Republic of Rwanda

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

Rwanda Demographic and Health Survey 2019-20

District Profile

West Province

Republic of Rwanda

Rwanda Demographic and Health Survey 2019-20

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West Province

National Institute of Statistics of Rwanda
Kigali, Rwanda

Ministry of Health
Kigali, Rwanda

The DHS Program

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Thank you

Murangwa Yusuf

Director General, NISR

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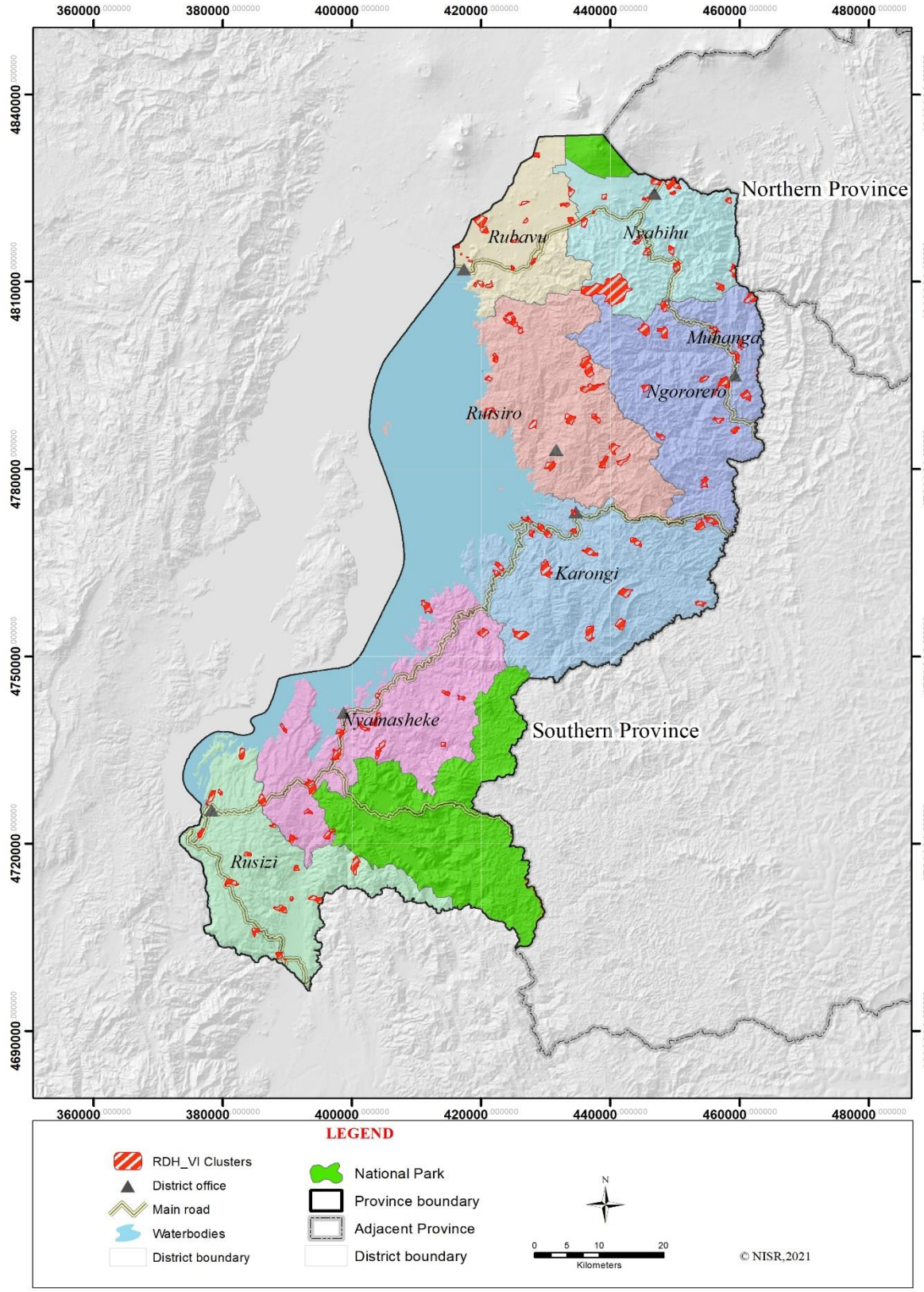


Introduction

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

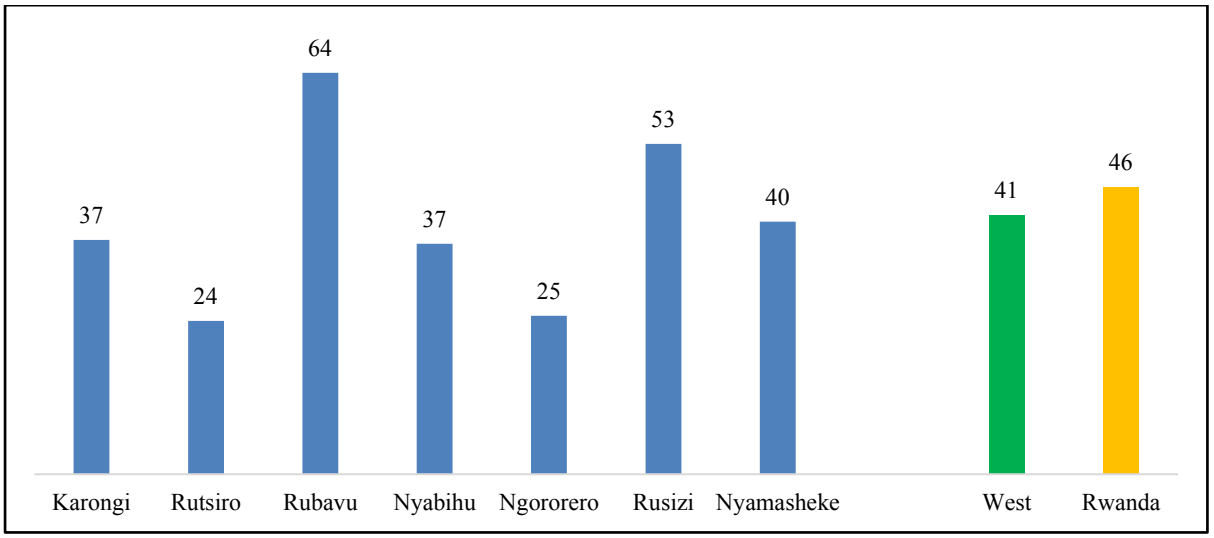
The Rwanda Demographic Health Survey (RDHS2019-20) collected household information. This chapter presents some of the indicators that were selected, namely; access to electricity, possession of selected durable goods, availability of handwashing places to evaluate the socio-economic and living conditions of the household in the Districts of the West Province.

1.1 Electricity coverage

Figure 1 shows that 41 percent of households in West Province have access to electricity compared to 46 percent at the national level. The situation has improved since 2015 when only 20 percent of households had electricity in the West province. The results show large disparities between Districts in the West Province. This percentage is higher in Rubavu District (64 percent), followed by Rusizi District (53 percent), and lower in Rutsiro District (24 Percent) as compared to the rest of the districts in the West Province.

Trends: In West province, the household electricity coverage increased from 20 percent in RDHS 2014-15 to 41 percent, it highly increased in Rubavu District from 31 percent to 64 percent and slightly increased in Ngororero District from 16 percent to 35 percent.

Figure1: Percentage of households with electricity coverage in West Province.



Source: RDHS, 2019-20

1.2 Household durable goods

Figure 2 shows that Mobile phone (70 percent) is the most owned household good in the West province as compared to 71 percent at the national level. Households in Rusizi and Nyamasheke districts (76 percent and 73 percent respectively) are the most likely to possess Mobile phones while households in Ngororero District (61 percent) are the least to possess a mobile phone.

Radio (34 percent) is the Second most common good owned by the household after mobile phones in West province as compared to 40 percent at the national level, by Radio possession we only asked standalone Radio sets. Households in Rubavu and Rusizi districts (39 percent

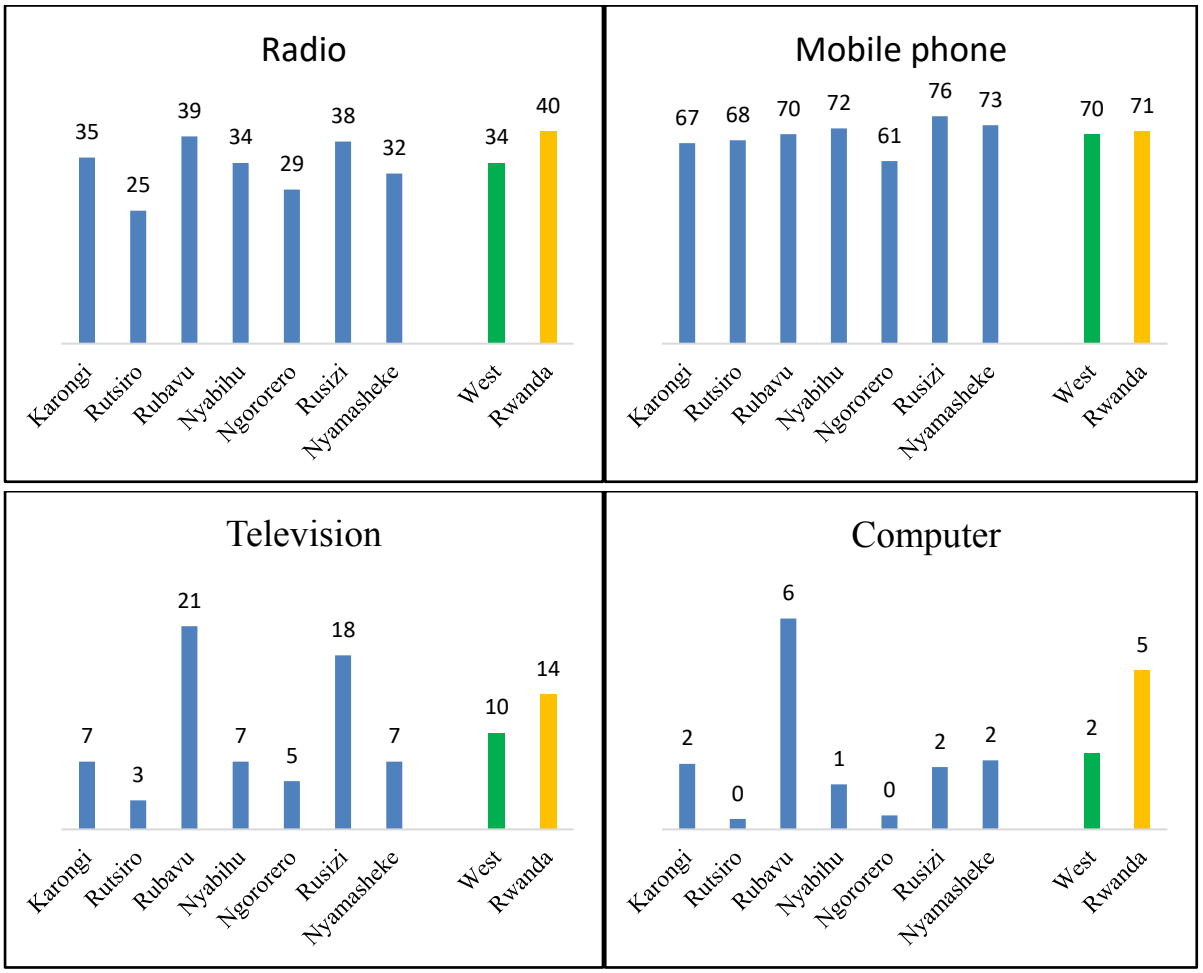
and 38 percent respectively) are the most likely to possess radio to compare to Rutsiro District (25 percent) with households that are least likely to possess Radio.

Ten percent of households own television in West Province compared to 14 percent at the national level. Rubavu District (21percent) has the highest percentage in ownership of Television (more than the national average) while Ngororero and Rutsiro districts are the least likely to possess television (5percent, and 3 percent respectively).

Only 2.2 percent of households in the West Province have computers compared to 4.6 percent at the national level. Ownership of computers is higher in Rubavu District (6.1 percent), Nyamasheke District (2 percent), and lowest in, Ngororero and Rutsiro disricts (less than 1 percent).

Trends: The Percentage of households that own mobile phones and television in all districts of West province increased compared to the previous RDHS (2014-15). Regarding computer, there is no significant change, but the proportion of the ones who own computer increased at province level (From 2 percent to while radio decreased in almost all districts except for Nyabihu District.

Figure 2: Percentage of households with durable goods



Source: RDHS, 2019-20

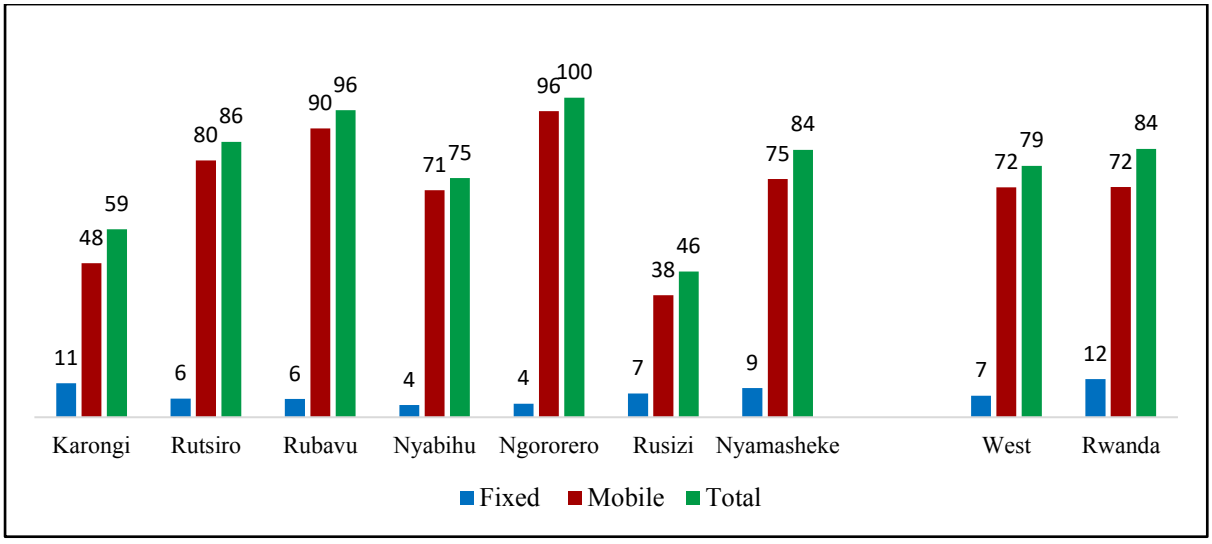
1.3 Handwashing place observed

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 79 percent of households in the West Province and 84 percent at the national level had a place for hand washing (fixed and mobile) that was observed by an interviewer. A hundred percent of households in Ngororero District had a place for handwashing that was observed. This proportion is lower in Rusizi and Karongi districts (46 Percent and 59 percent respectively).

Trends: The fixed place for handwashing has decreased from 13 percent to 7 percent in West province and in almost all districts while Karongi District has a significant increase from 1 to 11 percent.

Figure 3: Percentage of households where the place for washing hands was observed



Source: RDHS, 2019-20

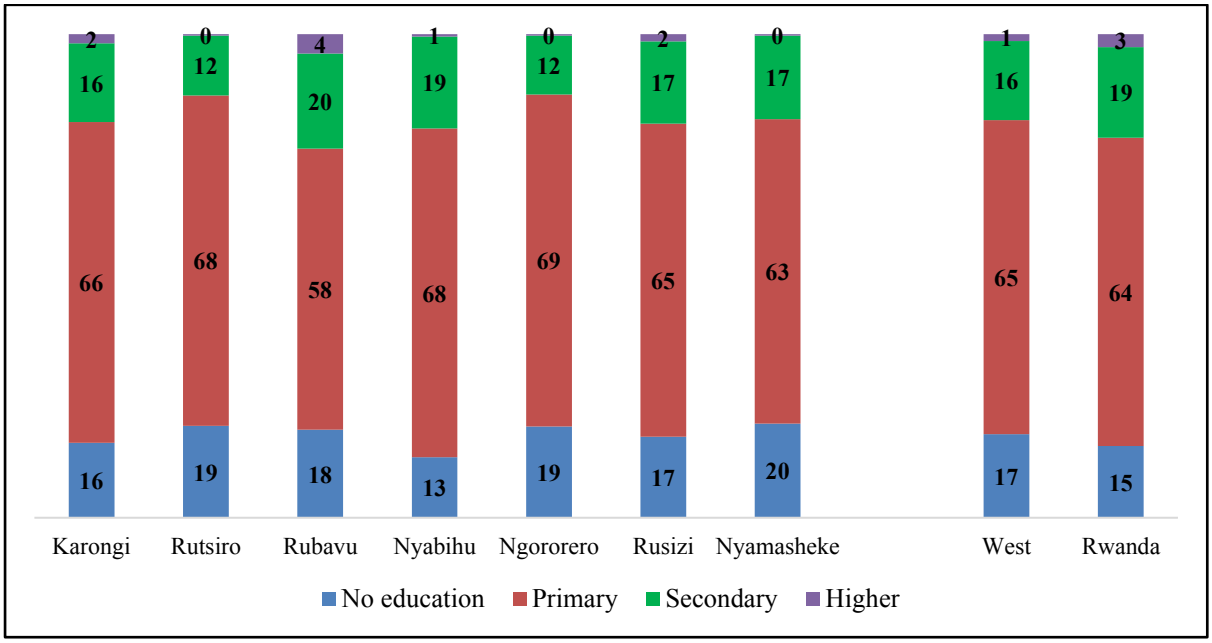
Chapter 2: Respondent characteristics

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 and by districts of the West Province. The proportion of women who attained primary school is slightly lower than that of men in the West Province (65 percent and 70 percent, respectively), compared to (64 percent and 69 percent, respectively) at the national level. At the secondary education level, the proportions are 16 percent for women and 17 percent for men in the West Province, it is higher in Rubavu and Nyabihu districts (20 percent and 19 percent, respectively) among females, and remain relatively the same in almost all other districts except for Rutsiro and Ngororero districts (12 percent each). The same, among men, the highest proportion of respondents who attended secondary is observed in Rubavu District (23 percent), followed by Nyabihu District 21 percent and Rusizi District (19 percent), and it is the lowest in Rutsiro District (12 percent).

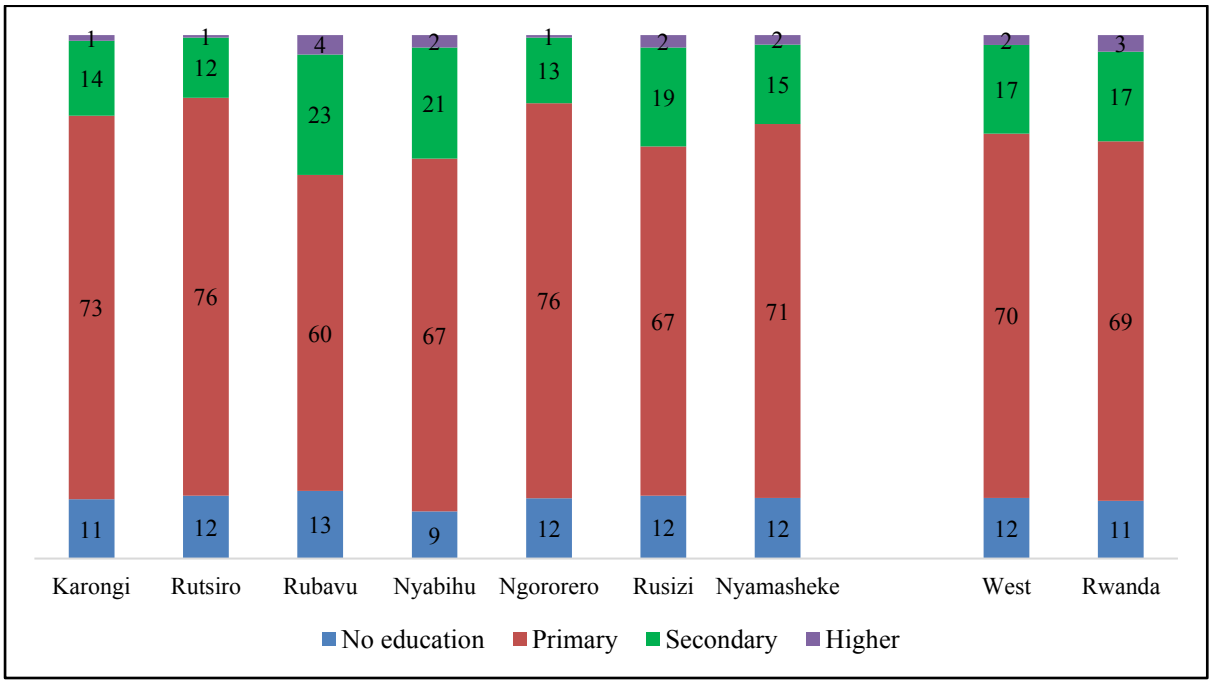
Trends: The proportion of the de facto female household population aged 6 and over remained stable from RDHS 19-20 (65 percent) and increased among ones attained secondary school in West province (From 13 percent to 16 percent). The same pattern for the de facto male household population aged 6 and over, increased from 13 to 17 percent for secondary school.

Figure 4: Percentage distribution of de facto female household population age 6 and over attained primary school in West province by the highest level of education attained.



Source: RDHS, 2019-20

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



Source: RDHS, 2019-20

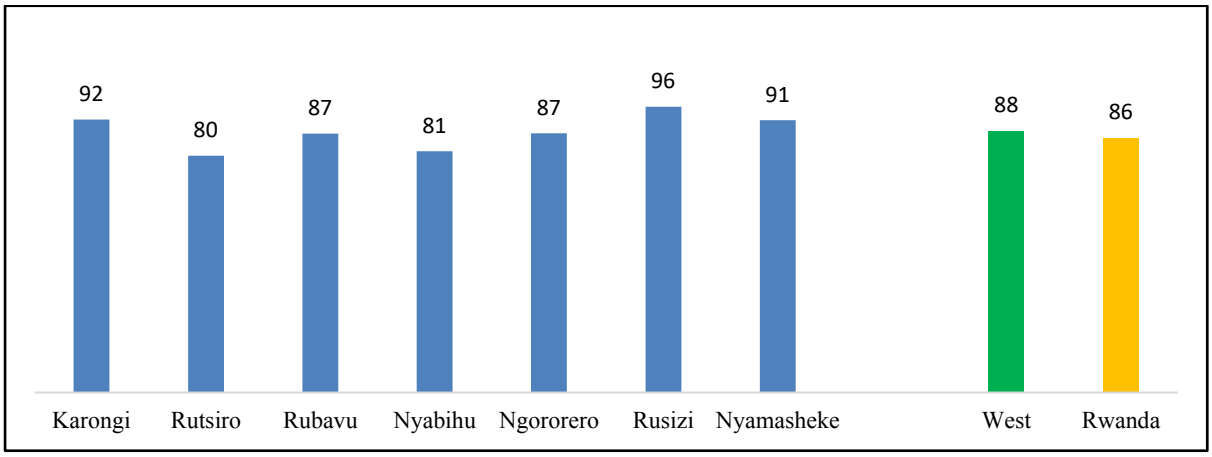
2.2 Birth registration of children under 5 years of age

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 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 aged 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 88 percent of children have been registered with the civil authorities in the West Province compared to 86percent at the national level. The percentage is higher in Rusizi (96 Percent), Karongi (92 percent), Nyamasheke (91 percent) districts, and lower in Rutsiro District (80 Percent).

Trends: Birth registration in civil authorities has increased from 55 percent in RDHS2014-15 to 88 percent in RDHS2019-20 in West Province. Rubavu District has the highest increase from 33 to 87 percent.

Figure 6: Percentage of de jure children under age 5 whose births are resisted by civil authorities



Source: RDHS 2019-20

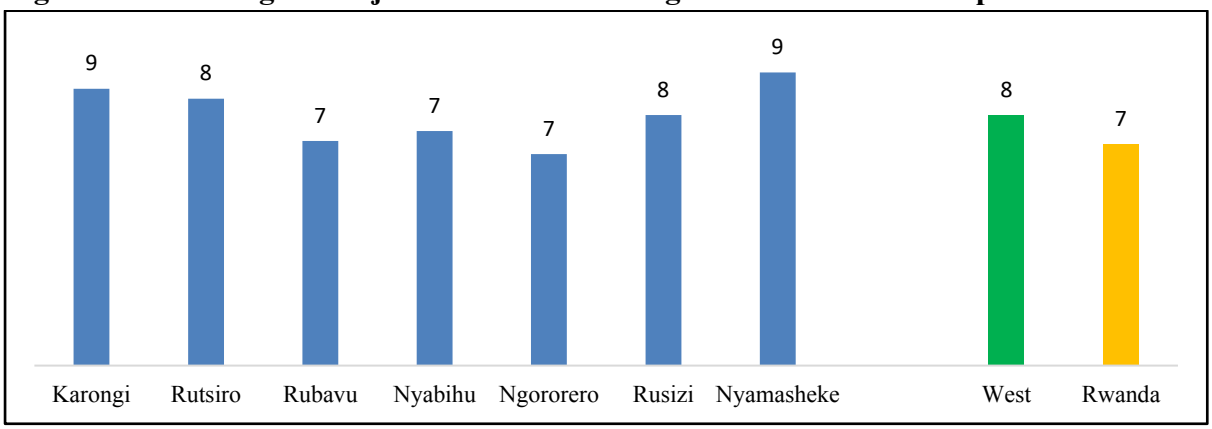
2.4 Children's orphanhood

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

Overall, 8 percent of children under 18 years in West Province have lost one or both parents compared to 7 percent at the National level. Karongi and Nyamasheke districts have the highest percentage of orphaned children who have lost one or both parents (9 percent each). This percentage is lower in Rubavu, Nyabihu, and Ngororero districts (7 percent each), and it is 8 percent in the rest of the other districts of the West Province.

Trends: Compared to the 2014-15 RDHS, the Percentage of de jure children under 18 years with one or both parents dead has decreased by two percent in the West province (From 10 percent to 8 percent) and at the National level (from 9 percent to 7 percent). On the District level, Nyabihu District has highly decreased by 7 percent (from 14 percent to 7 percent) compared to other districts.

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



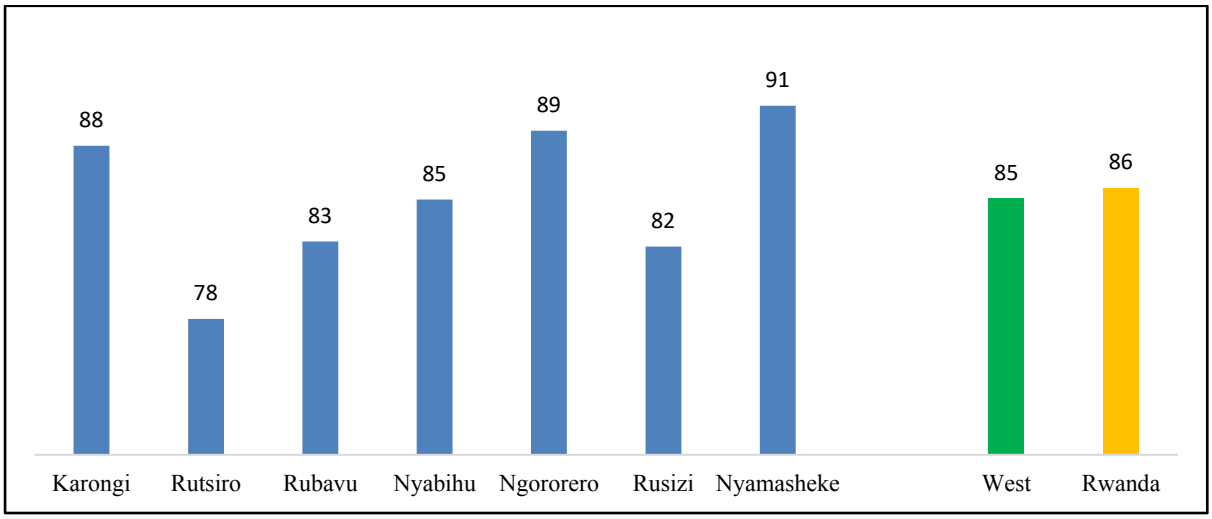
Source: RDHS, 2019-20

2.5 Health insurance among adult women and men

Information on health insurance coverage was collected during the survey. The percentage of household's members with health insurance coverage is shown in figure 8, the percentage of the population covered by any health insurance in West Province is 85 compares to 86 at the national level. This proportion is higher among respondents in Nyamasheke District (91 percent), Ngororero District (89 percent), and lower in Rutsiro District (78 percent).

Trends: The percentage of de jure household members with Health insurance, in the West Province, has significantly increased from 69 percent in RDHS 2014-15 to 85 percent in RDHS 2019-20 and from 71 percent to 86 percent countrywide. Rubavu District has significant increase from 54 percent RDHS 2014-15 to 83 percent in RDHS 2019-20

Figure 8: Percentage of de jure household members with Health insurance



Source: RDHS, 2019-20

2.6 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

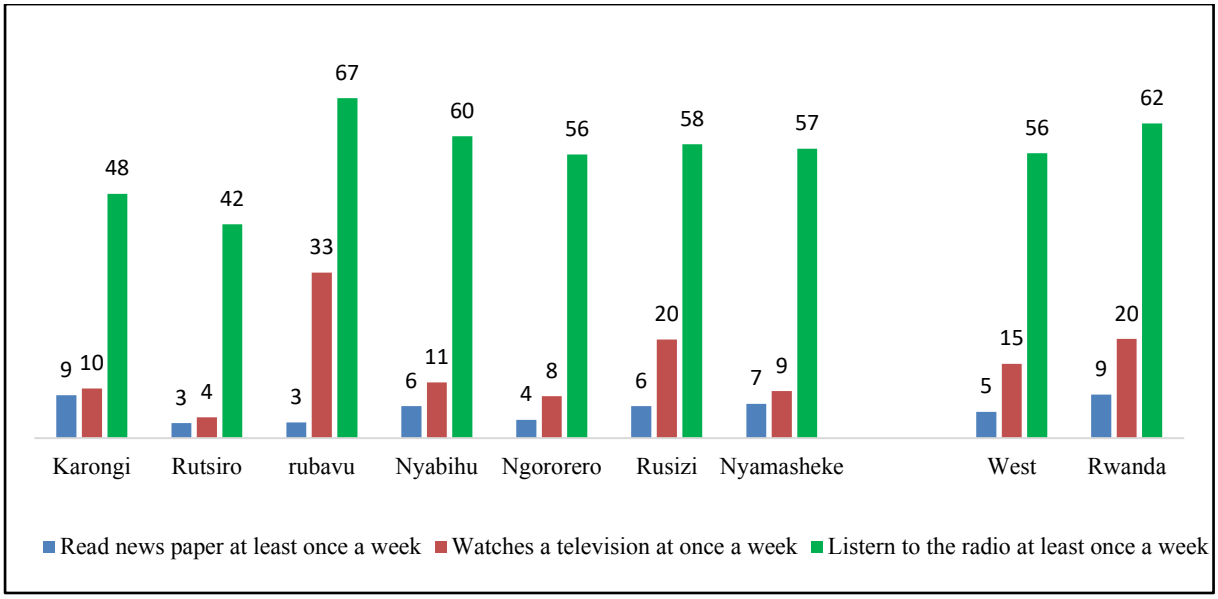
outset that it is not necessary for a household to own a radio or television or to buy a newspaper to have access to these media because many people listen to the radio or watch television at the homes of friends and neighbors.

Figures 9 and 10 show that, at the province level, Radio is the most common form of media exposure: 56 percent of women and 77 percent of men report listening to the radio at least once a week. At the District level, this percentage is higher in Rubavu and Nyabihu districts among women (67 percent and 60 percent, respectively) while it is low in Rutsiro District (42 percent). Among men, listening to the radio is high in Ngororero| (93 percent) and Nyabihu districts (87 percent), and lower in Rutsiro and Nyamasheke districts (71 Percent each). Men watch television more frequently than women: 15 percent of women and 30 percent of men watch television at least once a week. Only 5 percent of women and 15 percent of men report reading a newspaper at least once a week in the West province. The proportions of women and men

who are exposed to media across all districts of the Western province follow almost the same pattern.

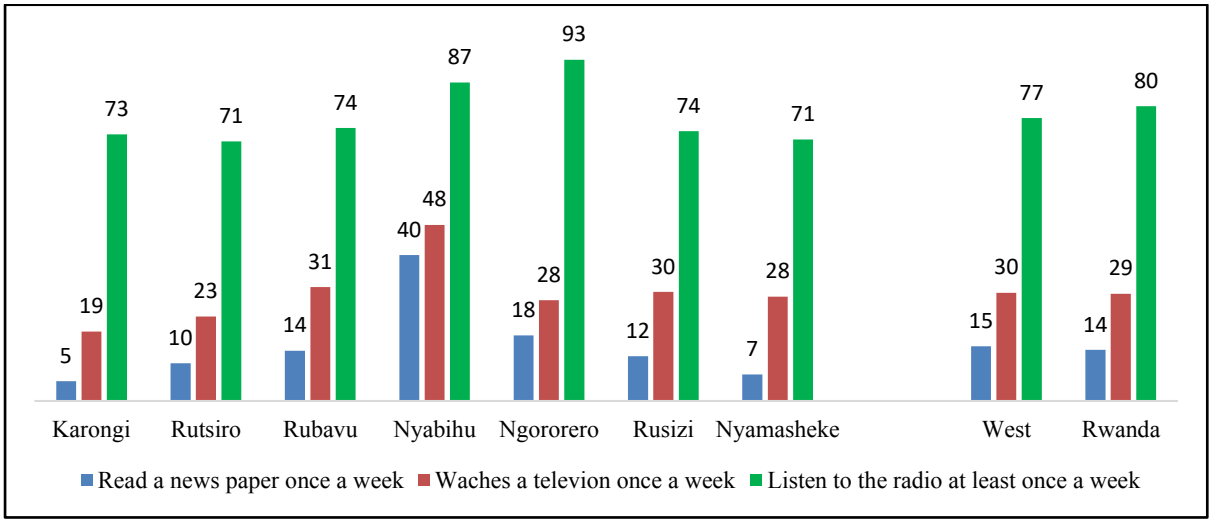
Trends: By comparing to RDHS2014-15, the percentage of women aged 15-49 who are exposed to watch television at least once a week has increased from 10 to 15 percent in West province and has highly increased in Rubavu District from 19 to 33 percent, the percentage of men of the same age who are exposed to watching television at once a week has increased from 22 to 30 percent and has highly increased in Nyabihu District from 5 to 48 percent.

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



Source: RDHS, 2019-20

Figure 10: Percentage of men aged 15-49 who are exposed to specific media on a weekly basis.



Source: RDHS, 2019-20

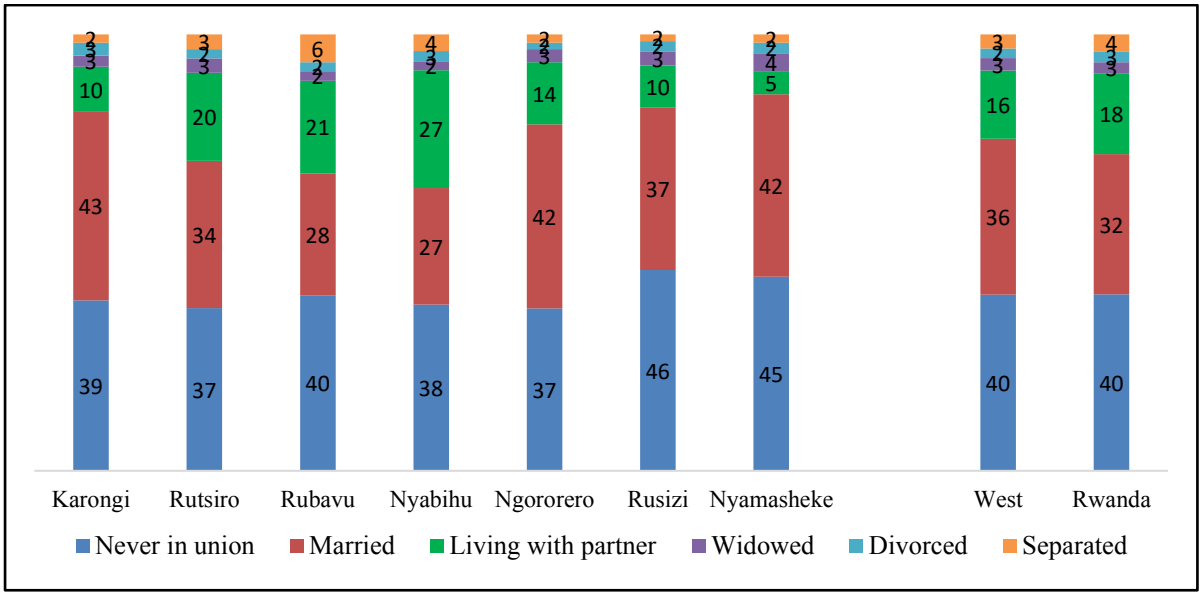
2.6 Current marital status

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 are living with a partner, widowed, separated, or divorced.

Figures 11 and 12 show the distribution of women and men by marital status, according to age at the time of the survey in West Province in comparison with the national figures. Overall 40 percent of women aged 15-49 are not in union compared to 43 percent of men 15-49 in the West Province. The percentage of women 15-49 that is not in the union is highest in Rusizi District (46 percent), and lowest in Rutsiro and Ngororero districts (37 percent each). Among men, it varies from 53 percent in Rusizi District to 39 percent in Ngororero District. Karongi with 43 percent and Nyamasheke and Ngororero districts (42 percent, each) have the highest percentage of married women as well as that for men (49 percent in Karongi District, 48 percent in Nyamasheke District and 45 percent in Ngororero District). The West Province counts 3 percent of women that are widowed, 2 percent divorced and 3 percent of no longer living together or separated.

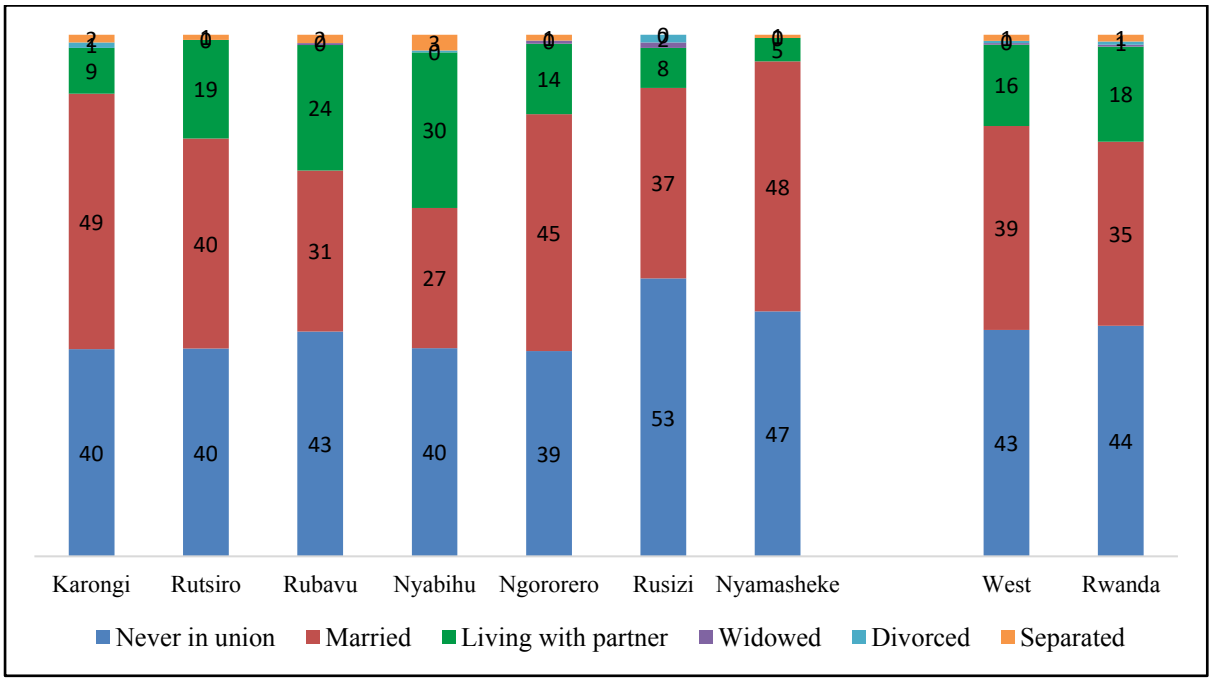
Trends: Compared to the RDHS 2014-15, there is no great change for the women that are not in union, married as well as those living with partners. For men, there is a decrease in percentage of men that are not in union (from 46 percent to 43 percent) but there is an increase percentage in married men (from 36 percent to 39 percent) and in those living with partners (From 13 percent to 16 percent). At district level, in Karongi District, the percentage of both women and men that are not in union has decreased (from 44 percent to 39 percent for women and from 44 percent to 40 percent for men) while the decrease of both married women and men is in Rutsiro District (From 41 percent to 34 percent for women and from 44 percent to 40 percent for men.

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



Source: RDHS, 2019-20

Figure 12: Percentage distribution of men 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 2014-15 RDHS and concludes with an analysis of teenage fertility.

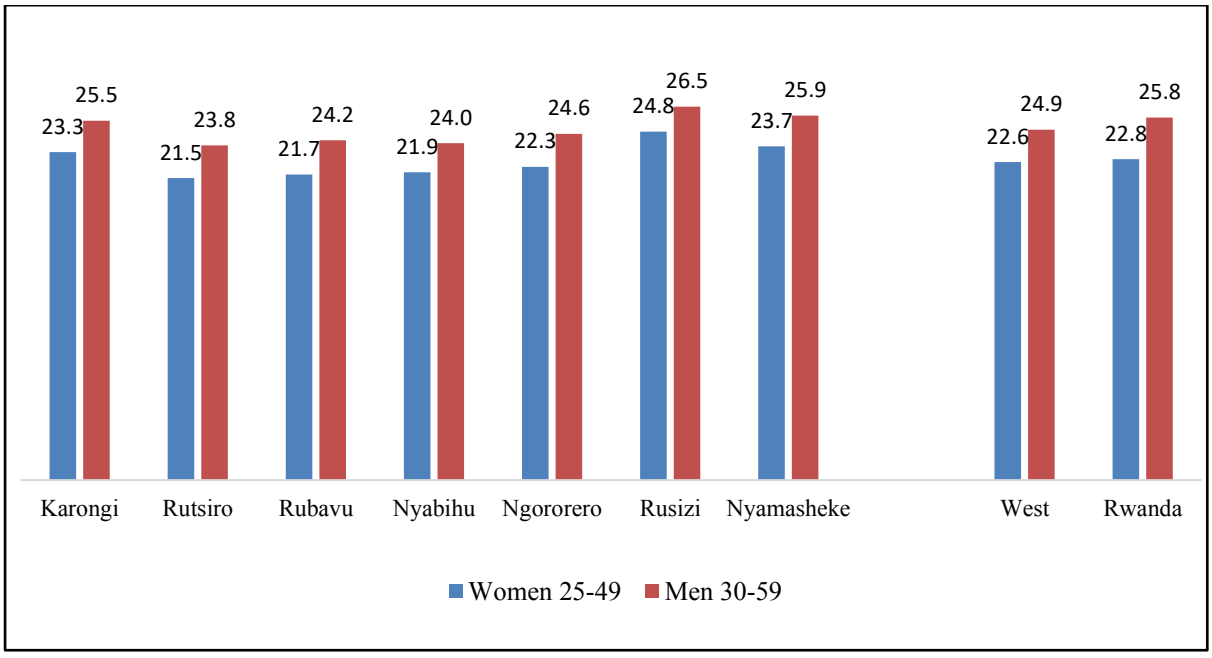
3.1 Median age at first marriage

Figure13 shows the median age at first union among women aged 25-49 and men aged 30-59. The median age at first marriage is 22.6 years and 24.9 years among women and men respectively in the West 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, Rutsiro District has the earliest age at first union (21.5 years), while Nyamasheke District has the latest (22.7 years). Among men, variations show that Rutsiro District has also the earliest age at first union (23.8 years), followed by Nyabihu District (24 years) while Rusizi District has the latest (26.5 years).

Trends: In comparison to the RDHS2014-15, the Median age at first marriage for women between 25-49 and men 30-59 is almost the same in the West province for both women and men, but was slightly increased in Ngororero District (from 20.9 percent to 22.3 percent for women and from 22.7 percent to 24.6 percent for men) and Rusizi Districts (From 22.7 percent to 24.8 percent for women and from 24.3 percent to 26.5 percent for men).

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



Source: RDHS, 2019-20

3.2 Birth interval

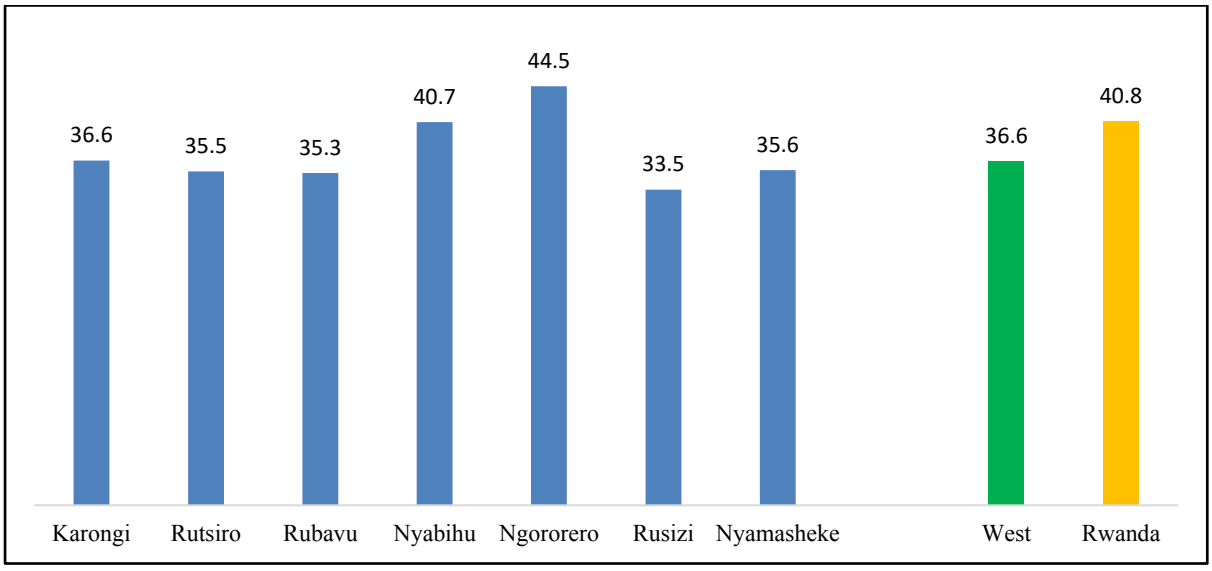
Birth intervals, or the length of time between two successive live births, are important not only because they influence the health status of both mother and child but also because they play a role in fertility analysis and the design of reproductive health programs. Short birth intervals,

particularly those less than 24 months, place newborns and their mothers at increased health risk.

The median interval between births is 36.6 months in the West Province compared to 40.8 at the national level. By District, the birth interval varies from a low level of 33.5 months in Rusizi District to a high level of 44.5 months in Ngororero District.

Trends: In comparison to the RDHS 2014-15, the median interval between births has increased from 34.2 months to 36.6 months at Province level. At district level, there is an increase where it was from 32.8 months to 38.3 months between districts while in RDHS 2019-20 it is from 33.5 months to 44.5 months.

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



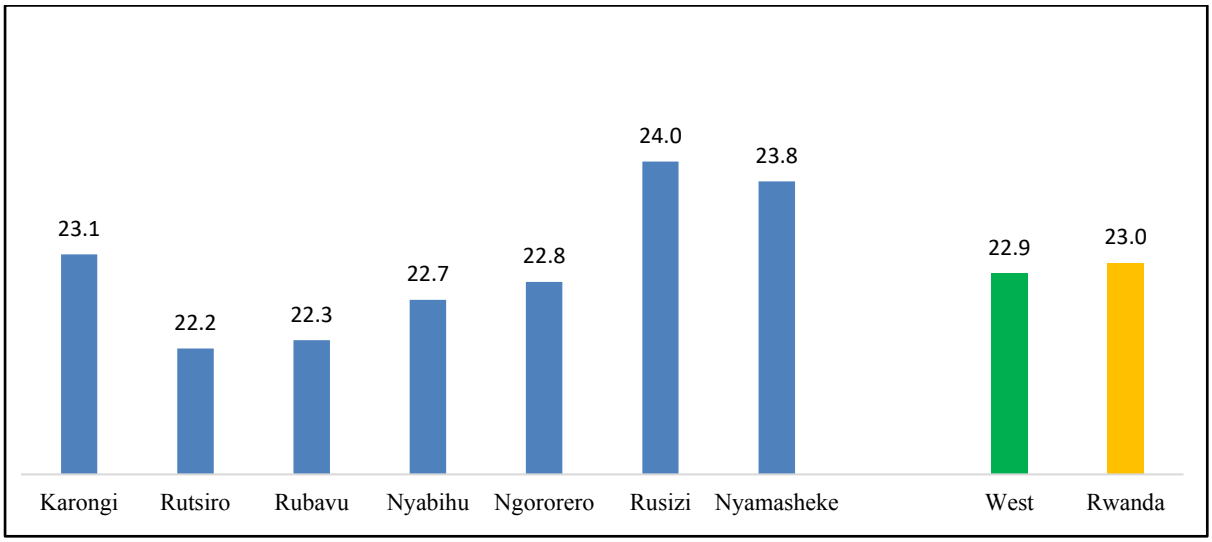
Source: RDHS, 2019-20

3.3 Median age at first birth

Figure15 below shows the median age at first birth for women aged 25-49 by the District of West Province. The median age at first birth for women aged 25-49 in West province is 22.9 years as compared to 23 at the national level. At the Districts level, the highest median age at first birth is 24 in Rusizi District and the lowest is 22.2 in Rutsiro District.

Trends: Compared to the RDHS 2014-15, there is no great change in the median age at first birth for women aged 25-49 whether at province level (22.5 year in 2015 and 22.9 year in 2020) and district level (in RDHS 2014-15 it was from 21.6 year to 23.3 year while in RDHS 2019-20 it is from 22.2 year to 24 year)

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



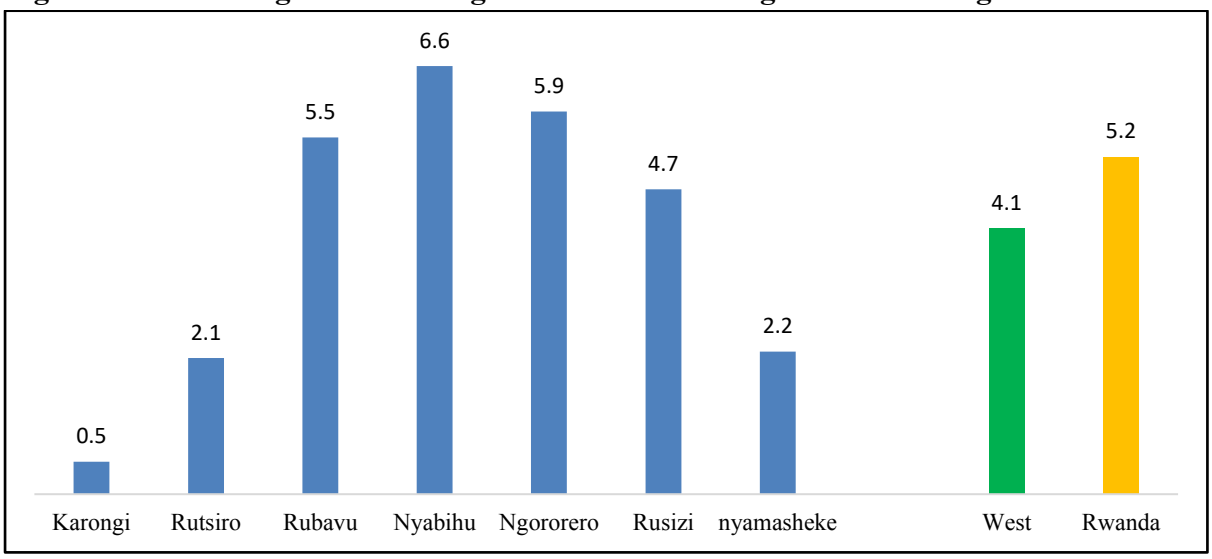
Source: RDHS, 2019-20

3.4 Teenage pregnancy and motherhood

Figure16 shows the percentage of young women aged 15-19 who have begun their childbearing in their teenage age. 4 percent of young women between aged 15-19 have already begun childbearing in the West Province and 5 percent at the national level. At the district level, the percentage of women aged 15-19 who have begun childbearing varies from 0.5 percent in Karongi District to 6.6 percent in Nyabihu District.

Trends: Compared to the RDHS 2014-15, the percentage of young women aged 15-19 who have begun their childbearing in their teenage age has decreased from 6 percent to 4 percent at province level. At district level, it has decreased in almost all districts but in Karongi District there is a very significant decrease (from 6 percent to 1 percent).

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



Source: RDHS, 2019-20

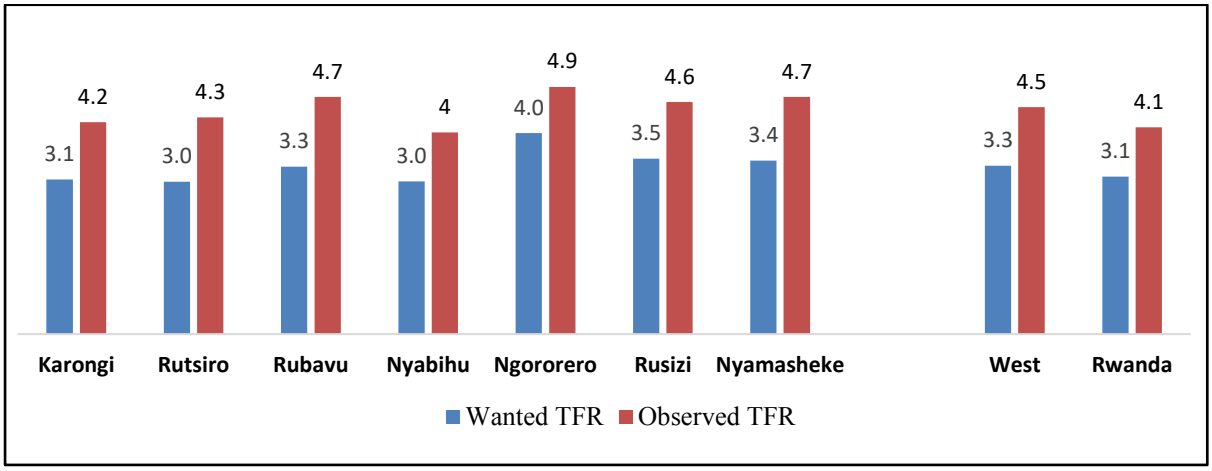
3.5 Total fertility rates

Figure 17 compares the total wanted fertility rate (TWFR) with the current total fertility rate (TFR) for the 3 years preceding the survey. Calculation of the TWFR is the same as for the TFR, except that unwanted births are omitted. If all unwanted births were not considered, the TWFR for women age 15-49 in the West Province would be 3.3 and 3.1at the national level.

The TFR in West province is 4.5, it is higher than national level (4.1). At the district level, the TFR is lowest in Nyabihu District (4 children) and highest in Ngororero District (4.9 children). Considering the gap between TWFR and TFR, it is seen that there is a gap of 1.2 in the West Province.

Trends: In comparison with the RDHS 2014-15, there is a slight change in TFR of West Province (in RHDS 2014-15 it is 4.6 while in RDHS 2019-20 it is 4.5).

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



Source: RDHS, 2019-20

Chapter 4: Family planning

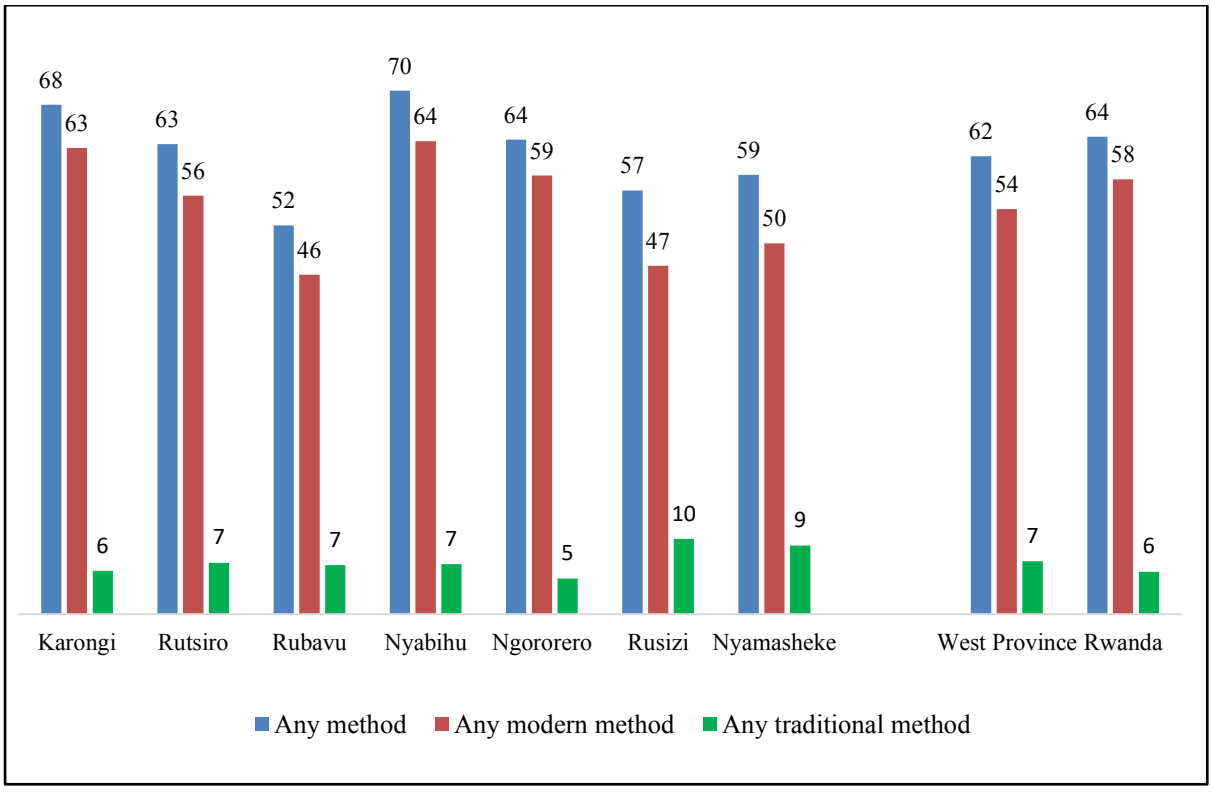
This section presents information on the prevalence of current contraceptive use among women aged 15-49 at the time of survey. The level of current use of contraceptives is one of the indicators most frequently used to assess the success of family planning program activities and one of the determinants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

4.1 Current use of contraception

Figure 18 shows that 62 percent of married women aged 15-49 in the West Province are currently using any family planning method, among them, 54 percent of them use any modern method, and 7 percent of them are using any traditional method, compared with 64 percent for any method, 58 percent for any modern method, and 6 percent are using any traditional method at the national level. Women who are currently using the contraceptive method are higher in Nyabihu District (70 percent) and Karongi District (68 percent) and low in Rubavu District (52 percent) with the majority of women using any modern method and the minority using the traditional methods.

Trends: The percentage of married women aged 15- 49 in West province using any family planning method increased from RDHS 2014-15 (47 percent) to 62 percent in RDHS 2019-20. This proportion is highly increased in Nyabihu District from 70 percent to 49 percent.

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



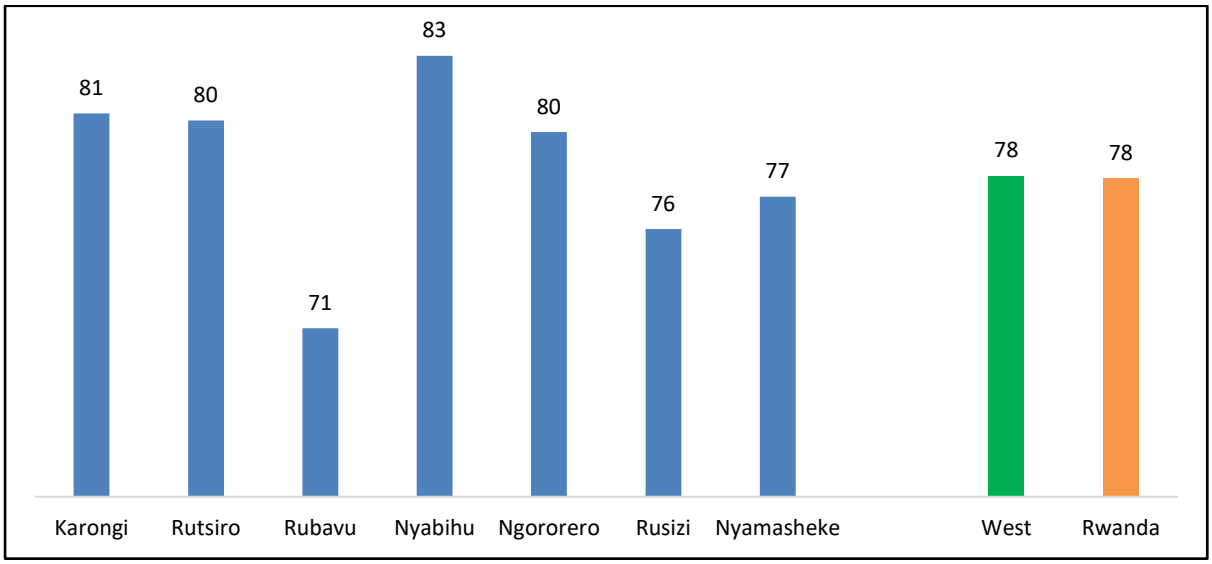
Source: RDHS, 2019-20

4.2 Demand for family planning

Figure 19 below describes the total demand for family planning among currently married women in the West Province (78 percent) is relatively the same at the national level. At the District level, the total demand for family planning is highest in Nyabihu District (83 percent) and lowest in Rubavu District (71 percent) among Currently married women.

Trends: The total demand for family planning among currently married women in the West Province increased from 70 percent in RDHS 2014-15 to 78 percent in RDHS 2019-20. It highly increased in Nyabihu District from 67 percent to 73 percent and slightly decreased in Rubavu District from 73 percent to 71 percent in the same period.

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

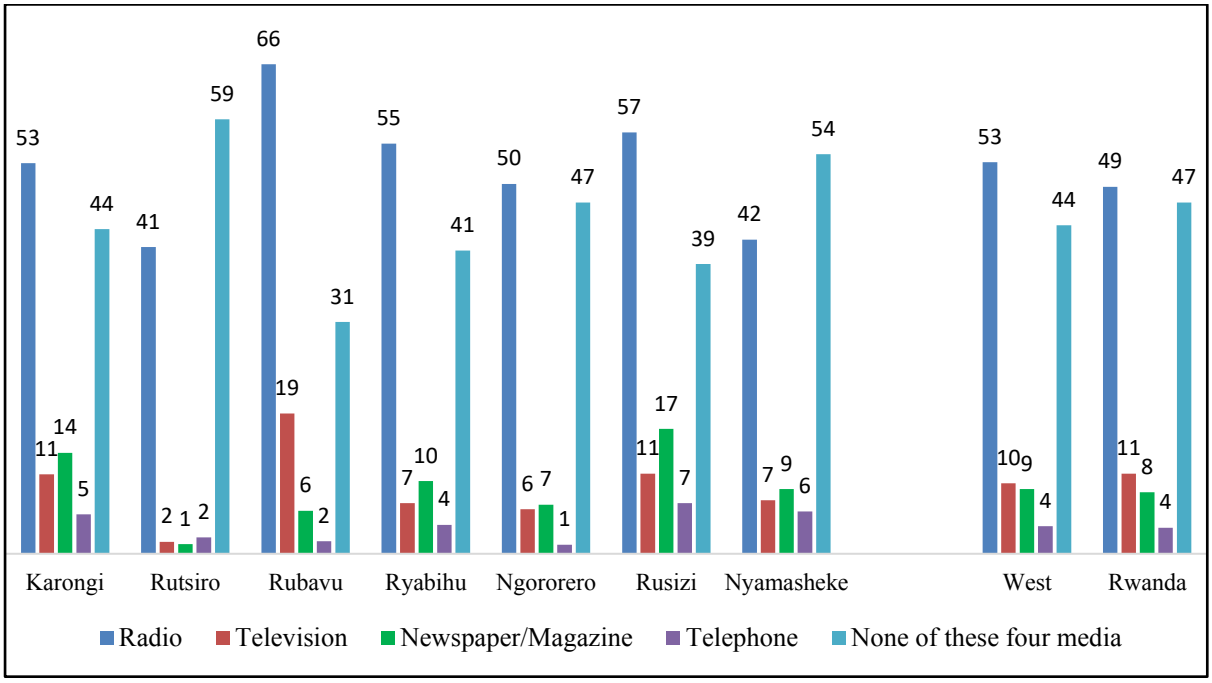
The mass media plays an important role in communicating messages about family planning. Data on levels of exposure to radio, television, and printed materials are important for program managers and planners to effectively target population subgroups for information, education, and communication campaigns. 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, 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 West province with 53 percent of women and 63 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 also 63 percent of men at the nation level. 10 percent of women and 13 percent of men reported having seen a family planning message on television; while 9 percent of women and 11 of men reported having seen a family planning message from or in a newspaper/magazine in the West Province.

It is also important to note that, 44 percent of women and 34 percent of men in West 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).

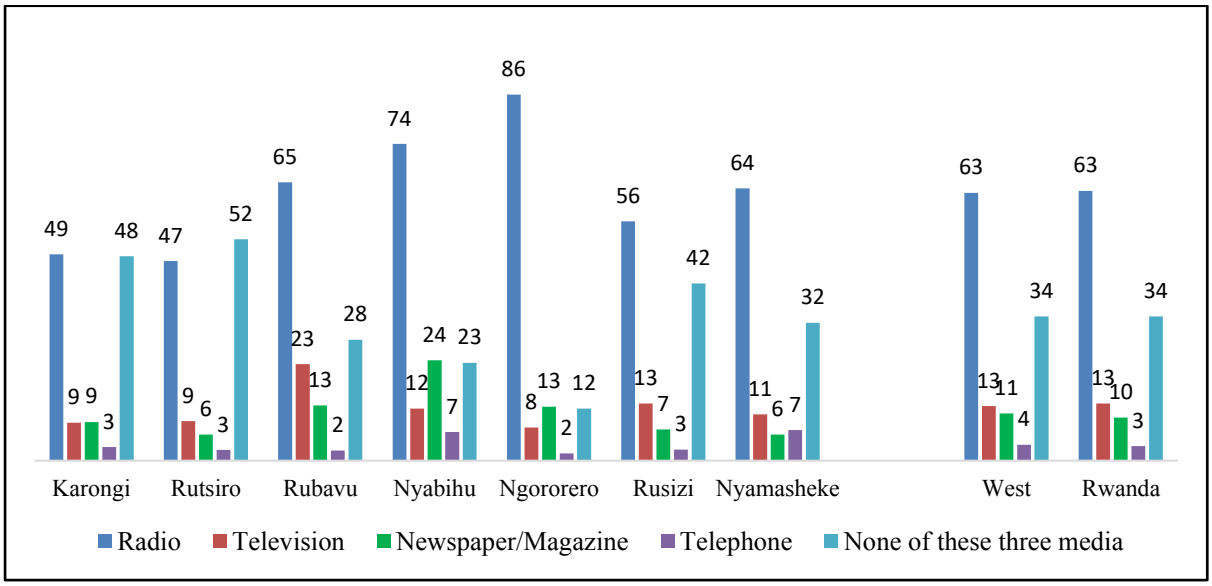
Trends: By comparing to RDHS2014-15, The percentage of women aged 15-49 who heard or saw a family planning message on television increased from 4 to 10 percent in West province and from 8 to 11 percent at the National level. By considering the districts, Rubavu District has highly increased from 6 to 19 percent. The percentage of men aged 15-49 who heard or saw a family planning message on television has slightly increased from 8 to13 percent in West province and from 10 to 13 percent at the National level. By considering the districts, Rubavu District has highly increased from 2 to 23 percent.

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



Source: RDHS, 2019-20

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



Source: RDHS, 2019-20

Chapter 5: Maternal Health

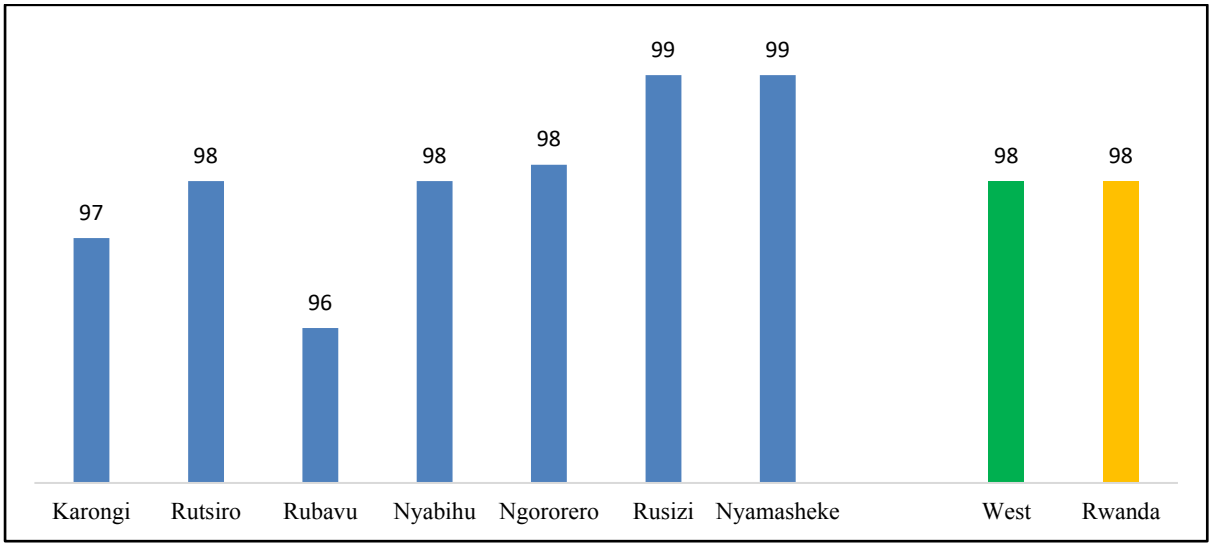
5.1 Antenatal care

Monitoring of pregnant women through antenatal care visits helps to reduce risks and complications during pregnancy, delivery, and the postpartum periods. The 2019-20 RDHS 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 skilled health provider during the pregnancy for their most recent birth.

Figure 22 below shows the percentage of women age 15-49, receiving antenatal care from a skilled provider by the district of West province, nearly all mothers (98 percent) in the West Province received at least one antenatal care from the 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 West Province and this proportion varies from 96 percent to 99 percent. Note that most Rwandan women obtain antenatal care at an early pregnancy age. It is the same at the province level as at the national level (98 percent). At the districts level, it is highest in Rusizi and Nyamasheke districts (99 percent each) and lowest in Rubavu District (96 percent).

Trends: There was a small change in percentage (less than 2 percentage points) of women aged 15-49 who received antenatal care from a skilled provider in all districts of West province by compared to RDHS2014-15 results.

Figure 22: Percentage of women aged 15-49 who received antenatal care from a skilled provider[1]



Source: RDHS, 2019-20

***Note: A skilled provider[1]** includes a medical doctor, nurse, medical assistant, and midwife*

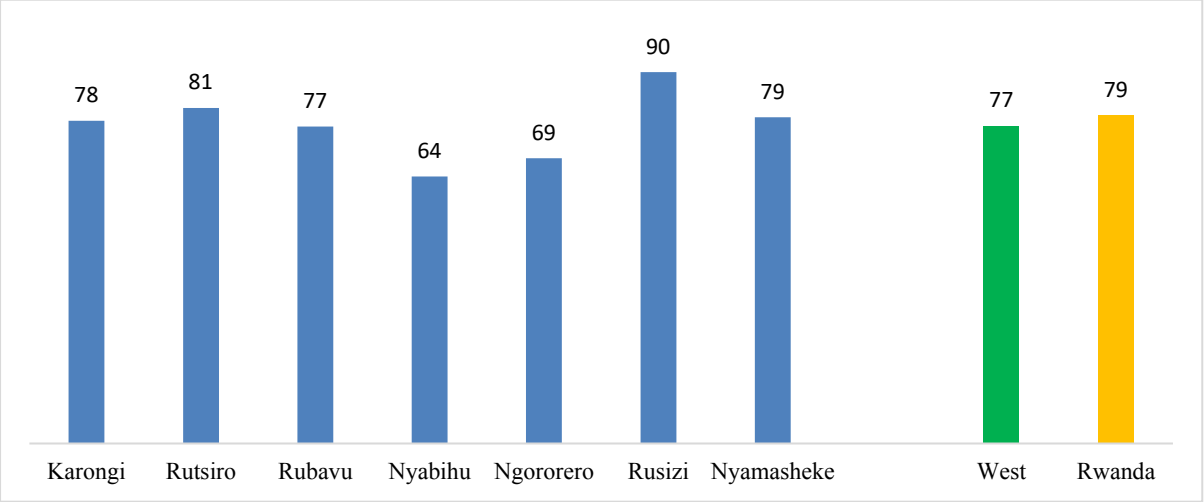
5.2 Mothers whose last birth was protected against neonatal tetanus

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 West Province the proportion of mothers who

had previous pregnancy protected against tetanus is 77 percent compared to 79 percent who are protected at the national level. According to the district, the proportion of mothers whose last birth was protected against neonatal tetanus is higher in Rusizi District (90 percent), and lower in Nyabihu District (64 percent).

Trends: The current pregnancy protection against tetanus has reduced in West and in almost all districts.

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



Source: RDHS, 2019-20

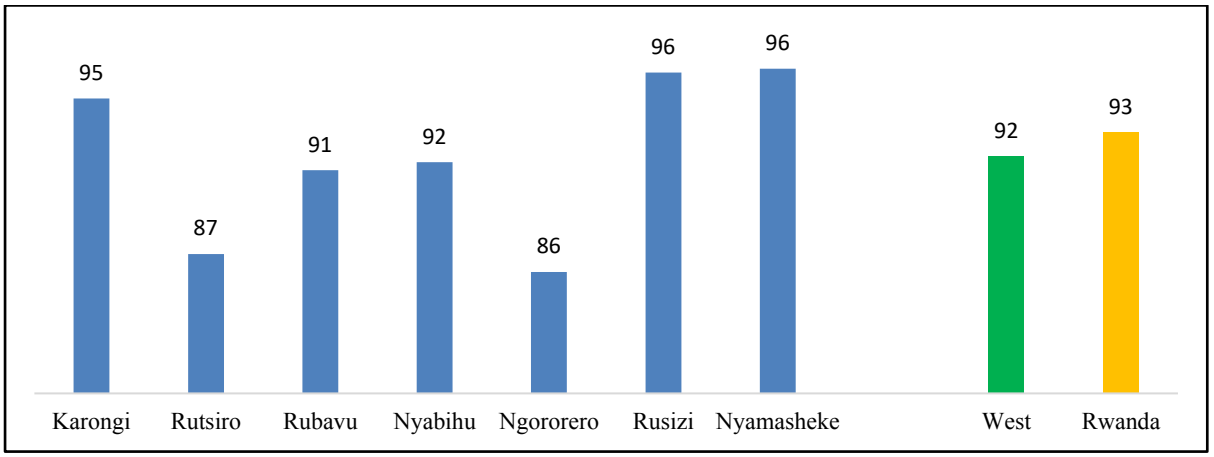
***Note: Neonatal tetanus**[1]includes mothers with two injections during the pregnancy of their last birth or two or more injections (the last within 3years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time before the last birth.*

5.3 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 West Province, the percentage of births in the five years before the survey who delivered at a health facility (92 percent) is lower than the one at the national level (93 percent) At the District level, Mothers in Rusizi and Nyamasheke districts (96 percent each) are more likely to deliver in a health facility while mothers in Ngororero District (86 percent) are less likely to deliver in a health facility.

Trends: Compared to RDHS2014-14, the percentage of mothers 15-49 who delivered in a health facility increased by 1 percent (from 91 to 92 percent) in West province and 2 percent (from 91 to 93 percent) at the national level. It increased in all districts but with a high value of 10 percent (from 76 to 86 percent) in Ngororero District.

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



Source: RDHS, 2019-20

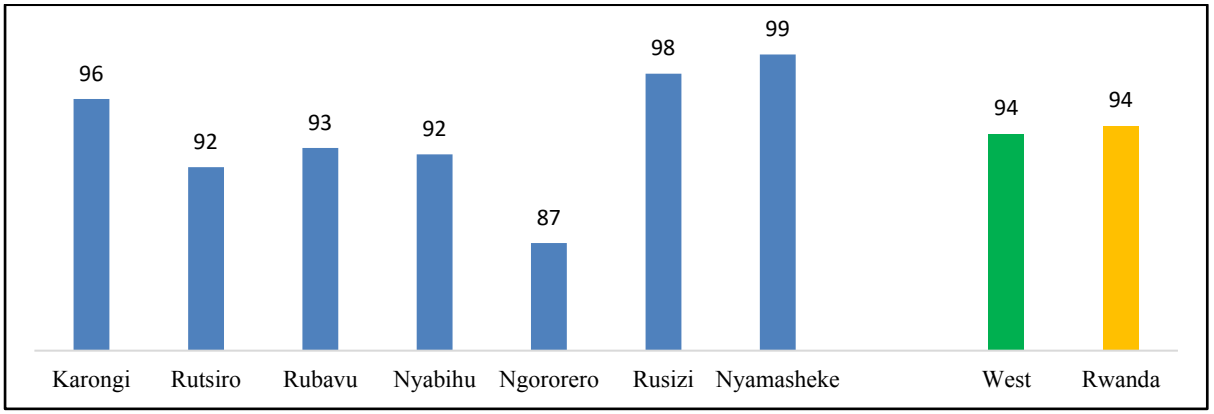
5.4 Assistance during delivery

To avoid the risk of complications and maternal deaths, women should be assisted during 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 (94 percent) were assisted by a skilled health provider, in the West Province, and it is the same at the national level. At the District level, the highest number of mothers who received assistance from a skilled provider during delivering in Nyamasheke District (99 percent). This proportion is lowest in Ngororero District (87 Percent).

Trends: In a comparison with RDHS2014-15, the percentage of mothers assisted by a skilled provider during delivered has a significant increase of 3 percent (from 91 to 94 percent) in West province and countrywide. It has increased significantly in Ngororero District with 11 percent (from 76 to 87percent) but decreased by 1 percent (from 93 to 92 percent) in Rubavu District.

Figure 25: Percentage mothers assisted by a skilled provider during delivery



Source: RDHS, 2019-20

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

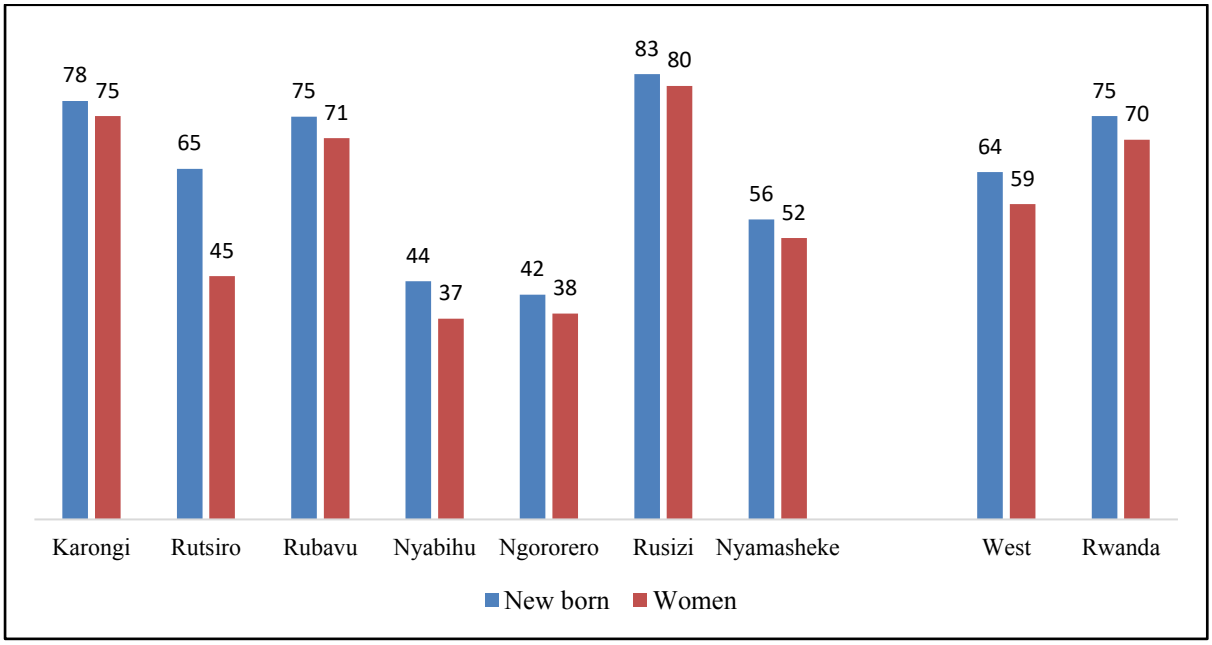
5.5 Postnatal care

Figure 26 describes the post-natal checkups among women and newborns. In the West Province, 59 percent of women had a postnatal checkup in the first two days after delivery, compared to 70 percent at the national level. The proportion of women who received a postnatal checkup is high in Rusizi District (80 percent) and lower in Nyabihu District (37 percent).

Overall, in West province, 64 percent of newborns received postnatal care in the first two days after birth, compared to 75 percent in Rwanda. The proportion is much higher in Rusizi District (83 percent) and lower in Ngororero districts (42 percent each).

Trends: Compared to RDHS2014-15, there has been an increase in almost all district for Women and new born who received postnatal checkups in the first two days after birth except in Rutsiro District that had a decrease from 89 percent in 2014-15 for both newborn and women to 65 percent for newborn and 45 percent for women.

Figure 26: Percentage of women/ Newborn who received postnatal checkups 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.

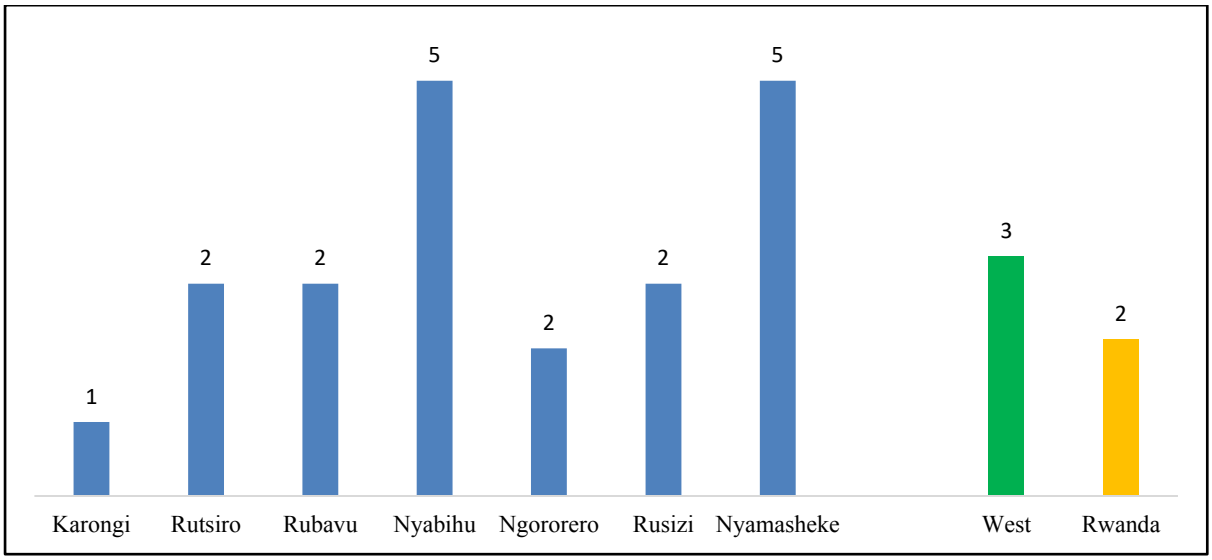
6.1 Prevalence of Acute Respiratory infection (ARI)

Acute respiratory infections (ARIs), particularly pneumonia, constitute one of the main causes of child deaths. Figure 27 shows that 3 percent of children under age 5 in the West Province had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey, compared to 2 percent at the national level.

According to RDHS2019-20 at the district level, results show a higher prevalence of ARIs in Nyamasheke and Nyabihu districts (5 percent each) and lower in Karongi District with 1 percent.

Trends: By considering the results of RDHS2014-15, the percentage of children under five years with ARI, has been decreased from 5 percent to 3 percent at West province; at the district level, it has decreased in most districts except Nyabihu District which has increased from 0 percent in RDHS2014-15 to 5 percent RDHS2019-20.

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



Source: RDHS, 2019-20

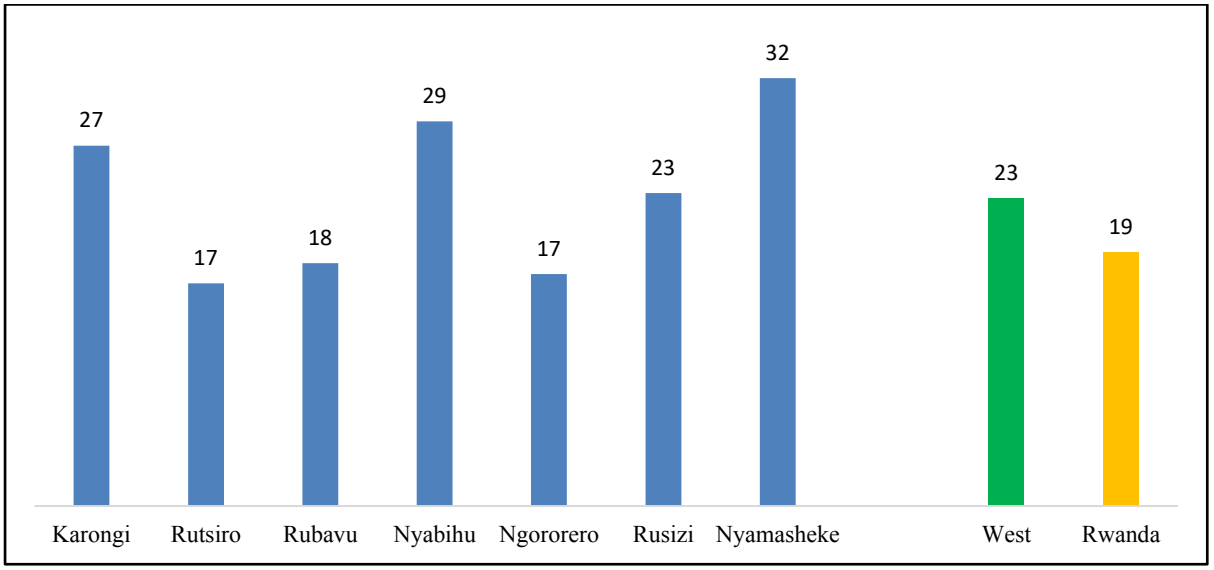
6.2 Prevalence of fever

Fever is the primary symptom of many illnesses such as ARI, malaria, and measles among others, which cause numerous deaths. 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 this period, 23 percent of children had a fever in the West Province compared to 19 percent at the national level. The percentage of children under five years is high in

Nyamasheke District (32 percent) and lower in Rutsiro and Ngororero districts (17 percent each).

Trends: In comparison with RDHS2014-15, the prevalence of fever among children under five years, in West Province, increased significantly by 6 percent (from 17 to 23 percent) but remain the same at the National level (19 percent). By considering the districts, Nyabihu District has a higher increase of 26 percent (from 3 to 29 percent).

Figure 28: Prevalence of fever among children under five years.



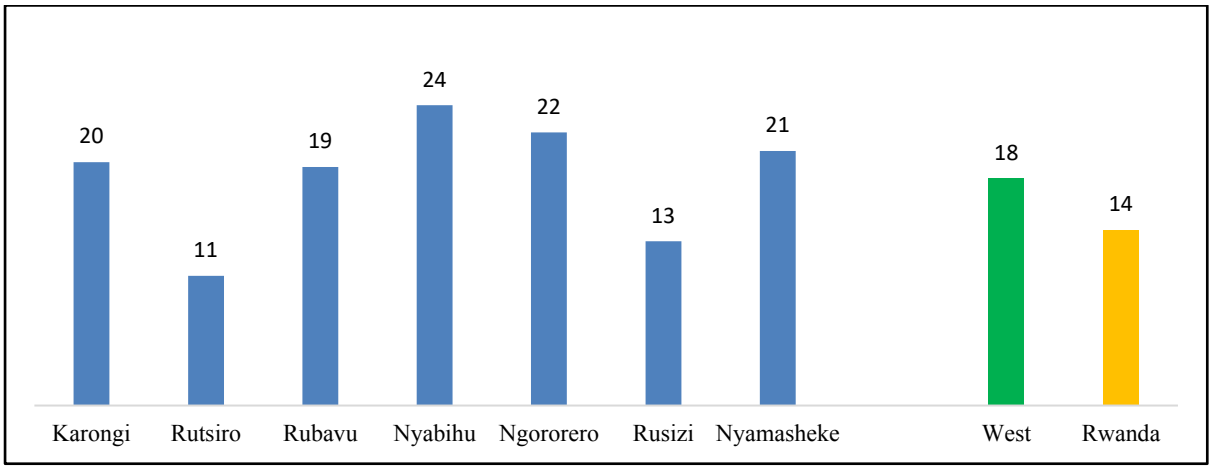
Source: RDHS, 2019-20

6.3 Prevalence of Diarrhea

Figure 29 shows that, according to mothers' reports, 18 percent of children had diarrhea in the two weeks preceding the survey in the West Province compared to the national level equal at 14 percent. The prevalence of diarrhea is especially high among children in Nyabihu and Ngororero districts (24 percent and 22 percent, respectively). This prevalence is lower in Rutsiro and Rusizi districts (with 11 percent and 13 percent respectively). 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: By comparison with RDHS2014-15, the prevalence of diarrhea among children under five years has a significant increase of 3 percent in West province and with 2 percent at the National level. In consideration of districts, Nyabihu District has a significant increase of 18 percent (from 6 percent to 24 percent) while Rusizi District decreased by 11 percent (from 24 percent to 13 percent).

Figure 29: Prevalence of diarrhea among children under –five years



Source: RDHS, 2019-20

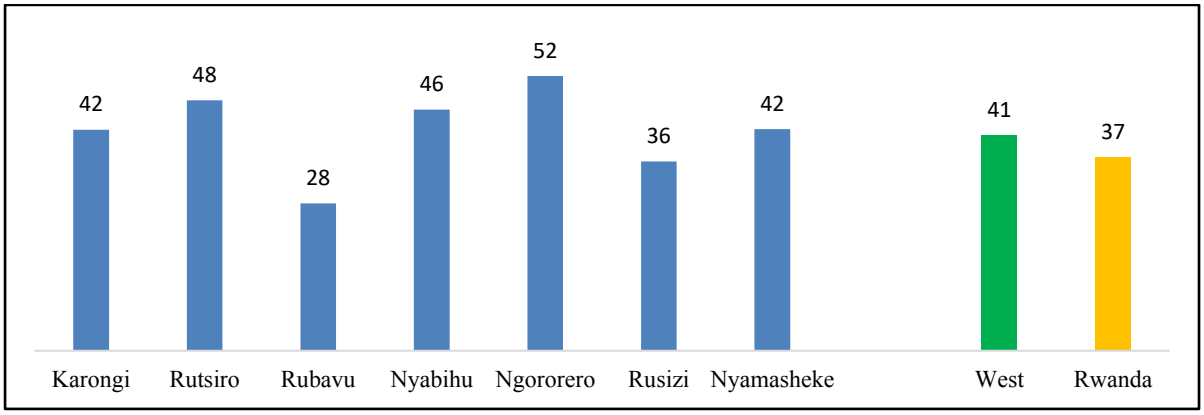
6.4 Anemia among children.

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, 41 percent and 37 percent of children aged 6-59 months in West province and at national level respectively have some level of anemia.

By District, children in Ngororero and Rutsiro districts (52 percent and 48 percent respectively) are most likely to be anemic, while children in Rubavu District are the least likely to be anemic (28 percent).

Trends: In a comparison with RDHS2014-15, the percentage of children age 6-59 months classified as having anemia, (hemoglobin (<11.0 g/dl)) has increased in the West province by 6 percent it decreased slightly in Rubavu District (from 30 percent to 28 percent) and Rusizi District (from 38 percent to 36 percent). It has increased highly in Rutsiro District (from 18 percent to 48 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 among children under 5

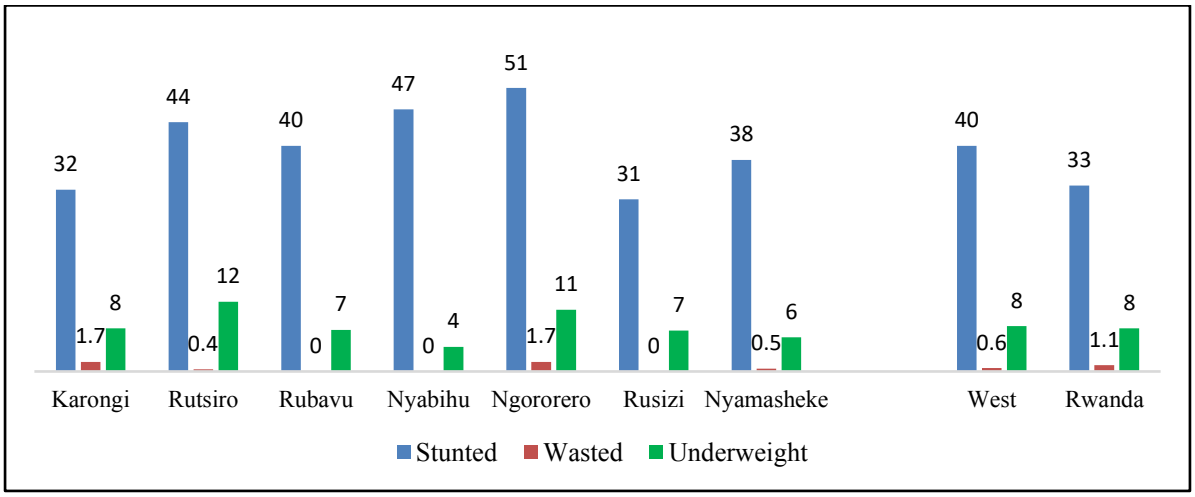
The nutritional status of children under age 5 is an important measure of children's health and growth. The anthropometric data on height and weight collected in the 2019-20 RDHS permit the measurement and evaluation of the nutritional status of young children in Rwanda. Provincially, 40 percent of children 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 Ngororero District (51 percent) and the lowest in Rusizi and Karongi districts (with 31 and 32 percent respectively)

Less than one percent of children under 5 years of age are wasted (too thin for their height) in West Province, and 1.1 percent at the national level. The wasting prevalence is higher among children in Ngororero and Karongi districts (1.7 percent, each) than in other districts.

Figure 31 shows that 8 percent of children under 5 years of age in the West Province and generally in Rwanda are underweight (low weight-for-age). Variation in children underweight by district shows that Rutsiro District is the highest with 12 percent of children while Nyabihu District is the lowest with 4 percent of underweight children.

Trends: Compared to RDHS 2014-15, The percentage of children under 5 years with stunting decreased in all districts of West province, the high decrease was in Karongi District (17 percentage points) and there is a slight increase in Nyamasheke District (from 34 to 38 percent). The percentage of wasted children under 5 years also decreased in almost all districts of the province except in Karongi District where it increased from 0 to 2 percent. The percentage of children under 5 years underweight, decreased in West province but remained stable in Karongi, Rutsiro, and Nyamasheke districts.

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



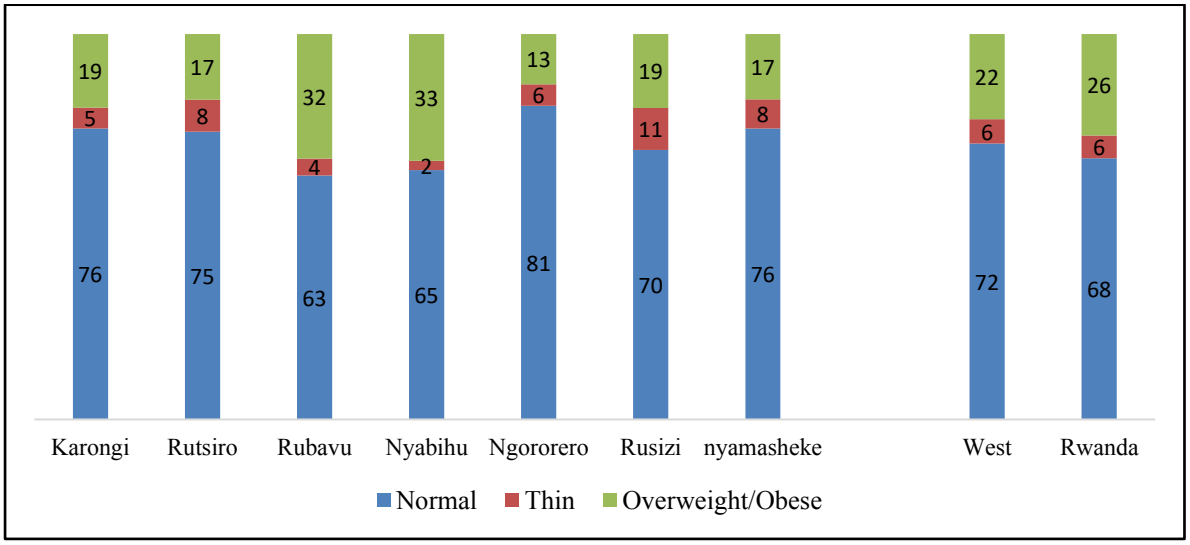
Source: RDHS, 2019-20

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. At the province and national levels, 6 percent of women are considered to be thin (BMI below 18.5). This proportion is much higher in Rusizi District (11 percent) and lower in Nyabihu District (2 Percent). 22 percent of women are overweight or obese in the West Province as compared to 26 percent at the national level. The proportion of overweight is higher in Nyabihu and Rubavu districts (33 percent and 32 percent respectively) and lower in Ngororero District (13 percent). The percentage of normal standards women in the districts of the West Province varies from 63 percent to 81 percent.

Trends: With the comparison of RDHS2014-15, the percentage distribution of thin women aged 15-49 increased in almost all districts of West province, and this pattern is the same for Overweight women aged 15-49 while the percentage distribution of normal women decreased in all districts of West Province.

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



Source: RDHS, 2019-20

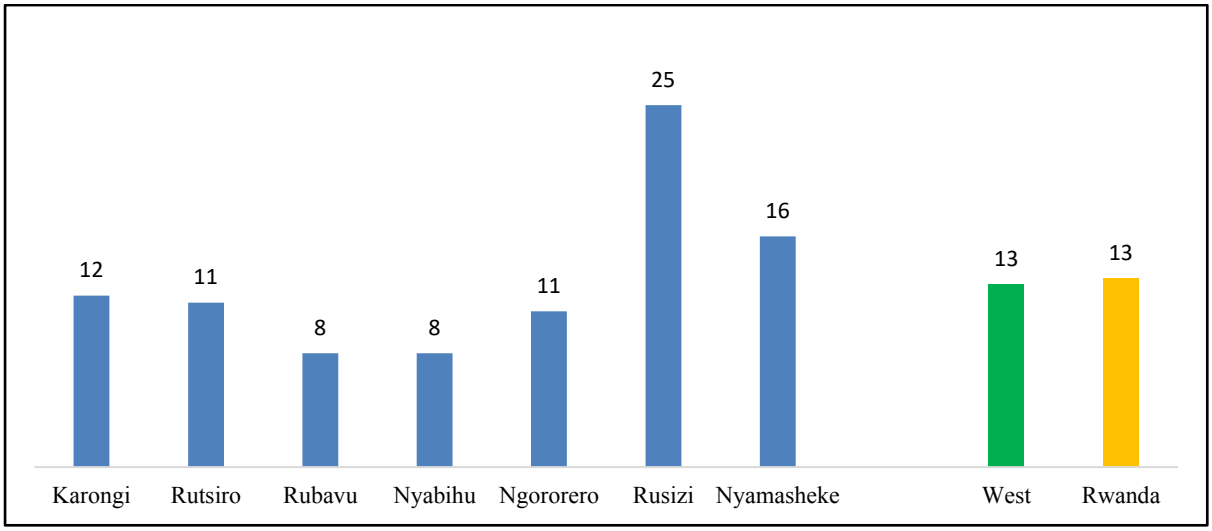
7.3 Prevalence of anemia among women

Figure 33 presents anemia prevalence among women 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 show that anemia is less prevalent among women than children (figure 30); 13 percent of women in the West Province and generally at the national level have some level of anemia with 13 percent of women. The great majority of women with anemia are in Rusizi District (25 percent), and the lower prevalence is in Rubavu and Nyabihu districts with 8 percent each district with anemic women aged 15-49.

Trends: The prevalence of anemia among women aged 15-49 decreased in West province, the high decrease was in Rubavu District but it has increased in Rusizi and Nyamasheke districts by 1 percent each compared to RDHS2014-15.

Figure 33: Prevalence anemia among women age 15-49



Source: RDHS, 2019-20

Chapter 8: Malaria

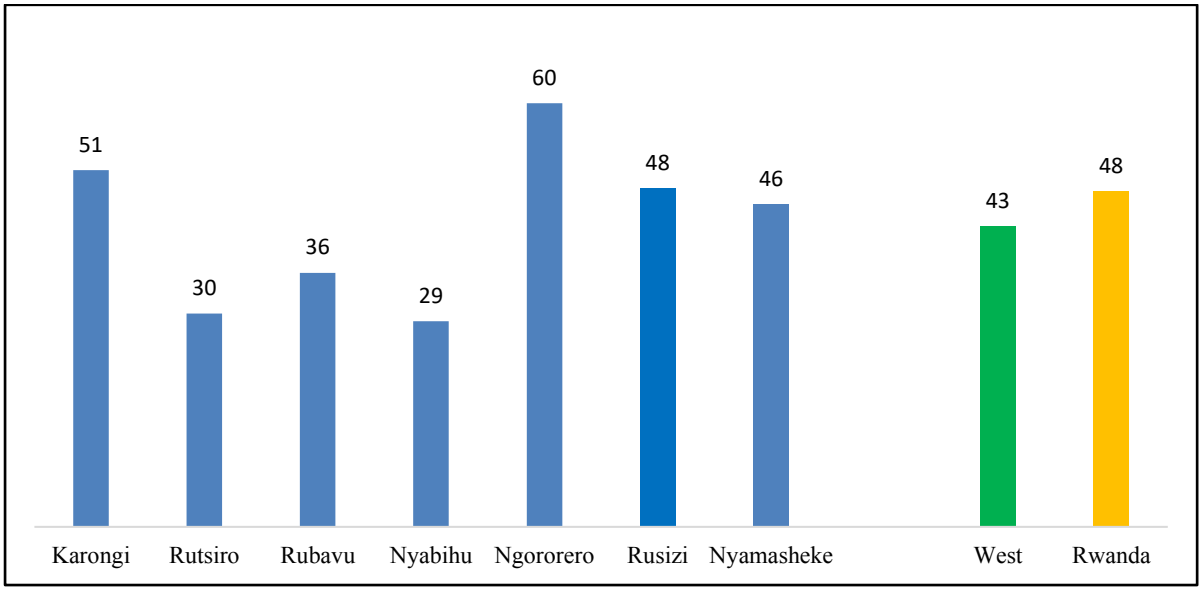
Malaria has been a major cause of morbidity and mortality in Rwanda for several years, with periodic epidemics in high-altitude areas. This section presents the 2019-20 RDHS household-level findings on use of mosquito nets, and malaria prevalence particularly among children under 5 years of age.

8.1 Use of Insecticide Treated Nets (ITNs)

Figure 34 shows that 43 percent of the household population in the West 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 the Nyabihu District (29 percent) and high in Ngororero District (60 percent).

Trends: Generally, the percentage of de facto household populations who slept under an ITN the night before the survey decreased in West province by 7 percent and in Nyamasheke District decreased by 24 percent (from 70 percent to 46 percent) and Rusizi District by 21 percent (from 69 percent to 48 percent) but Ngororero District has a higher increase of 14 percent (from 46 percent to 60 percent) compared to RDHS2014-15.

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



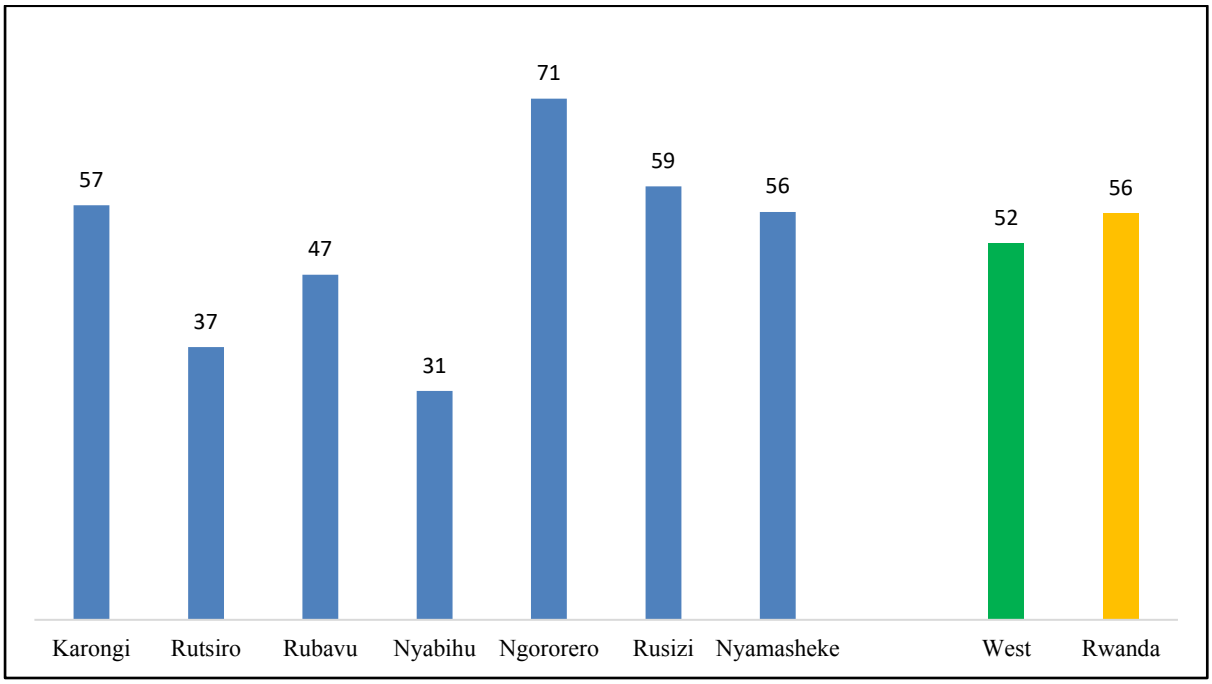
Source: RDHS, 2019-20

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 5 years of age. Fifty-two percent of children under 5 years of age slept under a mosquito net the night before the survey in the West province as compared to 56 percent at the National level. The percentage of children who slept under an ITN is higher in Ngororero District(71percent) and lower in Nyabihu District (31 percent).

Trends: In West province, the percentage of children under five who slept under an ITN the night before the survey decreased (from 57 percent to 52 percent). It highly decreased in Nyamasheke District (from 74 percent to 56 percent) but increased in Rubavu District (from 39 percent to 47 percent) and Ngororero District (from 58 percent to 71 percent).

Figure 35: Percentage of children under five who slept under an (ITN) the night before the survey



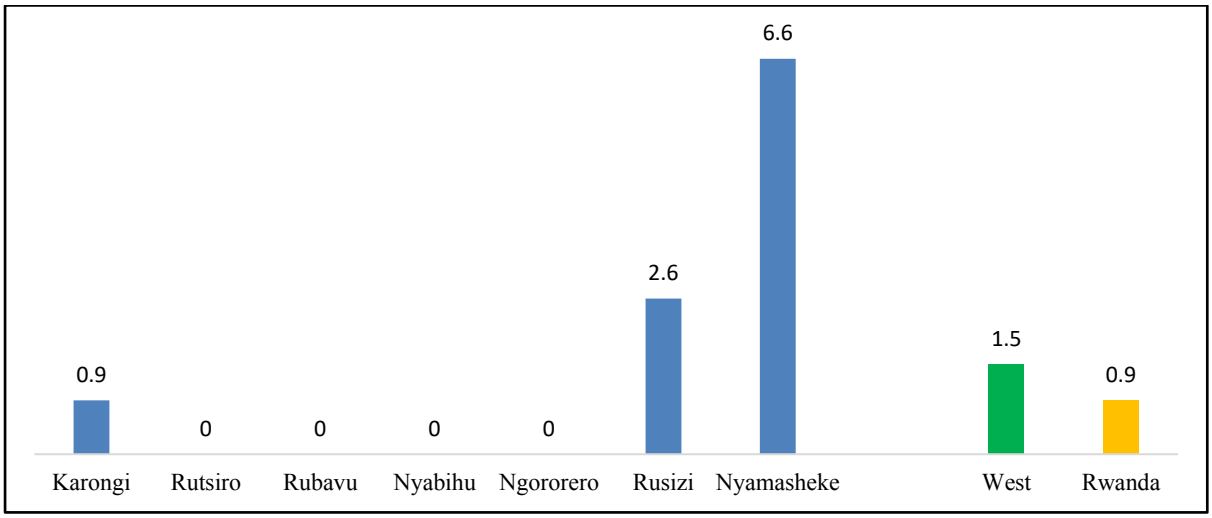
Source: RDHS, 2019-20

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 West province, 1.5 percent of children aged 6 to 59 months are infected with at least one form of malarial parasites, compared to less than 1 percent at the national level. The proportions of children with malaria were higher in Nyamasheke District (6.6 percent) than in Rutsiro, Rubavu, Nyabihu, and Ngororero districts (0.0 percent each).

Trends: Compared with RDHS2014-15, the Prevalence of malaria among children under five years increased in West province (from 0.5 percent to 1.5 percent), there was a significant increase in Nyamasheke District (from 1.8 percent to 6.6 percent) but the situation remained stable in other districts.

Figure 36: Prevalence of malaria among children under five-years.



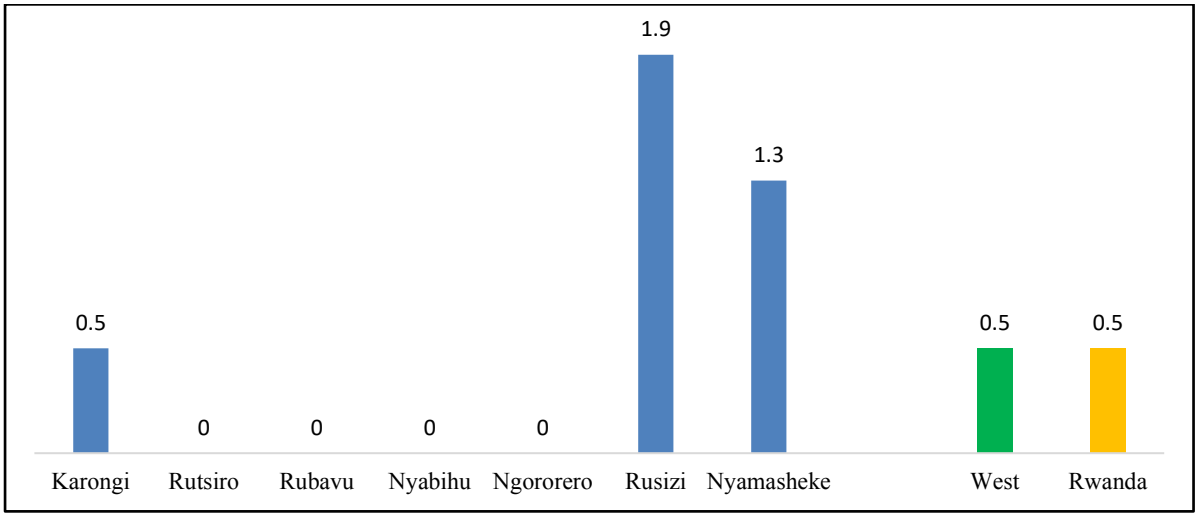
Source: RDHS, 2019-20

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 West province, only 0.5 percent of women have malaria (figure 37), as well as at the national level. The proportions of women with malaria were higher in Rusizi. (1.9 percent) and Nyamasheke districts (1.3 percent), and lower in Rutsiro, Rubavu, Nyabihu, and Ngororero districts (0percent each).

Trends: The 2019-20 RDHS 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. During the off-peak malaria season, the survey collected data in these two provinces in June and July. 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

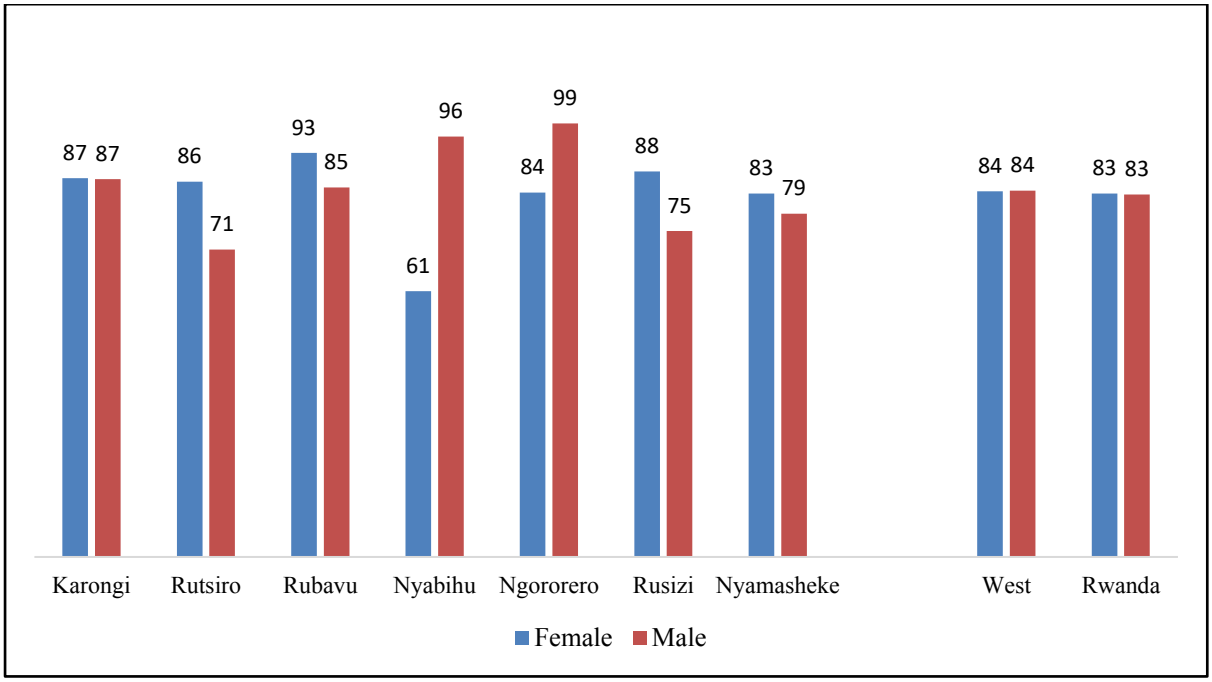
HIV infection is a major public health concern in Rwanda, where it is among the cause of mortality with negative social and economic consequences that affect people and the country. The following section will discuss the knowledge, attitudes, and HIV prevalence among youth and adults.

9.1 Complete knowledge of HIV prevention 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 West Province. In the West province, 84 percent of both women and 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 that using condoms compared to 83 percent of both women and men who know both HIV prevention methods at the national level.

Trends: The percentage of both men and women who have complete knowledge of HIV prevention was significantly increased by comparing to RDHS2014-15 in West Province (from 72 for women and 87 percent for men to 84 percent for each sex) and countrywide (from 83 percent for women and 88 percent men to 83 percent for each sex. Generally, this proportion increased in all districts of the West province among men and women.

Figure 38: Percentage of the respondent with complete knowledge of HIV prevention methods.



Source: RDHS, 2019-20

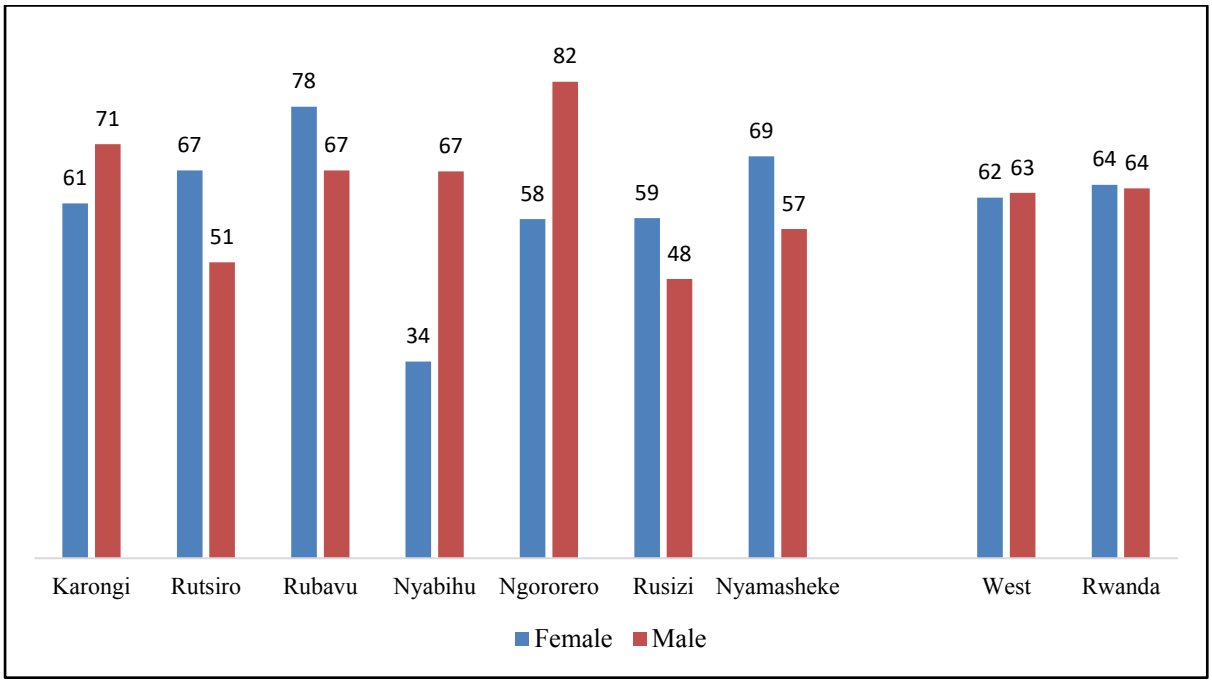
9.2 Comprehensive knowledge about HIV transmission

The 2019-20 RDHS 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 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 West Province, more than 62 percent of women aged 15-49 and 63 percent of men at the same age have comprehensive knowledge about HIV/AIDS; that is: a healthy-looking person can have the AIDS virus and are aware that the virus cannot be transmitted by supernatural means or by sharing food with a person who has AIDS or by a mosquito bite. Variations in the districts of the West province are likely to be high with the lowest of 34 percent in Nyabihu District and highest in Rubavu District (78 percent) among women, it is lowest in the Rusizi District (48 percent) and highest in Ngororero District (82 percent) among men.

Trends: Compared to RDHS2014-15, the Percentage of women and men aged 15-49 with comprehensive knowledge on HIV transmission increased in almost all districts of West Province except in Nyabihu District where it has decreased for both women and men.

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



Source: RDHS, 2019-20

9.3 Multiple sexual partners: Women/men

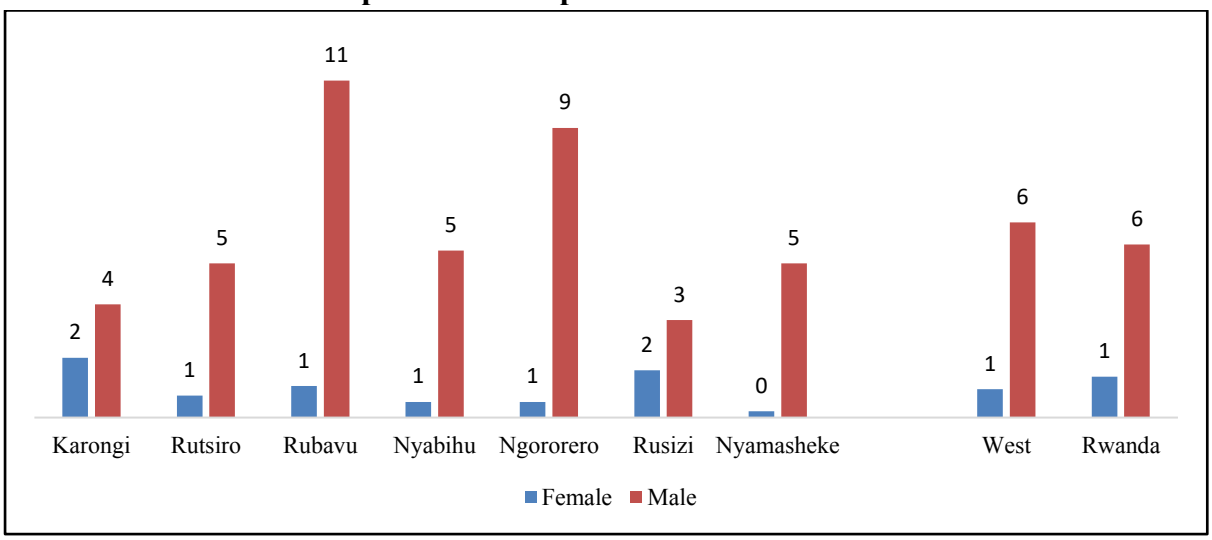
Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the disease. Given that questions about sexual activity are sensitive, it is important to

remember when interpreting the results in this section that respondents' answers are likely to subject to at least some reporting bias.

Figure 40 shows the percentages of women and men aged 15-49 who had sexual intercourse with more than one partner in the last 12 months before the survey. Less than 1 percent of women and more than 6 percent of men in West province, as well as at the national level, had two or more sexual partners. as compared to 1 percent of women and 6 percent of men at the national level. Men living in Rubavu District (11 percent) and in Ngororero District (9 percent) were more likely to have multiple partners over the last 12 months than men in other districts of West province. Also, women in Karongi District (2 percent), Rusizi District (2 percent), Rubavu District (1 percent), and less than 1 percent in other districts in West province are likely to have had more than one sexual partner than other women in West province.

Trends: Compared to the RDHS 2014-15, the situation has no great change at Province level, as well as at National level. At district level, among men, there is a decrease in Rutsiro District (from 9 to 5 percent) and an increase in Rubavu District (from 7 to 11 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 sex

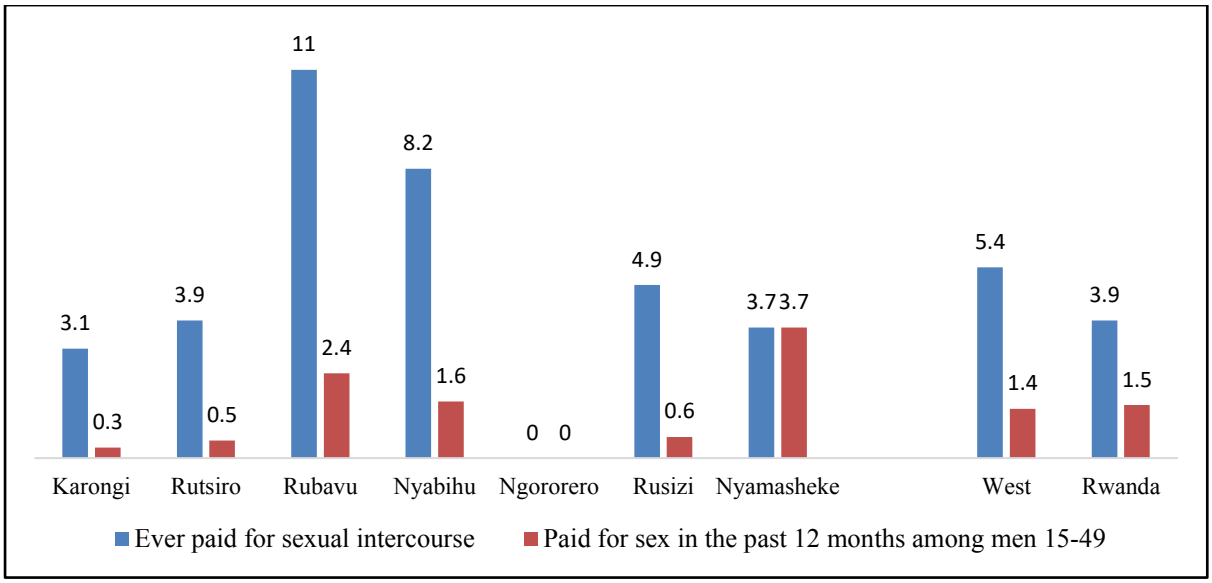
Male respondents in the 2019-20 RDHS who had had sex in the last 12 months before the survey were asked whether they had ever paid anyone in exchange for sex and whether they had done so in that period.

The results in figure 42 show that only 5.4 percent of men aged 15-49 in West province and 3.9 percent at the national level have ever paid for sexual intercourse and only 1.4 percent each had done so in the 12 months before the survey. Men who are living in Rubavu District (11 percent) are most likely to have ever paid for sexual intercourse and 3.7 percent of men in Nyamasheke District have done it in the last 12 months before the survey.

Trends: The percentage of men aged 15-49 whoever paid for sexual intercourse has decreased in Ngororero District from 9.4 to 0 percent and the percentage of men aged 15-49 whoever paid

for sex in the past 12 months among men 15-49 decreased in Karongi District from 2.7 to 0.3 percent

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



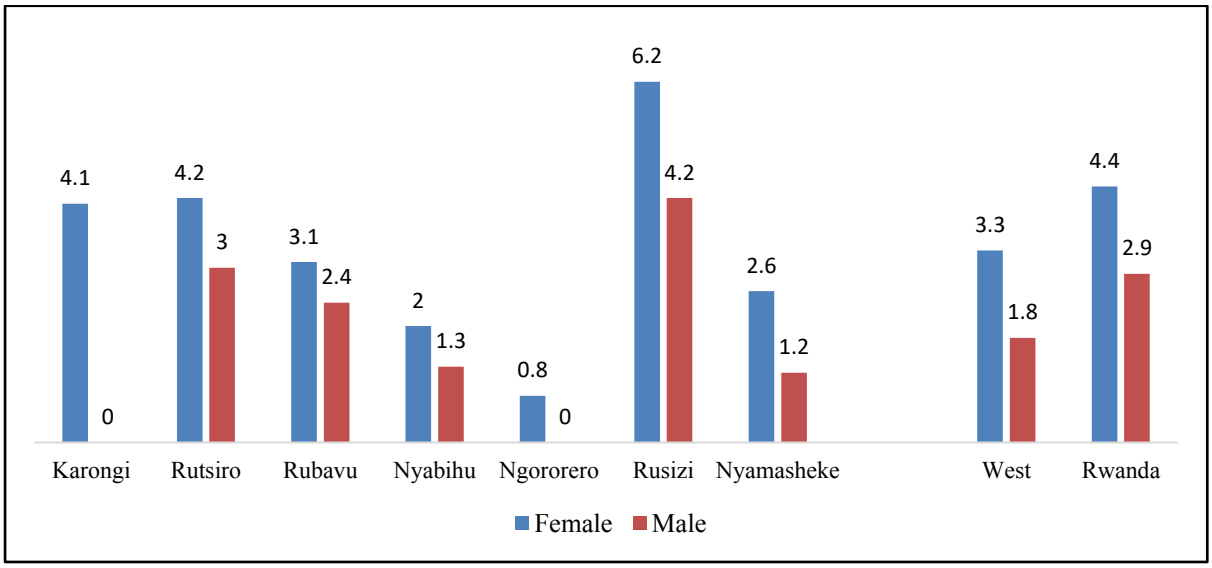
Source: RDHS, 2019-20

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

Figure 43 shows the self-reported prevalence of STIs and STI symptoms among women and men aged15-49 who have ever had sexual intercourse. In the West province, 3.3 percent of women and 1.8 percent of men had either an STI or symptoms of any STI in the 12 months preceding the survey, as compared to 4.4 percent of women and 2.9 percent of men at the national level. Having any STI and STIs symptoms among women is highly prevalent in Rusizi District (6.2 percent) as compared to other districts. Among men having either STI or symptoms of any STI in the 12 months preceding the survey is also higher in Rusizi District (4.2 percent) as compared to the rest of the districts of the West Province.

Trends: Compared to the RDHS2014-15, the prevalence of sexually transmitted infections (STIs) and STI symptoms in the last 12 months decreased significantly in all districts for females and also for males, it decreased in almost all districts.

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



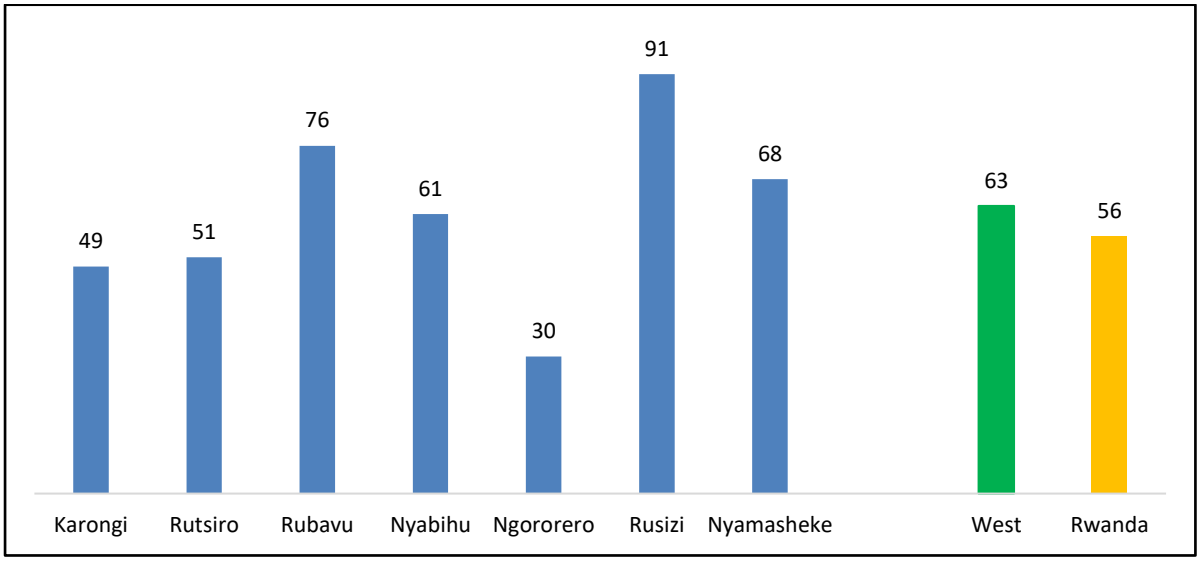
Source: RDHS, 2019-20

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 the transmission of STIs, including HIV. Consequently, WHO recommends male circumcision as an HIV prevention method. In West province, 63 percent of men aged 15-49 have been circumcised and at the National level, 56 percent of men are circumcised. By district, the proportion of men who are circumcised is highest in Rusizi District (91 percent) and lowest in Ngororero District (30 percent).

Trends: The Percentage of men aged 15-49 who are circumcised has highly increased in all districts compared to RDHS2014-15.

Figure 43: Percentage of men aged15-49 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

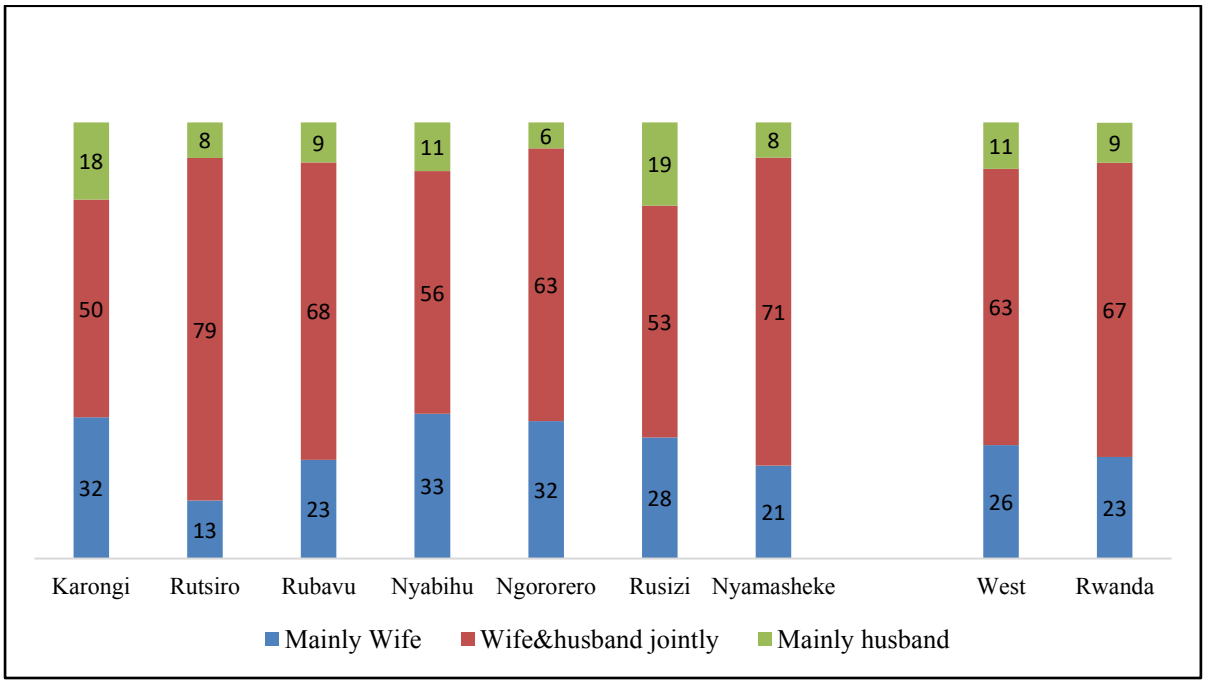
To assess women's autonomy, currently, married women who earned cash for their work in the 12 months preceding the survey were asked who usually decides how their earnings are spent and were also asked the relative magnitude of their earnings compared with those of their husbands. This information is 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 and by the relative magnitude of women's earnings compared with those of their husbands, according to background characteristics.

Twenty-six percent of women in the West province and 23 percent of women in Rwanda mainly decide for themselves how their earnings are used, whereas 63 percent in the West province and 67 percent in Rwanda of women say that they make joint decisions with their husbands. Eleven percent of women in the West 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 themselves how their earnings are spent is higher in Nyabihu (33 percent), Ngororero, and Karongi (32 percent each) districts and lower in Rutsiro District (13 percent). Women in Rusizi and Karongi districts are more likely to report that their husbands mainly decide how to spend their earnings than women in the other districts (19 percent and 18 percent, respectively).

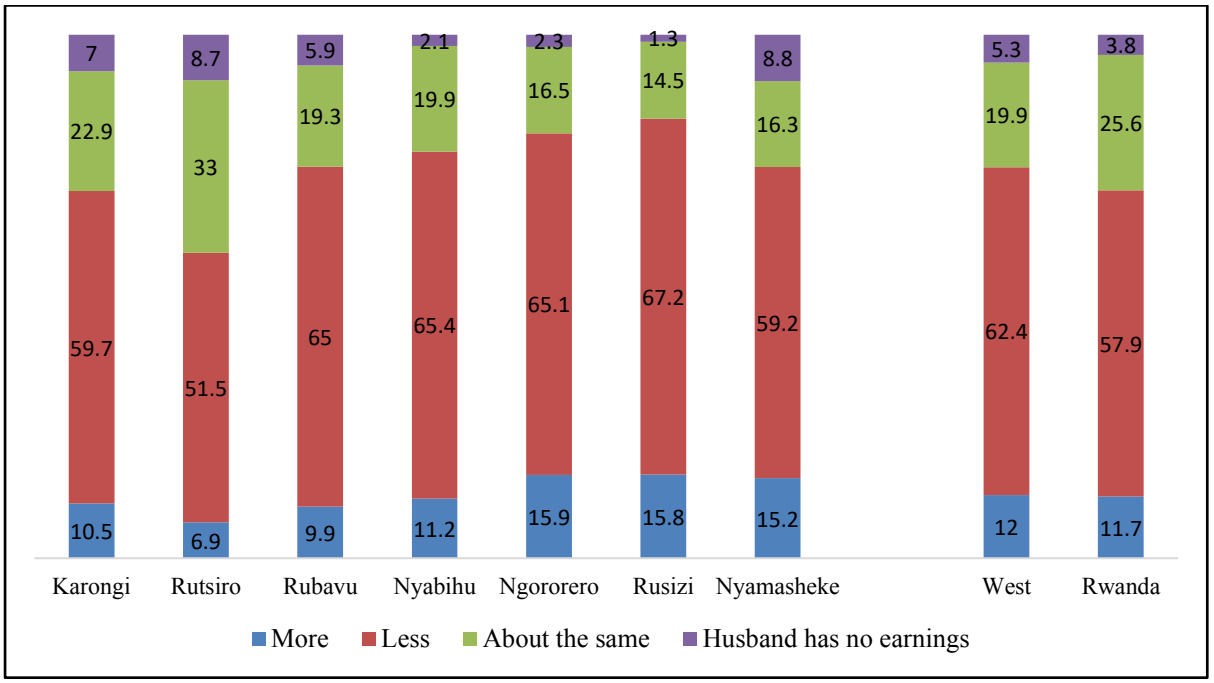
Trends: Generally, the percentage of persons who decide how wife's cash earning are used, increased for mainly wife while decreased for wife and husband jointly and percentage of currently married women age 15-49 according to their cash earnings in comparison to their husbands' increased for more and decreased for less in almost of all districts of West province compared to RDHS2014-15.

Figure 44: Percentage distribution of persons who decides how wife's cash earning are used



Source: RDHS, 2019-20

Figure 45: Percentage distribution of currently married women age 15-49 according to their cash earnings in comparison to their husbands'



Source: RDHS, 2019-20

10.2. Control over men's cash earnings.

Figures 46 and 47 show the Percentage distribution of currently married women 15-49, according to their report of the person who decides how the men's cash earnings are used and distribution of currently married men 15-49, according to their report of the person who decides how the men's cash earnings are used.

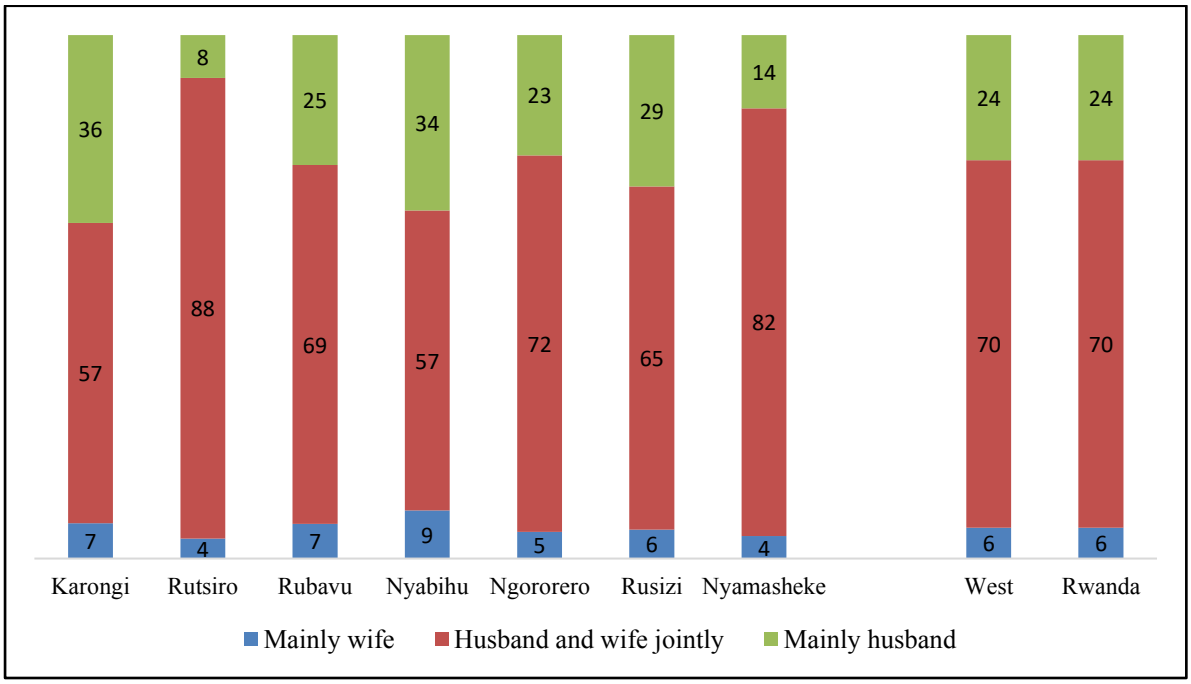
Twelve percent of men in West province compared to 15percent of men in Rwanda report that they mainly decide how their cash earnings are used. Eighty-five percent in West province compared to 82 percent at the national level state that they make these decisions jointly with their wife and 2 percent and 3 percent state that these decisions are made mainly by their wives in West province and in Rwanda, respectively. Men in Nyabihu (26 percent) and Rubavu (17 percent) districts are more likely to be the main decision-makers regarding their own 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-four percent of women in West province whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 12 percent reported by men themselves. Seventy percent of women report that decisions are made jointly, as compared with 85 percent of men, and 6 percent of women report that they mainly decide how to use their husband's earnings. Thirty-six percent of women in Karongi and 34 percent of women in Nyabihu districts (Figure 46), whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used compared to 8 percent of women in Rutsiro 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 (Figure 47).

Trends: Compared to RDHS2014-15, The Percentage of currently married women 15-49 who reported that mainly wife, mainly husbands decide how the men's cash earnings increased while the proportion decreased for those who reported that husband and wife jointly decide how the men's cash earnings are used in almost all districts of West province.

Figure 46: Percentage distribution of currently married women 15-49, according to their report of the person who decides how the men's cash earnings is used.



Source: RDHS2019-20

Figure 47: Percentage distribution of currently married men 15-49, according to their report of the person who decides how the men's cash earnings is used.

Source: RDHS2019-20

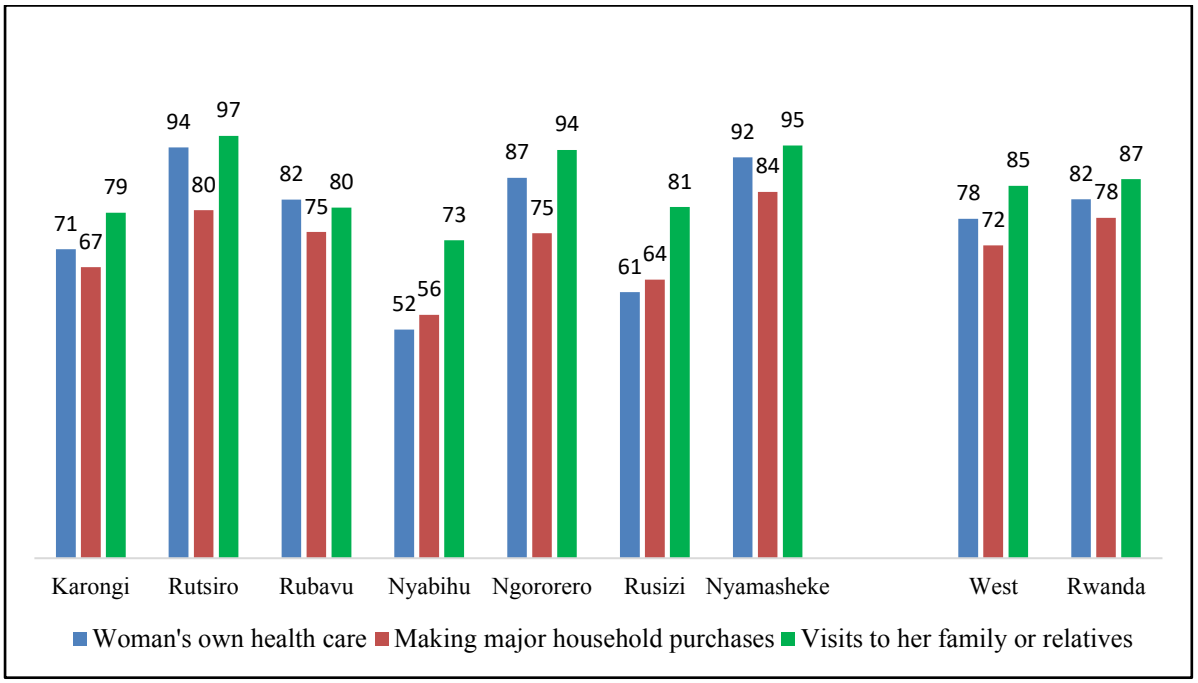
10.3 Women's participation in decision-making.

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 that in West province 78 percent of currently married women age 15-49 say they make decisions about their own health care either by themselves or jointly with their husbands and Seventy-two percent of women say that they participate in decisions about major household purchases. Eighty-five percent of married women say that they participate in decisions about visits to their own family or relatives. Participating in the purchase of major household assets is the least likely participating decision among currently married women.

Figure 48: Percentage of currently married women age 15-49, participating in Decision making according to types of decision



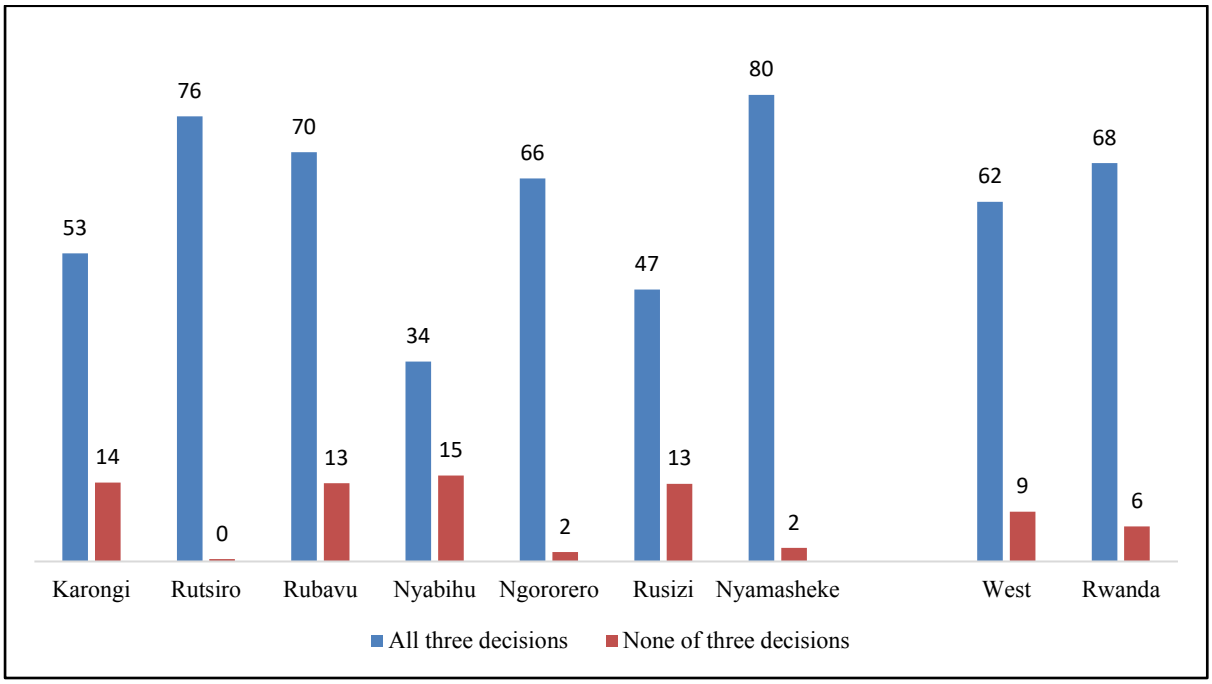
Source: RDHS 2019-20

Figure 49 shows how women's participation in decision-making varies by the district of the West province. Sixty-two percent of married women in West province report taking part in all three decisions, while 9 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 Nyamasheke (80 percent) and Rutsiro District (76 percent) are likely to report that they participate in all three decisions compared to married women in other districts. In addition, married women aged 15-49 in Nyabihu (15 percent) and Ngororero (14 percent) districts have no say in any of the three decisions.

Trends: In comparison with RDHS2014-15, the percentage of currently married women aged 15-49 who participated in all three decisions have significantly increased in Nyamasheke District from 55 to 80 percent but significantly decreased in Nyabihu District from 84 to 34 percent. The percentage of currently married women aged 15-49 who didn't participate in any of the three decisions have significantly increased in Nyabihu District from 0 to 15 percent but significantly decreased in Nyamasheke District from 11 to 2 percent.

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



Source: RDHS2019-20

10.4 Attitude toward wife beating

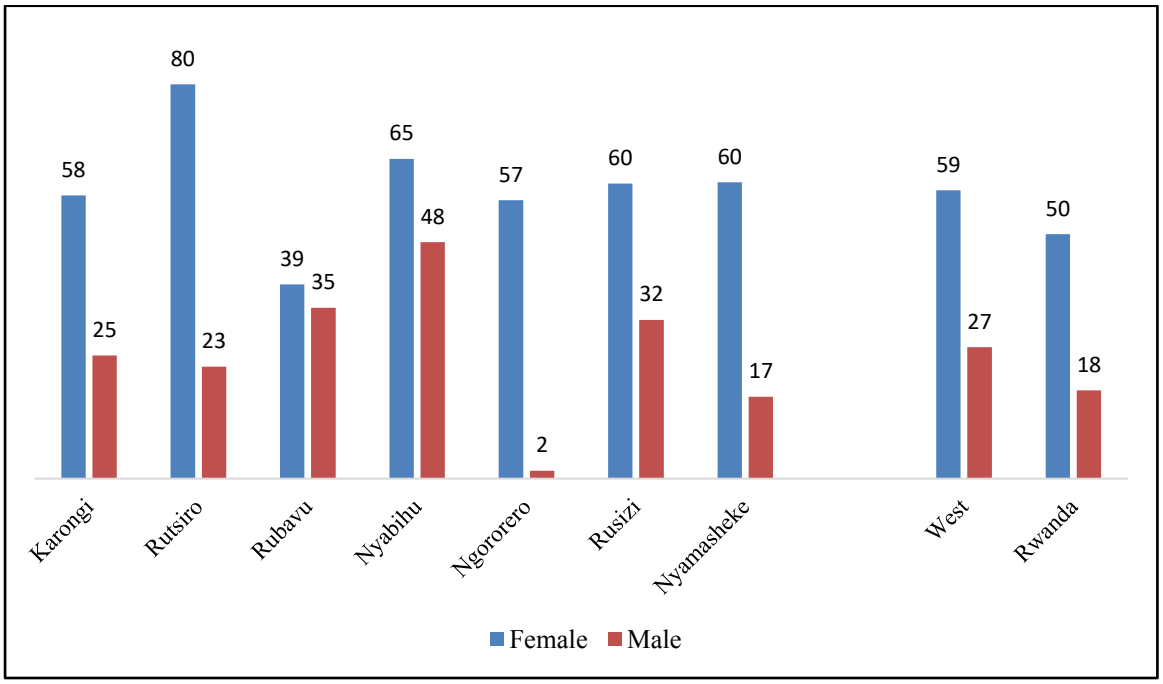
The 2019-20 RDHS collected information on the degree of acceptance of wife-beating by asking all women and men whether they believe that a husband is justified in beating his wife in five situations: if she burns the food, if she argues with him, if she goes out without telling him if she neglects the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

Figure 50 shows that 59 percent of women in West Province and 50 percent in Rwanda believe that wife-beating is justified for at least one of the specified reasons. Provincial-level men (27percent) are least likely to agree that a man is justified in beating his wife for at least one reason compared to 18 percent at the national level. Women in Rubavu District (39 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 17 percent of women in Nyamasheke District to a lower of 2 percent in Ngororero District.

Trends: In a comparison of RDHS2014-15, the percentage of currently married women aged 15-49 who agree with attitude toward wife-beating is justified, increased in almost all districts of West province and the Percentage of currently married men aged 15-49 who agree with attitude toward wife-beating is justified increased at the provincial level from 23 to 27 percent. It highly increased in Nyabihu District from 11 to 48 percent.

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



Source: RDHS2019-2020

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**	**18**	**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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