



Republic of Rwanda



Rwanda Demographic and Health Survey 2019-20



District Profile

North Province



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Rwanda Demographic and Health Survey 2019-20

District Profile North Province

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

**Ministry of Health
Kigali, Rwanda**

**The DHS Program
ICF
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Murangwa Yusuf
Director General, NISR

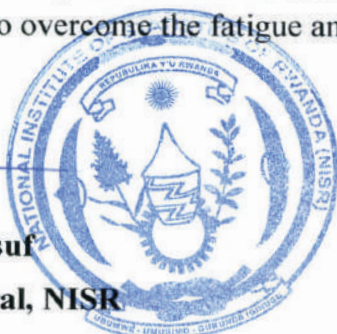


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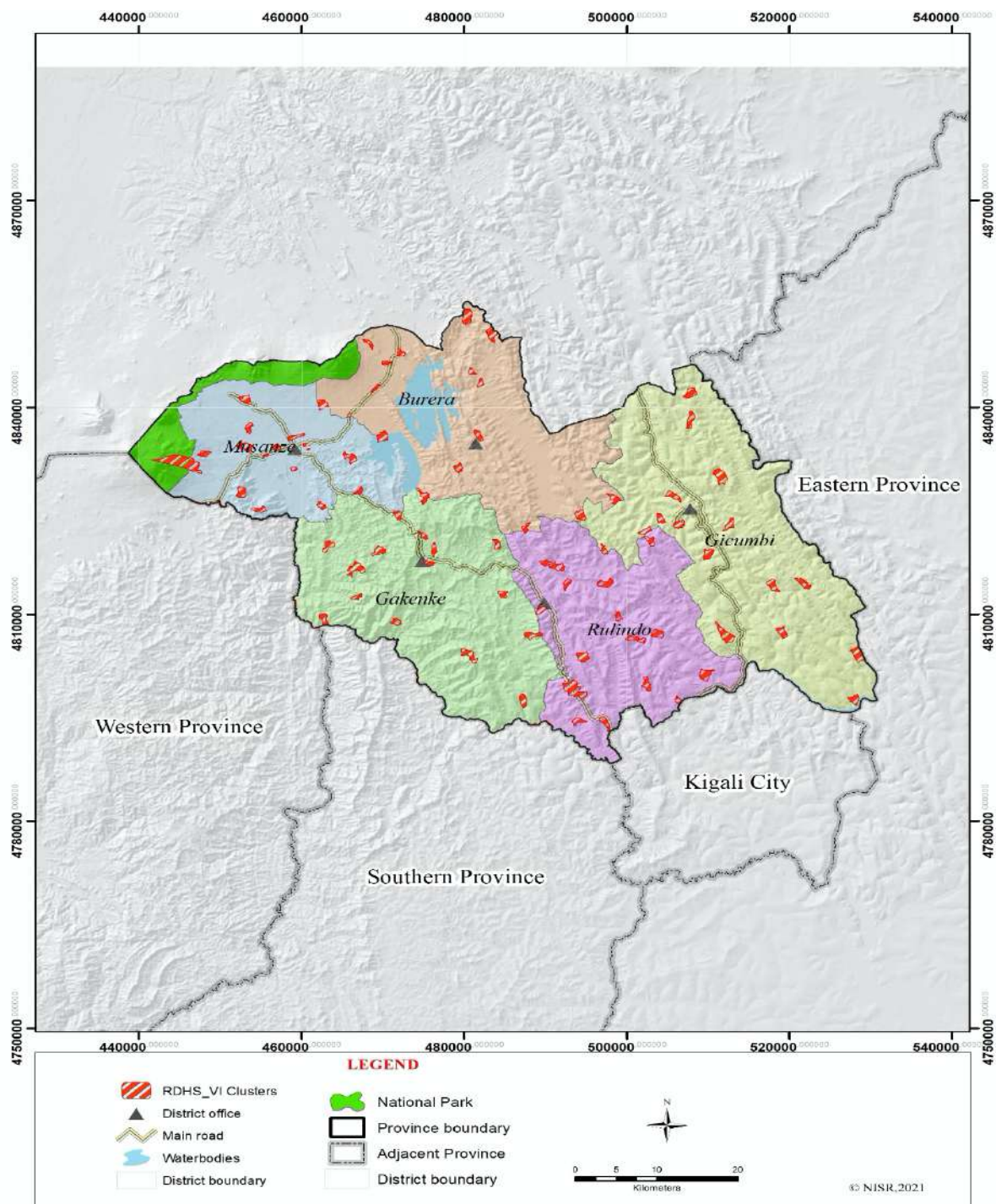
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North Province Map, RDHS 2019-20



Introduction

The National Institute of statistics of Rwanda in collaboration with the worldwide Demographic and Health Surveys Program implemented the 2019-20 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 and published at national level, this document is elaborated to disseminate RDHS 2019-20 results at 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.

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 District Development Strategy (DDS).

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

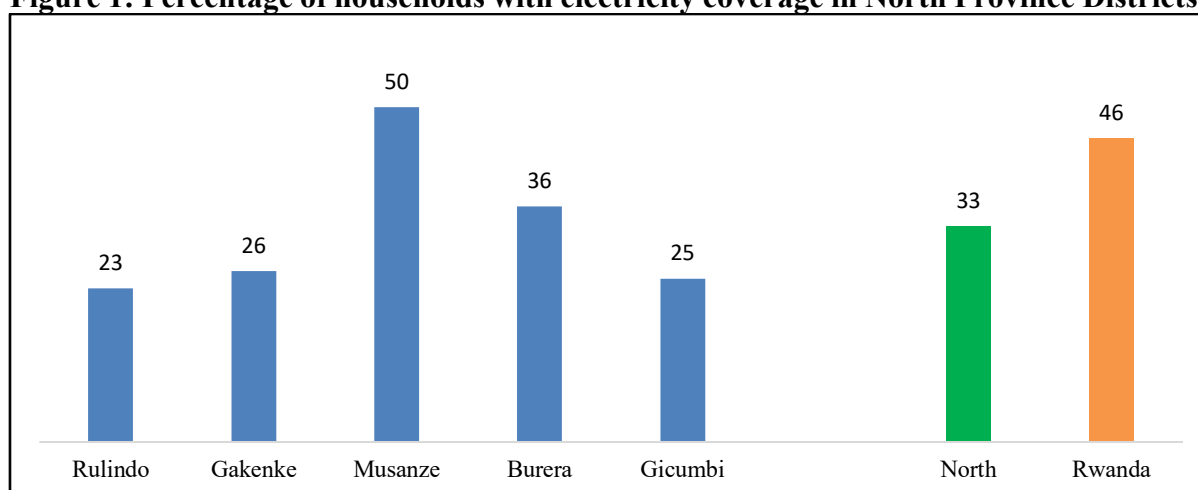
The Rwanda Demographic Health Survey (RDHS_2019-20) collected household information. This chapter presents some of the indicators that were selected, namely; access to electricity, possession of selected durable goods, availability of hand washing place to evaluate the socioeconomic and living conditions of the household in the Districts of the North Province.

1.1 Electricity coverage

Figure 1 shows that 33 percent of households in North Province have electricity compared to 46 percent at national level. The results show disparities between districts in the North Province. This percentage is high in Musanze District (50 percent), low in Rulindo District with 23 percent.

Trends: Over five years, the percentage of households with electricity coverage has increased from 16 to 33 percent in Northern Province and it has almost doubled in all districts.

Figure 1: Percentage of households with electricity coverage in North Province Districts



Source: RDHS 2019-20

1.2 Household durable goods

Figure 2 shows that mobile phone (67 percent) is the most owned household good in North Province compared to 71 percent at the national level. The proportion of people owning mobile phone is much higher in Musanze District with 79 percent while Gicumbi District has the lowest with 56 percent.

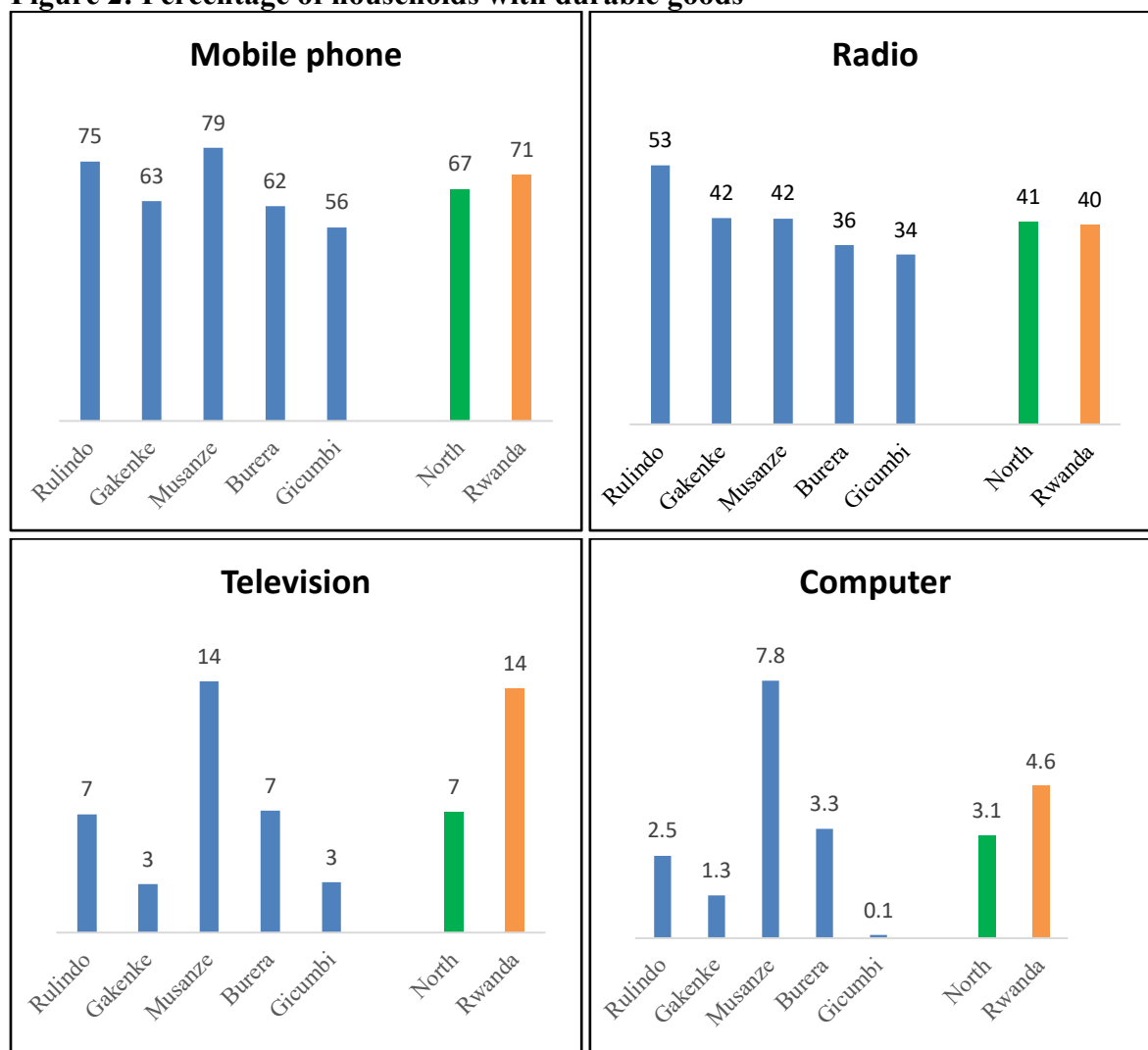
The second most common household asset is a radio, owned by 41 percent of households in North Province compared to 40 percent at the national level, by Radio possession we only asked standalone Radio sets. Rulindo District has the highest percent of households owning radio (53 percent) while Gicumbi District has the lowest percentage with 34 percent.

Seven percent of households own a television in North Province compared to 14 percent at national level. Musanze District has the highest percentage in ownership of Television (14 percent) while Gakenke and Gicumbi Districts have lower percentage (3 percent each).

Only 3.1 percent of households in the North Province own computer compared to 4.6 percent at the national level. Ownership of computer is from 7.8 percent in Musanze District to 0.1 percent in Gicumbi District.

Trends: In North Province, the percentage of households owning radio has decreased by 16 percent while households owning mobile phone has increased by 10 percent and the households owning computer and Television has increased over five years.

Figure 2: Percentage of households with durable goods



Source: RDHS, 2019-20

1.3 Hand washing place observed

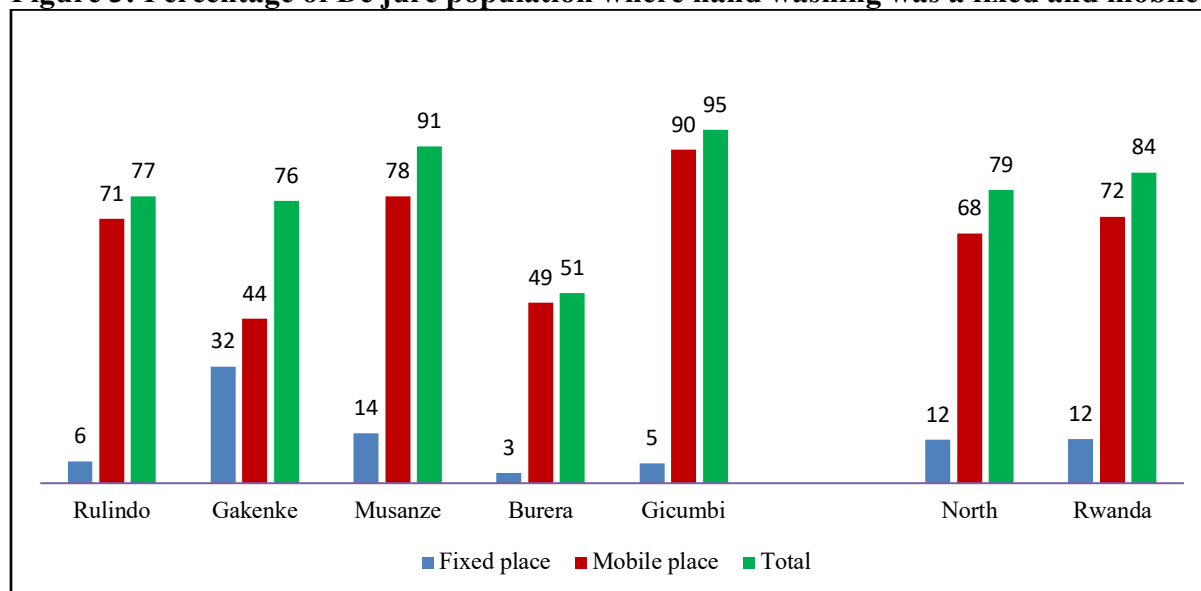
Washing hands with water and soap before eating, while preparing food, and after leaving the toilet is a simple, inexpensive, and good practice that protects against many diseases. During the survey, the interviewers asked each household if there was a place used for hand washing, and, if so, they asked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

Figure 3 shows that 79 percent of population in the North Province had a place for hand washing that was observed (fixed and Mobile) by an interviewer compared to 84 percent at

the National level. Ninety-five percent of population in Gicumbi District and 51 percent households in Burera District had a place for hand washing which is fixed and mobile.

Trends: Over five years, the percentage of de jure population with fixed place of hand washing increased from 7 to 12 percent in North Province and a significant increase was observed in Gakenke District from 4 to 32 percent.

Figure 3: Percentage of De jure population where hand washing was a fixed and mobile



Source: RDHS, 2019-20

Chapter 2: Respondent characteristics

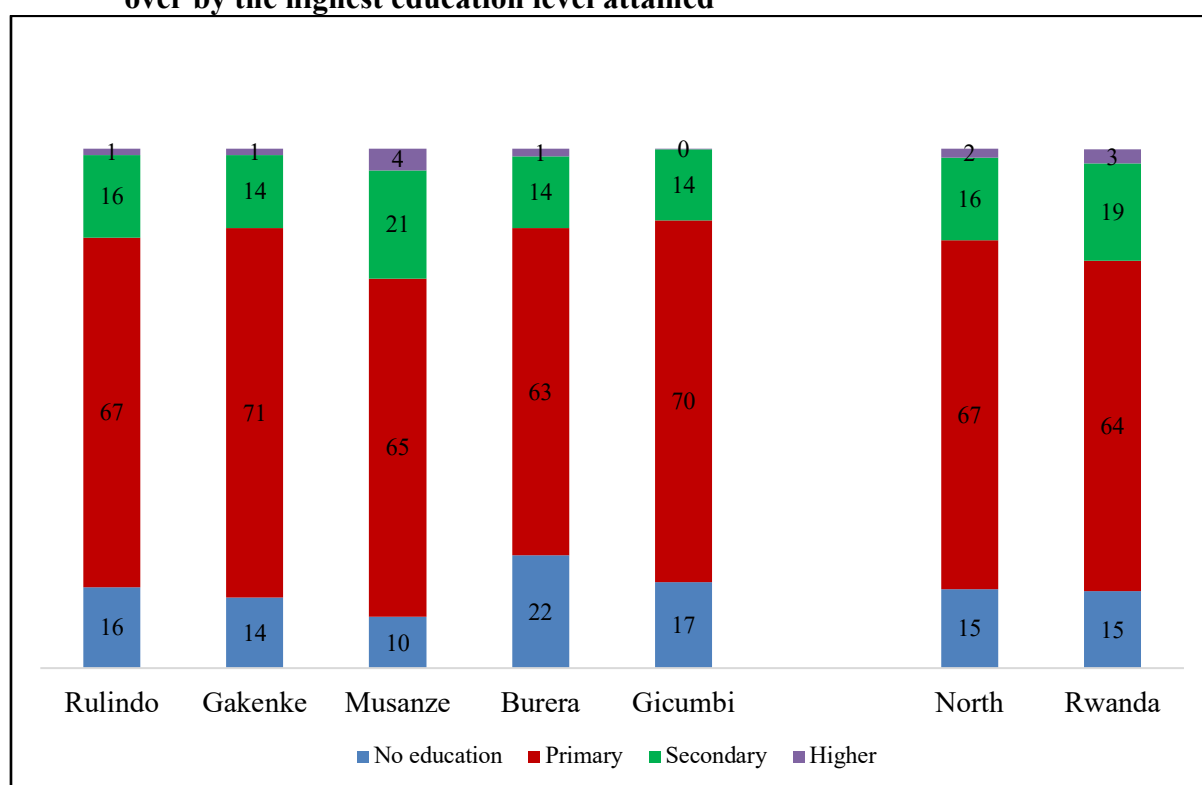
2.1 Education attainment

Figure 4 and Figure 5 show the distribution of female and male respondents by highest level of education attained by districts of the North Province. The proportion of men who attained primary school is higher to that of women in the North Province (73 percent and 67 percent, respectively) compared to (69 percent and 64 percent, respectively) at national level.

At the secondary education level, the situation is reverse, the proportion of women is slightly higher to that of men (16 percent and 14 percent respectively) in the North Province and it is higher in Musanze District for both sexes (21 percent for women and 21 percent for men) and lower in Gicumbi District for women (13.7 percent) and lower in Gakenke District for men (9.6 percent).

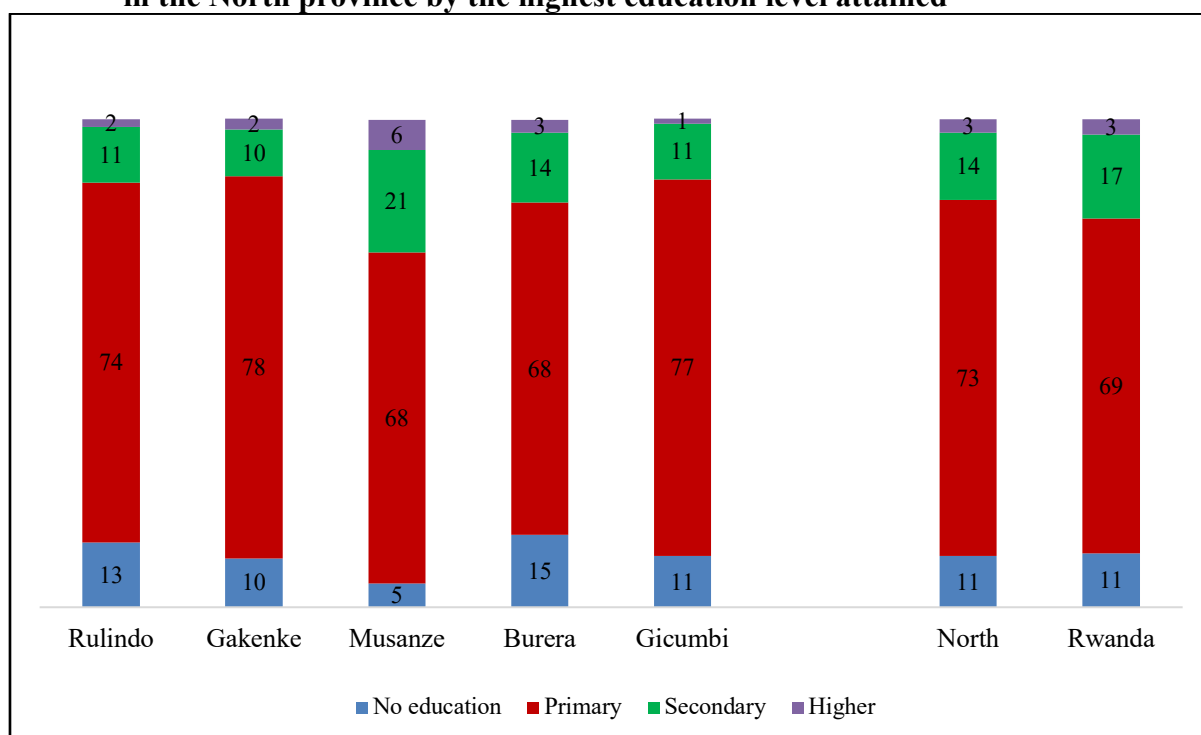
Trends: Over five years in North Province, the percentage of female over age 6 with no education has declined slightly since 2014-15, from 19% to 15%; the percentage among male has also declined from 13% to 11%. At district level, Musanze District had a significant decline in percentage of male with no education from 11 to 5 percent.

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



Source: RDHS, 2019-20

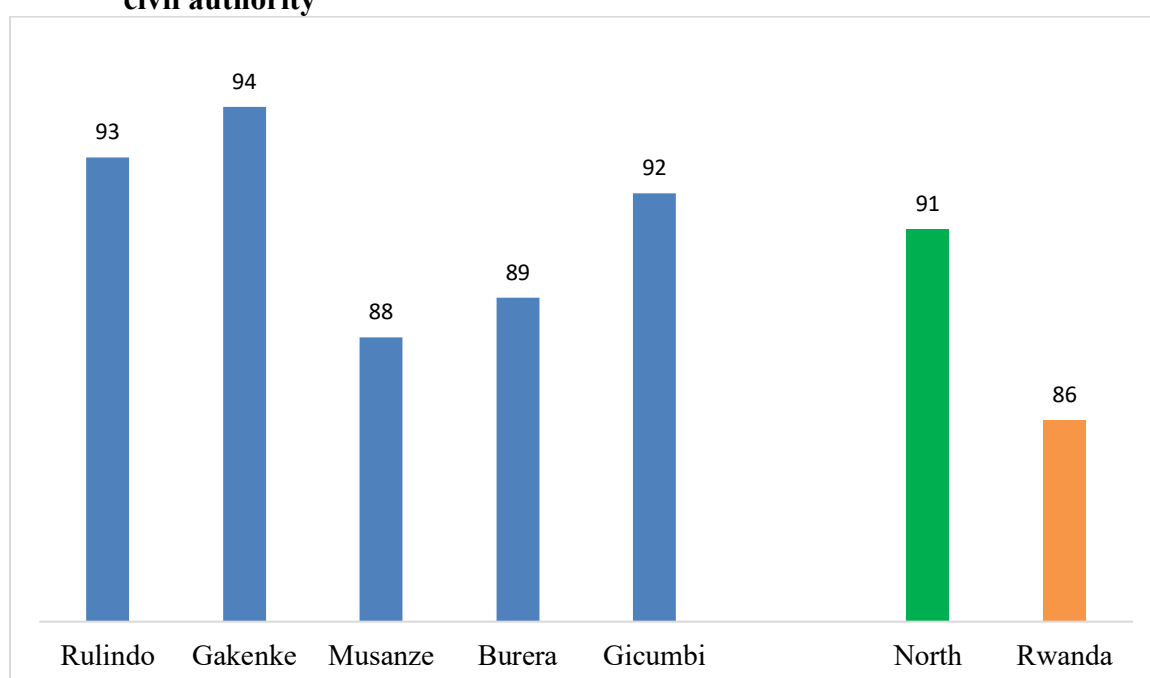
2.2 Birth registration of children under age 5

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 prior to 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 his or her rights are abused by parents. 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 91 percent of children have been registered with the civil authorities in the North Province compared to 86 percent at the national level. The percentage is high in Gakenke District with 94 percent and low in Musanze District with 88 percent.

Trends: In North Province, the percentage of children under age 5 whose births are registered with the civil authorities has increased over five years from 67 to 91 percent where Musanze District had a significant increase of 37 percent.

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



Source: RDHS, 2019-20

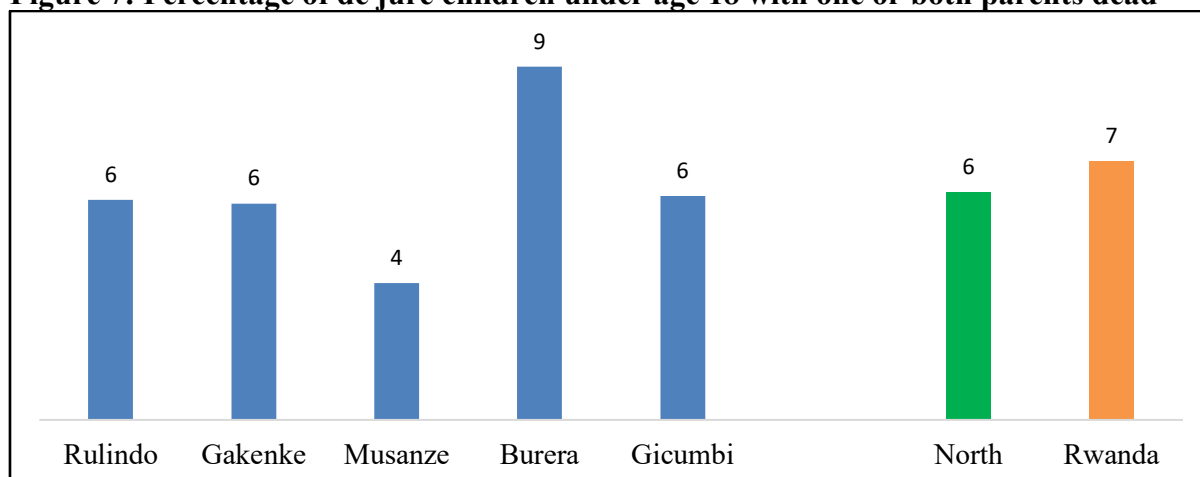
2.3 Children's orphanhood

Because 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 and to determine whether those who have one or both parents alive are living with either or both surviving parents.

Overall, 6 percent of children under age 18 in North Province have lost one or both parents compared to 7 percent at national level. Burera has the highest percentage (9 percent) of orphaned children who have lost one or both parents and the lowest percentage in Musanze District (4 percent).

Trends: In North Province, the percentage of children under age 18 who do not live with a biological parent has decreased slightly from 9 to 6 percent over five years.

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



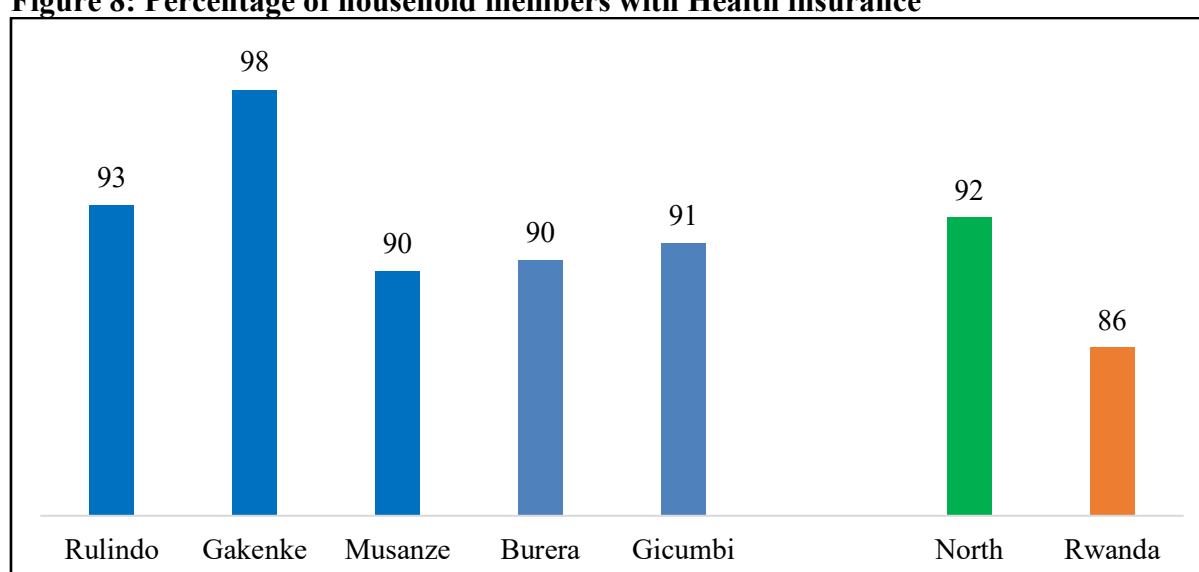
2.4 Health insurance among adult women and men

Information on health insurance coverage was collected during the survey. The percentage of household members with health insurance coverage is shown in figure 8.

Ninety-two percent of the population is covered by any health insurance in North Province compared to 86 percent at country level; this proportion is high among respondents in Gakenke District (98 percent) and low in Musanze and Burera Districts with 90 percent.

Trends: The percentage of women and men who have any form of health insurance has increased since 2014-15, from 78 to 92 percent in North Province. Mostly, the increase was observed in Gakenke District (69 to 93 percent).

Figure 8: Percentage of household members with Health insurance



Source: RDHS, 2019-20

2.5 Exposure to mass media

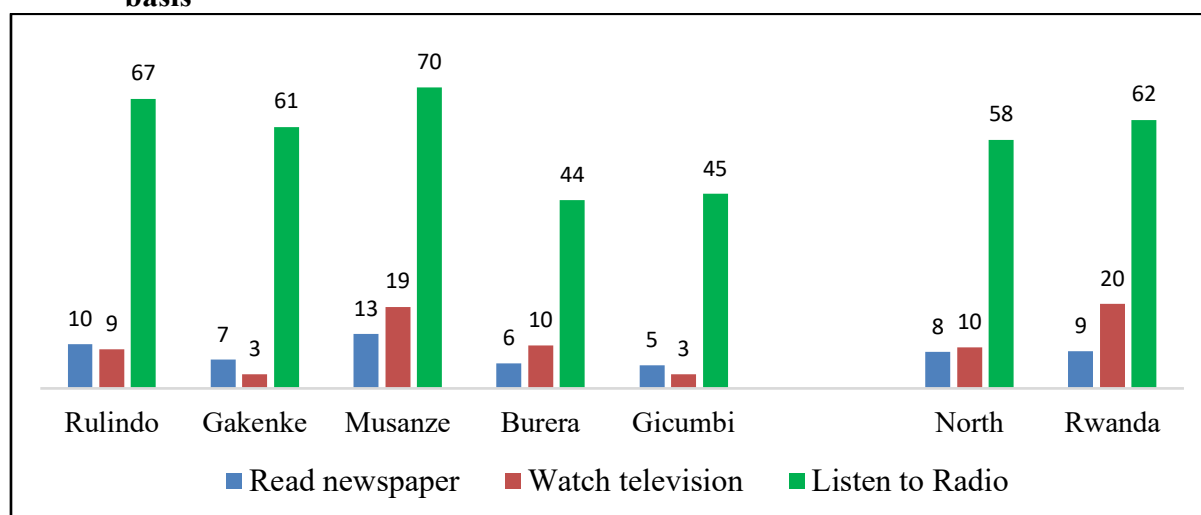
Data on the exposure of women and men to mass media are especially important to the development of education programs and the dissemination of all types of information, particularly information about health and family planning. Figure 10 and 11 present data on the exposure of women and men to mass media (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 neighbours.

Figure 9 and 10 show that, at the provincial level, Radio is the most common form of media exposure: 58 percent of women and 79 percent of men report listening to the radio at least once a week. At the District level this percentage is high in Musanze District among women (70 percent) while it is low in Burera District (44 percent). Among men, listening to the radio is high in Musanze District (93 percent) and low in Gicumbi District (69 Percent). Men watch television more frequently than women: 10 percent of women and 19 percent of men watch

television at least once a week. Only 8 percent of women and 9 percent of men report reading a newspaper at least once a week.

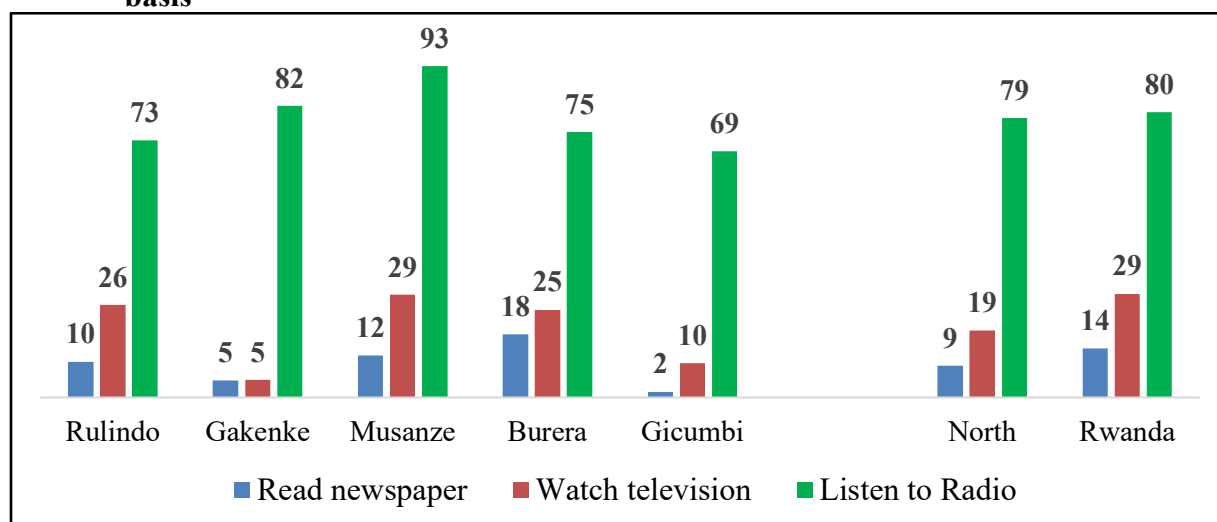
Trends: The percentage of women age 15-49 who are exposed to radio on a weekly basis has decreased by 5 percent in North Province while on men has decreased by 4 percent over the five years.

Figure 9: Percentage of women aged 15-49 who are exposed to specific media on a weekly basis



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

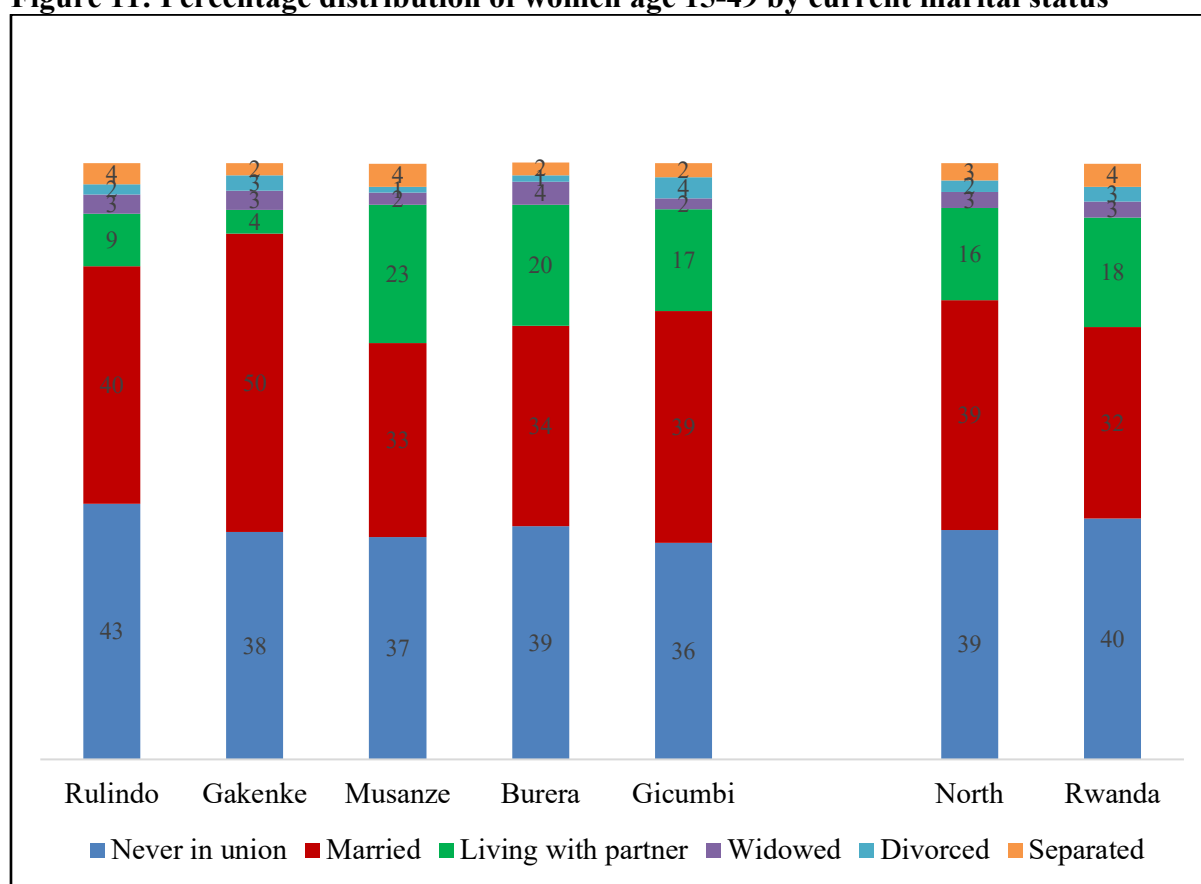
2.6 Current marital status

In the figure 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 are living with a partner, widowed, separated, or divorced.

Figure 11 and 12 show the distribution of women and men by marital status, according to age at the time of the survey in the North Province in comparison with the national figures. Overall 49 percent of women aged 15-49 are not in union (never married, widowed, divorced and separated) compared to 47 percent of men 15-49 in the North Province. The percentage of women 15-49 that are not in union is high in Rulindo District (51 percent) and low in Musanze District (44 percent) among women. In north Province, 57 percent men are in a union (Married or living in union). This proportion varies from 53 percent (Rulindo District) to 61 percent in Burera District. The North Province counts 3 Percent of women that are widowed, 2 percent divorced and 3 percent separated.

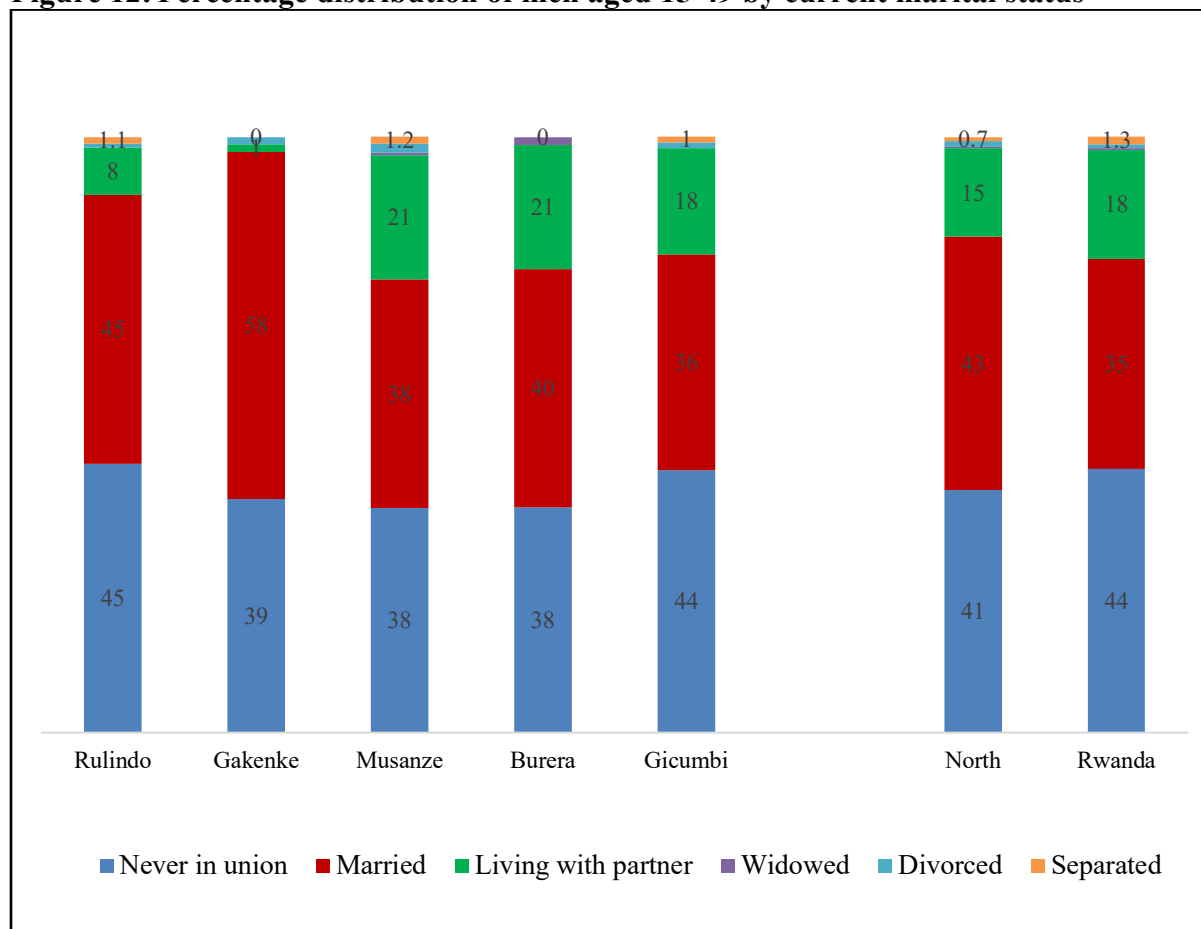
Trends: The percentage of women and men who are currently in union has increased to 55 percent and 58 percent respectively over five years in North province.

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



Source: RDHS, 2019-20

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



Source: RDHS, 2019-20

Chapter 3: Fertility determinants and fertility rates

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

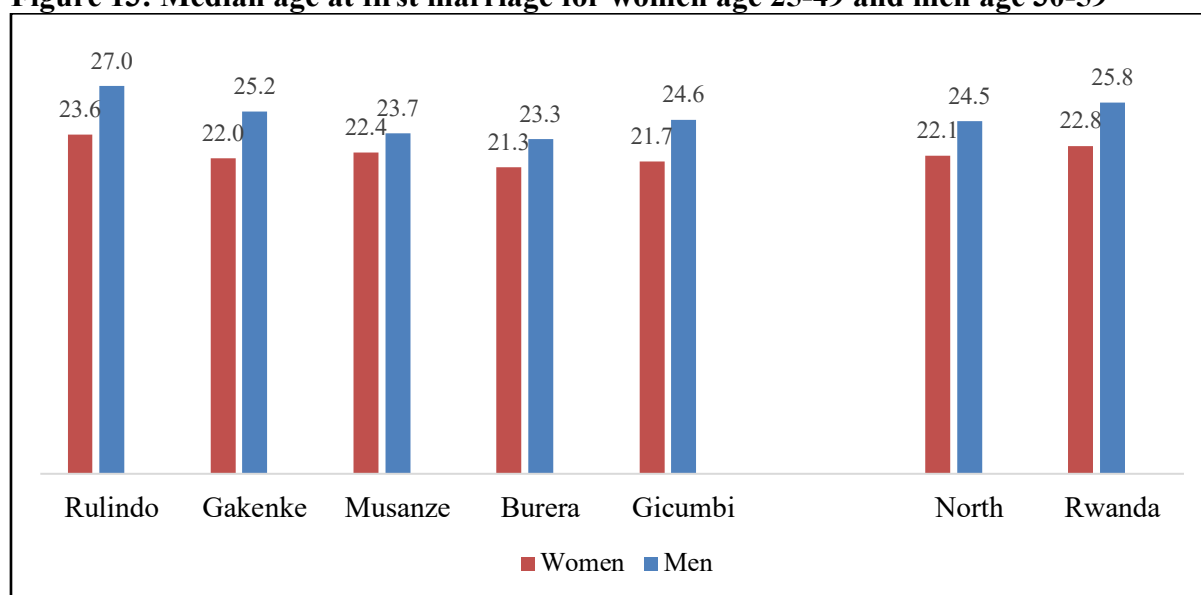
3.1 Median age at first marriage

Figure 13 shows the median age at first union among women aged 25-49 and men aged 30-59. The median age at first marriage is 22.1 years and 24.5 years among women and men respectively in the North Province compared to 22.8 years versus 25.8 years for women and men at the national level.

The data shows variations by Districts: among women, Burera District has the earliest age at first union (21.3years) while Rulindo District has the latest (23.6 years). Among men, Burera District has the earliest age at first union (23.3years) and Rulindo District has the latest (27 years).

Trends: In North Province, the median age at first marriage has slightly increased among men from 24.3 to 24.5 years and it has declined to 22.1 years among women over five years.

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



Source: RDHS, 2019-20

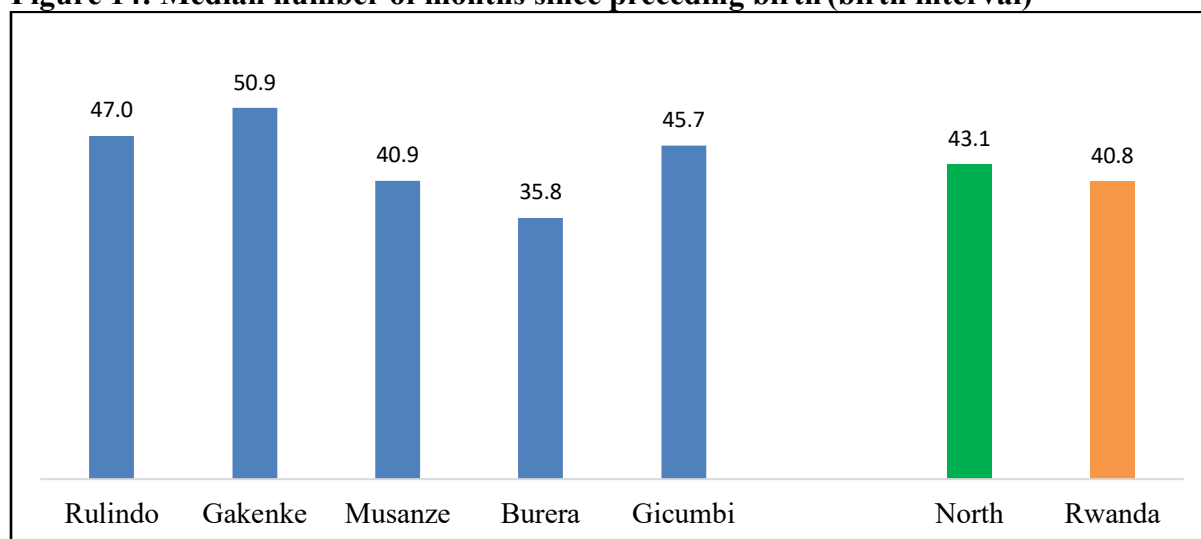
3.2 Birth interval

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 in 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 43.1 months in the North Province compared to 40.8 months at the national level. By District, the birth interval varies from 35.8 months in Burera to 50.9 months in Gakenke District.

Trend: In North Province, the interval between births in the North Province has increased from 42.2 months to 43.1 months, mainly in Rulindo District with an increase of 9.3 percent.

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



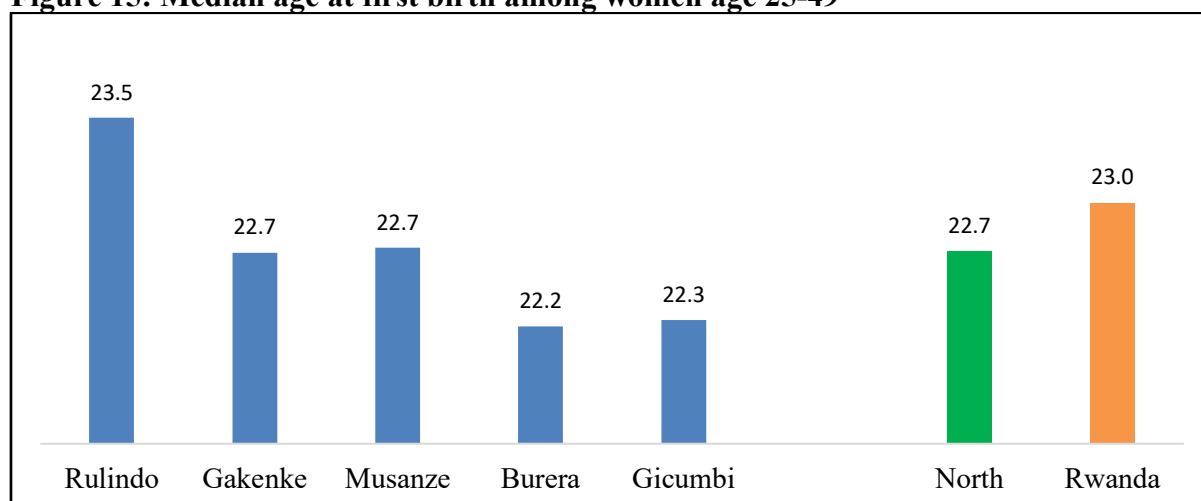
Source: RDHS, 2019-20

3.3 Median age at first birth

Figure 15 below shows median age at first birth according to age of women by District. The median age at first birth for women aged 25-49 in North Province is 22.7 years compared to 23 years at national level. At the District level, the highest median age at first birth is 23.5 years in Rulindo District and the lowest is 22.2 years in Burera District.

Trends: The median age at first birth for women age 25-49 has slightly increased from 22.2 years to 22.7 years in North Province and all districts had a slight change.

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



Source: RDHS, 2019-20

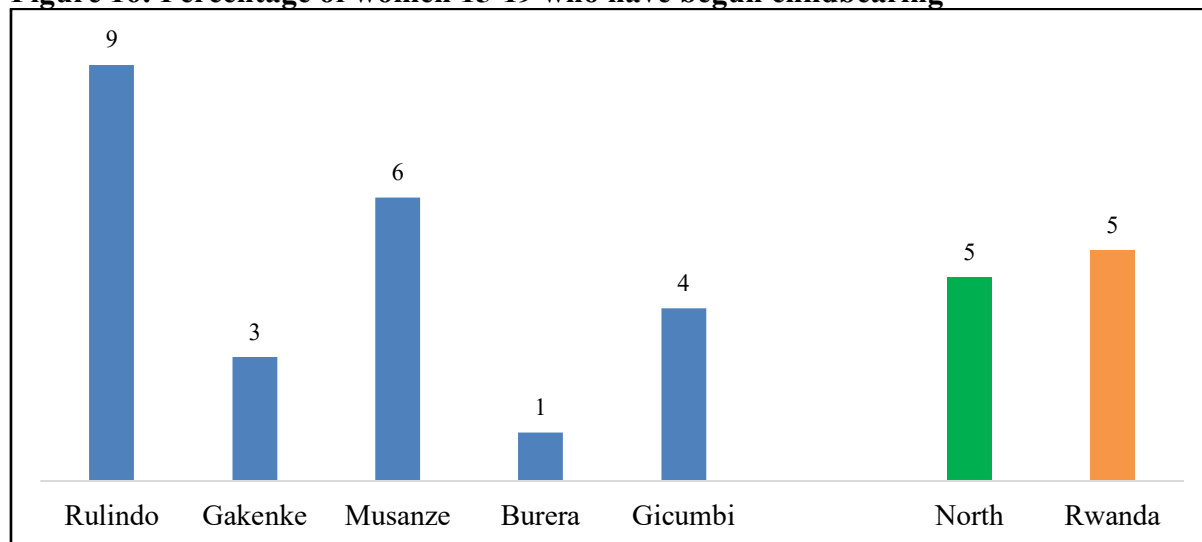
3.4 Teenage pregnancy and motherhood

Figure 16 shows the percentage of young women age 15-19 who have begun child bearing in their teenage age. Five percent of young women between age 15 and age 19 have already

begun childbearing in the North Province, which is similar to the national level. At district level, the percentage of women age 15-19 who have begun childbearing varies from 1 percent in Burera District to 9 percent in Rulindo District.

Trends: The percentage of young women between age 15-19 who have already begun childbearing in the North Province remained constant (5 percent). Mostly increased in Rulindo District with 9 percent compared to 3 percent over five years.

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



Source: RDHS, 2019-20

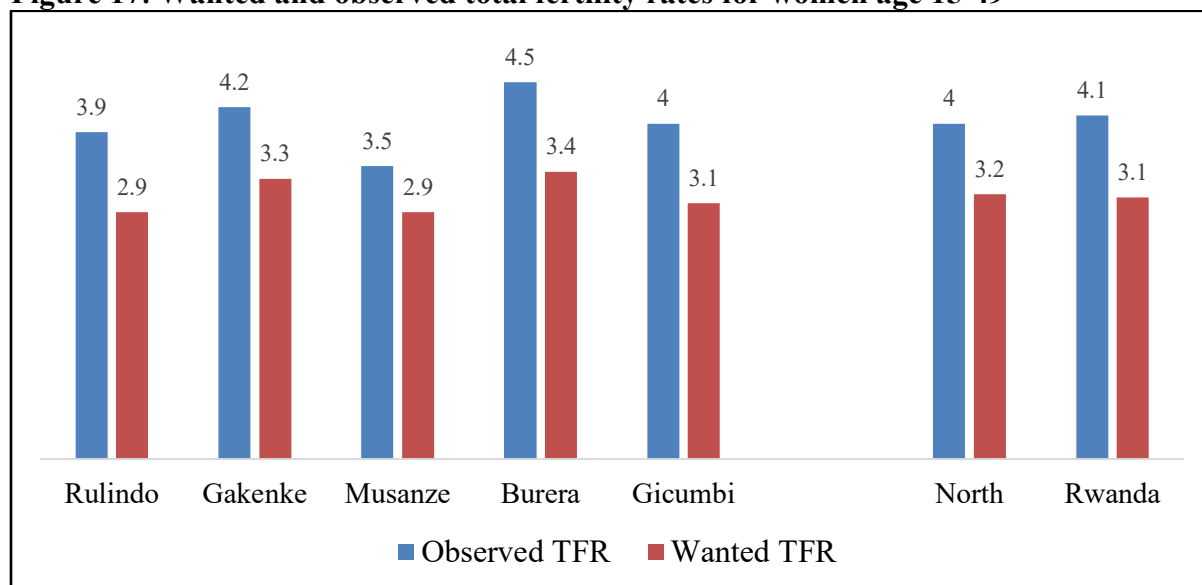
3.5 Wanted and Total fertility rate

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 North Province is 3.2 children compared to 3.1 at the national level.

At Provincial level, the TFR is 4 and 4.1 at national level. Among districts, the lowest TFR is observed in Musanze District (3.5 children) and the highest TFR in Burera District (4.5 children). Considering the gap between wanted TFR and observed TFR, it is seemed that there is a gap of 0.8 children in the North Province. At District level, the highest gap is observed in Burera District (1.1) and the lowest in Musanze District (0.6).

Trends: The Total wanted fertility rate for women aged 15-49 has slightly increased by 0.4 at provincial level.

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. 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 North Province in comparison with the national level.

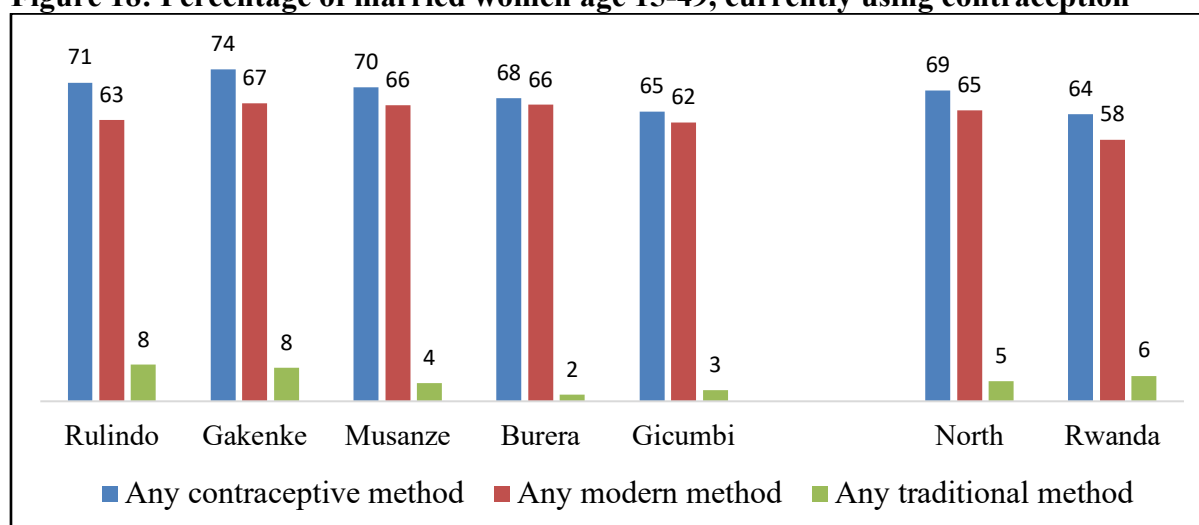
4.1 Current use of contraception

Figure 18 shows that 69 percent of married women age 15-49 in the North Province are currently using any family planning method, among them 65 percent of them use any modern method, and 5 percent for any traditional method, compared with 64 percent for any contraceptive method, 58 percent for any modern method and 6 percent for any traditional method at national level.

Women who are currently using any contraceptive method are high in Gakenke District (74 percent) and low in Gicumbi District (65 percent) with the majority of women using any modern method and the minority using the traditional methods.

Trend: In the North Province, the use of any modern method among currently married women increased from 55% to 65% over five years and Burera District had a significant increase by 22 percent.

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



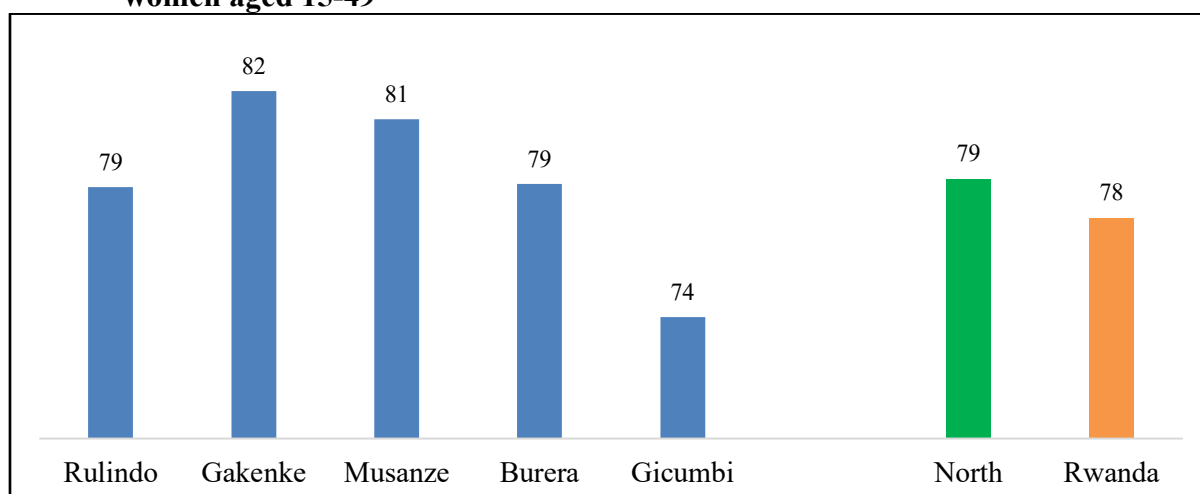
Source: RDHS, 2019-20

4.2 Demand for family planning

Figure 19 below describes the total demand for family planning among currently married women in the North Province (79 percent), it is slightly lower at the national level (78 percent). At the District level, the total demand for family planning is high in Gakenke District (82 percent) and low in Gicumbi District (74 percent) among currently married women.

Trends: In North Province, the total demand for family planning among currently married women aged 15-49 has increased from 71 to 79 percent over five years and Burera District increased by 7 percent.

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



Source: RDHS, 2019-20

4.3 Exposure to family planning messages

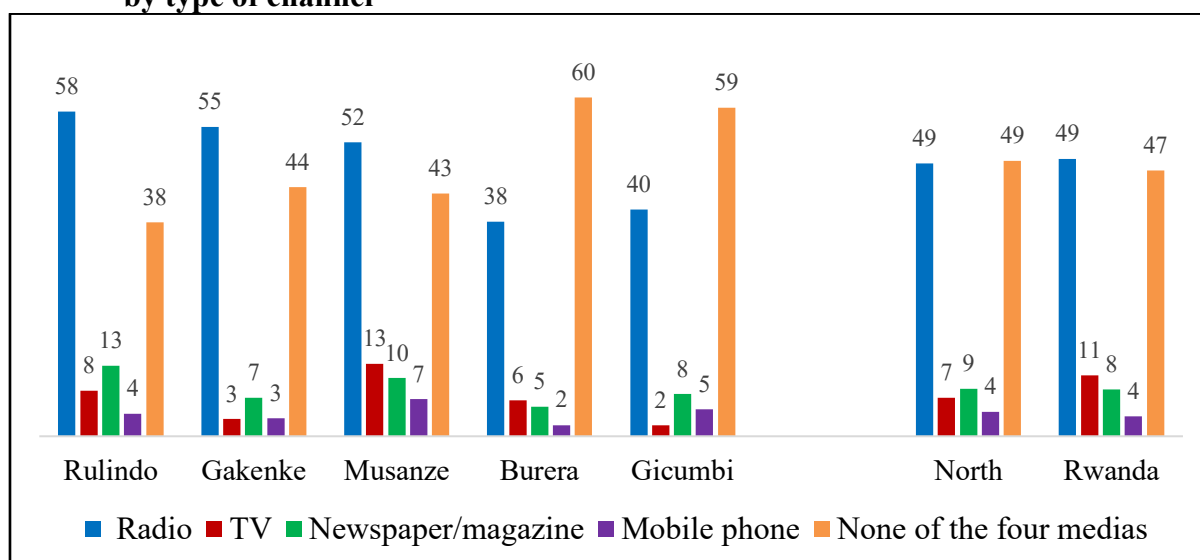
The mass media plays an important role in communicating messages about family planning. Data on levels of exposure to radio, television, mobile phone and printed materials are important for program managers and planners to effectively target population subgroups for information, education, and communication 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, mobile phone and in print (newspapers and magazines) in the few months preceding the survey.

Figure 20 and 21 show that radio is the most widely accessed source of family planning messages in North province with 49 percent of women and 67 percent of men aged 15-49 having 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 national level.

Seven percent for women and 11 percent of men reported having seen a family planning message on television; while 9 percent of women and 13 percent of men reported having seen a family planning message from or in a newspaper/magazine in the North Province. Moreover, 4 percent of women and 5 percent of men reported having received a family planning message from mobile phones

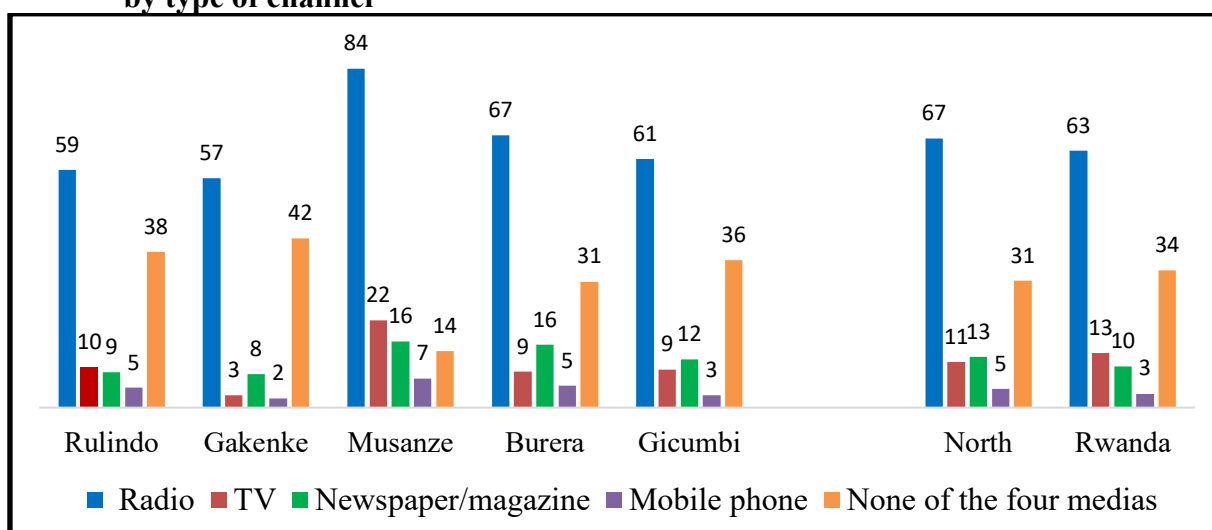
It is also important to note that, 49 percent of women and 31 percent of men in North Province have not been exposed to any family planning messages in any of the four specified media sources. These proportions are almost the same at the national level (47 percent for women and 34 percent for men).

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

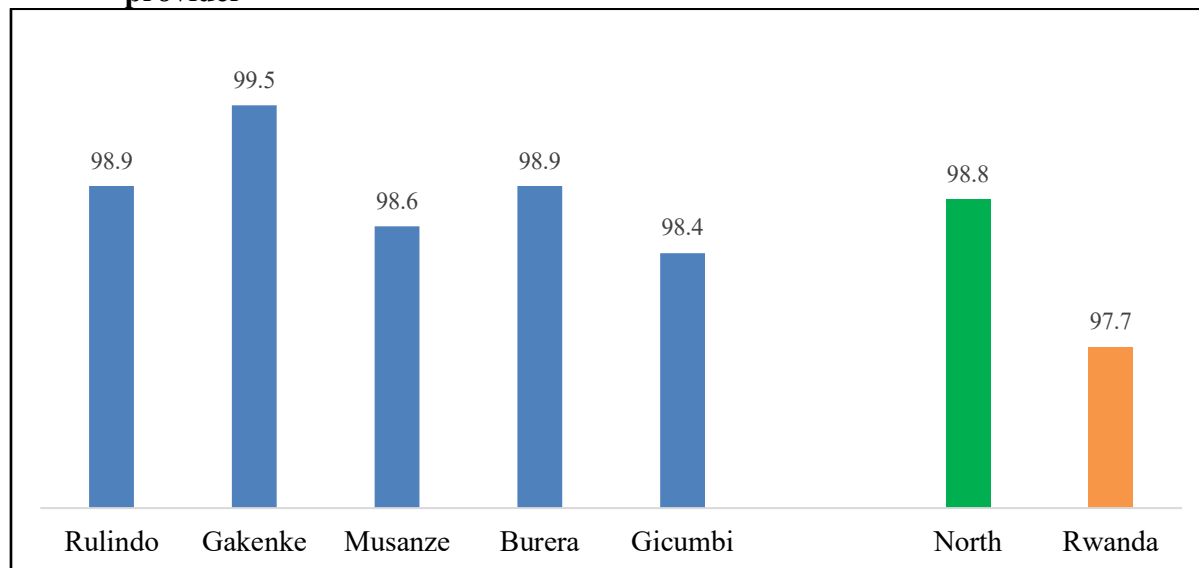
Monitoring of pregnant women through antenatal care visits helps to reduce risks and complications during pregnancy, delivery, and the postpartum periods. The RDHS 2019-20 asked women who had had a live birth in the five years preceding the survey whether they had received antenatal care (ANC).

Figure 22 below shows the percentage of women age 15-49, receiving antenatal care from any skilled provider by districts of North province. Nearly all mothers (98.8 percent) in the North Province received at least one antenatal care from 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 North Province and this proportion varies from 98.4 to 99.5 percent.

The percentage at province (98.8 percent) is slightly different to the percentage at national level (97.7 percent). At the District level, it is high in Gakenke District with 99.5 percent and low in Gicumbi District with 98.4 percent.

Trends: Over 5 years, the percentage of women age 15-49 who received antenatal care from a skilled provider in North Province had moderate change where Gakenke District had an increase of 10 percent.

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



Source: RDHS, 2019-20

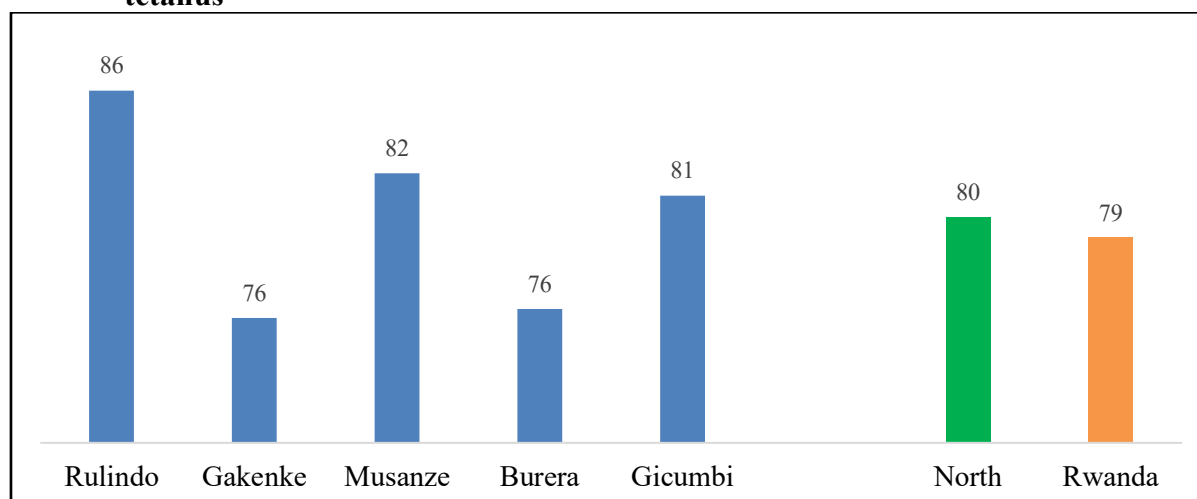
5.2 Mothers whose last birth was protected against neonatal tetanus

Neonatal tetanus is a major cause of death among newborns. Tetanus toxoid injections given to the mother during pregnancy protect both mother and child against this disease. Figure 23 shows that in the North Province among mothers who had previous protection against tetanus, the percentage is 80 percent compared to 79 percent at the national level. Looking at the district level, the percentage of mothers whose last birth was protect against neonatal care is

high in Rulindo District (86 percent), and low in Gakenke and Rulindo Districts (76 percent each).

Trends: In North Province, the percentage of mothers age 15-49 whose last birth was protected against neonatal tetanus has slightly decreased from 81 to 80 percent over five years and Burera district had a remarkable decline of that proportion from 91 to 76 percent.

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 prior to the last birth.

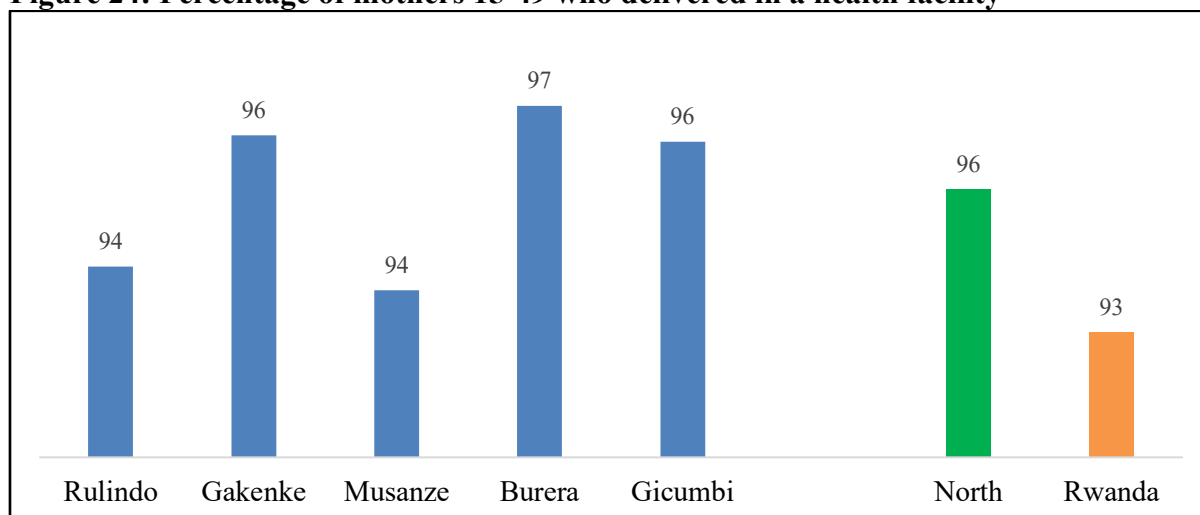
5.3 Place of delivery

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 North Province, the percentage of births in the five years before the survey who delivered at a health facility is 96 percent at province level and 93 percent at the national level. At the District level, Mothers in Burera Districts (97percent) are more likely to deliver in a health facility than mothers in Musanze and Rulindo Districts (94 percent each).

Trends: In North Province, the percentage of mothers age 15-49 who delivered in a health facility has increased over 5 years from 92 to 96 percent. There is a significant increase of 7 percent in Gakenke District.

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



Source: RDHS, 2019-20

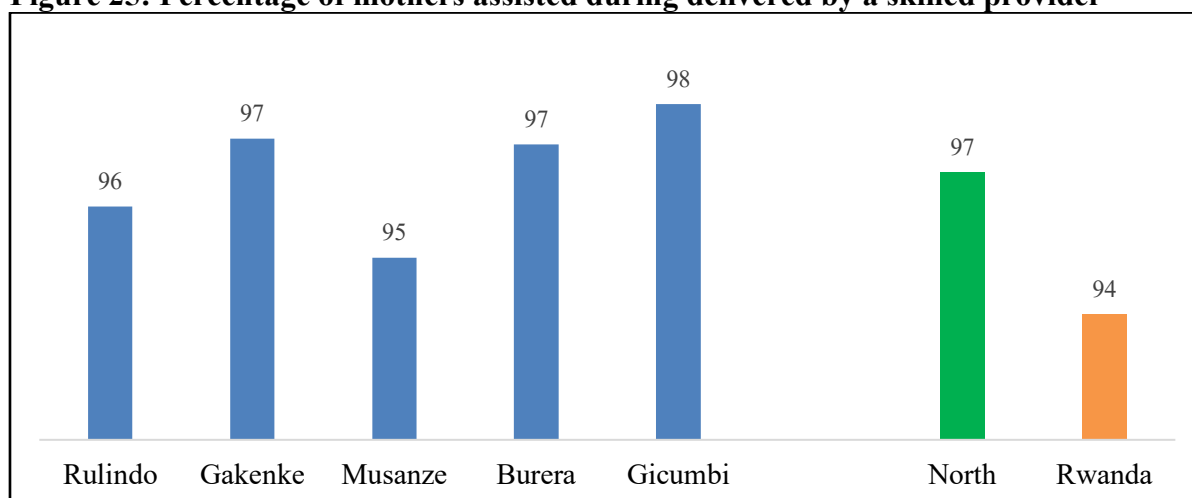
5.4 Assistance during delivery

To avoid the risk of complications and maternal deaths, women should be assisted during delivered 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 97 percent of women were assisted by a skilled health provider, in the North Province compared to 94 percent at national level. At District level, the highest number of mothers who received assistance by a skilled provider during delivered is in Gicumbi District (98 percent) and this proportion is low in Musanze District (95 Percent).

Trends: In North Province, the percentage of mothers aged 15-49 assisted during delivery by skilled provider has increased over 5 years from 92 to 97 percent. There was a slight change in percentage among all districts.

Figure 25: Percentage of mothers assisted during delivered by a skilled provider¹



Source: RDHS, 2019-20

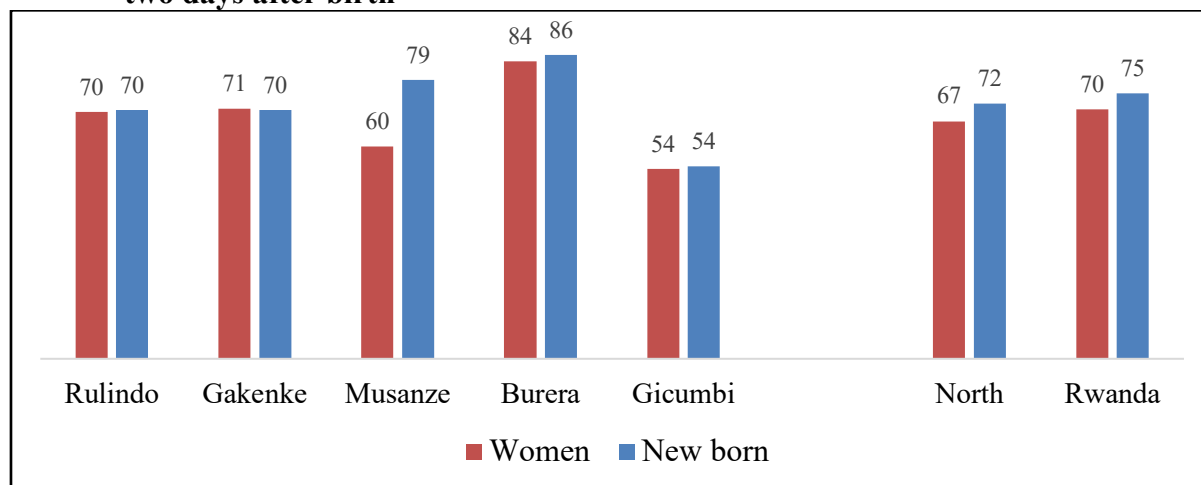
5.5 Postnatal checkup

Figure 26 describes the postnatal checkups among women and newborn. In the North Province, 67 percent of women had a postnatal checkup in the first two days after delivery, while it is 70 percent at the national level. The proportion of women who received a postnatal checkup is high in Burera District (84 percent) and low in Gicumbi District (54 percent).

Overall, in the North province, 72 percent of newborns received postnatal care in the first two days after birth, compared to 75 percent at the National level. The percentage is much higher in Burera District (86 percent and 84 percent) and low in Gicumbi District (54 percent each).

Trends: Over five years, the percentage of newborn who received postnatal checkup in the first two days after birth has higher increase in all districts especially in Burera District with 85 percent.

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



Source: RDHS, 2019-20

Chap 6: Child Health

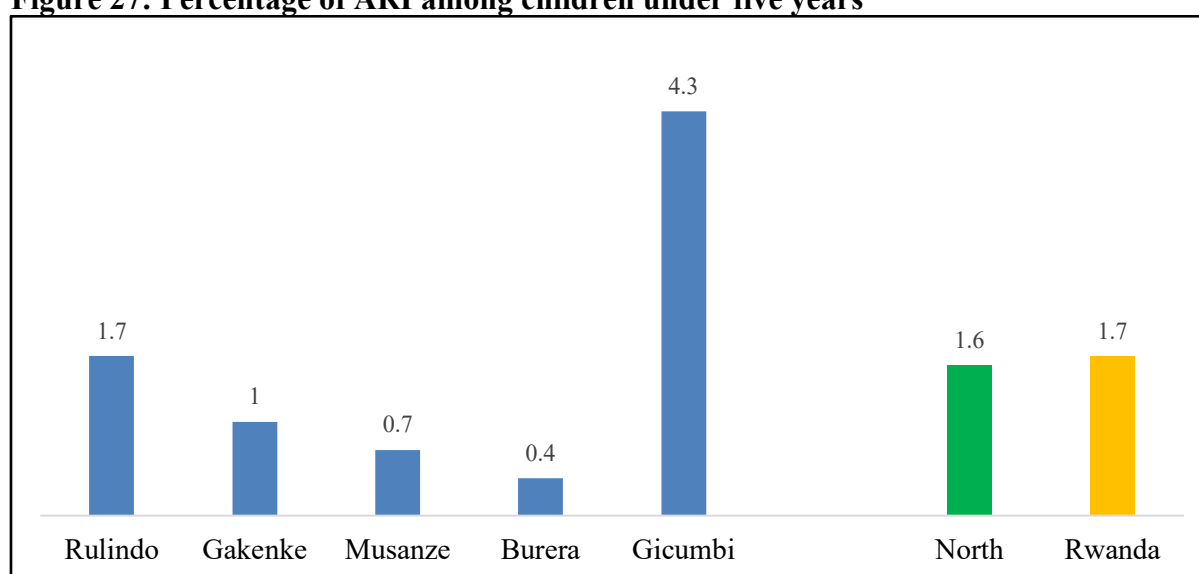
To assess the prevalence of the infections, mothers were asked if their children under age 5 had been ill with a cough during the two weeks preceding the survey and, if so, whether the cough had been accompanied by short, rapid breathing. It should be borne in mind that these data are subjective (i.e.,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

6.1 Prevalence of Acute Respiratory infection (ARI)

Acute respiratory infections (ARIs), particularly pneumonia, constitute one of the main causes of child deaths. Figure 27 shows that in North Province, 1.6 percent of children under age 5 had been ill with ARIs during the two weeks preceding the survey, and this percentage is relatively the same to that of the national level (1.7 percent). It is observed that in the North Province, Gicumbi District has the highest percentage of children under age 5 who had been affected with ARIs with 4.3 percent while Burera District had the lowest with 0.4 percent.

Trends: In North province, the percentage of ARI among under five children has decreased from 6 to 1.6 percent over five years and Burera District had a significant decline from 8 to 0.4 percent.

Figure 27: Percentage of ARI among children under five years



Source: RDHS, 2019-20

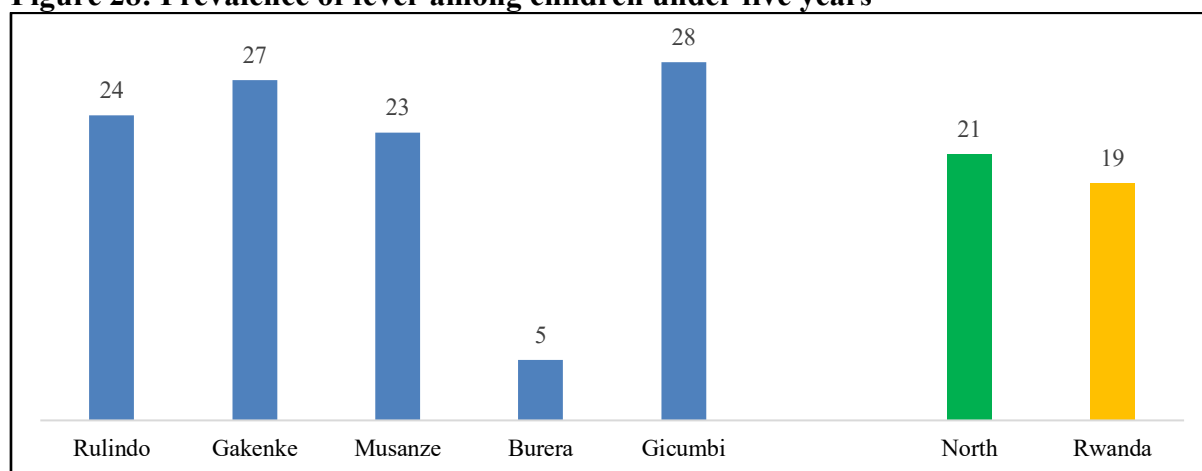
6.2 Prevalence of fever

Fever is the primary symptom of many illnesses such as ARI, malaria and measles among others, which cause numerous deaths among children. 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 during the two weeks preceding the survey, 21 percent of children under age five had a fever and this percentage is lower than at the national level (19 percent).

Trends: In North Province, the prevalence of fever among children under five years has increased from 14 to 21 percent over five years and Burera District had a significant decrease of 9 percent while Gicumbi District experienced an increase of 20 percent.

Figure 28: Prevalence of fever among children under five years



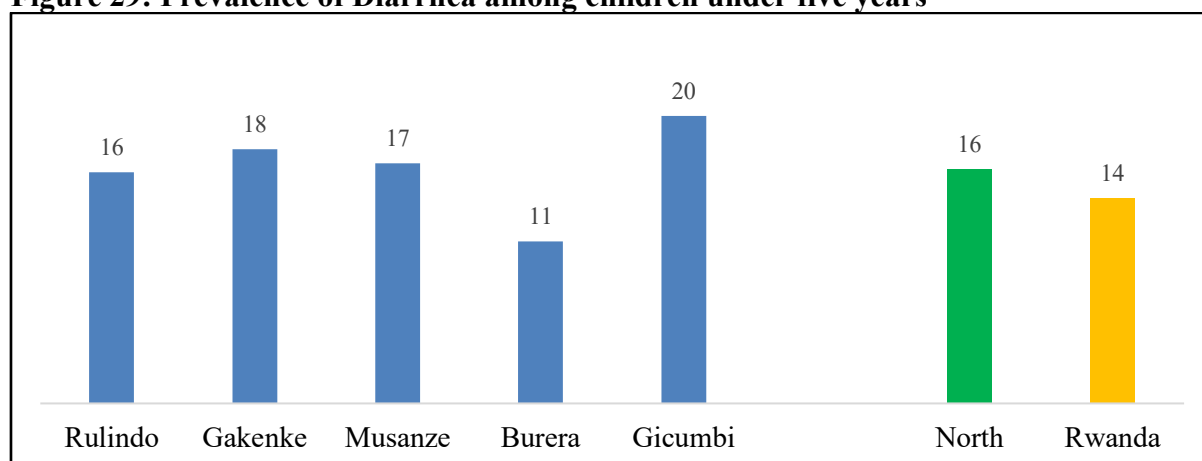
Source: RDHS, 2019-20

6.3 Prevalence of Diarrhea

Figure 29 shows that according to mothers' reports, 16 percent of children had diarrhea in the two weeks preceding the survey in the North Province and 14 percent at national level. The prevalence of diarrhea is especially high among children in Gicumbi District (20 percent) and low in Burera District (11 percent). 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: In North province, the prevalence of diarrhea among children under five has increased from 11 to 16 percent over five years and Gicumbi District had a high increase of 15 percent in prevalence of diarrhea.

Figure 29: Prevalence of Diarrhea among children under five years



Source: RDHS, 2019-20

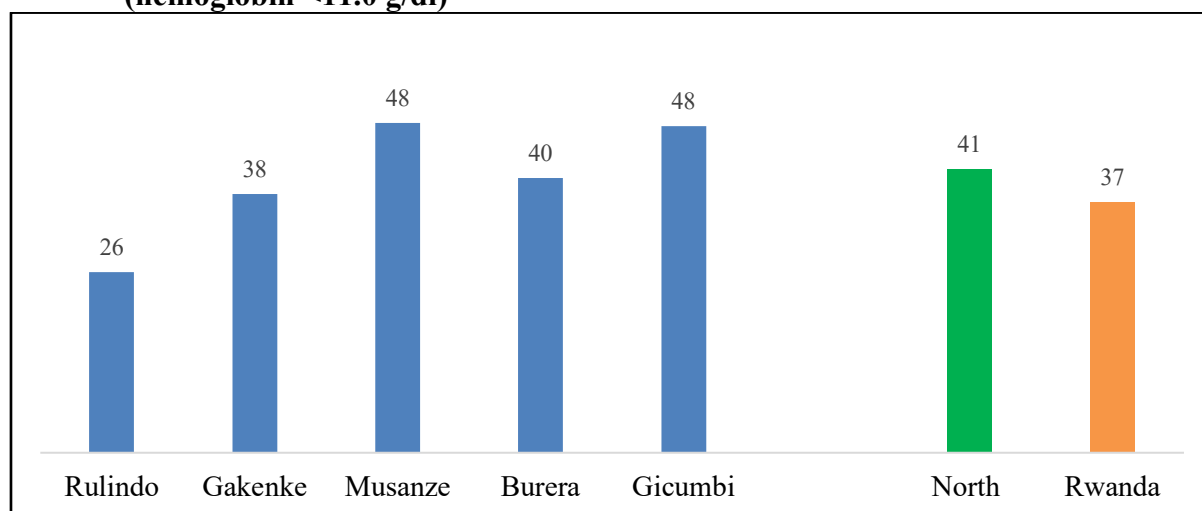
6.4 Anemia among children

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 age 6-59 months. Children with hemoglobin level less than 11.0 g/dl are anemic. Overall, 41 percent of children aged 6-59 months in North Province are anemic compared to 37 percent at National level.

By District, children in Gicumbi and Musanze Districts (48 percent each) are more likely to be anemic, while children in Rulindo are less likely to be anemic with 26 percent.

Trends: The prevalence of anemia among children aged 6-59 months has increased from 34 to 41 percent in North Province over five years where Musanze District had a significant increase of 19 percent of anemic children.

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 healthcare practices. Numerous socioeconomic 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, an 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 a 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 under 5 children

Nutritional status of children under 5 years of age is an important measure of children's health and growth. The anthropometric data on height and weight collected in the 2019-20 RDHS permits the measurement and evaluation of the nutritional status of children in Rwanda.

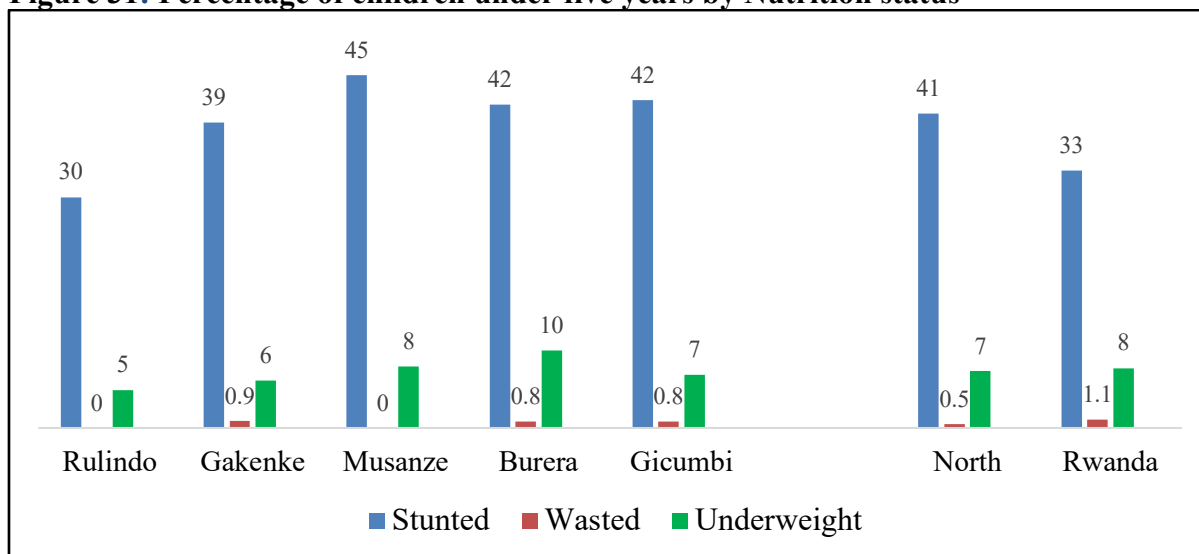
In North Province, 41 percent of children under 5 years of age are stunted (too short for their age), against 33 percent at the national level (Figure 31). Variation in children's nutritional status by district is obvious, with stunting being high in Musanze (45 percent) and low in Rulindo District (30 percent).

Figure 34 illustrates that 0.5 percent of children under 5 years of age are wasted (too thin for their height) in North Province, while it is 1.1 percent at the national level. The wasting prevalence is high among children in Gakenke District (0.9 percent) while Musanze and Rulindo Districts have no wasted children.

In North Province, 7 percent of children under 5 years of age are underweight (low weight-for-age) while it is 8 percent at the national level. Variation in children underweight by districts shows that Burera District has the highest percentage of underweight children (10 percent) while Rulindo District has the lowest percentage of children underweight (5 percent).

Trend: In North Province, the percentage of stunted children has increased from 39 to 41 percent whereas the percentage of wasted children and underweight children have decreased slightly over five years.

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



Source: RDHS, 2019-20

7.2 Nutritional status of women

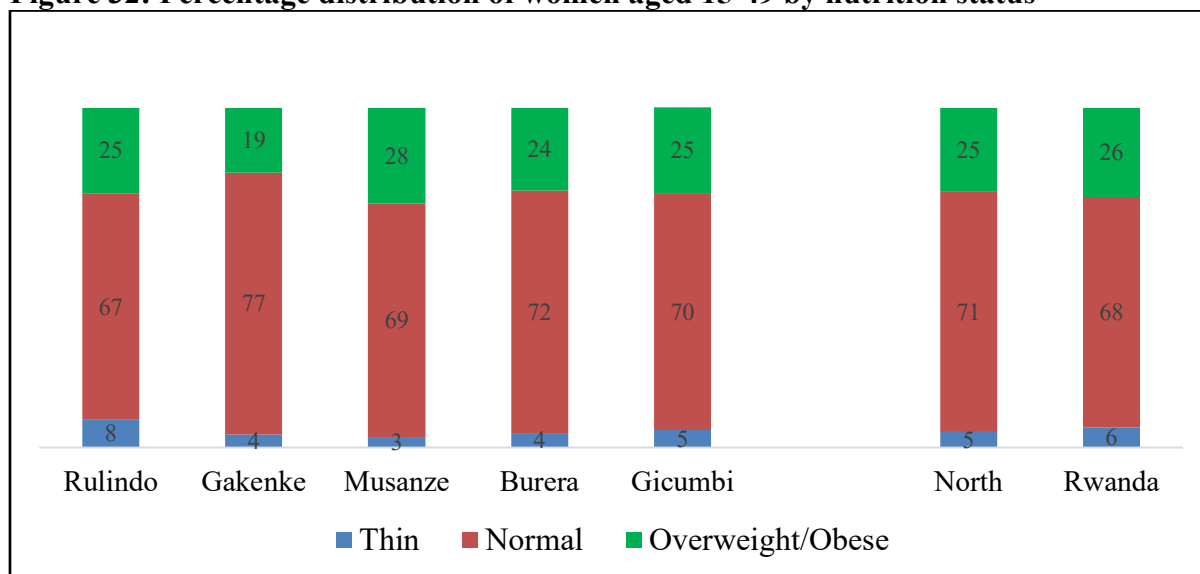
Figure 32 presents the nutritional status and the percentage of women falling into two high-risk categories of nutritional status. At the provincial level, 5 percent of women are considered to be thin (BMI below 18.5), as compared to 6 percent at the national level. This percentage is high in Rulindo District (8 percent) and low in Musanze District (3 Percent).

Twenty-five percent of women are overweight or obese in the North Province, with a slight difference to the national level (26 percent). Variation among districts shows that Musanze District (28 percent) has the highest percentage of overweight or obese women while Gakenke District has the lowest percentage of overweight women (19 percent).

The percentage of normal standards women is 71 percent in North Province while it is 68 percent at national level. Gakenke District has high percentage of women with normal standards (77 percent) while Rulindo District has the lowest percentage (67 percent).

Trends: In Northern Province, the percentage of women with normal standards has decreased from 75 to 71 percent while for overweight standard, the percentage of women increased from 21 to 25 percent over 5 years.

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



Source: RDHS, 2019-20

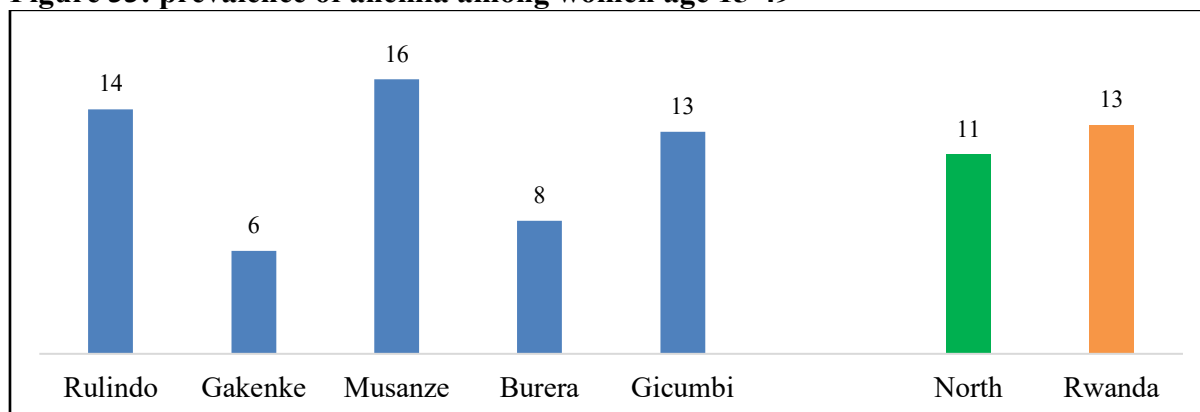
7.3. Prevalence of anemia among women

Figure 33 presents anemia prevalence among women age 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 shows that anemia is less prevalent among women than children (figure 30); 11 percent of women in the North Province have anemia compared to 13 percent at national level. The great majority of women with anemia are in Musanze District (16 percent), and the lowest prevalence of anemia among women age 15-49 is in Gakenke District with 6 percent.

Trends: Over 5 years, the prevalence of anemia among women age 15-49 has decreased from 15 to 11 percent in the North Province. A significant decrease in anemia prevalence has been observed in Rulindo, Gakenke and Burera Districts (between 9 and 6 percent). It has been increased in Musanze District (4 percent).

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



Source: RDHS, 2019-20

Chapter 8: Malaria

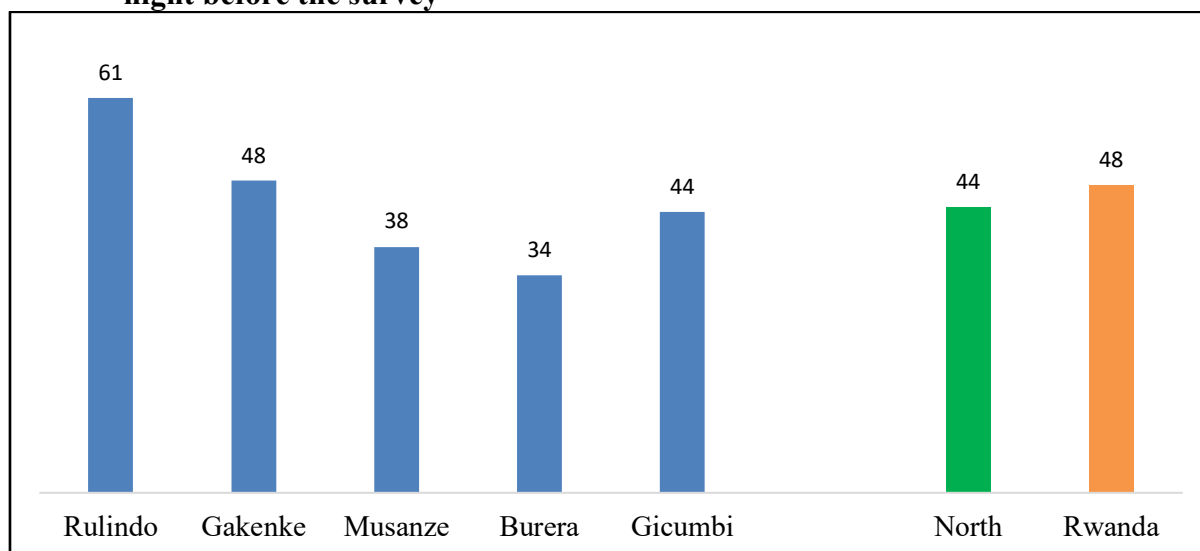
Malaria has been a major cause of morbidity and mortality in Rwanda for several years, with periodic epidemics in high-altitude areas. This section presents the RDHS 2019-20 household-level findings on use of mosquito nets, and malaria prevalence particularly among children under 5 years of age.

8.1 Use of Insecticide Treated Net (ITNs)

Figure 34 shows that 44 percent of the household population in the North Province slept under 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 Burera District (34 percent) and high in Rulindo District (61 percent).

Trends: Over 5 years, the percentage of household population who slept under ITN the night before the survey declined from 56 to 44 percent, Gicumbi District had a significant decrease of 28 percent.

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



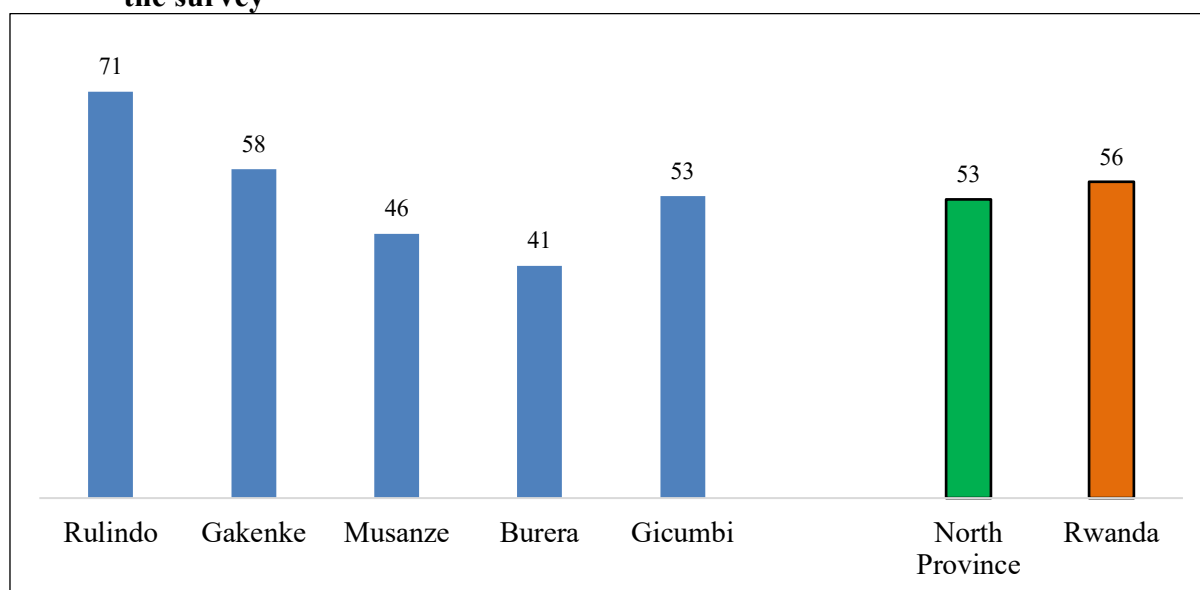
Source: RDHS, 2019-20

8.2 Use of ITNs among children

Children under 5 years of age are most vulnerable to severe complications of malaria infection due to their reduced immunity. Figure 35 shows the use of mosquito nets by children under 5 years of age. Fifty-three percent of children under 5 years of age slept under a mosquito net the night before the survey in the North Province as compared to 56 percent at the national level. The percentage of children who slept under an ITN is high in Rulindo District (71 percent), and low in Burera District (41 percent).

Trends: Over 5 years, at provincial level the percentage of children of children who slept under an ITN the night before the survey has declined from 62 percent to 53 percent. Gicumbi District had a significant decline (23 percent of decline) among other districts.

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

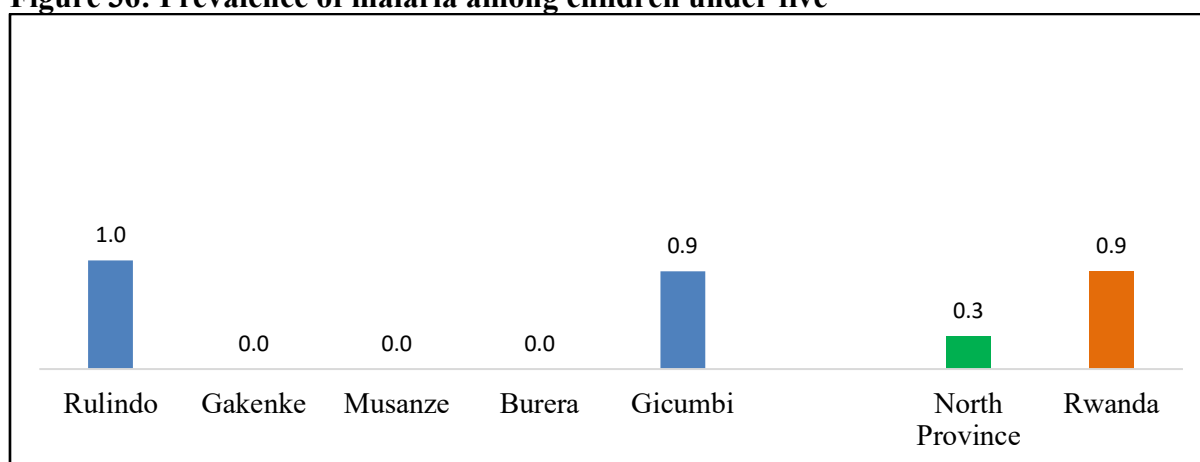


Source: RDHS, 2019-20

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 North Province, almost none of children aged 6 to 59 months are infected with at least one form of malarial parasites, compared to 0.9 percent at the national level.

Figure 36: Prevalence of malaria among children under five



Source: RDHS, 2019-20

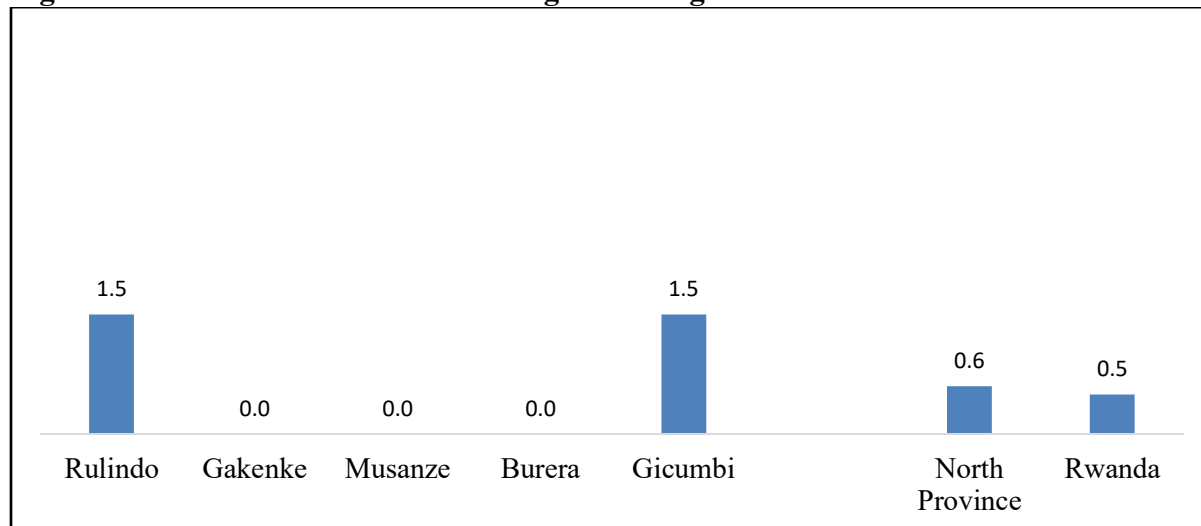
8.4 Prevalence of malaria among women

Women are less likely to be infected with malaria than children from the figure presented above. In the North Province, the prevalence of malaria is 0.6 percent compared to 0.5 percent at national level. Except Gicumbi and Rulindo districts with 1.5 percent each, the remaining districts had no cases of malaria.

Trends: The RDHS 2019-20 was conducted between November 2019 and July 2020, with more than a 2-month 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

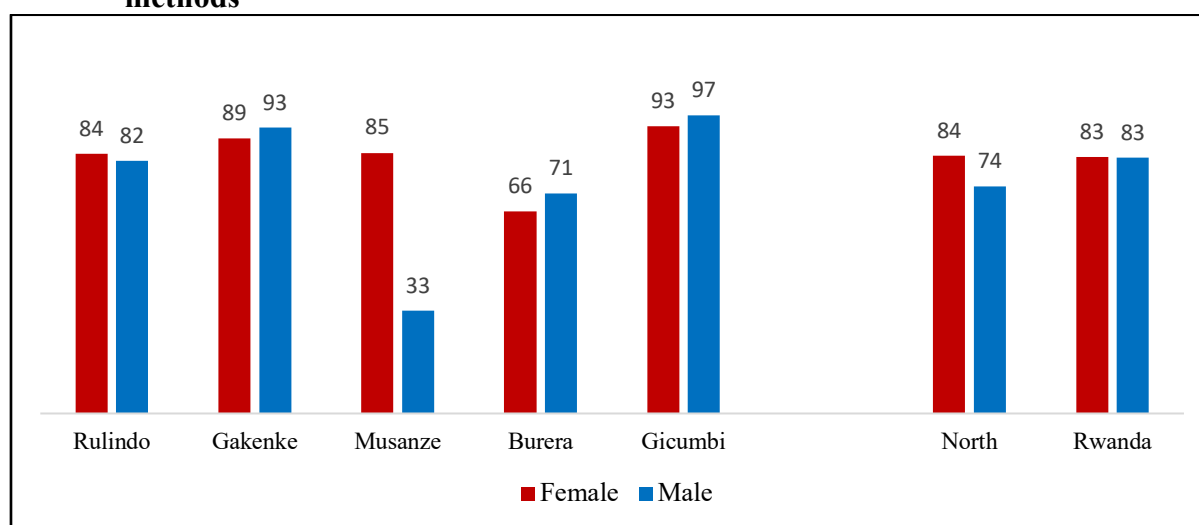
HIV infection is a major public health concern in Rwanda, where it is among the causes of mortality with negative social and economic consequences that affect people and the country as a whole. The following section will discuss the knowledge, attitudes and HIV prevalence among youth and adults.

9.1 Complete knowledge of HIV prevention methods

Figure 38 presents the percentage with complete knowledge of HIV and AIDS prevention methods among women and men aged 15-49, by districts of the North Province. In North Province, 84 percent of women and 74 percent of men are aware that the risk of contracting the HIV can be reduced by limiting sex to one uninfected partner who has no other partners and using condoms compared to 83 percent each for women and men at the national level.

Trends: The percentage of both women and men with complete knowledge of HIV prevention methods has slightly decreased over five years in North Province. In Burera District, it has decreased by 29 percent among women and in Musanze District, it has decreased among men by 40 percent.

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 transmission of AIDS and HIV. Respondents were asked whether they think it is possible for a healthy-looking person to have the 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.

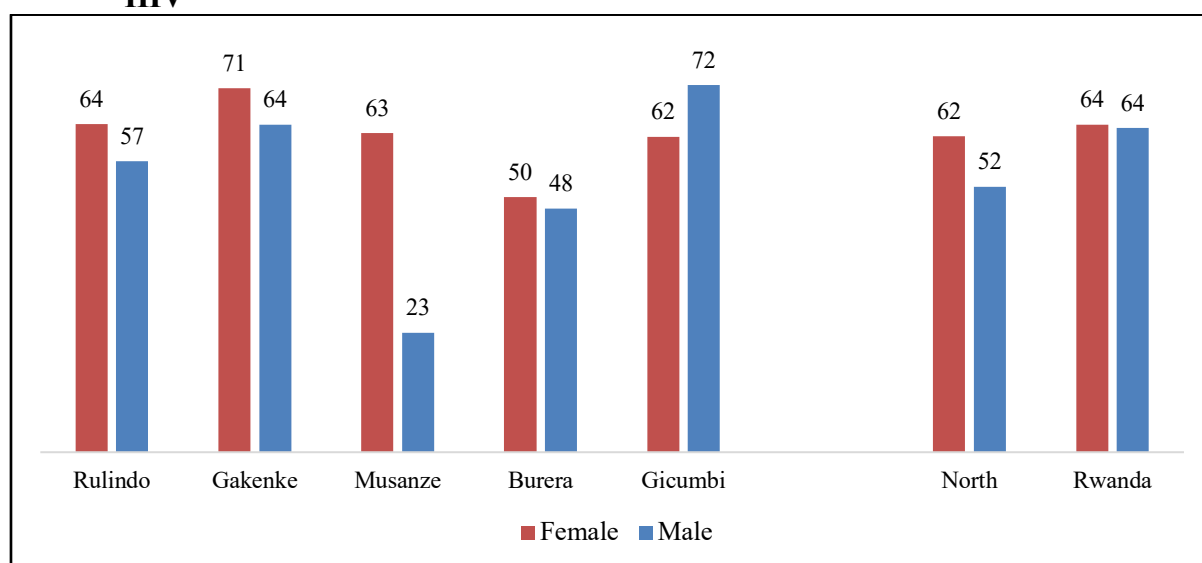
The results in figure 39 indicate that some Rwandan adults lack accurate knowledge about the ways in which HIV can and cannot be transmitted. Nevertheless, 62 percent of women age 15-49 and 52 percent of men at the same age at the province level have comprehensive knowledge about HIV/AIDS, this percentage is 64 for both women and men at the national level that is; healthy-looking person can have the HIV/AIDS 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.

The highest percentage of women who have comprehensive knowledge about HIV/AIDS is observed in Gakenke District (71 percent) and the lowest is in Burera District with 50 percent. Men in Musanze District are less likely to have knowledge on HIV/AIDS than any other district in the North province.

Trends: Over five years in North Province, the percentage of women and men aged 15-49 with comprehensive knowledge about HIV has slightly decreased from 69 to 62 percent among women and has decreased 56 to 52 percent among men.

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



Source: RDHS, 2019-20

9.3 Multiple sexual partners

Given that most HIV infections are contracted through heterosexual contact, information on sexual behaviour 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 to this subject are likely to be biased.

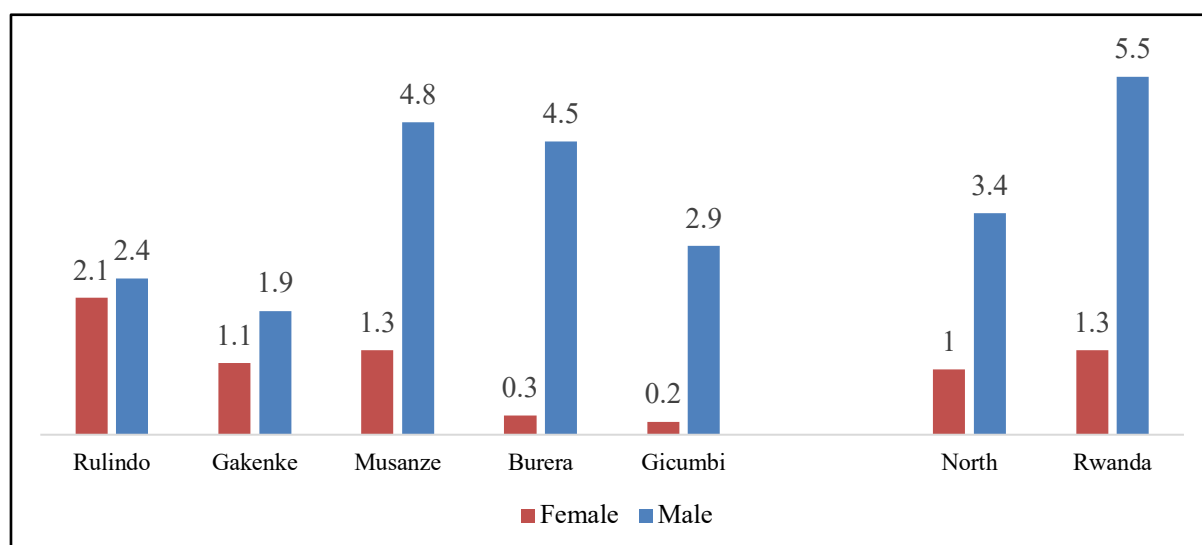
Figure 40 shows the percentage of women and men age 15-49 who had sexual intercourse with more than one partner in the last 12 months before the survey. Three point four percent of men and 1 percent of women in North Province had two or more sexual partners as compared to 5.5 percent of men and 1.3 percent of women at the national level.

Men living in Musanze District (4.8 percent) were more likely to have multiple partners over the last 12 months than other respondents whereas women in Rulindo District have had two or more sexual partners than other women in North Province (2.1 percent).

Trends: Over five years, 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 0.4 to 1 percent among women and from 3 to 3.4 percent among men in North Province. In Gicumbi District, that percentage increased among men by 2.4 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

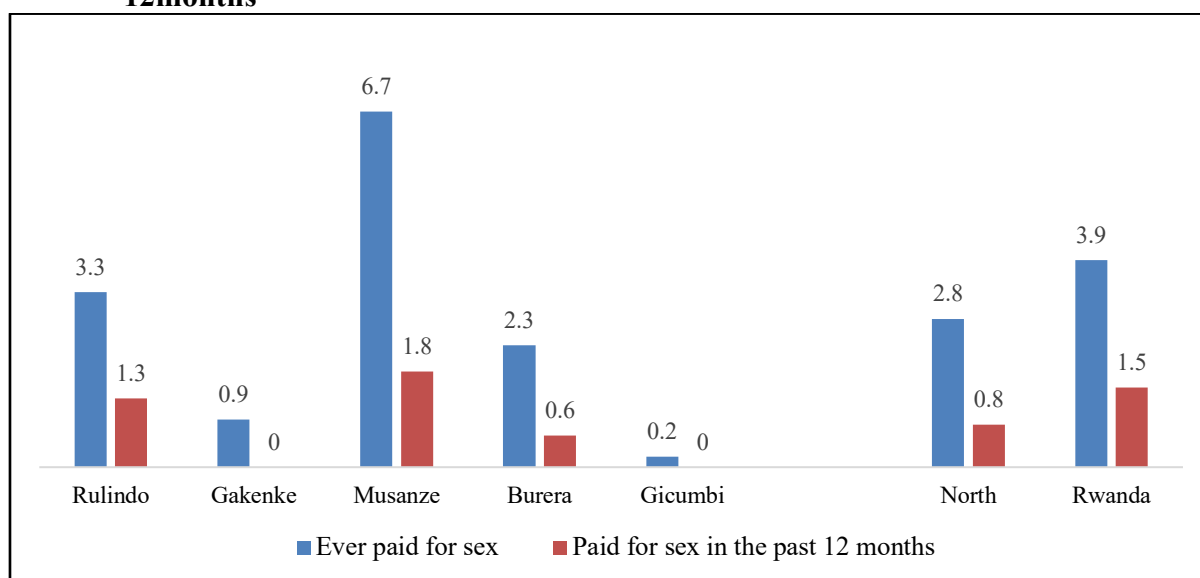
9.4 Payment for sexual intercourse

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 the past 12 months.

The results in figure 41 shows that 2.8 percent of men age 15-49 in North province and 3.9 percent at the national level have ever paid for sexual intercourse and only 0.8 percent at the province level and 1.5 percent at the national level had done so in the 12 months before the survey. Men who are living in Musanze District (6.7 percent) were most likely to have ever paid for sexual intercourse.

Trends: Over five years, the percentage of men age 15-49 that ever paid for sex has decreased from 5.2 to 2.8 percent and percentage of men of aged 15-49 who paid for sex in the last 12 months decreased from 1.7 to 0.8 percent in North province.

Figure 41: Percentage of men aged 15-49 that ever paid for sex or paid for sex in the last 12 months



Source: RDHS, 2019-20

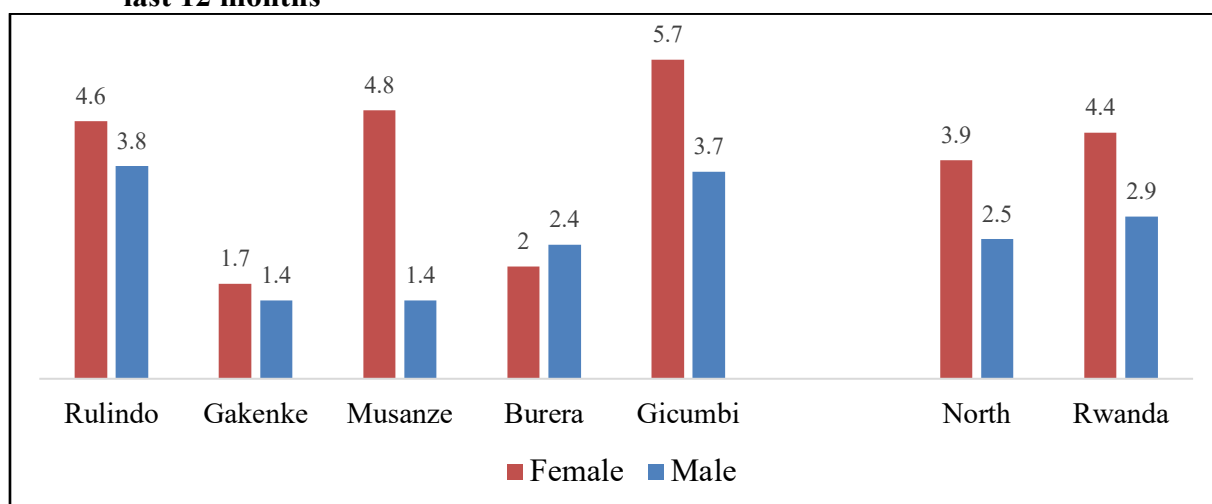
9.5 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Figure 42 shows the self-reported prevalence of STIs and STI symptoms among women and men age 15-49 who have ever had sexual intercourse. In the North Province, 3.9 percent of women and 2.5 percent of men had either any STI or symptoms of any STI in the last 12 months preceding the survey, as compared to 4.4 percent of women and 2.9 percent of men at the national level.

Among women, having any STI and STIs symptoms the last 12 months preceding the survey is highly prevalent in Gicumbi District (5.7 percent) as compared to other districts. Among men, that percentage is higher in Rulindo District (3.8 percent) as compared to the remaining districts of the North Province.

Trends: In North Province, the prevalence of sexually transmitted infections (STIs) and STI symptoms in last 12 months has decreased from 16.8 to 3.9 percent among women and 3.6 to 2.5 percent among men within five years. A significant decline of the prevalence of STIs and symptoms of STIs has been observed among women in all districts.

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



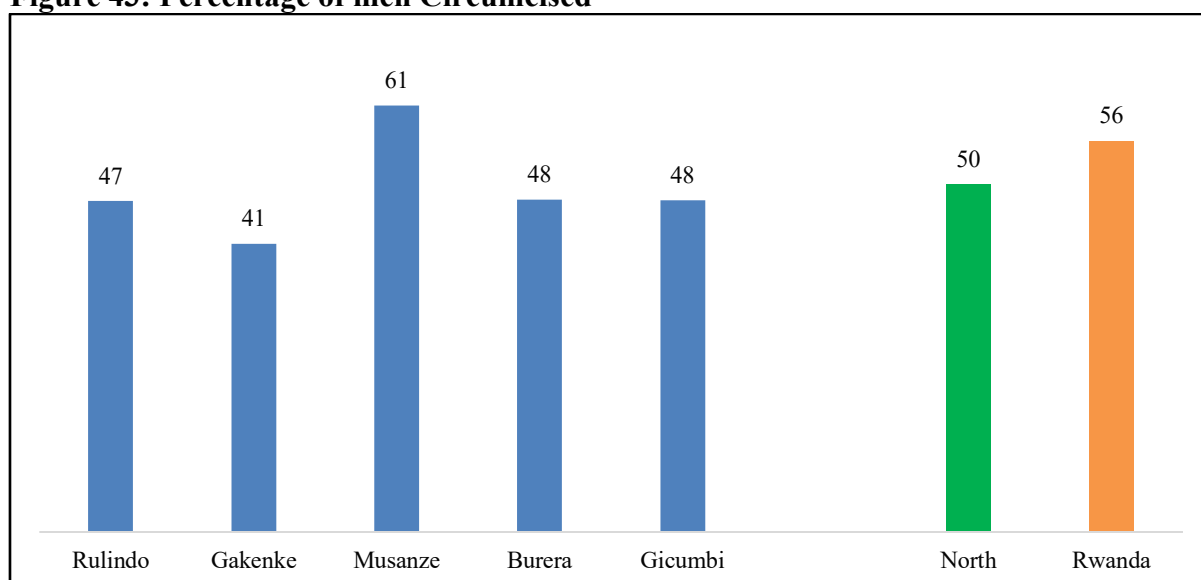
Source: RDHS, 2019-20

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 transmission of STIs, including HIV. Consequently, WHO recommends male circumcision as an HIV prevention method. In North province, 50 percent of men aged 15-49 have been circumcised and at the national level it is 56 percent (Figure 48). By district, the percentage of circumcised men is high in Musanze District (61 percent) and low in Gakenke District (41 percent).

Trends: Over five years, the percentage of circumcised men has increased from 19 to 50 percent in North province and a significant increase was observed in all districts.

Figure 43: Percentage of men Circumcised



Source: RDHS, 2019-20

Chapter 10: Women empowerment

Women empowerment is an important factor in 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. Women who earned cash for their work 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 own earnings, as it is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive them as significant relative to those of their husband.

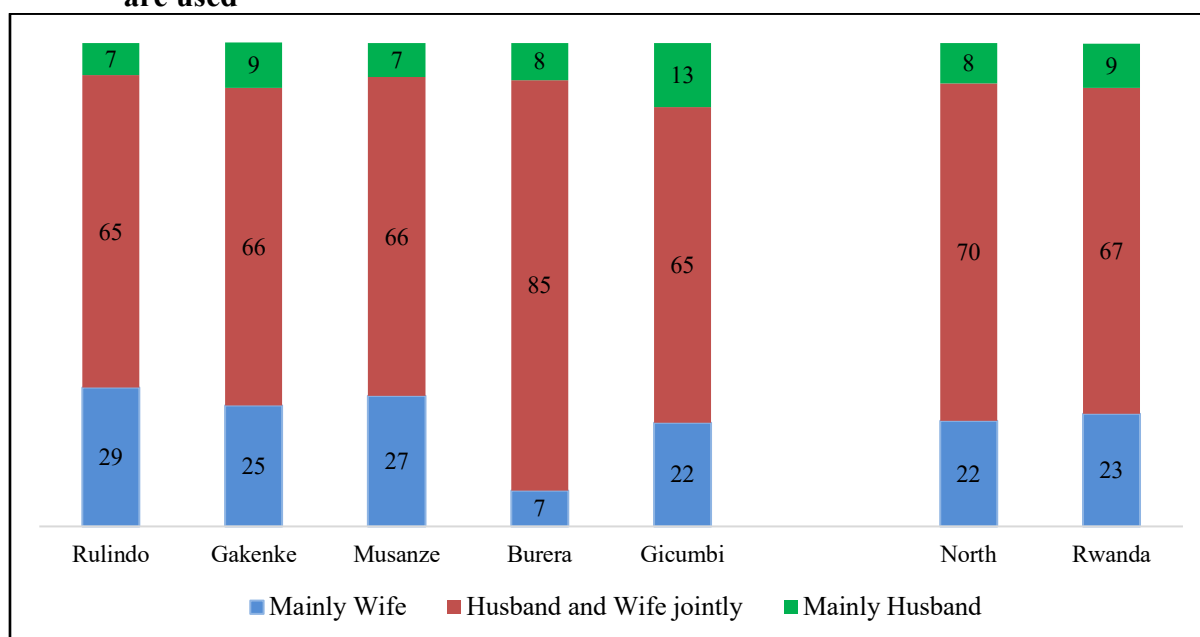
Figure 44 shows the percent distribution of currently married women aged 15-49 who received cash earnings for employment in the 12 months preceding the survey, by the person who decides how the cash earnings are.

In the North Province, 22 percent of women and 23 percent of women at national level mainly decide for themselves how their earnings are used, whereas 70 percent and 67 percent of women respectively say that they make joint decisions with their husbands. Eight percent of women in the North Province compared to 9 percent at the national level reported that decisions regarding how their earnings are spent are made mainly by their husbands.

The percentage of women who mainly decide for themselves on how their earnings are spent is high in Rulindo District (29 percent) and low in Burera District (7 percent). Gicumbi District has the highest percentage (13) of women who reported that their husbands mainly decide how to spend their earnings than in the other districts.

Trends: Over five years, in North Province the percentage of women who reported that they decide jointly with their husbands how their earnings is used has increased from 60 to 70 percent.

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



Source: RDHS, 2019-20

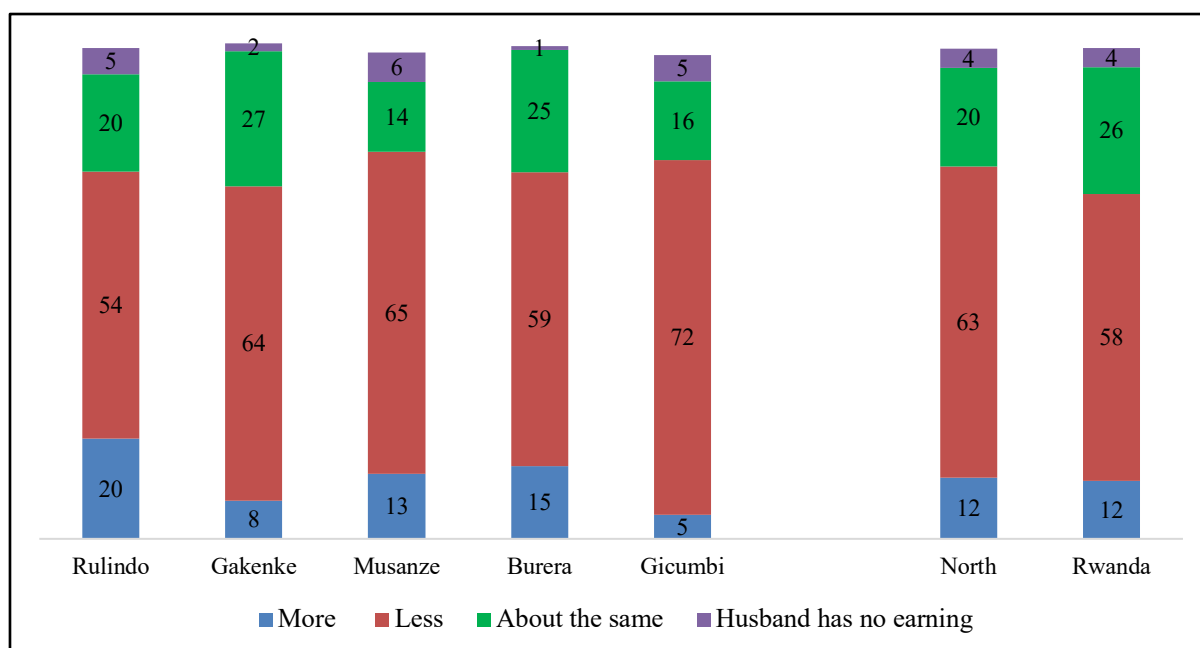
Figure 45 shows comparisons in wife and husband cash earnings. As shown below, the percentage of women who earn more than their husbands is the same at both the province and national level (12 percent). Sixty-three percent of the women at the province level earn less than their husbands and at the national level it is 58 percent of the women. The percentage of women who earn the same as their husbands is 20 percent in North province and 26 percent at national level. Percentages concerning husbands that have no earnings at all are really low for both the province at national level (4 percent respectively).

Rulindo District has the highest percentage (20 percent) of women who earn more than their husband whereas Gicumbi District has the least percentage (5 percent). In Gicumbi District, 72 percent of women earn less than their husbands and Rulindo District had the lowest percentage with 54 percent.

Twenty- seven percent of women in Gakenke District earn the same as their husband which is the highest and the lowest percent is seen in Musanze District (14 percent). The percent of women that have their husbands who don't earn at all is higher in Musanze District (6 percent) and lower in Burera District (1 percent).

Trends: In North Province, the percentage of women who earn more than their husbands has increased from 8 to 12 percent over five years.

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)

Figure 46 and Figure 47 show the percent distributions of currently married women aged 15-49 according to their report how men cash earnings is used and the distribution of currently married men 15-49 according to their report on who decided how men cash earnings is used.

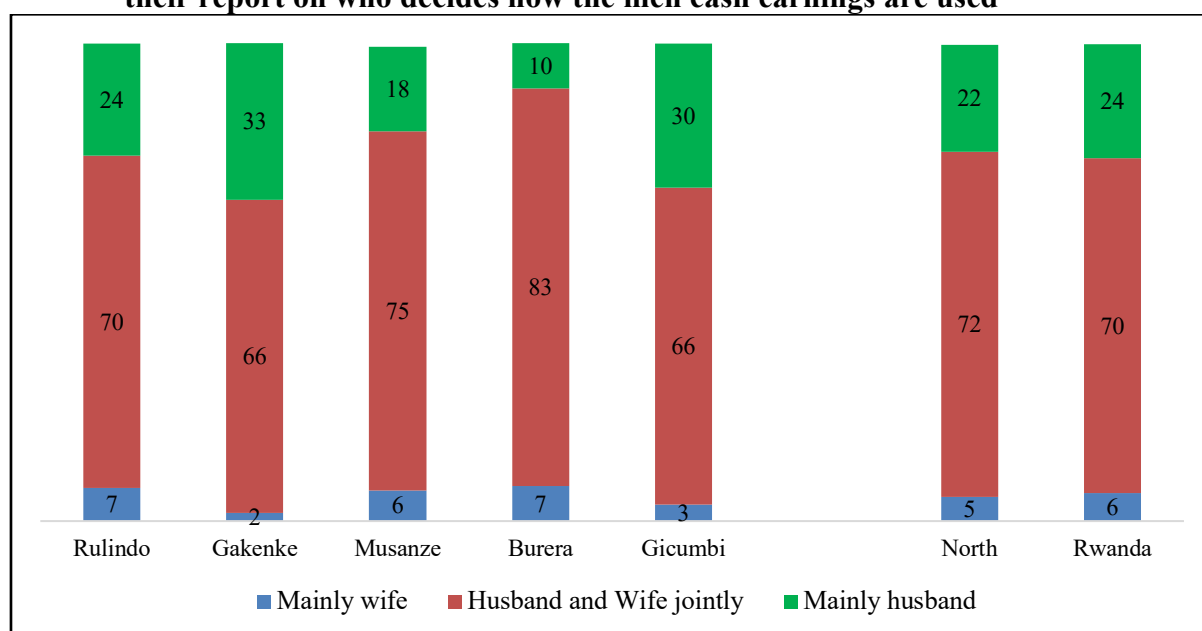
In general, women's reports on who makes decisions about how their husband's earnings are spent are comparable to men's reports. Twenty-two percent of women in North Province whose husbands have cash earnings reported that their husband mainly decides how their cash earnings are used (compared to 24 percent of men at national level). Seventy-two percent of women report that decisions are made jointly as compared to 70 percent at the national level. Burera District (83 percent) has the highest percentage where husband and wife decide jointly where Gakenke and Gicumbi districts share the lowest (66 percent each).

The district that has the highest percentage when it comes to mainly husband deciding on how to use their own earnings is Gakenke District with 33 percent and the lowest is seen in Burera District with 10 percent. Rulindo and Burera districts (7 percent both) have the highest percent of women who are more likely to decide how their husbands' cash earnings are used compared to other districts in the North Province. (see Figure 46).

Figure 47 presents 1 percent of men in North province compared to 3 percent of men at national level report that they mainly decide how their cash earnings are used. Eighty-five percent in North Province compared to 82 percent at the national level state that they make these decisions jointly with their wife, and 14 percent and 15 percent state that these decisions are made mainly by their wives in North Province and at national level, respectively. Men in Rulindo District (6 percent) are more likely to be the main decision-makers regarding their own earnings than men in other districts.

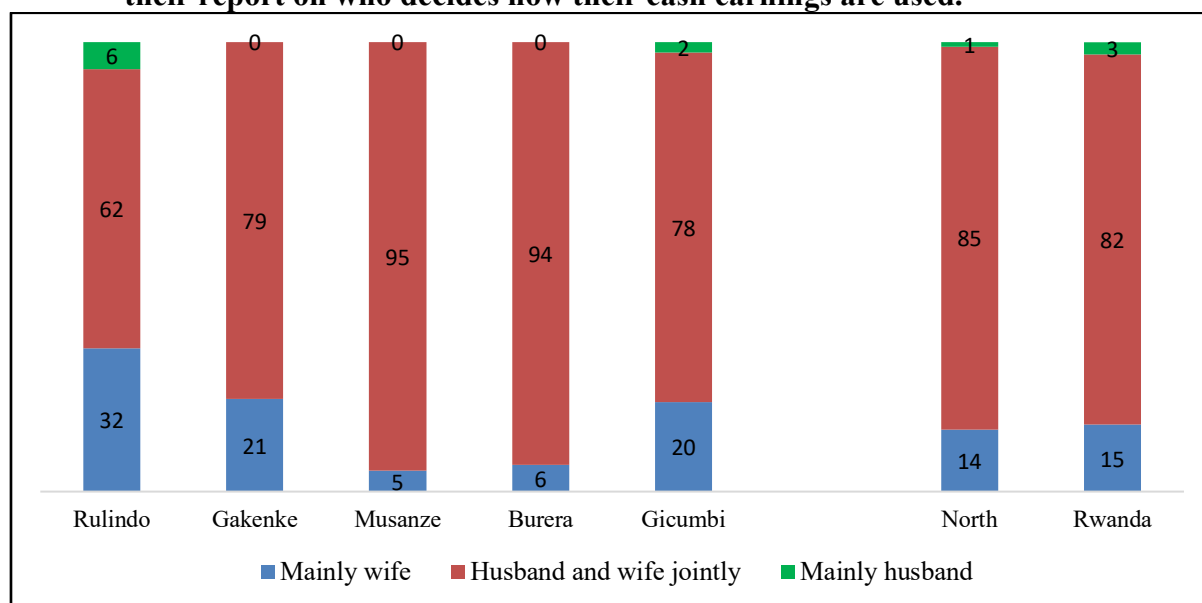
Trends: Over five years, in Burera District the percentage of women who decide jointly with their husbands on the use of husbands' earnings have increased by 24 percent.

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



Source: RDHS, 2019-20

10.3 Women's participation in decision-making

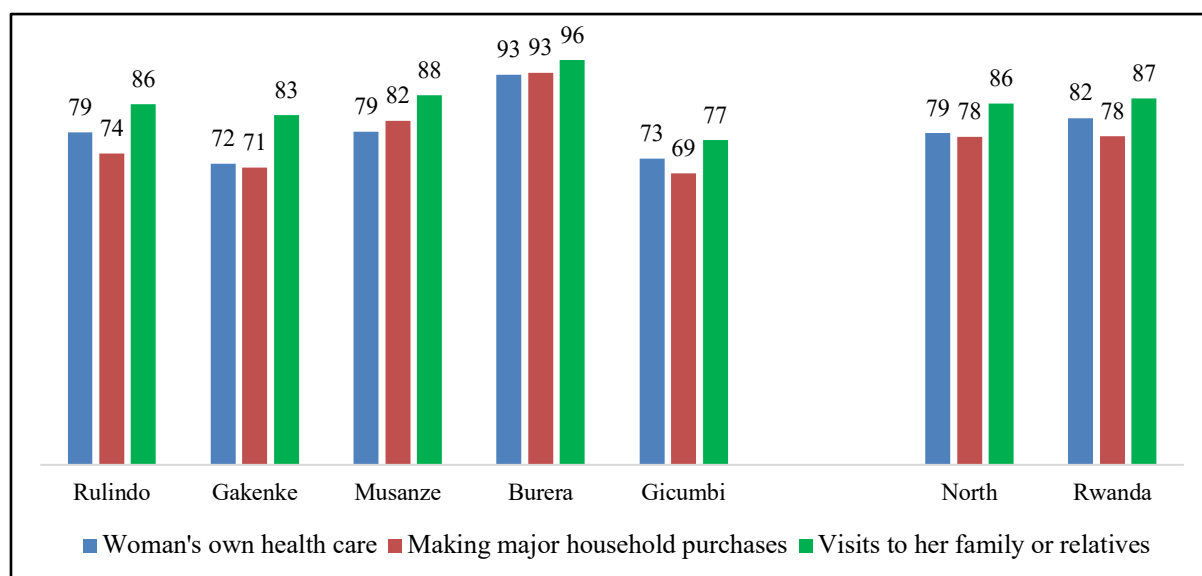
The ability of women to make decisions that affect their personal circumstances is essential for their empowerment and serves as an important factor in national development. To assess women's decision-making autonomy, the RDHS 2019-20 collected information on married

women's participation in three types of decisions: their own health care, major household purchases, and visits to family, relatives, or friends.

Figure 48 shows how women's participation in decision-making varies by districts of the North Province. At the province level, 79 percent of women make their own decisions regarding their health, 78 percent can make big purchases in the households where as 86 percent decide on when to visit their families or relatives. Based on the above mentioned decisions (women's health care, making big purchases and deciding on when to visit the family) these percentages are 82, 78 and 87 at the national level respectively.

At the district level, the highest percentage of women who make their own decision regarding their health is seen in Burera District (93 percent) and the lowest is in Gakenke District with 72 percent. Making decisions regarding major household purchases and visiting family or relatives the percentage is high in Burera District (93 percent and 96 percent respectively). These percentages are low in Gicumbi District (69 percent and 77 percent respectively).

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



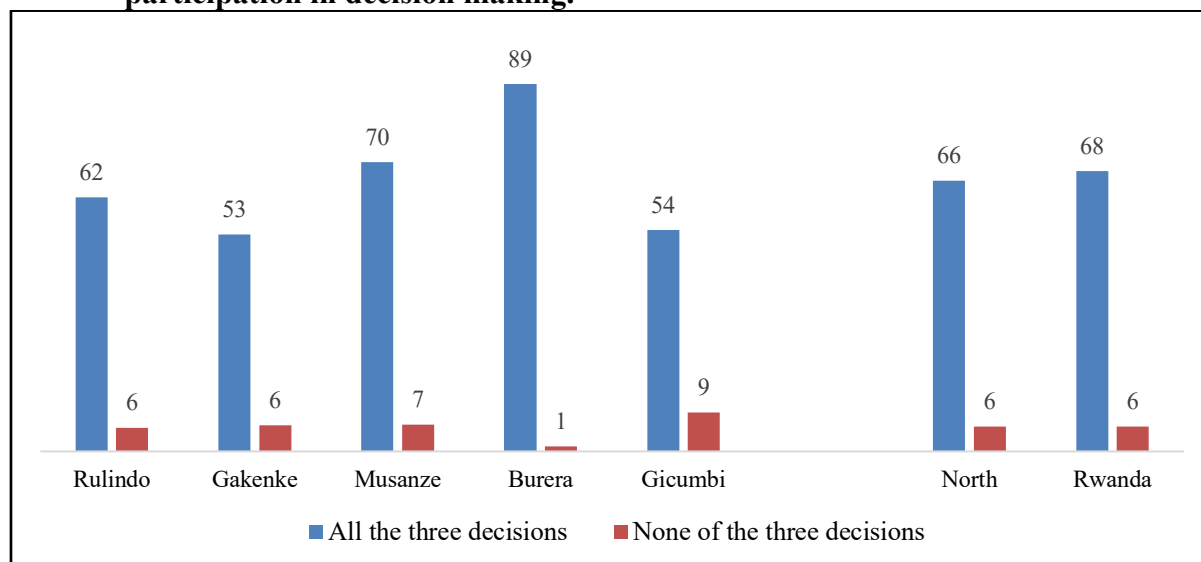
Source: RDHS, 2019-20

Figure 49 shows how women's participation in decision-making varies by districts of the North Province. Sixty-six percent of married women in North Province reported 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 who reported taking part in all three decisions and 6 percent of women reported to have no say in any of the three decisions at national level.

By district, the highest percentage of married women who participate in all three decisions is observed in Burera District with 89 percent while Gakenke District has the lowest with 53 percent. In addition, the highest percentage of married women have no say in any of the three decisions is in Gicumbi District with 9 percent and the lowest is in Burera District with 1 percent.

Trends: Over five years, in North Province there was a slight decrease of percentage of married women who participate in all the three decisions and Burera District had a significant increase of women who take part in all three decisions (39 percent).

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



Source: RDHS, 2019-20

10.4 Attitude toward wife beating: Women/Men

The RDHS 2019-20 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.

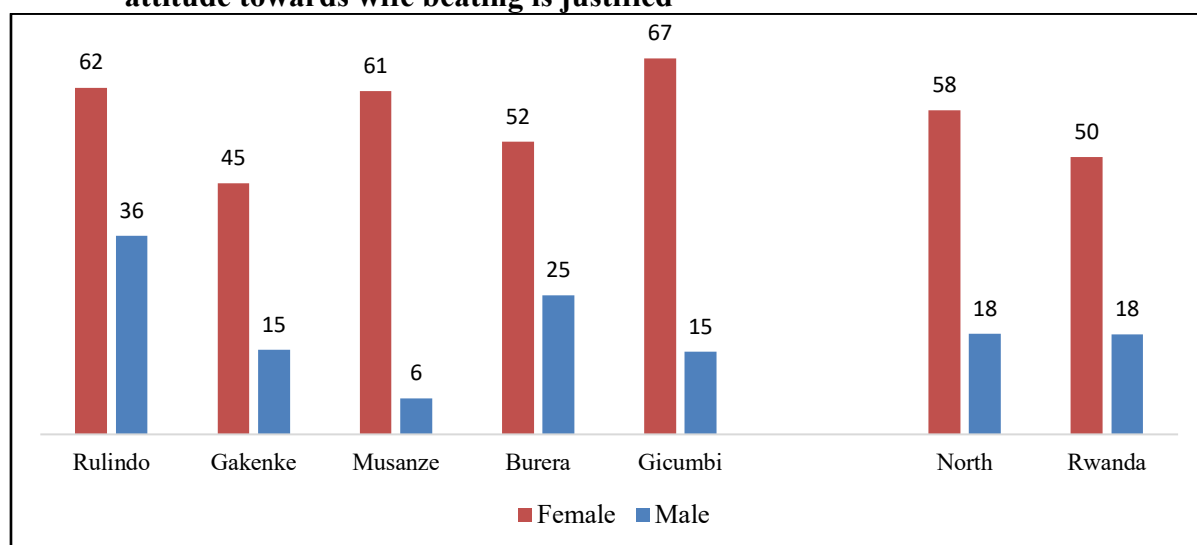
Figure 50 shows the percentage of women and men who feel that wife beating is justified for at least one of the specified reasons. Agreement of a high proportion of respondents that wife beating is acceptable is an indication that they generally accept the right of a man to control his wife's behaviour even by means of violence.

Figure 50 shows that 58 percent of women in North Province and 50 percent 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 in North Province (18 percent) and at a national level it is also 18 percent.

Women in Gakenke District (45 percent) are less likely to agree that wife beating is justified for at least one reasons than women other districts. Agreement with at least one reason justifying wife beating, and among men, the range varies from 36 percent of women in Rulindo District to 6 percent in Musanze District.

Trends: In North Province, the percentage of married women who believed that wife beating is justified for at least one of the specified reasons has increased by 6 percent and it decreased by 9 percent among men over five years.

Figure 50: Percentage of currently married women and men age 15-49 who agree with attitude towards 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
Kayanza	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
Kayanza	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
Kayanza	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

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