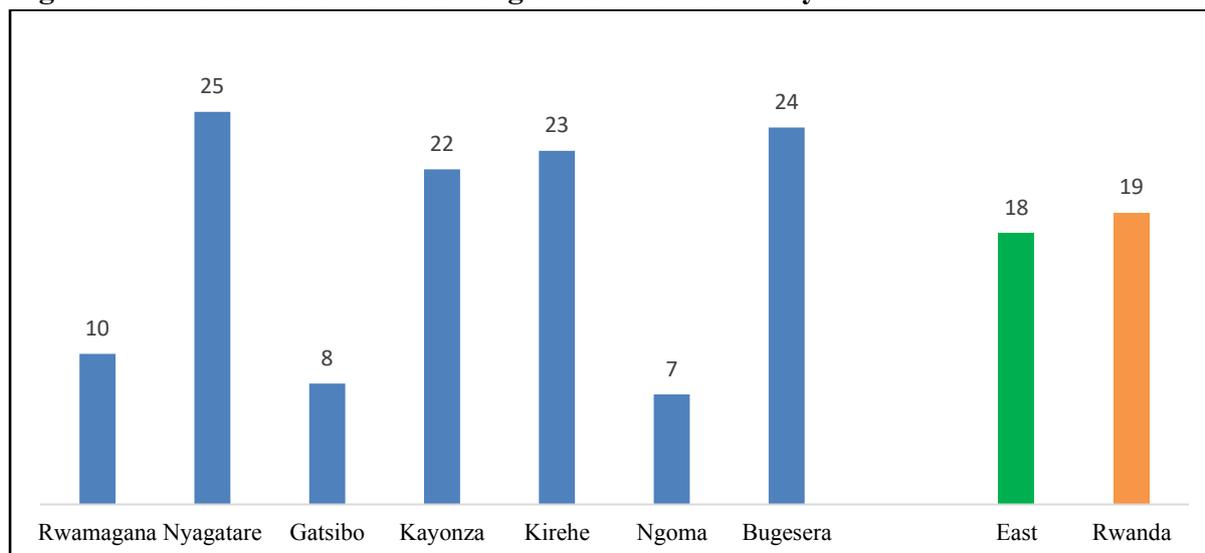
6.2 Prevalence of fever

Fever is the primary symptom of many illnesses such as ARI, malaria, and measles among others, which cause numerous deaths in developing countries. For this reason, mothers were asked whether their children had suffered from a fever during the two weeks preceding the survey.

Figure 28 shows that, in East Province, during this period, 18 percent of children had a fever compared to 19 percent at the national level. Under-five children in Nyagatare District were most likely to have had a fever (25 percent) and it is low in Ngoma District (7 percent).

Trends: Compared to the RDHS 2014-15, at the province level, the fever has reduced from 22 percent to 18 percent. Ngoma District is the one in which it has very reduced (from 41 percent in 2014-15 percent to 7 percent in 2019-20).

Figure 28: Prevalence of fever among children under five years



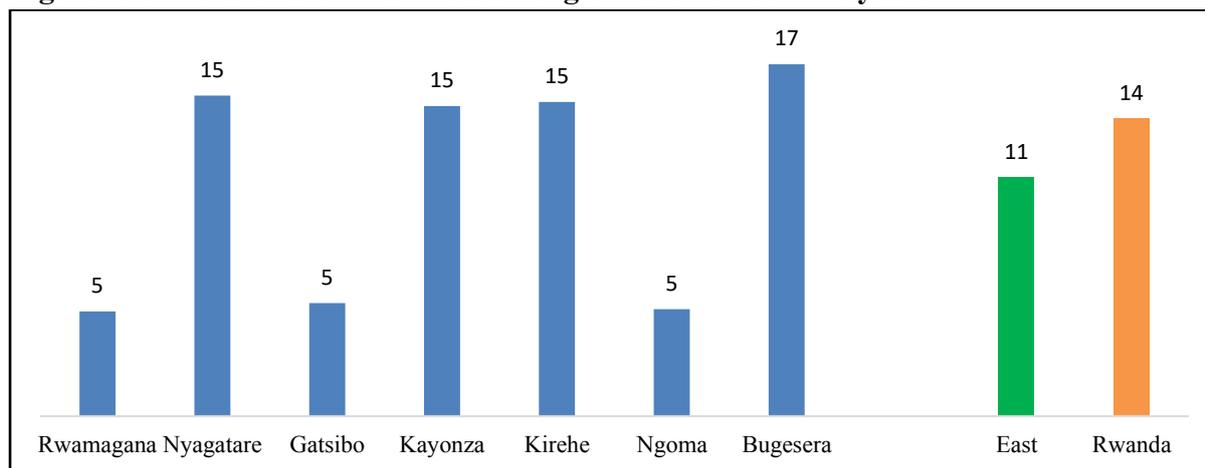
Source: RDHS, 2019-20

6.3 Prevalence of Diarrhea

Figure 29 shows that, according to mothers' reports, 11 percent of children had diarrhea in the two weeks preceding the survey in the East Province compared to 14 percent in Rwanda. The prevalence of diarrhea is especially high among children in Bugesera District (17 percent), followed by Nyagatare, Kayonza, and Kirehe districts with 15 percent each and, it is low in Ngoma, Gatsibo, and Rwamagana districts (5 percent each). Note that diarrhea prevalence has a positive relationship between the ages at which children begin to be weaned and consume foods other than breast milk.

Trends: Compared to the RDHS 2014-15, the prevalence of diarrhea has reduced from 12 percent to 11 percent in Est province. In Ngoma District, it has reduced from 25 percent to 5 percent.

Figure 29: Prevalence of Diarrhea among children under five years



Source: RDHS, 2019-20

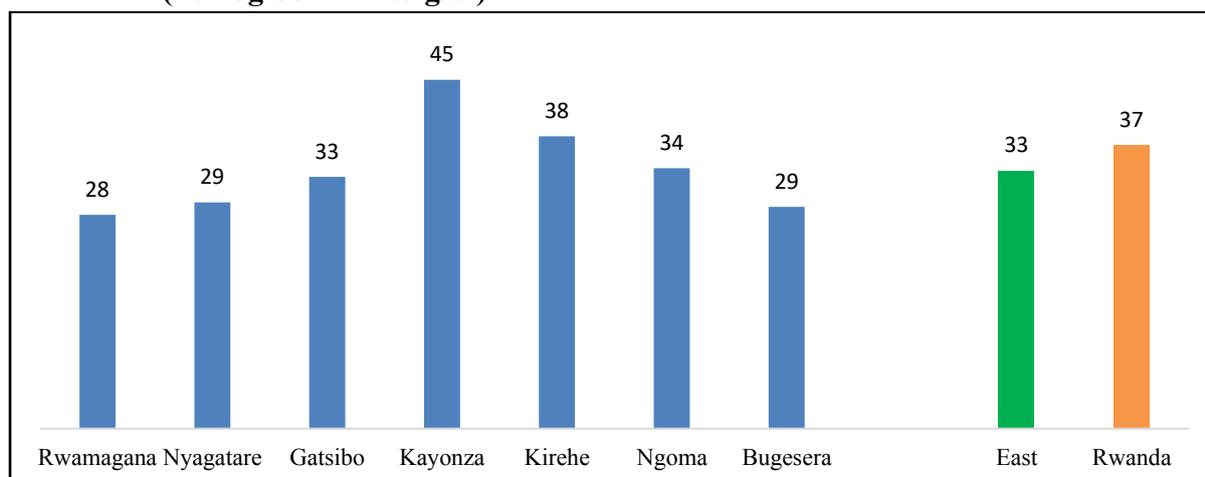
6.4: Anemia among children

Anemia is a condition characterized by a reduction in red blood cell volume and a decrease in the concentration of hemoglobin in the blood. Hemoglobin is necessary for transporting oxygen to tissues and organs in the body. Figure 30 presents anemia prevalence for children aged 6-59 months. Children with a hemoglobin level less than 11.0 g/dl are anemic. Overall, 33 percent and 37 percent of children aged 6-59 months in East province and Rwanda respectively have some level of anemia.

By District, Children in Kayonza District are more anemic with a higher percentage of 45 compared to Rwamagana District which has 28 percent of anemic Children.

Trends: Compared to RDHS 2014-15, at the province level, the percentage of anemic children has reduced (from 40 percent to 33 percent) and the reduction is very significant in Ngoma District (from 53 percent to 34 percent).

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



Source: RDHS, 2019-20

Chapter 7: Nutrition among children and women

Nutritional status is the result of complex interactions between food consumption and the overall status of health and care practices. Numerous socio-economic and cultural factors influence decisions on patterns of feeding and nutritional status. Adequate nutrition is critical to child growth, health, and development, especially during the period from conception to age 2. During this period, children who do not receive adequate nutrition can be susceptible to growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhea and acute respiratory infections (ARIs).

Among women, malnutrition can result in reduced productivity, increased susceptibility to infections, slow recovery from illness, and a heightened risk of adverse pregnancy outcomes. A woman, who has poor nutritional status, as indicated by a low body mass index (BMI), short stature, anemia, or other micronutrient deficiencies, has a greater risk of obstructed labor, of having a baby with low birth weight, of producing lower quality breast milk, of mortality due to postpartum hemorrhage, and of morbidity for both herself and her baby.

7.1 Nutritional status of children under 5

The nutritional status of children under five years of age is an important measure of children's health and growth. The anthropometric data on height and weight collected in the RDHS 2019-20 permit the measurement and evaluation of the nutritional status of young children in Rwanda.

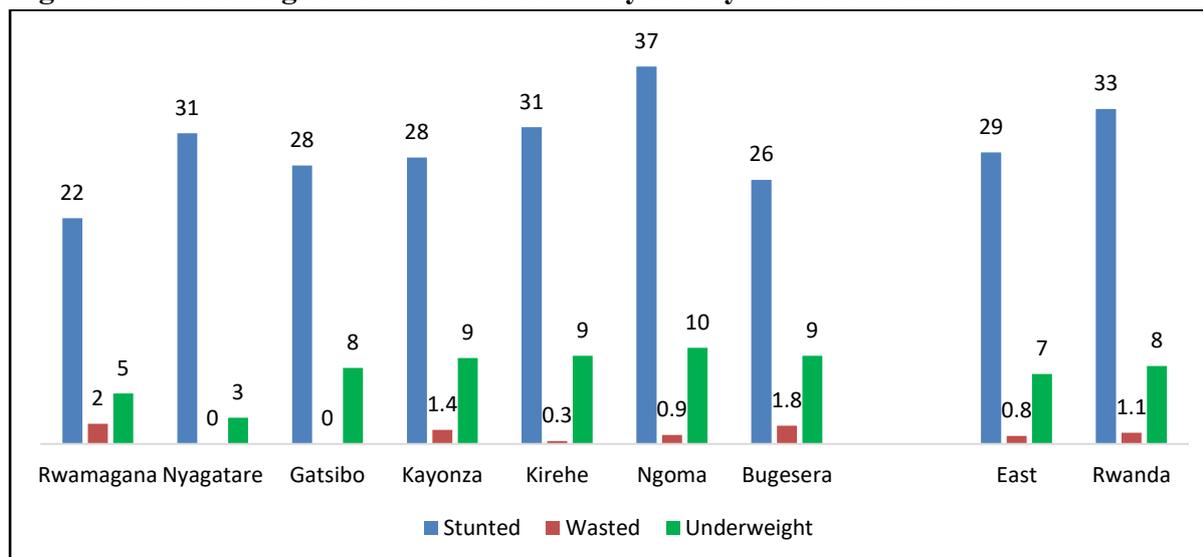
In East province, 29 percent of children under age 5 are stunted (too short for their age), and 33 percent are stunted at the national level (Figure 31). Variation in children's nutritional status by the district is quite evident, with stunting being highest in Ngoma District (37 percent) and lowest in Rwamagana District (22 percent).

Wasted (Too thin for their height) children under five years of age are 0.8 percent in East Province and 1.1 percent at the national level. The wasting prevalence is highest among children in Rwamagana District (2 percent) and there is no case in Nyagatare and Gatsibo districts.

Figure 31 shows also that 7 percent of children under five years of age in the East Province and 8 percent in Rwanda are underweight (low weight-for-age). Variation in children underweight by district shows that Ngoma District is the highest with 10 percent of children while Nyagatare District is the lowest with 3 percent of underweight children.

Trends: Compared to the RDHS 2014-15, stunted children under age 5 have reduced where it has reduced from 35 percent to 29 percent at the province level, and in Kayonza District, it has reduced from 42 percent to 28 percent. The wasting prevalence has reduced from 2 percent to 0.8 percent. With the exception of Rwamagana District where the situation did not change, there is a great reduction in all the other districts (in Ngoma District it is from 4 percent to 0.9 percent and it is from 3 percent to no case in Gatsibo District). The children who are underweight have reduced from 9 percent to 7 percent at province level. At the District level, it has reduced from 16 percent to 10 percent in Ngoma District.

Figure 31: Percentage of children under five years by Nutrition status



Source: RDHS, 2019-20

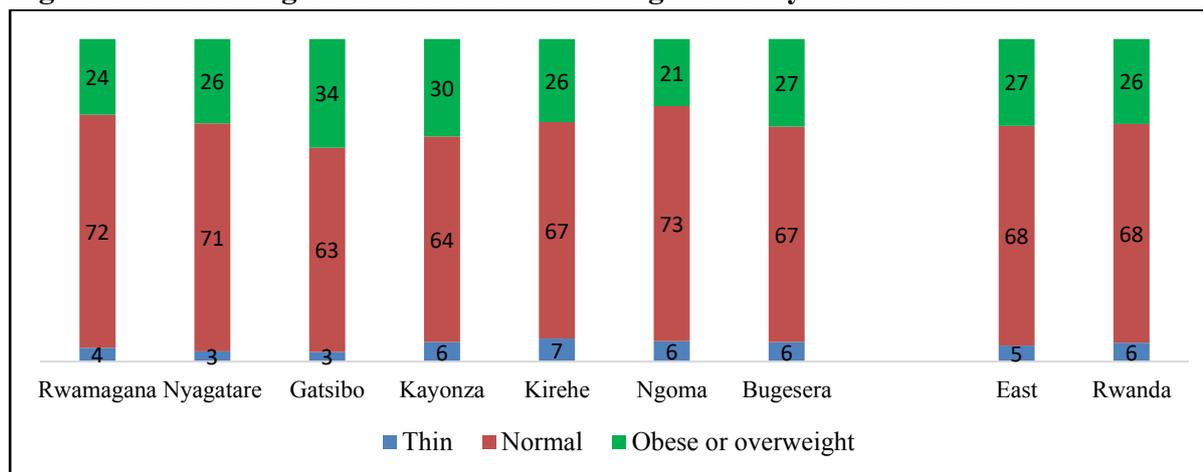
7.2 Nutritional status among women

Figure 32 presents the nutritional status and the proportions of women falling into two high-risk categories of nutritional status. Five percent of women at the provincial level and 6 percent at the national level are considered to be thin (BMI below 18.5). This proportion is much higher in Kirehe District (7 percent) and lower in Nyagatare and Gatsibo districts (3 Percent, each).

Twenty-seven percent of women are overweight or obese in the East Province as compared to 26 percent at the national level. Variation among districts is higher in Gatsibo District (34 percent) and lower in Ngoma District (21 percent). The percentage of normal standards women tends to be the same all over the districts of the East Province and varies from 63 percent to 73 percent.

Trends: Compared to the RDHS 2014-15, at the province level, the percentages of thin women and normal women have reduced (from 7 percent to 5 percent and 73 percent to 68 percent successively) but it has increased from 20 percent to 27 percent for obese women. At the district level, in all districts, the percentages of thin and normal women have decreased (except Kirehe District for thin women, Ngoma and Rwamagana districts for normal women) and the percentage of obese women has increased in all districts.

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



Source: RDHS, 2019-20

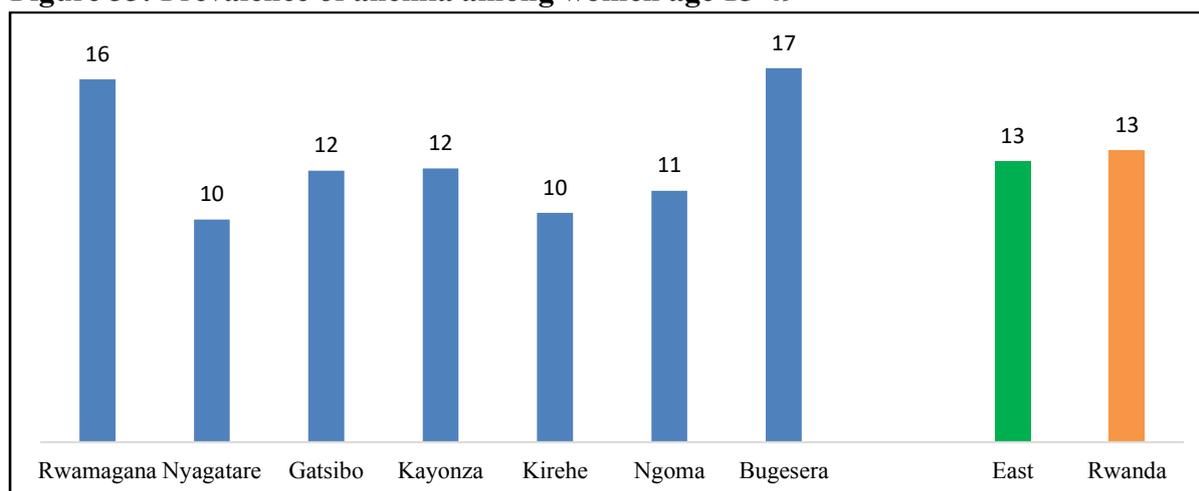
7.3 Prevalence of anemia among women

Figure 33 presents anemia prevalence among women aged 15-49 based on hemoglobin levels. Raw measured values of hemoglobin were obtained using the HemoCue instrument and adjusted for altitude and smoking status.

The data show that anemia is less prevalent among women than children (figure 30); 13 percent of women in the East Province and Rwanda have some level of anemia. The great majority of women with anemia are in Bugesera District (17 percent) followed by Rwamagana District (16 percent) and the lowest prevalence is in Nyagatare and Kirehe districts with (10 percent each).

Trends: Compared to the RDHS 2014-2015, it is clear that anemia has decreased from 22 percent to 13 percent at the province level. The decrease is significant in Kirehe District where it come from 31 percent to 10 percent.

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



Source: RDHS, 2019-20

Chapter 8: Malaria

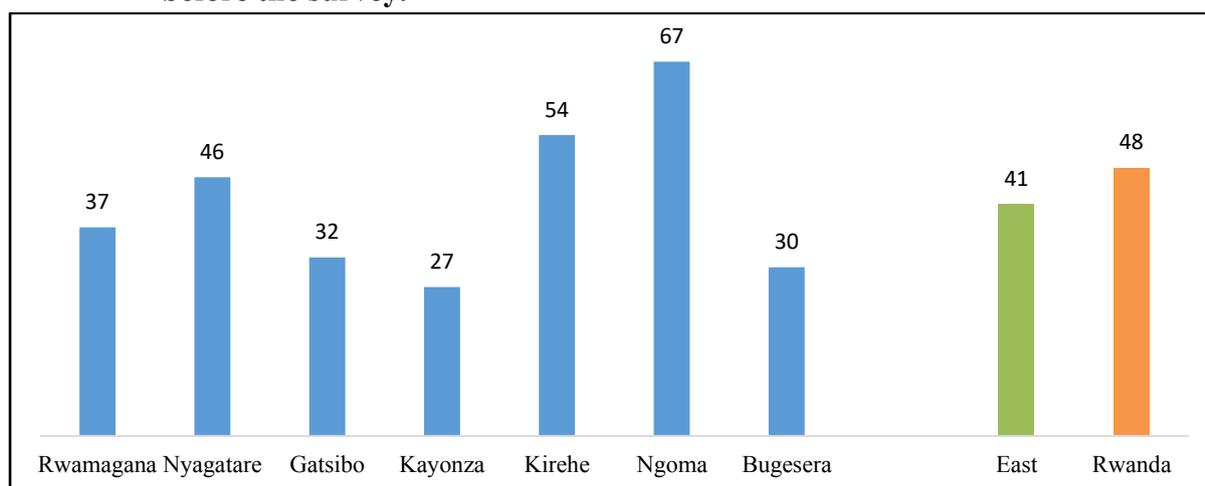
Malaria has been a major cause of morbidity and mortality in Rwanda for several years, with periodic epidemics in high-altitude areas. This section presents the RDHS 2019-20 household-level findings on the use of mosquito nets and malaria prevalence particularly among children under five years of age.

8.1 Use of Insecticide Treated Net (ITNs)

Figure 34 shows that 41 percent of the household population in the East Province slept under Insecticide Treated Net (ITN) the night before the survey, while 48 percent slept under an ITN at the national level. The proportion of the population that slept under an ITN the night before the survey is relatively low in the Kayonza District (27 percent) and high in Ngoma District (67 percent).

Trends: In East province, compared to RDHS 2014-15, the number of the de facto household population who slept under an ITN has dropped dramatically (from 65 percent in 2014-25 to 41 percent). In addition, it has dropped highly in Kayonza District from 75 percent to 27 percent.

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



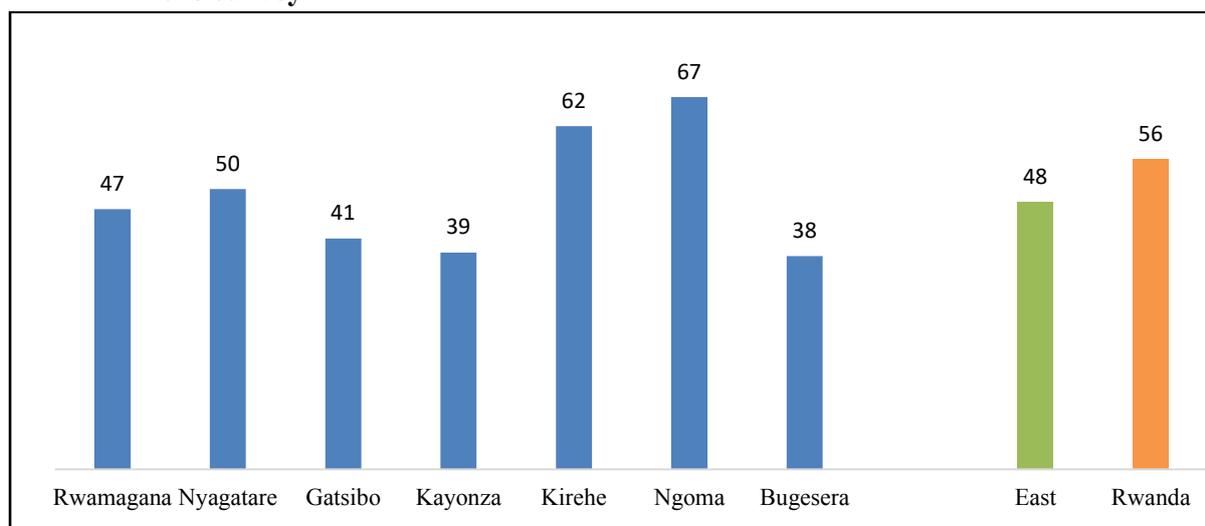
Source: RDHS, 2019-20

8.2 Use of ITNs among children

Children under 5 years of age are most vulnerable to severe complications of malarial infection due to their reduced immunity. Figure 35 shows the use of mosquito nets by children under age 5. Forty-eight percent of children under 5 years slept under a mosquito net the night before the survey in the East province compared to 56 percent in Rwanda. The percentage of children who slept under an ITN is higher in Ngoma District (67 percent) and lower in Bugesera District (38 Percent).

Trends: Compared to the RDHS 2014-15, the number of children who use ITNs has dropped from 71 percent to 48 percent East province. In addition, it has dropped highly in Bugesera District from 72 percent to 38 percent.

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

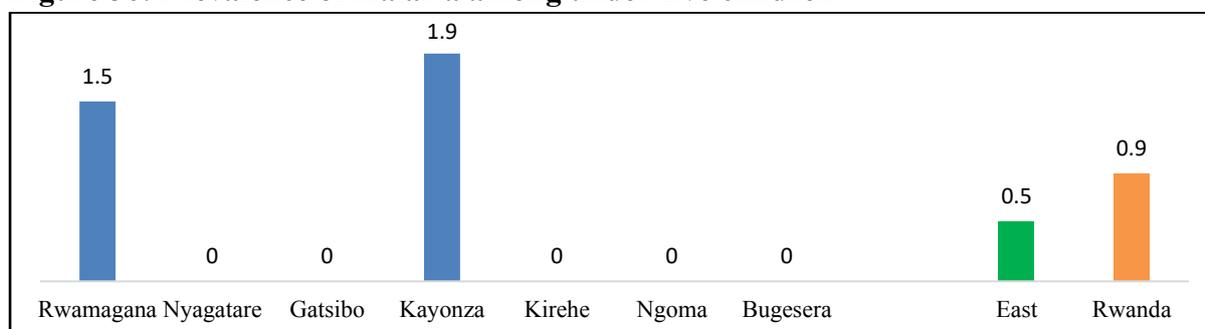


Source: RDHS, 2019-20

8.3 Prevalence of Malaria among children

Figure 36 shows the results of the microscopic diagnostic test (blood smear) among children who were tested. In the East Province, 0.5 percent of children age 6 to 59 months are infected with at least one form of malarial parasites, compared to 0.9 percent at the national level. The proportions of children with malaria were higher in Kayonza District (1.9 percent) and there were no cases in Nyagatare, Gatsibo, Kirehe, Ngoma, and Bugesera districts.

Figure 36: Prevalence of malaria among under-five children



Source: RDHS, 2019-20

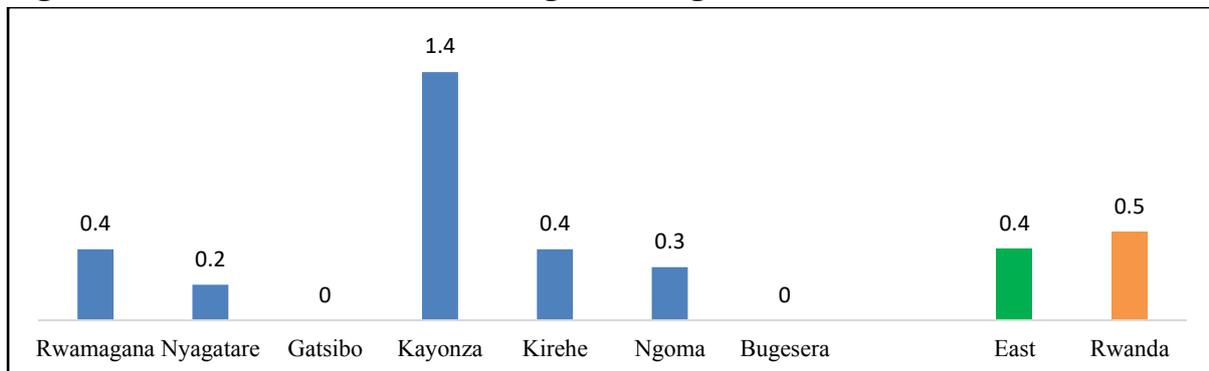
8.4 Prevalence of malaria among women

Women are less likely to be infected with malaria than children from the figure above. In the East Province, only 0.4 percent of women have malaria (figure 37). The proportions of women with malaria were higher in Kayonza District (1.4 percent) and dropped to 0 percent in Gatsibo and Bugesera districts that have almost no case of malaria for women.

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

The malaria prevalence results presented here cannot be compared to results from previous surveys that were conducted during peak malaria season.

Figure 37: Prevalence of malaria among women age 15-49



Source: RDHS, 2019-20

Chapter 9: HIV Attitude and Knowledge

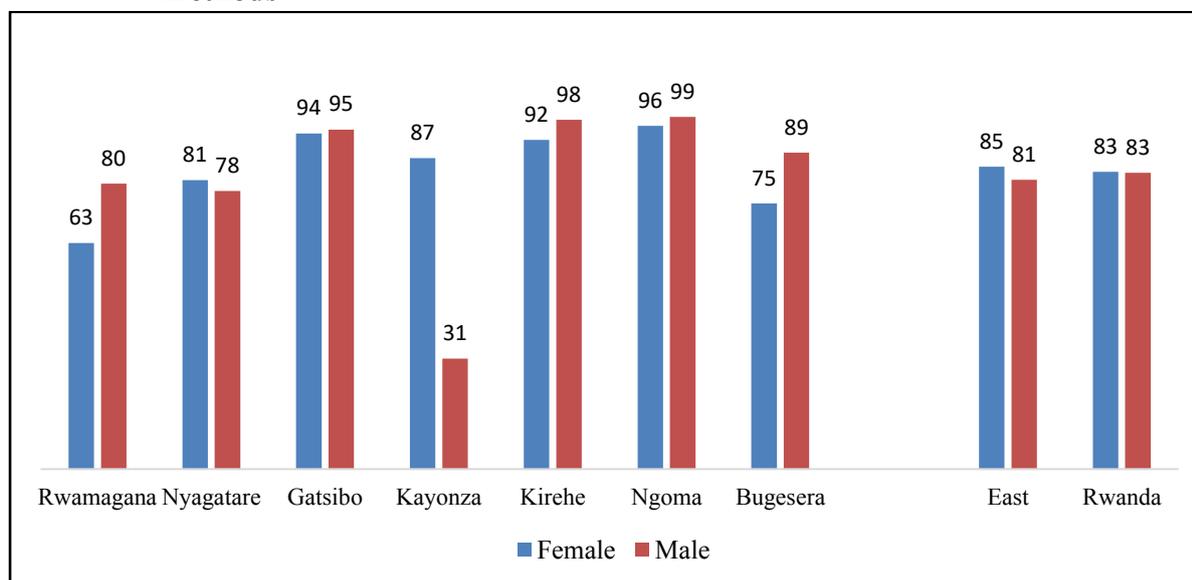
HIV infection is a major public health concern in Rwanda, where it is among the cause of mortality with negative social and economic consequences that affect people and the country. The following section will discuss the knowledge, attitudes, and HIV prevalence among youth and adults.

9.1 Complete knowledge of HIV prevention method

Figure 38 presents the percentage with complete knowledge of HIV and AIDS prevention methods among women and men age 15-49, by the districts of the East Province. In East province, 85 percent of women and 81 percent of men are aware that the risk of contracting HIV can be reduced by limiting sex to one uninfected partner who has no other partners and using condoms, compared to 83 percent of women and men each at the national level. Men are more likely to have complete knowledge than women in the districts of the East province except in Nyagatare and Kayonza districts.

Trends: Compared to the RDHS 2014-15, the percentage with complete knowledge of HIV and AIDS prevention methods among women and men age 15-49 has not significantly changed at the province level. However, some districts increased like Ngoma District from 76 percent to 99 percent for men and 86 percent to 96 percent for women. Even though a few districts decreased.

Figure 38: Percentage of respondents with complete knowledge of HIV prevention methods



Source: RDHS, 2019-20

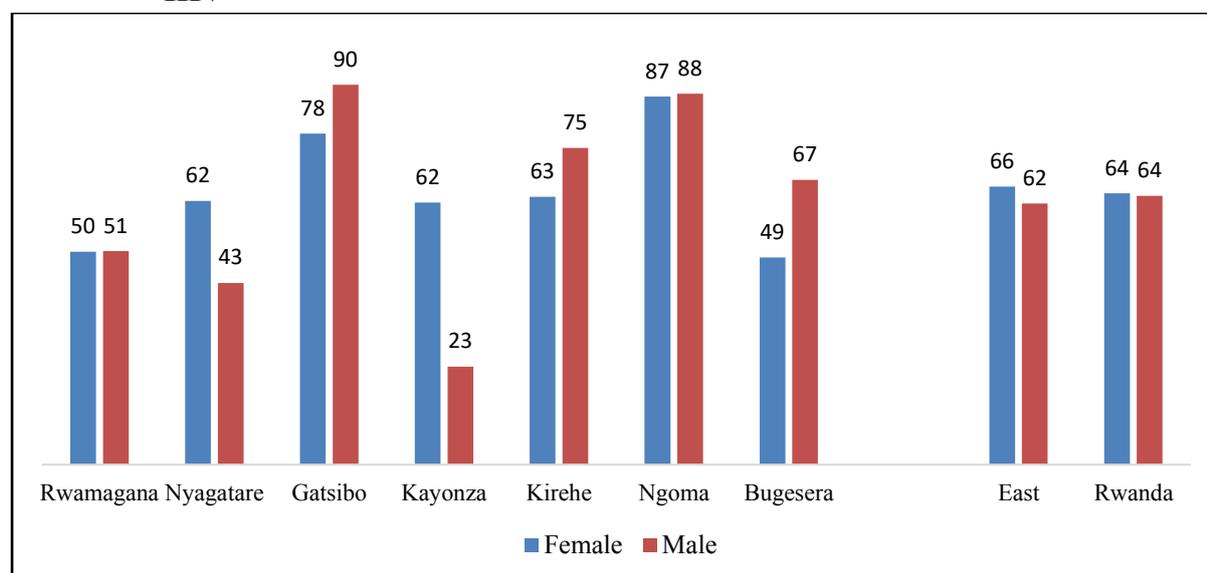
9.2 Comprehensive knowledge about HIV/AIDS transmission

The RDHS 2019-20 included questions on common misconceptions about the transmission of HIV/AIDS. Respondents were asked whether they think a healthy-looking person can have HIV/AIDS and whether a person can contract the HIV from mosquito bites, by supernatural means, or by sharing food with a person who has HIV/AIDS.

The results in figure 39 indicate that some Rwandan adults lack accurate knowledge about how HIV can and cannot be transmitted. Nevertheless, in East Province, 66 percent of women age 15-49 and 62 percent of men of the same age have comprehensive knowledge about HIV/AIDS; that is: a healthy-looking person can have the HIV/AIDS virus and are aware that the virus cannot be transmitted by supernatural means or by sharing food with a person who has HIV/AIDS or by a mosquito bite. Variations in the districts of the East province go from 49 percent among women in Bugesera District to 87 percent in Ngoma District and from 23 percent among men in Kayonza District to 90 percent in Gatsibo District.

Trends: Compared to the RDHS 2014-15, the comprehensive knowledge about HIV/AIDS at the province level, there is a slight little decrease among women (67 percent in 2014-15 and 66 percent in 2019-20). However, among men, there is a decrease from 71 percent to 62 percent. In addition to that, at the district level, there is an increase in Ngoma District from 49 percent to 87 percent for women and 59 percent to 88 percent for men.

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



Source: RDHS, 2019-20

9.3 Multiple sexual partners

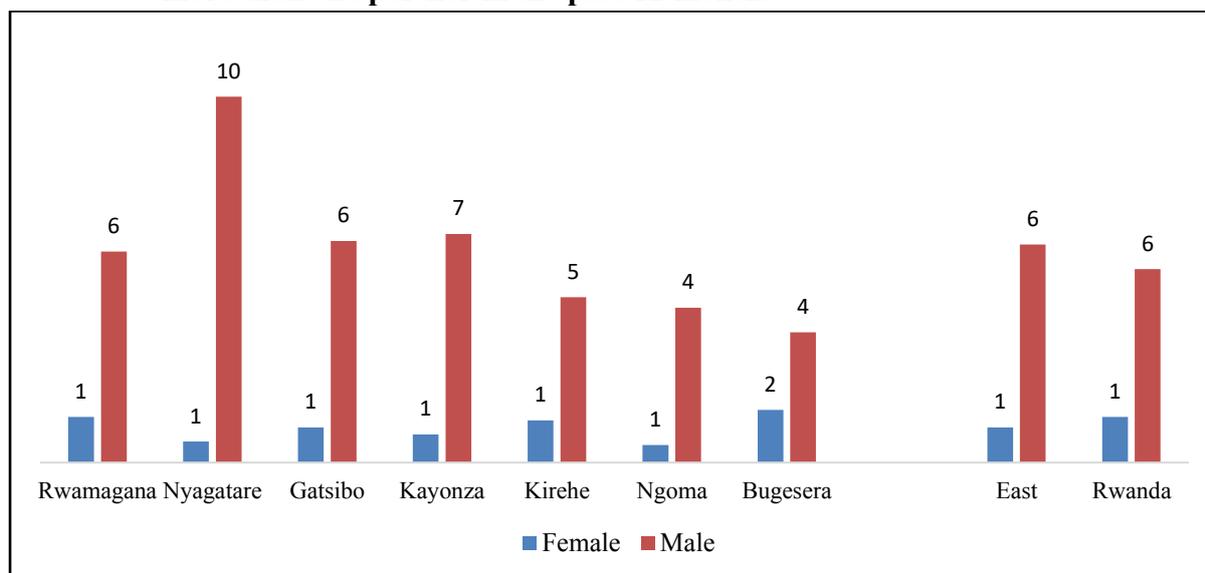
Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the disease. Given that questions about sexual activity are sensitive, it is important to remember when interpreting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

Figure 40 shows the percentage of women and men age 15-49 who had sexual intercourse with more than one partner in the last 12 months before the survey. Six percent of men and 1 percent of women in East province had two or more sexual partners, which is the same as the national level. Men living in Nyagatare (10 percent) are more likely to have multiple partners over the past 12 months than other men in the other districts. Women in Bugesera District (2 percent)

are more likely to have multiple partners over the past 12 months than other women in the other districts.

Trends: In East province, compared to RDHS 2014-15, among women, there is no increase in having more than one partner but there is an increase of 1 percent among men from 5 percent to 6 percent.

Figure 40: Percentage of women and men age 15-49 who had sexual intercourse with more than one partner in the past 12 months



Source: RDHS, 2019-20

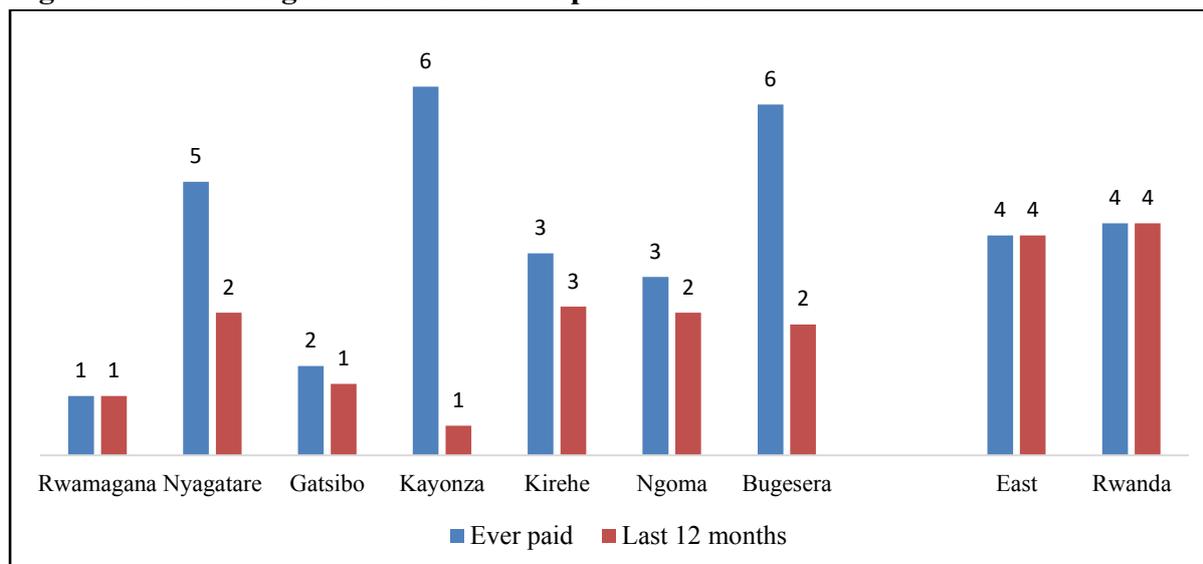
9.4 Payment of sex

Male respondents in the RDHS 2019-20 who had had sex in the last 12 months before the survey were asked whether they had ever paid anyone in exchange for sex and whether they had done so in that period.

The results in figure 41 shows that only 4 percent of men age 15-49 have ever paid for sexual intercourse and 4 percent had done so in the last 12 months before the survey in East Province as well as in Rwanda. Men who are living in Kayonza and Bugesera districts (6 percent) are most likely to have ever paid for sexual intercourse and Kirehe District had higher frequency of who paid sex in the last 12 months before the survey (3 percent).

Trends: Compared to the RDHS 2014-15, the percentage of men who paid for sex in the last 12 months has increased from 2 percent to 4 percent at province level and it has increased in most districts of East province.

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



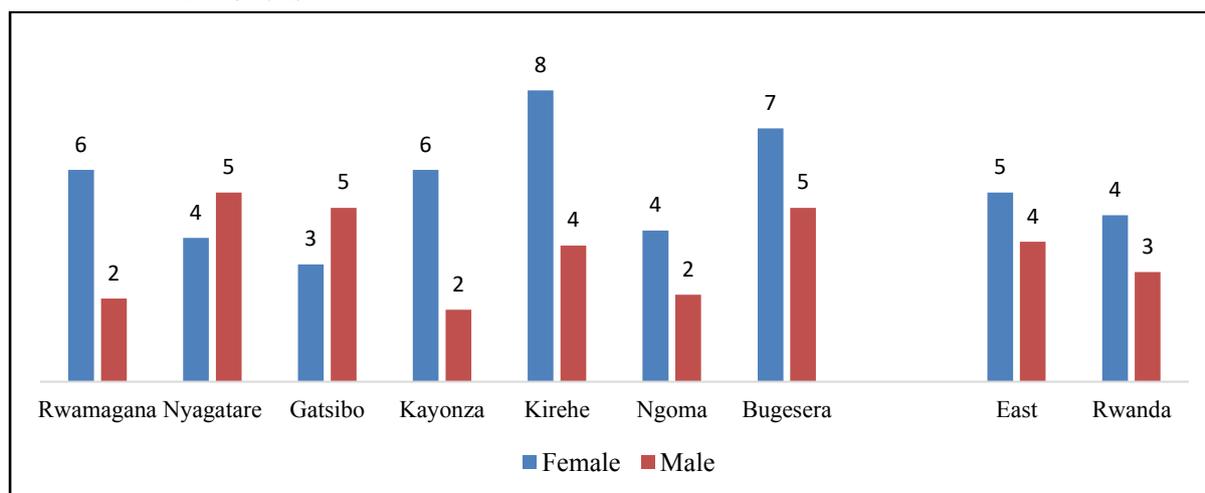
Source: RDHS, 2019-20

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

Figure 42 shows the self-reported prevalence of STIs and STI symptoms among women and men age 15-49 that have ever had sexual intercourse. In the East province, 5 percent of women and 4 percent of men had either any STI or symptoms of an STI in the 12 months preceding the survey, as compared to 4 percent of women and 3 percent of men at the national level. Having any STI and STIs symptoms among women is highly prevalent in Kirehe District (8 percent) as compared to other districts. Among men, having either any STI or symptoms of an STI in the 12 months preceding the survey is also higher in Nyagatare, Gatsibo, and Bugesera districts (5 percent) as compared to the rest of the districts of the East Province.

Trends: Compared to RDHS 2014-15, the prevalence of sexually transmitted infections (STIs) and STI symptoms in the last 12 months has significantly decreased in East Province from 14 percent to 5 percent for women and, from 7 percent to 4 percent for men. In addition to that, in all districts, the prevalence has decreased among women and men, but among Men, in Nyagatare, and Kirehe districts, the prevalence has increased and in Bugesera District for both sexes.

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



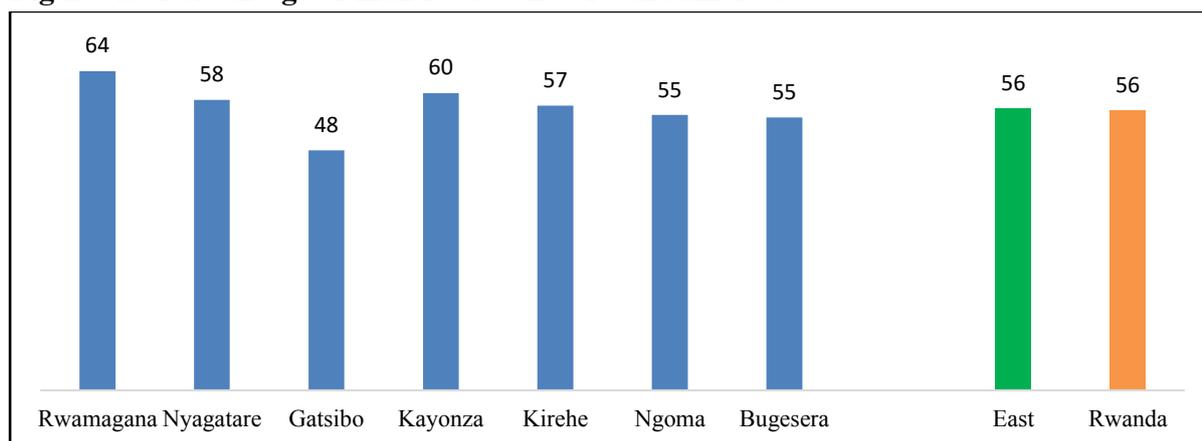
Source: RDHS, 2019-20

9.6 Practice of Circumcision

Studies have shown that male circumcision, which involves the removal of the foreskin of the penis, is associated with lower susceptibility to the transmission of STIs, including HIV. Consequently, WHO recommends male circumcision as an HIV prevention method. In East province as well as in Rwanda, 56 percent of men age 15-49 have been circumcised. By district, the proportion of men who are circumcised is highest in Rwamagana District (64 percent) and lowest in Kayonza District (48 percent).

Trends: In East Province, the percentage of circumcised men has increased significantly from 27 percent to 56 percent. At district level, it has increased in all districts but the increase is high in Kayonza District where it increased from 19 percent to 60 percent.

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



Source: RDHS, 2019-20

Chapter 10: Women empowerment

Women empowerment is an important factor in the development, poverty reduction, and improvements in the standard of living. This chapter presents information on factors that affect the status of women in society: control over cash earnings, earnings relative to those of their husbands, and participation in decision-making.

10.1 Control over women's cash earnings and relative magnitude of women's cash earnings

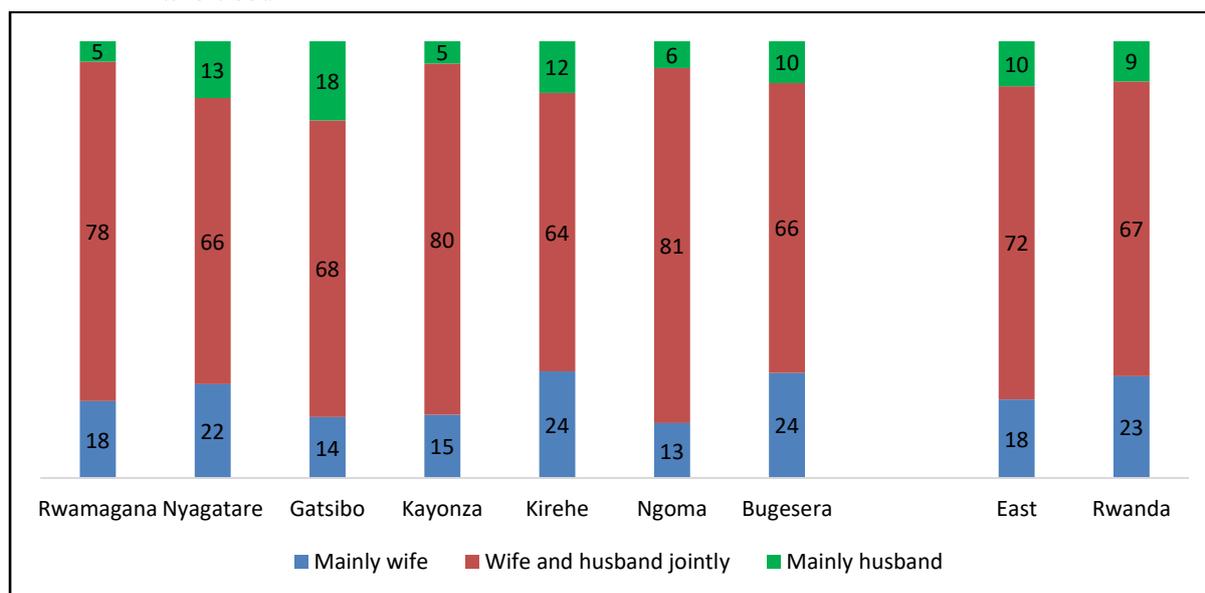
To assess women's autonomy, currently married women who earned cash for their work in the 12 months preceding the survey were asked who usually decides how their earnings are spent and were also asked the relative magnitude of their earnings compared with those of their husbands. This information is an indicator of women's control over their earnings, as it is expected that employment and earnings are more likely to empower women if women themselves control their earnings and perceive them as significant relative to those of their husbands.

Figure 44 shows the percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey, by the person who decides how the cash earnings are used. Eighteen percent of women in the East Province and 23 percent at the national level mainly decide for themselves how their earnings are used, whereas 72 percent in East province and 67 percent in Rwanda of women say that they make joint decisions with their husbands. Ten percent of women in the East province compared to 9 percent at the national level reported that mainly their husbands make decisions regarding how their earnings are spent.

The percentage of women who mainly decide themselves how their earnings are spent is higher in Kirehe and Bugesera districts (24 percent) and lower in Ngoma District (13 percent). Women in Gatsibo and Nyagatare districts are more likely to report that their husbands mainly decide how to spend their earnings than women in the other districts (18 percent and 13 percent, respectively).

Trends: Compared to the RDHS 2014-15, the percentage of women and husbands who jointly make the decision together regarding how their earnings are spent has increased from 65 percent to 72 percent in East province.

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



Source: RDHS, 2019-20

Figure 45 shows the women's earnings relative to their husbands’ earnings during the 12 months preceding the survey. Fifty-four percent of women in the East Province report that they earn less than their husbands, 9 percent report that they earn more than their husbands, and 33 percent earn about the same as their husbands. The proportion of women who earn less than their husbands at the national level is estimated at 58 percent, whereas 12 percent report earning more than their husbands, and 26 percent report earning about the same as their husbands. Ngoma had a high percentage of women who earns the same as their husbands (46 percent).

Trends: Compared to RDHS 2014-15, the women's earnings relative to their husbands show that those who earn more have increased from 7 percent to 9 percent in East Province. In addition to that, women in Rwamagana District who earn more compared to their husbands increased from 4 percent to 11 percent.

Figure 45: percentage distribution of currently married women according to their cash earnings in comparison to their husbands.



Source: RDHS, 2019-20

10.2 Control over men's cash earnings (Women and men)

Figures 46 and 47 show the percentage distribution of currently married women 15-49 according to their report on who decides how the men cash earnings is used and distribution of currently married men 15-49 according to their report on who decides how the men cash earnings are used.

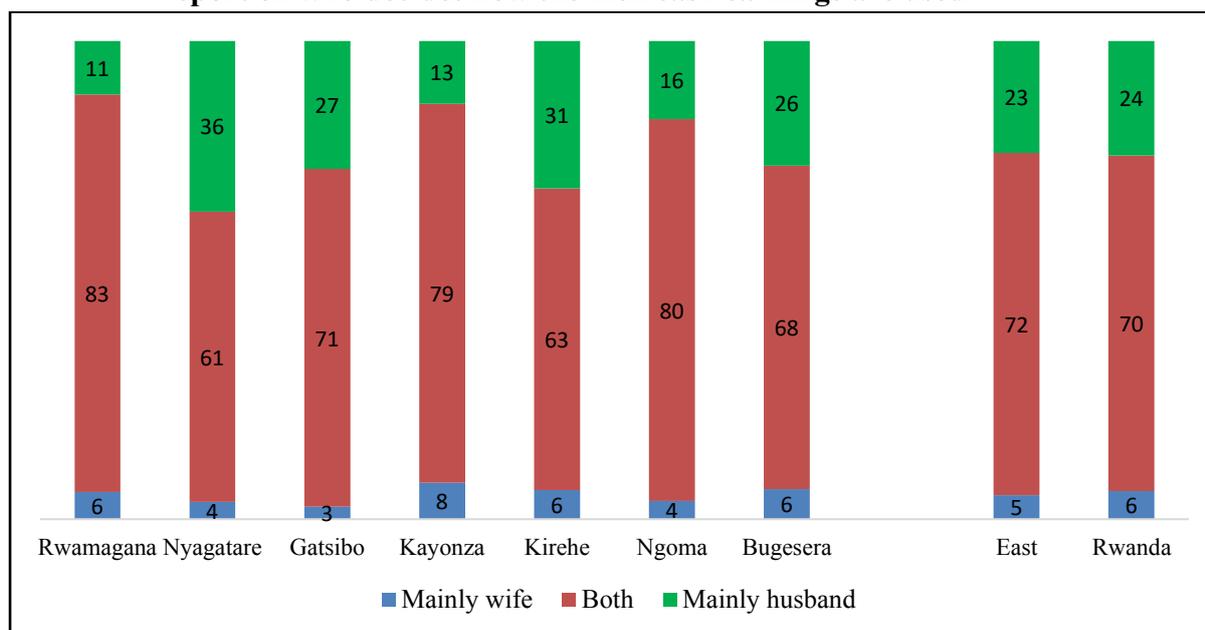
Fourteen percent of men in East province compared to 15 percent of men in Rwanda report that they mainly decide how their cash earnings are used. Eighty-three percent in East province compared to 82 percent at the national level state that they make these decisions jointly with their wife and 3 percent state that these decisions are made mainly by their wives in East province and Rwanda, respectively. Men in Nyagatare District (36 percent) are more likely to be the main decision-makers regarding their earnings than men in other districts.

In general, women's reports on who makes decisions about how their husband's earnings are spent are comparable to men's reports. Twenty-three percent of women in East province whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 14 percent reported by men themselves. Seventy-two percent of women report that decisions are made jointly, as compared with 83 percent of men, and 5 percent of women report that they mainly decide how to use their husband's earnings are used. Thirty-six percent of women in Nyagatare District and 31 percent of women in Kirehe District (Figure 46), whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used compared to 11 percent of women in Rwamagana District.

At the national level, 24 percent of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure slightly higher than the 15 percent reported by men themselves.

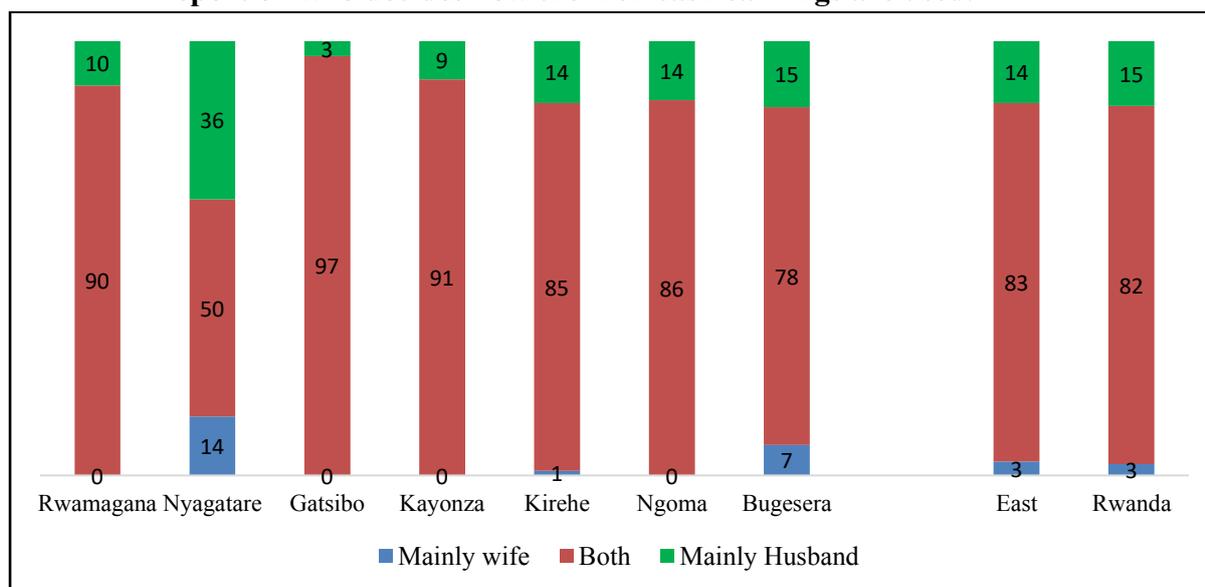
Trends: Men and women report on who decides how the men cash earning is used, compared to the RDHS 2014-15 report, the joint decision making of wife and husband has increased in East province from 69 percent to 72 percent for women and 74 percent to 83 percent for Men. This shows the growth of women's participation in how cash earned by men is used.

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



Source: RDHS, 2019-20

Figure 47: Percentage distribution of currently married men 15-49 according to their report on who decides how the men cash earnings are used.



Source: RDHS, 2019-20

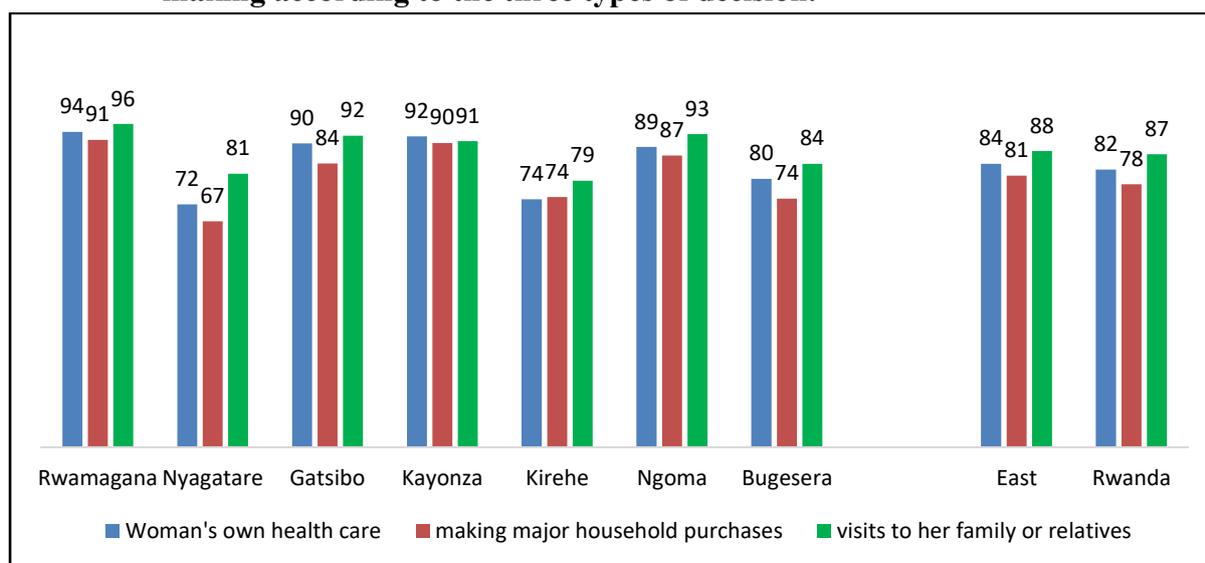
10.3 Women's participation in decision-making

The ability of women to make decisions that affect their circumstances is essential for their empowerment and serves as an important factor in national development. To assess women's decision-making autonomy, the RDHS 2019-20 collected information on married women's participation in three types of decisions: their health care, major household purchases, and visits to family, relatives, or friends.

Figure 48 shows that in East province 84 percent of currently married women age 15-49 say they make decisions about their health care either by themselves or jointly with their husbands and 81 percent of women say they participate in decisions about major household purchases. Eighty-eight percent of married women say that they participate in decisions about visits to their own family or relatives.

Trends: Compared to the RDHS 2014-15, a significant change is observed in participation of making major household purchases, it rose from 75 percent to 81 percent in East Province, from 59 percent to 87 percent in Ngoma District, and 62 percent to 90 percent in Kayonza District.

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



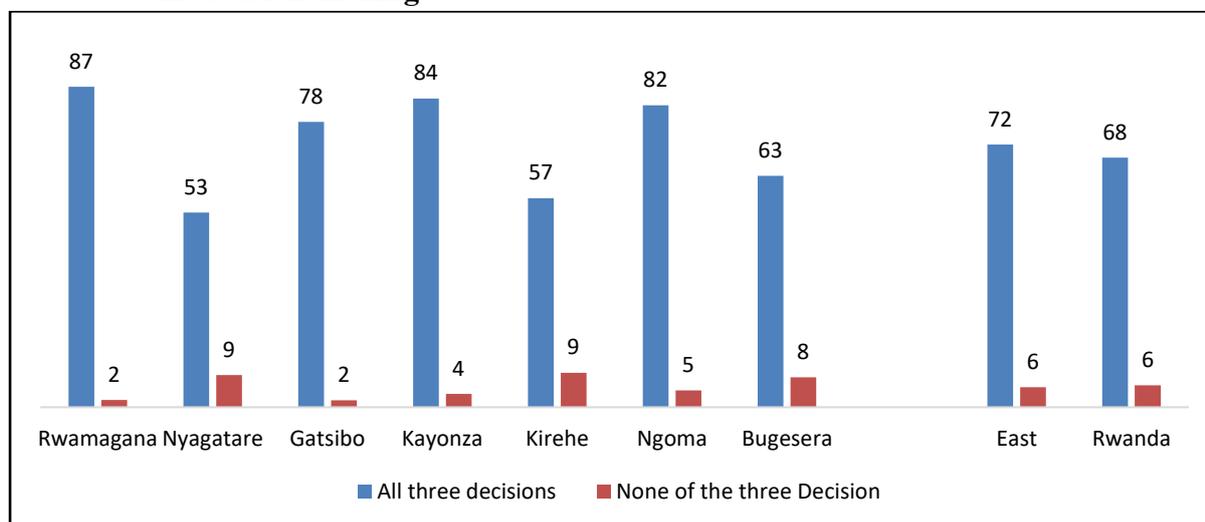
Source: RDHS, 2019-20

Figure 49 shows how women's participation in decision-making varies by the district of the East Province. Seventy-two percent of married women in East Province report taking part in all three decisions, while 6 percent of women have no say in any of the three decisions, as compared to 68 percent of married women in Rwanda who report taking part in all three decisions, while 6 percent of women have no say in any of the three decisions.

By district, married women in Kayonza District (84 percent) and Rwamagana District (87 percent) are likely to report that they participate in all three decisions compared to married women in other districts. In addition, married women age 15-49 in Nyagatare and Kirehe districts (9 percent) have no say in any of the three decisions.

Trends: Compared to RDHS 2014-15, women's participation in all three decisions has increased from 67 percent to 72 percent. In addition to that, in Ngoma District, it has increased from 49 percent to 82 percent.

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



Source: RDHS, 2019-20

10.4 Attitude toward wife beating

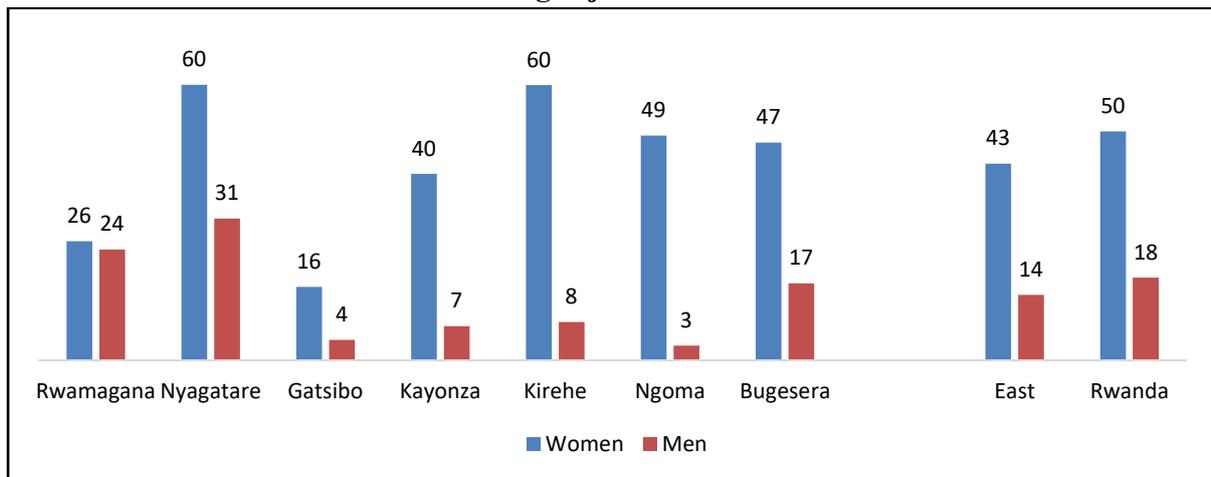
The 2019-20 RDHS collected information on the degree of acceptance of wife-beating by asking all women and men whether they believe that a husband is justified in beating his wife in five situations: if she burns the food, if she argues with him, if she goes out without telling him if she neglects the children, and if she refuses to have sexual intercourse with him.

Figure 50 shows the percentages of women and men who feel that wife-beating is justified for at least one of the specified reasons. The agreement of a high proportion of respondents that wife-beating is acceptable is an indication that they generally accept the right of a man to control his wife's behavior even through violence.

Figure 50 shows that 43 percent of women in East Province and 50 percent in Rwanda believe that wife-beating is justified for at least one of the specified reasons. Men are least likely to agree that a man is justified in beating his wife for at least one reason in East Province and Rwanda (14 percent in East and 18 percent at the National level). Women in Gatsibo District (16 percent) 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, among men range from 31 percent in Nyagatare District to a lower of 3 percent in Ngoma District.

Trends: Compared to the RDHS 2014-15, in Rwanda, women who believe that wife beating is justified for at least one of the specified reasons have increased from 32 percent to 43 percent for women. In addition to that, it has highly increased in Kirehe District from 13 percent to 60 percent.

Figure 50: Percentage of currently married women and men age 15-49 who agree with attitude toward wife-beating is justified



Source: RDHS, 2019-20

Annex 1: Tables

Table 1: Household possessions

	Radio sets	Television	Mobile Telephone	Computer
Rwanda	40.4	13.6	71	4.6
City of Kigali	59.2	42.2	91.2	16.4
Nyarugenge	54.2	42.4	93	11.7
Gasabo	57.5	37.1	89.4	11.7
Kicukiro	66.4	51.7	93.4	29.1
South Province	36.6	7.3	60.8	2.8
Nyanza	38	8.6	57.8	3.9
Gisagara	30.9	1.9	53.7	1.3
Nyaruguru	25.7	3	50.1	0.9
Huye	34.5	7.3	61.4	4.9
Nyamagabe	29.3	4.9	47.7	1.2
Ruhango	35.9	8.3	65.3	2.1
Muhanga	51	9.2	73.5	2.3
Kamonyi	44	12.9	72.3	5.2
West Province	33.5	10.1	69.5	2.2
Karongi	35.3	6.7	66.5	1.9
Rutsiro	24.6	3.1	68	0.3
Rubavu	39.3	20.5	70.2	6.1
Nyabihu	33.7	6.7	71.6	1.3
Ngororero	28.7	5	60.8	0.4
Rusizi	37.9	17.8	75.7	1.8
Nyamasheke	32.4	7	73.3	2
North Province	40.9	6.7	66.8	3.1
Rulindo	52.5	6.6	74.8	2.5
Gakenke	41.8	2.7	63.3	1.3
Musanze	41.7	14	78.7	7.8
Burera	36.3	6.8	61.9	3.3
Gicumbi	34.4	2.8	55.8	0.1
East Province	38.9	11	73	2.6
Rwamagana	47.1	17.3	75.4	6.4
Nyagatare	34.8	7.9	78.2	1
Gatsibo	38.8	9	63.6	1.3
Kayonza	37.9	11	76.8	1.6
Kirehe	37.3	5.7	69.7	1.9
Ngoma	37.6	11	73.7	2.2
Bugesera	39.8	16.1	74.7	4.5

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

	Observed, Fixed place	Observed, Mobile place	Total
Rwanda	11.9	72	83.9
City of Kigali	17.7	70	87.8
Nyarugenge	12	60.8	73.5
Gasabo	13	74.9	87.8
Kicukiro	30.7	67.7	98.3
South Province	11.2	75.1	86.4
Nyanza	21.6	59.9	81.8
Gisagara	7	76.1	83.3
Nyaruguru	6.7	77.8	84.3
Huye	14.4	61.9	76.4
Nyamagabe	4.1	76.4	80.2
Ruhango	11.5	86.4	98
Muhanga	10.9	74.4	85.2
Kamonyi	12.6	86.3	98.9
West Province	6.7	71.9	78.5
Karongi	10.6	48.2	58.8
Rutsiro	5.8	80.3	86.3
Rubavu	5.7	90.3	95.9
Nyabihu	3.8	71	74.4
Ngororero	4.2	95.7	99.8
Rusizi	7.4	38.2	45.6
Nyamasheke	9.1	74.5	83.4
North Province	11.7	67.5	79.2
Rulindo	5.8	71.4	77.4
Gakenke	31.5	44.4	76.2
Musanze	13.5	77.5	90.9
Burera	2.7	48.7	51.3
Gicumbi	5.3	90.1	95.4
East Province	14.2	73.1	87.2
Rwamagana	15.2	61.9	77
Nyagatare	15.2	69	84.2
Gatsibo	9.9	76.1	85.9
Kayonza	16.4	76.2	92.5
Kirehe	23.3	75.2	98.4
Ngoma	12.8	85.7	98.5
Bugesera	8	67.2	75.1

Table 3: Percent distribution of the facto population age 6 and over by level of highest education attained

	Female				Male			
	No Education	Primary	Secondary	Higher	No Education	Primary	Secondary	Higher
Rwanda	14.8	63.7	18.7	2.7	11	68.7	17.1	3.2
City of Kigali	6.9	51	31.6	10.5	6.4	54.4	28.8	10.4
Nyarugenge	7.6	56	29.4	7	8	55.4	29.9	6.6
Gasabo	7.5	53.2	30.1	9	7	59.3	26.1	7.6
Kicukiro	5.2	43.9	35.5	15.4	4.3	44.7	32.7	18.3
South Province	16.5	65.8	16	1.6	12.4	71.6	13.7	2.3
Nyanza	17.1	61.4	19.3	2.2	9.2	72.7	14.9	3.2
Gisagara	18.2	67.8	13.2	0.8	15.8	73.2	9.4	1.4
Nyaruguru	23.1	66.1	10.5	0.4	18.9	69.3	10.4	1.3
Huye	14.3	63.6	19.7	2.4	12	67.5	17.3	3
Nyamagabe	20.1	63.7	14.8	1.2	12.3	73.9	12.1	1.7
Ruhango	14.6	69.3	14.9	1.2	12.6	72.8	12.6	2.1
Muhanga	12.8	69.1	16.8	1.3	10.1	73.3	14	2.3
Kamonyi	13.4	65.4	18.1	2.9	9.2	70.2	17.7	2.9
West Province	17.3	64.9	16.4	1.4	11.6	69.6	16.9	1.9
Karongi	15.5	66.3	16.3	1.9	11.3	73.2	14.3	1.1
Rutsiro	19	68.3	12.4	0.3	12	76	11.5	0.5
Rubavu	18.2	58.2	19.7	4	12.9	60.3	23	3.7
Nyabihu	12.5	68	19	0.5	9	67.4	21.2	2.4
Ngororero	18.9	68.6	12.2	0.3	11.5	75.5	12.5	0.5
Rusizi	16.8	64.8	17	1.5	12	66.7	18.9	2.4
Nyamasheke	19.5	62.9	17.3	0.3	11.6	71.4	15.2	1.8
North Province	15.2	67.2	15.9	1.7	10.5	72.9	13.8	2.8
Rulindo	15.6	67.3	15.9	1.2	13.3	73.7	11.4	1.6
Gakenke	13.6	71.2	14	1.2	10	78.3	9.6	2.2
Musanze	9.9	65.1	20.9	4.1	4.9	67.8	21	6.2
Burera	21.7	63	13.9	1.4	14.9	68	14.4	2.5
Gicumbi	16.6	69.6	13.7	0.1	10.5	77.2	11.4	1
East Province	14.7	65.1	18.5	1.7	11.7	70.2	16.2	1.8
Rwamagana	13.8	62.9	19.7	3.6	11.4	65.7	19.3	3.4
Nyagatare	15.4	66.5	17	1	11.8	72.5	14	1.7
Gatsibo	15.5	64.9	18.2	1.3	12.4	70.3	15.5	1.9
Kayonza	13.1	65.7	19.1	2.1	9.4	73.4	15.9	1.1
Kirehe	17.3	64.4	17.2	1	10.8	72	15.9	0.8
Ngoma	14.1	63.7	21.3	0.9	16.6	64.1	17.5	1.7
Bugesera	13.7	66.7	16.8	2.7	9.7	71.5	16.2	2.5

Table 4: Median age at first marriage

	Women age 25-49	Men age 30-59
Rwanda	22.8	25.8
City of Kigali	24.9	29.4
Nyarugenge	23.9	28.3
Gasabo	24.8	28.9
Kicukiro	25.8	31.7
South Province	23.5	26.8
Nyanza	23.7	26.9
Gisagara	22.7	26.1
Nyaruguru	21.6	24.8
Huye	24.1	29.1
Nyamagabe	23.5	26.0
Ruhango	24.1	26.6
Muhanga	24.1	27.1
Kamonyi	23.9	27.4
West Province	22.6	24.9
Karongi	23.3	25.5
Rutsiro	21.5	23.8
Rubavu	21.7	24.2
Nyabihu	21.9	24.0
Ngororero	22.3	24.6
Rusizi	24.8	26.5
Nyamasheke	23.7	25.9
North Province	22.1	24.5
Rulindo	23.6	27.0
Gakenke	22.0	25.2
Musanze	22.4	23.7
Burera	21.3	23.3
Gicumbi	21.7	24.6
East Province	21.9	25.0
Rwamagana	24.0	26.4
Nyagatare	21.2	23.0
Gatsibo	21.6	24.7
Kayonza	22.3	25.3
Kirehe	21.8	24.6
Ngoma	22.0	26.2
Bugesera	21.6	25.1

Table 5: Total fertility and Total wanted fertility

	Total fertility rate	Total wanted fertility
Rwanda	4.1	3.1
City of Kigali	3.6	2.8
Nyarugenge	3.7	2.9
Gasabo	3.9	2.9
Kicukiro	3.2	2.7
South Province	4.1	3.0
Nyanza	4.1	3.2
Gisagara	4	3.1
Nyaruguru	4.9	3.7
Huye	3.8	2.8
Nyamagabe	4.2	2.8
Ruhango	3.9	2.7
Muhanga	3.6	2.9
Kamonyi	4.3	3.1
West Province	4.5	3.3
Karongi	4.2	3.1
Rutsiro	4.3	3.0
Rubavu	4.7	3.3
Nyabihu	4	3.0
Ngororero	4.9	4.0
Rusizi	4.6	3.5
Nyamasheke	4.7	3.4
North Province	4	3.2
Rulindo	3.9	2.9
Gakenke	4.2	3.3
Musanze	3.5	2.9
Burera	4.5	3.4
Gicumbi	4	3.1
East Province	4.2	3.2
Rwamagana	3.4	2.7
Nyagatare	4.6	3.4
Gatsibo	4.4	3.3
Kayonza	4.8	3.9
Kirehe	3.8	3.1
Ngoma	3.8	2.9
Bugesera	4.6	3.2

Table 6: Percentage of currently married women age 15-49, using contraception

	Currently used any contraceptive method	Currently used any modern method	Currently used any traditional method
Rwanda	64.1	58.4	5.7
City of Kigali	60.6	54.9	5.7
Nyarugenge	58.6	55.9	2.7
Gasabo	59	51.8	7.1
Kicukiro	65.6	60.4	5.2
South Province	62.5	56	6.5
Nyanza	61.8	53.4	8.5
Gisagara	59.8	56.5	3.3
Nyaruguru	46.9	44.3	2.6
Huye	61.7	55.4	6.2
Nyamagabe	67.1	64.5	2.6
Ruhango	68.1	55.8	12.3
Muhanga	66.5	58.5	8
Kamonyi	64.6	57.5	7
West Province	61.5	54.4	7.1
Karongi	68.4	62.6	5.8
Rutsiro	63.1	56.2	6.9
Rubavu	52.2	45.6	6.6
Nyabihu	70.3	63.5	6.7
Ngororero	63.7	58.9	4.8
Rusizi	56.9	46.8	10.1
Nyamasheke	59	49.8	9.2
North Province	69.4	64.9	4.5
Rulindo	71.1	62.8	8.2
Gakenke	74	66.5	7.5
Musanze	70.1	66.1	4
Burera	67.6	66.2	1.5
Gicumbi	64.7	62.2	2.5
East Province	66.1	61.5	4.7
Rwamagana	59.7	56.9	2.8
Nyagatare	71	64.5	6.5
Gatsibo	65.3	62.9	2.3
Kayonza	63.8	61.4	2.4
Kirehe	73.2	68.3	5
Ngoma	70.6	61.1	9.5
Bugesera	58.7	53.7	5

Table 7: Percentage of mothers 15-49 who received antenatal care, delivered by a skilled provider and delivered in a health facility

	Antenatal care	Delivered by a skilled provider	Delivered in a health facility
Rwanda	97.7	94.2	97.7
City of Kigali	97.2	97.2	97
Nyarugenge	97.2	99.3	97.2
Gasabo	96.9	96.1	96.9
Kicukiro	97.8	97.9	97.8
South Province	97.5	92.9	91.6
Nyanza	98.1	91.4	98.1
Gisagara	96.2	91.8	96.2
Nyaruguru	96.7	81.6	96.7
Huye	95.4	91.8	95.4
Nyamagabe	98.1	93.7	98.1
Ruhango	98.5	98.5	98.5
Muhanga	98.5	98.6	98.5
Kamonyi	98.2	95.4	98.2
West Province	97.7	93.7	91.9
Karongi	97	95.9	97
Rutsiro	97.7	91.6	97.7
Rubavu	95.9	92.8	95.9
Nyabihu	97.7	92.4	97.7
Ngororero	97.9	86.8	97.9
Rusizi	98.9	97.5	98.9
Nyamasheke	99.4	98.7	99.4
North Province	98.8	96.7	95.5
Rulindo	98.9	96.1	98.9
Gakenke	99.5	97.3	99.5
Musanze	98.6	95.2	98.6
Burera	98.9	97.2	98.9
Gicumbi	98.4	97.9	98.4
East Province	97.6	92.7	92.1
Rwamagana	98.9	97	98.9
Nyagatare	96	87.1	96
Gatsibo	98.2	96	98.2
Kayonza	97.7	91.6	97.7
Kirehe	97.1	93.2	97.1
Ngoma	97.6	93.9	97.6
Bugesera	98.3	92.9	98.3

Table 8: Prevalence of ARI among children under five years, Prevalence of Fever and Prevalence of Diarrhea

	Prevalence of ARI among children under five years	Prevalence of fever	Prevalence of Diarrhea
Rwanda	1.7	18.8	14.2
City of Kigali	1.2	15.4	11.7
Nyarugenge	1.2	17	10.8
Gasabo	0.7	14.7	13
Kicukiro	0.7	15.6	9.6
South Province	1.2	16.2	13.1
Nyanza	0.9	21.3	18.2
Gisagara	0.5	12.9	8.7
Nyaruguru	2.3	30.6	20.8
Huye	0.9	7	8.3
Nyamagabe	3.3	17.4	18.1
Ruhango	1.1	12.4	10.1
Muhanga	0	11.9	9.8
Kamonyi	0.5	15.6	10.8
West Province	2.6	22.8	18.4
Karongi	0.8	26.7	19.7
Rutsiro	2.3	16.5	10.5
Rubavu	2.3	18	19.3
Nyabihu	4.5	28.5	24.3
Ngororero	1.6	17.2	22.1
Rusizi	2.3	23.2	13.3
Nyamasheke	4.5	31.7	20.6
North Province	1.6	21.1	16.2
Rulindo	1.7	24.2	16
Gakenke	1	27	17.6
Musanze	0.7	22.8	16.6
Burera	0.4	4.8	11.2
Gicumbi	4.3	28.4	19.9
East Province	1.6	17.5	11.4
Rwamagana	0.5	9.7	5
Nyagatare	3.8	25.3	15.3
Gatsibo	0	7.8	5.4
Kayonza	0.6	21.6	14.8
Kirehe	2.6	22.8	15
Ngoma	1	7.1	5.1
Bugesera	2.4	24.3	16.8

Table 9: Nutrition status of children under five

	Stunted	Wasted	Underweight
Rwanda	33.1	1.1	7.7
City of Kigali	21.3	1.8	4.8
Nyarugenge	27.9	1.6	4.7
Gasabo	23.2	2.3	2.6
Kicukiro	10.7	0.6	10.4
South Province	32.7	2.2	10.4
Nyanza	32.4	3	12.6
Gisagara	31.6	4.7	15
Nyaruguru	39.1	4.6	9.3
Huye	29.2	0	15
Nyamagabe	33.6	2	9.3
Ruhango	38.5	1.2	11
Muhanga	35.8	1.6	11.1
Kamonyi	22.5	0.9	6.4
West Province	40.2	0.6	8.1
Karongi	32.4	1.7	7.6
Rutsiro	44.4	0.4	7.7
Rubavu	40.2	0	7.4
Nyabihu	46.7	0	4.4
Ngororero	50.5	1.7	11
Rusizi	30.7	0	7.3
Nyamasheke	37.7	0.5	6.1
North Province	40.5	0.5	7.3
Rulindo	29.7	0	4.9
Gakenke	39.3	0.9	6.1
Musanze	45.4	0	7.9
Burera	41.6	0.8	10
Gicumbi	42.2	0.8	6.8
East Province	28.8	0.8	6.9
Rwamagana	22.3	2	5
Nyagatare	30.7	0	2.6
Gatsibo	27.5	0	7.5
Kayonza	28.3	1.4	8.5
Kirehe	31.3	0.3	8.7
Ngoma	37.3	0.9	9.5
Bugesera	26.1	1.8	8.7

Table 10: Malaria

	Percentage of de facto household's population who slept under an ITN the night before the survey	Percentage of children under age 5 who slept under an ITN the night before the survey	Prevalence of malaria among children under-five years	Prevalence of malaria among women age 15-49
Rwanda	47.7	55.6	0.9	0.5
City of Kigali	75.7	81.2	0.6	0.4
Nyarugenge	74	80.6	0	0
Gasabo	80.8	84.3	1	0.7
Kicukiro	67.8	74.8	0	0
South Province	46.6	56.4	1.3	0.6
Nyanza	64.2	70	0.9	0
Gisagara	28.3	39.3	0	0.5
Nyaruguru	24.7	33.9	0	0
Huye	38.2	53.7	0	0
Nyamagabe	31.8	40.5	1.1	0
Ruhango	55.7	66.8	5.8	3.2
Muhanga	61.9	74.5	0.8	0.4
Kamonyi	62.2	70.4	1	0.8
West Province	42.7	51.5	1.5	0.5
Karongi	50.7	56.7	0.9	0.5
Rutsiro	30.3	37.3	0	0
Rubavu	36.1	47.2	0	0
Nyabihu	29.2	31.3	0	0
Ngororero	60.2	71.3	0	0
Rusizi	48.1	59.3	2.6	1.9
Nyamasheke	45.8	55.8	6.6	1.3
North Province	44.2	52.5	0.3	0.6
Rulindo	61.2	71.4	1	1.5
Gakenke	48.4	57.8	0	0
Musanze	38.1	46.4	0	0
Burera	33.7	40.8	0	0
Gicumbi	43.5	53.1	0.9	1.5
East Province	41.3	48	0.5	0.4
Rwamagana	37.1	46.7	1.5	0.4
Nyagatare	46	50.3	0	0.2
Gatsibo	31.8	41.4	0	0
Kayonza	26.5	38.9	1.9	1.4
Kirehe	53.5	61.6	0	0.4
Ngoma	66.6	66.8	0	0.3
Bugesera	30	38.3	0	0

Table 11: Percentage of respondents with complete knowledge of HIV prevention methods

	Female	Male
Rwanda	83.3	83.1
City of Kigali	74.1	92.5
Nyarugenge	86.5	86.9
Gasabo	70.7	94.9
Kicukiro	71.3	92.1
South Province	86.8	84.9
Nyanza	86	80.3
Gisagara	90	80.9
Nyaruguru	84.5	87.5
Huye	87	76.8
Nyamagabe	71	96.8
Ruhango	93.9	96.7
Muhanga	93.6	80.5
Kamonyi	87.8	81.5
West Province	83.8	84
Karongi	86.8	86.6
Rutsiro	86	70.5
Rubavu	92.6	84.7
Nyabihu	60.9	96.4
Ngororero	83.5	99.4
Rusizi	88.4	74.7
Nyamasheke	83.3	78.7
North Province	83.7	73.7
Rulindo	84.3	82.1
Gakenke	89.4	92.8
Musanze	84.6	33.4
Burera	65.6	71.4
Gicumbi	93.4	96.9
East Province	84.8	81.1
Rwamagana	63.4	80
Nyagatare	81	78
Gatsibo	94.1	95.2
Kayonza	87.2	31
Kirehe	92.3	97.9
Ngoma	96.2	98.7
Bugesera	74.5	88.7

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

	Female	Male
Rwanda	4.4	2.9
City of Kigali	5.9	4.8
Nyarugenge	5.2	3.3
Gasabo	5.5	6.3
Kicukiro	6.9	3.1
South Province	4.3	2
Nyanza	6.8	4.9
Gisagara	4.3	5.4
Nyaruguru	1.5	0
Huye	4.8	0.5
Nyamagabe	5.1	1.1
Ruhango	5.4	2.3
Muhanga	2.1	0
Kamonyi	3.8	1.3
West Province	3.3	1.8
Karongi	4.1	0
Rutsiro	4.2	3
Rubavu	3.1	2.4
Nyabihu	2	1.3
Ngororero	0.8	0
Rusizi	6.2	4.2
Nyamasheke	2.6	1.2
North Province	3.9	2.5
Rulindo	4.6	3.8
Gakenke	1.7	1.4
Musanze	4.8	1.4
Burera	2	2.4
Gicumbi	5.7	3.7
East Province	5	3.7
Rwamagana	5.6	2.2
Nyagatare	3.8	5
Gatsibo	3.1	4.6
Kayonza	5.6	1.9
Kirehe	7.7	3.6
Ngoma	4	2.3
Bugesera	6.7	4.6

Table 13: Control over women's cash earnings and relative magnitude of women's cash earnings

	Respondent alone	Respondent and husband/partner	Husband/partner alone	Someone else
Rwanda	23.3	67.4	9.2	0
City of Kigali	34.1	58.8	7.1	0
Nyarugenge	39.8	46.3	14	0
Gasabo	33.4	60.4	6.2	0
Kicukiro	31.3	65	3.7	0
South Province	21	70.6	8.2	0.1
Nyanza	34.8	52.4	12.9	0
Gisagara	14.3	77.3	8.4	0
Nyaruguru	25.9	59.9	14.3	0
Huye	25.4	69	5.6	0
Nyamagabe	24.5	61	14.5	0
Ruhango	13.9	80.4	4.7	1
Muhanga	21.7	74.4	3.9	0
Kamonyi	17.5	77.5	5	0
West Province	26	63.3	10.7	0
Karongi	32.4	49.9	17.7	0
Rutsiro	13.3	78.5	8.2	0
Rubavu	22.6	68.2	9.2	0
Nyabihu	33.2	55.6	11.2	0
Ngororero	31.5	62.5	6	0
Rusizi	27.8	53.1	19.1	0
Nyamasheke	21.3	70.6	8.1	0
North Province	21.9	69.7	8.4	0
Rulindo	28.7	64.6	6.7	0
Gakenke	25	65.7	9.4	0
Musanze	27	65.9	7.1	0
Burera	7.4	84.9	7.7	0
Gicumbi	21.5	65.2	13.3	0
East Province	18	71.7	10.3	0
Rwamagana	17.6	77.7	4.7	0
Nyagatare	21.5	65.5	13	0
Gatsibo	14	67.9	18.1	0
Kayonza	14.5	80.4	5.1	0
Kirehe	24.4	63.8	11.8	0
Ngoma	12.6	81.3	6.1	0
Bugesera	24.1	66.3	9.6	0

Table 14: Percentage of currently married women age 15-49 participating in decision making according to the three types of decision.

	Decides on own health care	Decides on large household purchases	Decides on visits to family or relatives	Decides on All three decisions
Rwanda	82.3	78	86.9	68.1
City of Kigali	82	81.2	86.1	68.1
Nyarugenge	73.8	74.1	82.2	60.1
Gasabo	79.8	85	86.2	68.9
Kicukiro	93.2	79.4	89.3	73.1
South Province	87.6	79.1	88.9	72.3
Nyanza	87.5	76.3	86.5	69.3
Gisagara	90.9	86.2	94.5	79
Nyaruguru	69	68.1	84.1	55.1
Huye	92.8	82.9	89	77.6
Nyamagabe	81.8	68	84.8	62.3
Ruhango	94.4	81.7	91.1	78.3
Muhanga	88.6	84.4	88	74
Kamonyi	92.8	82.9	92.2	79.8
West Province	77.8	71.7	85.4	61.5
Karongi	70.8	66.7	79.2	52.7
Rutsiro	94.2	79.8	96.8	76.1
Rubavu	82.2	74.8	80.4	70
Nyabihu	52.4	55.8	72.9	34.2
Ngororero	87.2	74.5	93.6	65.5
Rusizi	61	63.9	80.5	46.5
Nyamasheke	91.9	84	94.6	79.8
North Province	78.7	77.9	85.8	65.8
Rulindo	78.9	73.9	85.5	61.8
Gakenke	71.5	70.6	83	52.7
Musanze	79	81.6	87.7	70.3
Burera	92.5	93	96.1	89.3
Gicumbi	72.7	69.2	77.1	53.8
East Province	84	80.5	87.8	71.6
Rwamagana	93.5	91.1	95.8	87.4
Nyagatare	72	67	81.1	53.1
Gatsibo	90.1	84.1	92.3	77.8
Kayonza	92.2	90.2	90.7	84.2
Kirehe	73.5	74.2	79	57
Ngoma	89	86.5	92.8	82.3
Bugesera	79.6	73.7	84	63.1

Annex 2: Persons who contributed to the production of the RDHS-6, 2019-20 District profile report

National overall coordinators

- MURANGWA Yusuf, Director General of NISR
- MURENZI Ivan, Deputy Director General of NISR

National technical coordinators

- NDAKIZE Michel, Director of Demographic and Social Statistics - NISR
- KANYONGA INGABIRE Evelyne, Ag. Social and Demographic Statistics Team Leader - NISR

RDHS-6 District Report, Data analysis and report writing

- KANYONGA INGABIRE Evelyne
- ABALIKUMWE Francois
- NGOMITUJE Xavier
- NSHIMIYIMANA Patrick,
- HARERIMANA Massoud,
- NKURUNZIZA Venuste
- NYABYENDA Christian Emmanuel
- UWITONZE Martin
- MUKAZITONI Madeleine
- NKUNDIMANA Donath
- UWAMAHORO Sandrine
- HABIMANA Samuel
- AYINGENEYE Seraphine
- HAGENIMANA Jean Damascene

RDHS-6 District Report, proofreading, design and layout

- KANYONGA INGABIRE Evelyne
- NGOMITUJE Xavier
- MUKAZITONI Madeleine
- NYABYENDA Emmanuel Christian
- NYIRIMANZI Jean Claude
- KABERA Jean Luc

RDHS-6 Mapping and Cartographers

- KARERA Albert
- BIZIMUNGU Clement

