

The Republic of Rwanda



**DEMOGRAPHIC AND
HEALTH SURVEY
RDHS / 2014-15**

**DISTRICT PROFILE
CHART BOOK**

SOUTHERN PROVINCE



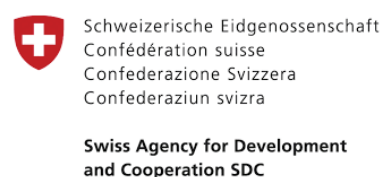
The Republic of Rwanda

DEMOGRAPHIC AND HEALTH SURVEY RDHS 2014-15

DISTRICT PROFILE CHART BOOK Southern Province

September 2016

National Institute of Statistics of Rwanda
Ministry of Finance and Economic Planning
Ministry of Health
The DHS Program
ICF International



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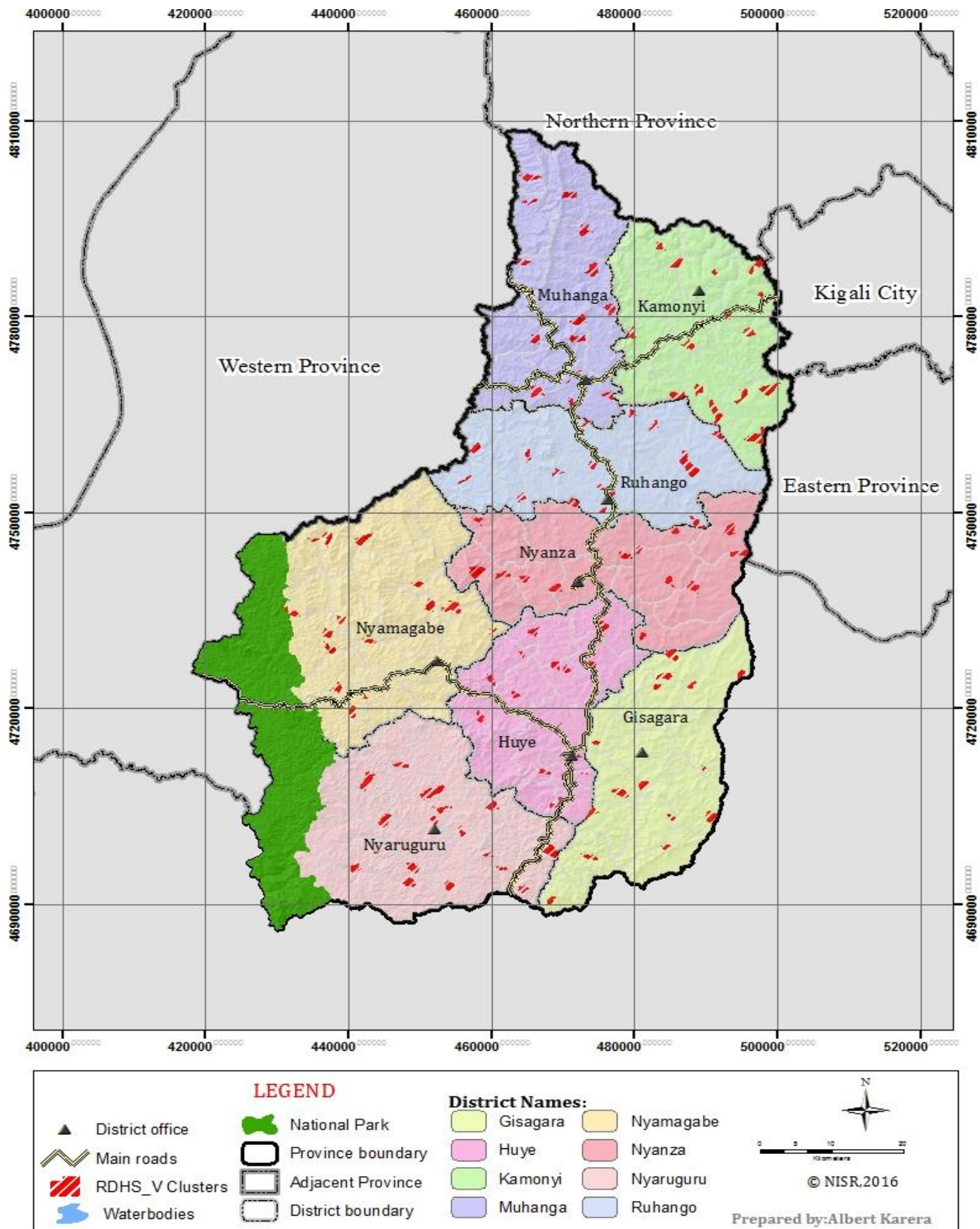
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Southern Province Map



Introduction

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

The key indicators and the main report have been produced and published at national level; this document is elaborated in order to disseminate RDHS_2014-15 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, and to measure the prevalence of HIV infection in Rwanda.

The target groups in this survey were women age 15-49 and men age 15-59 who were randomly selected from households across the country. Information about under five children was also 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 Plan (DDP).

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

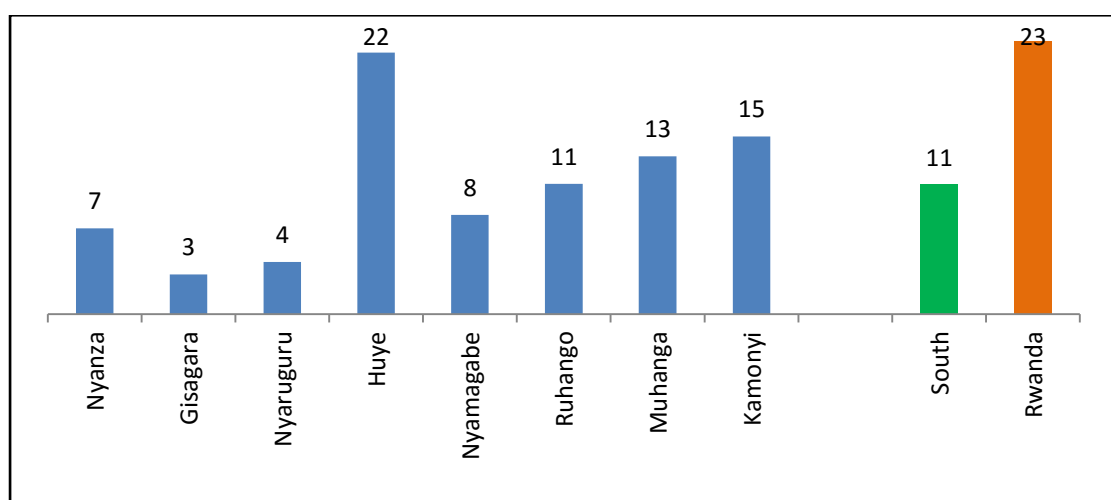
Chapter 1: Household characteristics

The Rwanda Demographic and Health Survey (RDHS_2014-15) collected household information. This chapter presents some of the indicators that were selected, namely; access to electricity, possession of selected durable goods, availability of hand washing place to evaluate the socioeconomic and living conditions of the household in the Districts of the South Province.

Electricity coverage

Figure 1 shows that 11 percent in South Province compared to 23 percent of households at the national level have access to electricity. The results show large disparities between districts in the South Province. This percentage is higher in Huye district (22 percent) and lower in Gisagara district (3 Percent) as compared to the rest of the districts in the South Province.

Figure 1: Percentage of households with electricity coverage



Source: RDHS, 2014-15

1.2 Household durable good

Figure 2 shows that, Radio (54 percent) is the most owned household good in South Province as compared to 55 percent at the national level. The proportion of households owning a radio is highest in Muhanga district (64 percent). Ownership of radio in other districts of South Province varies from 46 percent in Gisagara to 59 percent in Kamonyi.

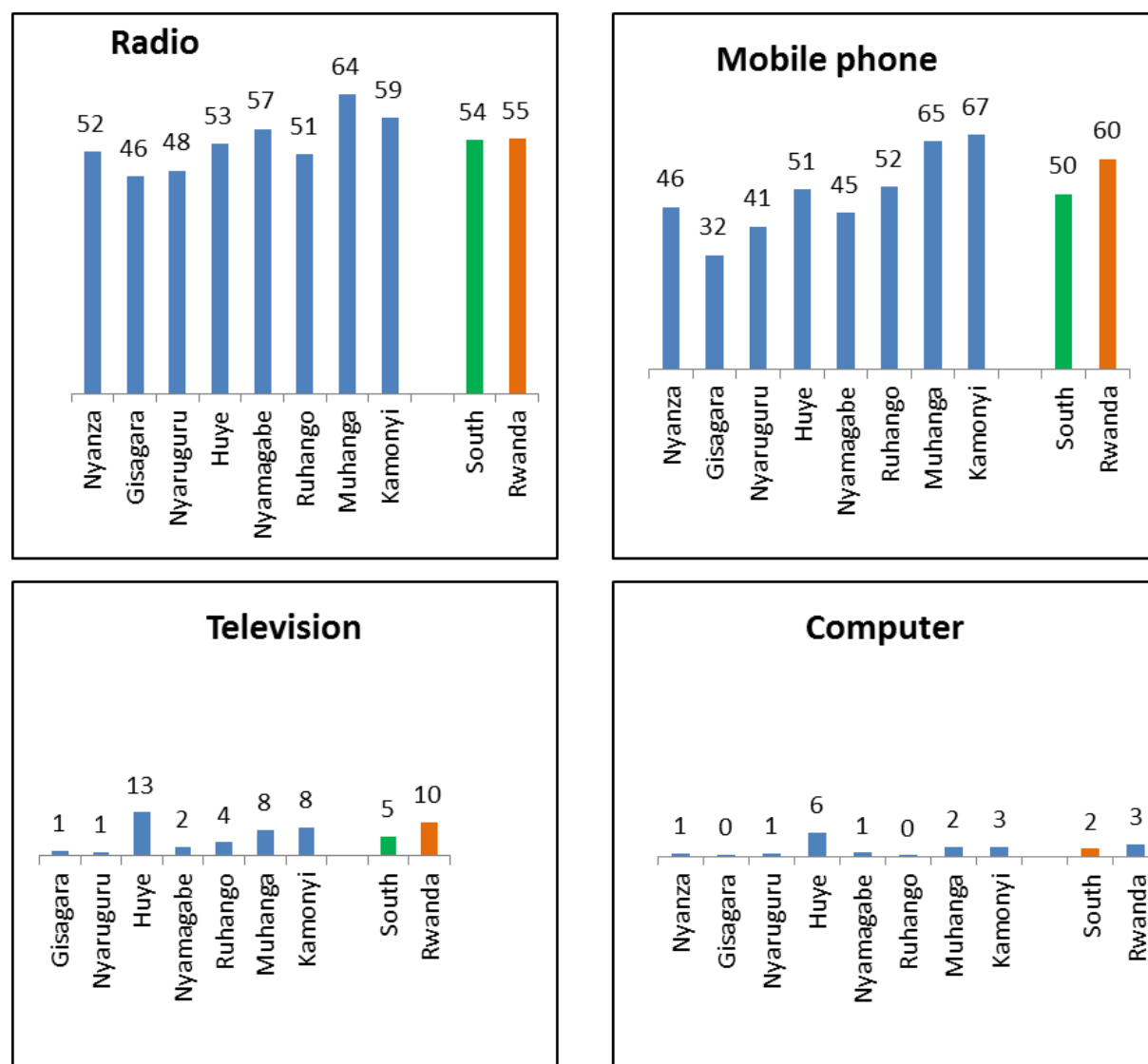
The second most common household asset is a Mobile telephone, owned by 50 percent of households in South Province compared to 60 percent at the national level. Households in Kamonyi (67 percent) are the most likely to possess mobile phone while households in Gisagara district are the least to possess it (32 percent).

Five percent of households own a television in South Province compared to 10 percent at national level. Huye has the highest percentage in ownership of television (above the

national average) while Nyanza and Gisagara are the least likely to possess television (1 percent, each).

Only 2 percent of households in the South Province have computer compared to 3 percent at national level. Ownership of computer is highest in Huye (6 percent), and lowest in Ruhango and Gisagara (less than 1 percent).

Figure 2: Percentage of household with durable goods



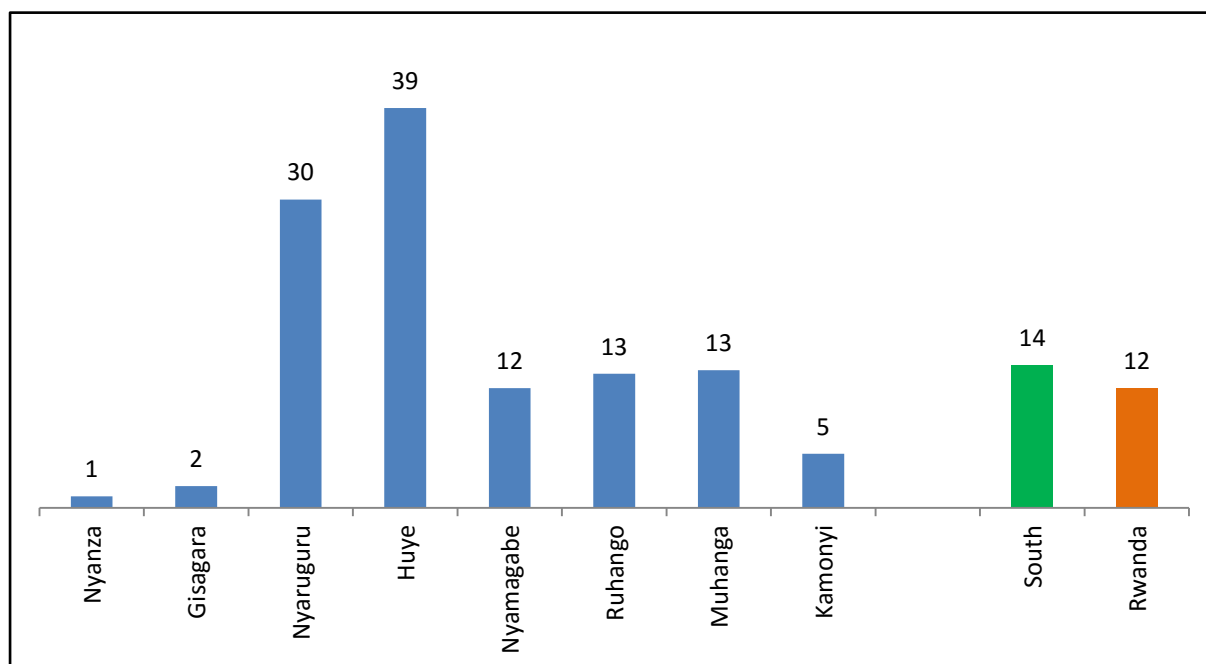
Source: RDHS, 2014-15

1.3 Hand washing place observed

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

Figure 3 shows that 14 percent of households in the South Province and 12 percent at the national level had a place for hand washing that was observed by an interviewer. Nearly four in ten (39 percent) households in Huye district and 3 in ten household in Nyaruguru had a place for hand washing that was observed. This percentage is lowest in Nyanza District (1 Percent).

Figure 3: Percentage of households where hand washing place were observed



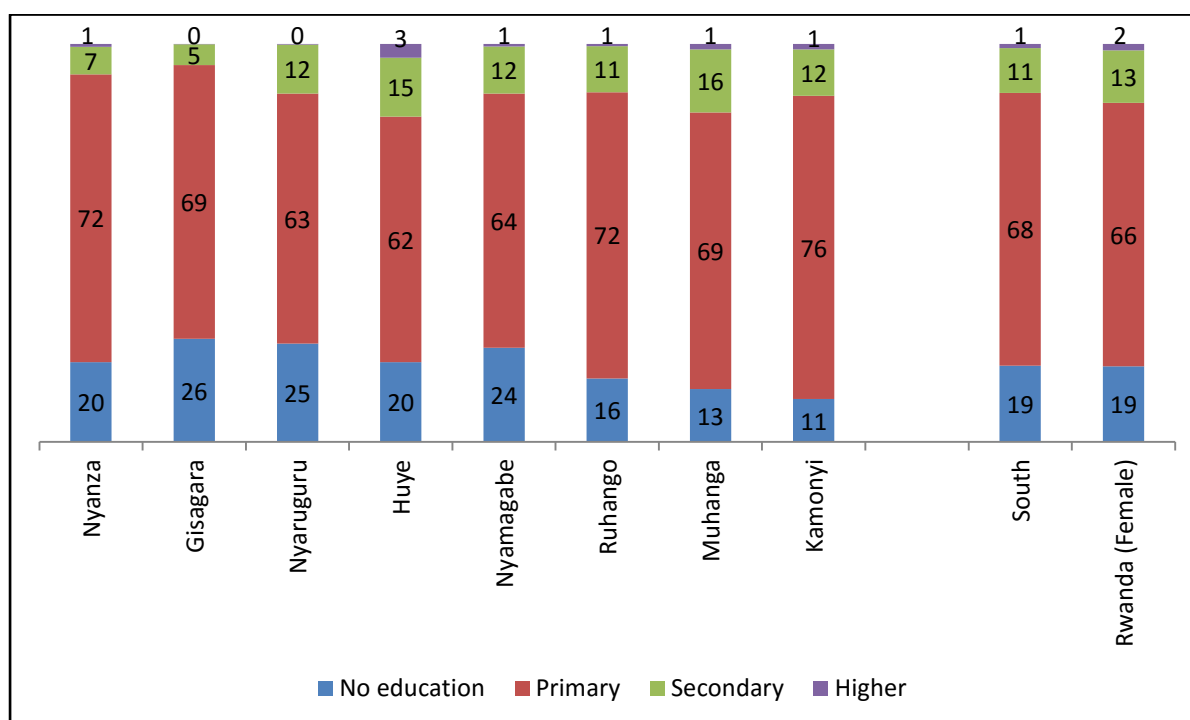
Source: RDHS, 2014-15

Chapter 2: Respondent characteristics

2.1 Education attainment

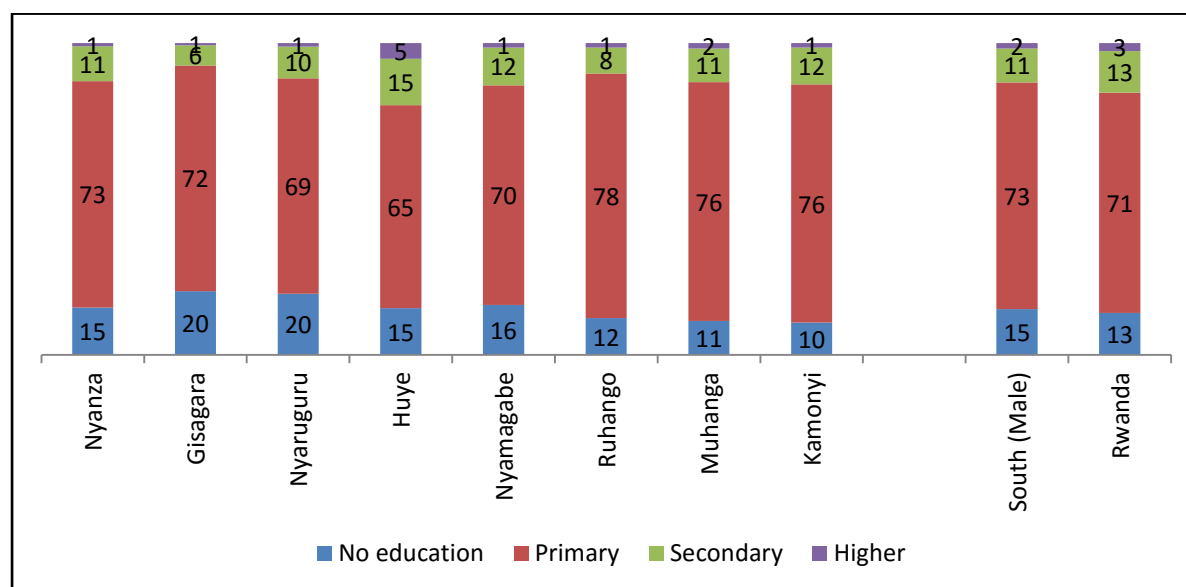
Figure 4 and Figure 5 show the distribution of female and male respondents by highest level of education attained by sex and by district of the South Province. The proportion of men who attained primary school is slightly higher to that of women in the South Province (73 percent and 68 percent, respectively), compared to (66 percent and 71 percent, respectively) at national level. At the secondary education level, the proportions are 11 percent for both women and men in the South Province. Among female it is highest in Muhanga district (16 percent) followed by Huye District (15 percent) and remain relatively the same in almost all other districts except for Gisagara (5 Percent) and Nyanza districts (7 percent). Among men the highest proportion of respondent who attended secondary level is observed in Huye district (15 percent), followed by Nyamagabe and Kamonyi Districts (12 percent each), and the lowest is observed in Gisagara district (6 percent).

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



Source: RDHS, 2014-15

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

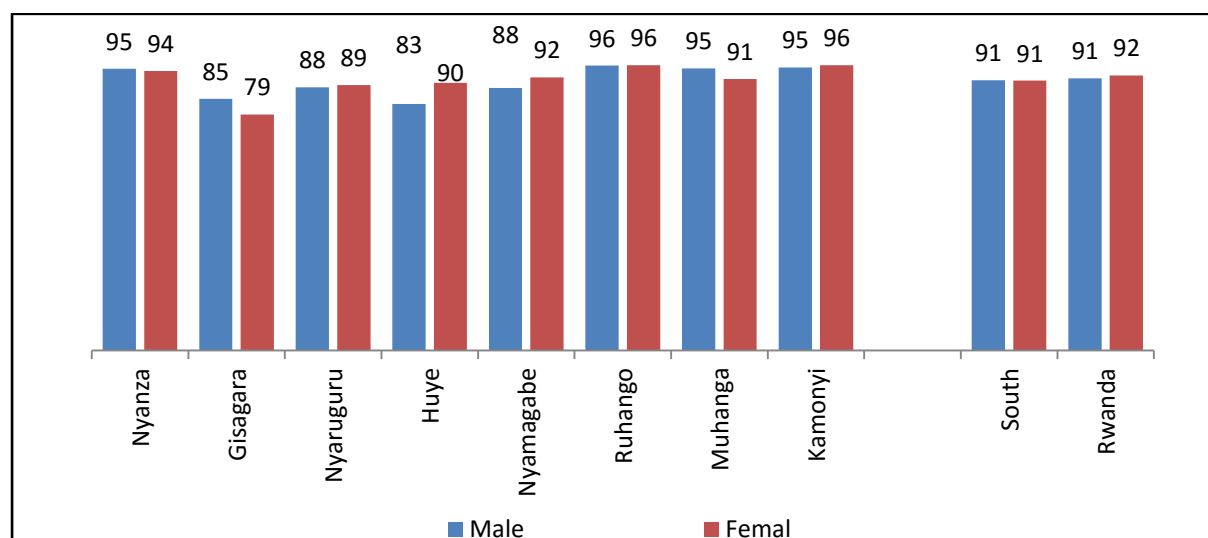


Source: RDHS, 2014-15

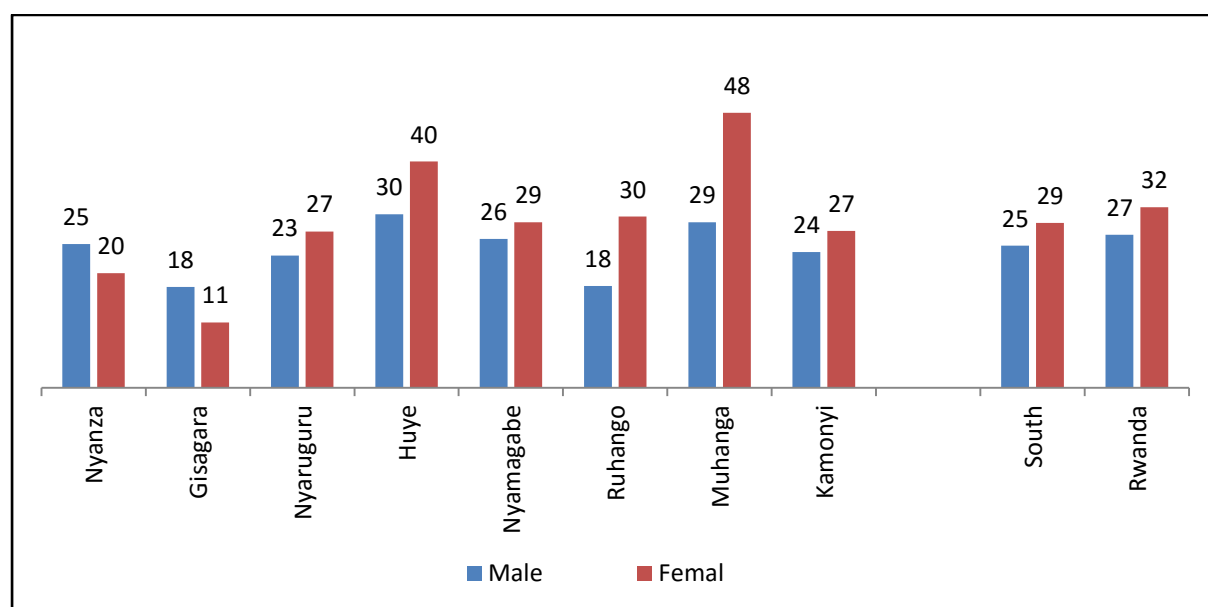
2.2 Net attendance rate

Figure 6 and figure 7 describe the net attendance rate among children in schooling age (7-12 in primary and 13-18 in secondary). Figure 6 shows that the net attendance rate in primary school is almost universal in the South Province (91 percent) for both male and female and it is almost the same at the national level (91 percent for male and 92 for female). Variation among districts of the South Province among female is from 96 percent in Kamonyi and Ruhango to 79 percent in Gisagara district, and from 96 percent in Ruhango to 85 percent in Huye district among male.

Figure 7 describe the net attendance rate among children in secondary school. The net attendance rate in the South Province is estimated at 25 percent among male and 29 percent among female compared to 27 percent and 32 percent for male and female respectively at the national level. The percentage at the district level varies from 48 percent in Muhanga district to 11 percent in Gisagara district among women, and from 30 percent in Huye to 18 percent in Gisagara and Ruhango districts.

Figure 6: Net Attendance Ratio in Primary school

Source: RDHS, 2014-15

Figure 7: Net Attendance Ratio in Secondary school

Source: RDHS, 2014-15

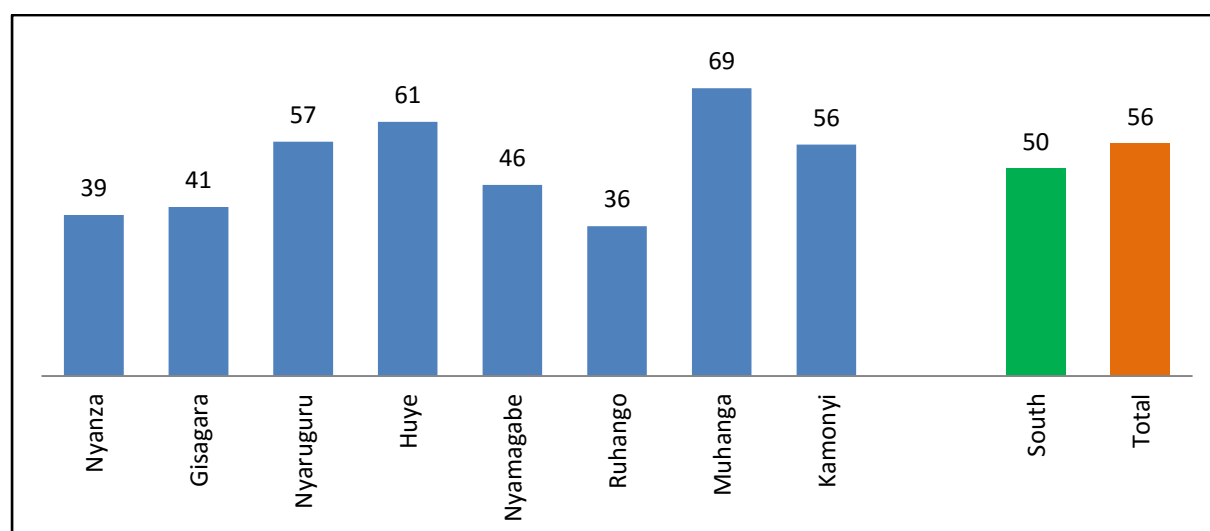
2.3 Birth registration of children under age 5

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

whether the child had a birth certificate or whether the child's birth had been registered with the civil authorities.

Figure 8 shows that 50 percent of children have been registered with the civil authorities in the South Province compared to 56 percent at the national level. The percentage is higher in Muhanga (69 Percent) and in Huye (61 percent) and lower in Ruhango district (36 Percent).

Figure 8: Percentage of de jure children under age 5 whose births are registered with civil authorities

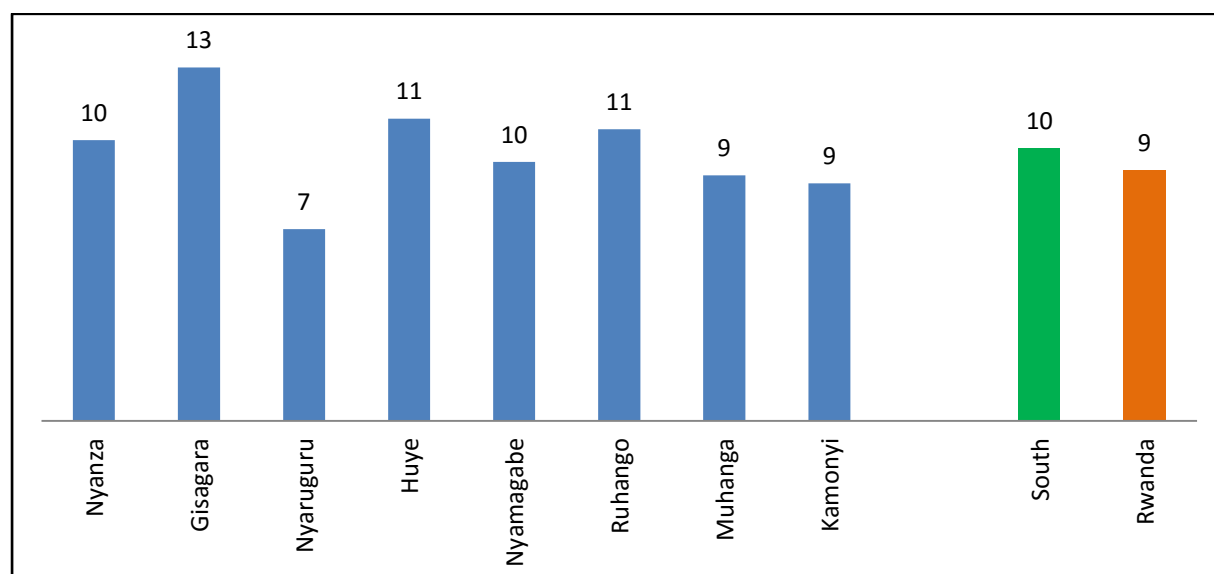


Source: RDHS, 2014-15

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, 10 percent of children under age 18 in South Province have lost one or both parents compared to 9 percent at the National level. Gisagara has the higher percentage (13 percent) of orphaned children who have lost one or both parents. This percentage is lower in Nyaruguru district (7 percent), and varies between 9 percent and 11 percent in the rest of other districts.

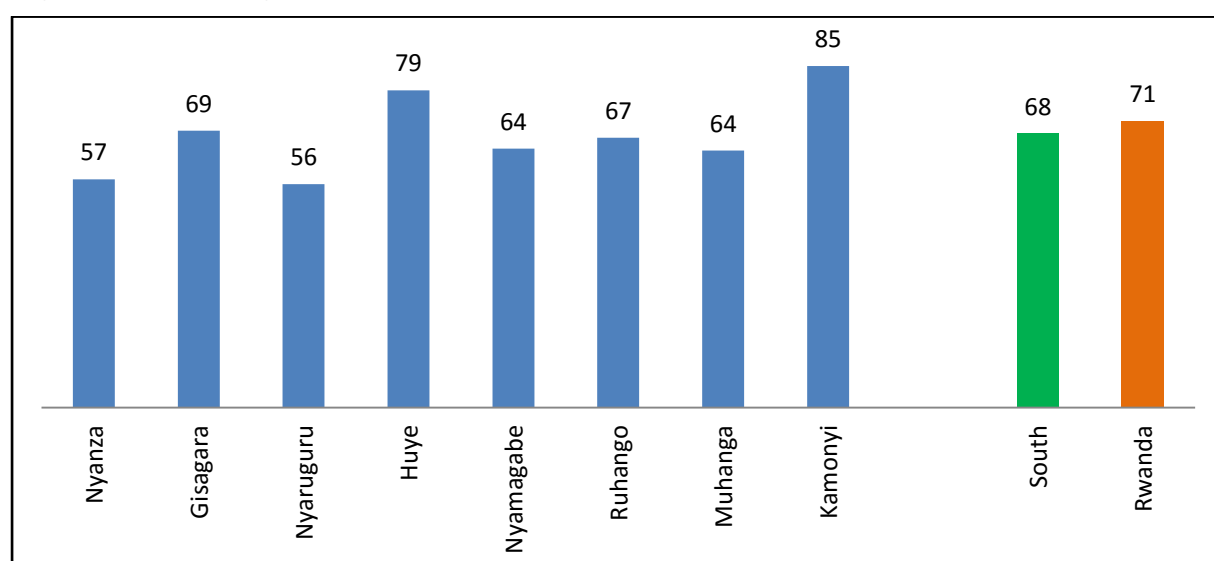
Figure 9: Percentage of de jure children under age 18 with one or both parents dead

Source: RDHS, 2014-15

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 10.

Sixty-eight percent of the population is covered by any health insurance in South Province compares to 71 percent at national level. This proportion is higher among respondents in Kamonyi district (85 percent), Huye district (79 percent), and lower in Nyaruguru (56 percent).

Figure 10: Percentage of de jure household members with Health insurance

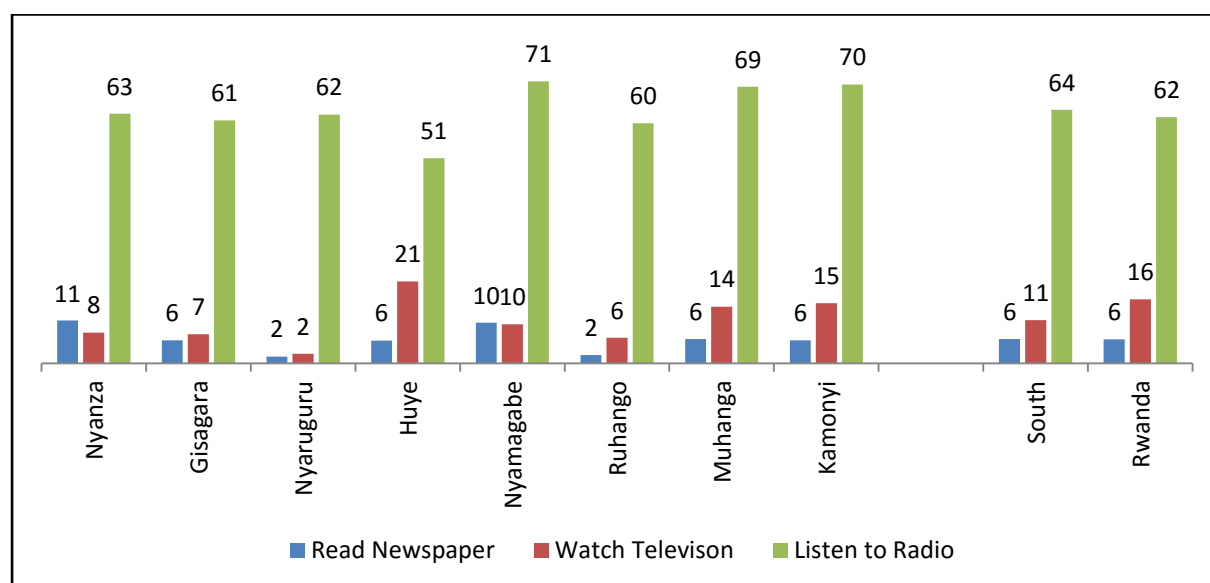
Source: RDHS, 2014-15

2.6 Exposure to mass media

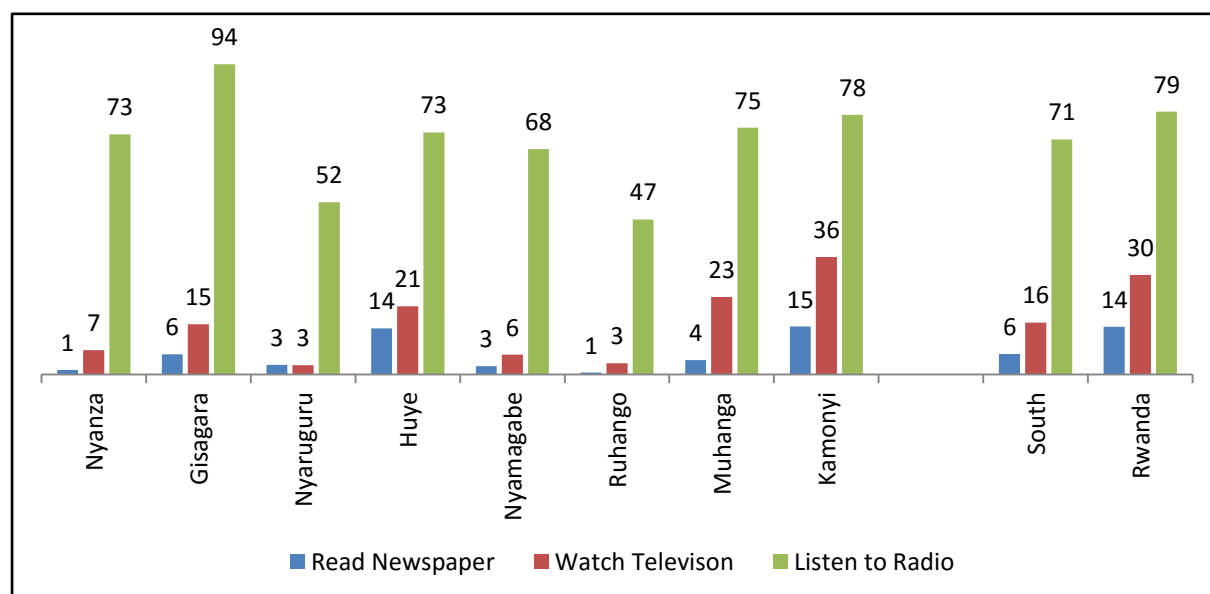
Data on the exposure of women and men to mass media are especially important to the development of education programs and the dissemination of all types of information, particularly information about health and family planning. Figure 11 and 12 present data on the exposure of women and men to mass media (print or broadcast). It should be stated at the outset that it is not necessary for a household to own a radio or television or to buy a newspaper to have access to these media, because many people listen to the radio or watch television at the homes of friends and neighbors.

Figure 11 and 12 show that, at the provincial level, Radio is the most common form of media exposure: 64 percent of women and 71 percent of men report listening to the radio at least once a week. At the district level, this percentage is higher in Nyamagabe and Kamonyi districts among women (71 percent and 70 percent, respectively) while it is lower in Huye district (51 percent). Among men, listening to the radio is high in Gisagara (94 percent) and low in Ruhango district (47 Percent). Men watch television more frequently than women: 11 percent of women and 16 percent of men watch television at least once a week. Only 6 percent of both women and men report reading a newspaper at least once a week. The proportions of women and men who are exposed to media across all districts of the South Province follow almost the same pattern.

Figure 11: Percentage of women age 15-49 who are exposed to specific media on a weekly basis



Source: RDHS, 2014-15

Figure 12: Percentage of men age 15-49 who are exposed to specific media on a weekly basis

Source: RDHS, 2014-15

2.7 Current marital status

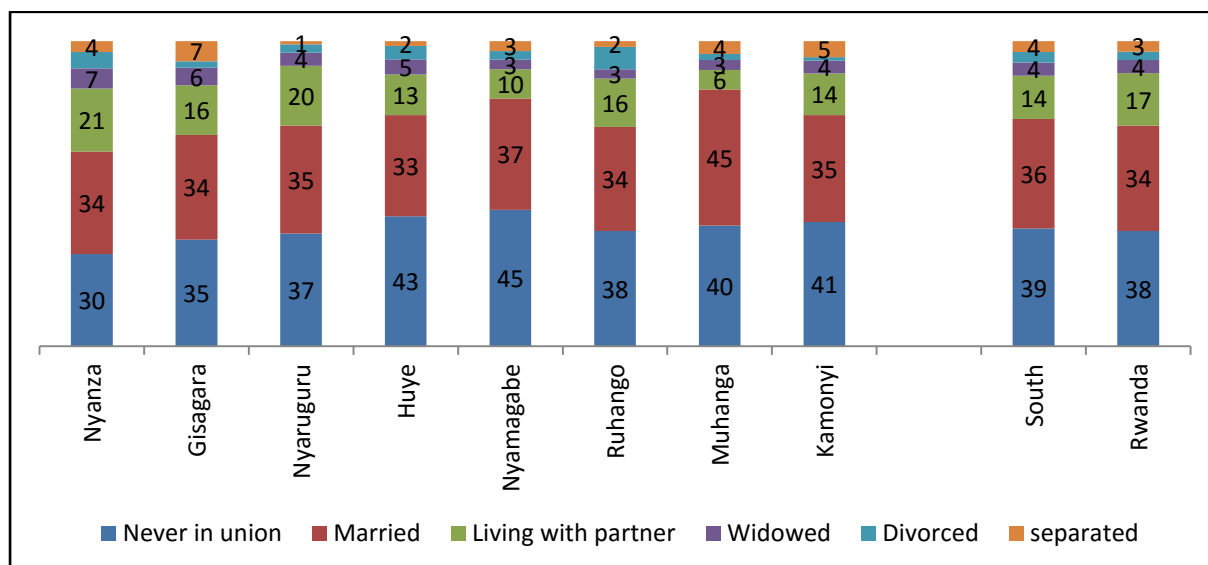
In the figures 13 and 14 displayed below, the term *married* refers to men and women bound together legally, while *living together* refers to couples cohabiting in informal unions. People are considered *never married* if they have never been married or lived together with a partner. *Ever-married* people include those who are currently married as well as those who are living with a partner, widowed, separated, or divorced.

Figure 14 and 13 show the distribution of women and men by marital status, according to age at the time of the survey in the South Province.

In the South Province, 39 percent of women age 15-49 have never been in union compared to 46 percent of men age 15-49. The percentage of women age 15-49 that are not in union is highest in Nyamagabe (45percent) and lowest in Nyanza district among women. Among men, it varies from 54 percent in Huye to 43 percent in Gisagara and Kamonyi. Overall 50 percent of women interviewed in the South Province were in a union (Married or living in union).

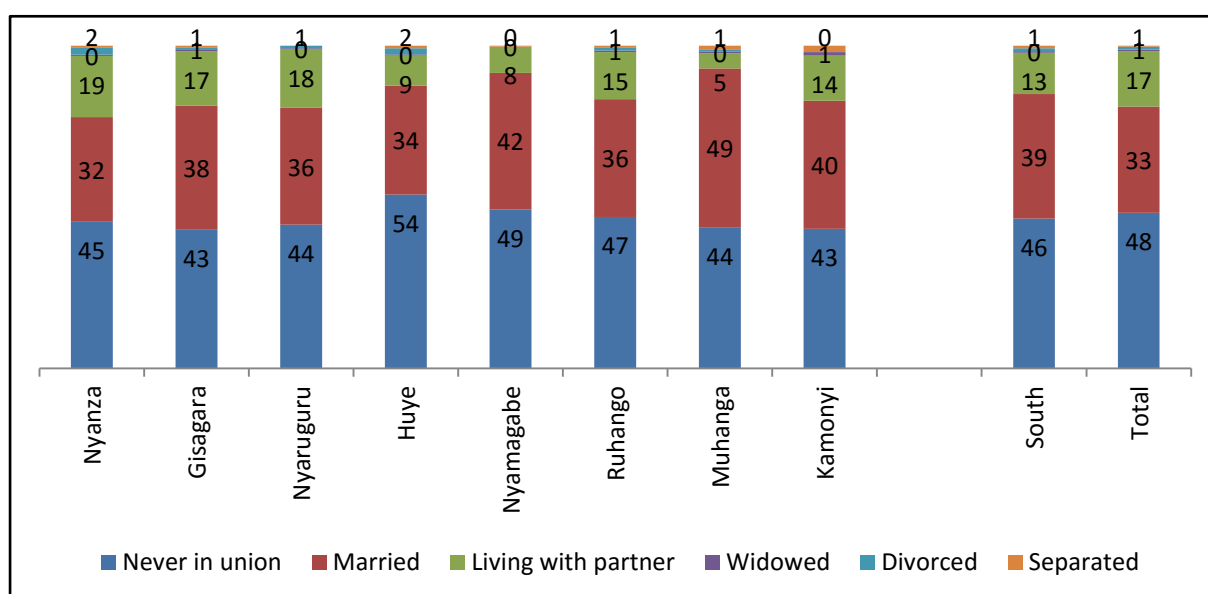
This proportion is almost the same in all districts of the South Province. The South Province count 4 percent of women that are widowed, 3 percent divorced and 4 percent separated. Among men this proportion is one or under one percent in each category.

Figure 13: Percentage distribution of women 15-49 by current marital status



Source: RDHS, 2014-15

Figure 14: Percentage distribution of men 15-49 by current marital status.



Source: RDHS, 2014-15

Chapter 3: Fertility determinants and fertility rates

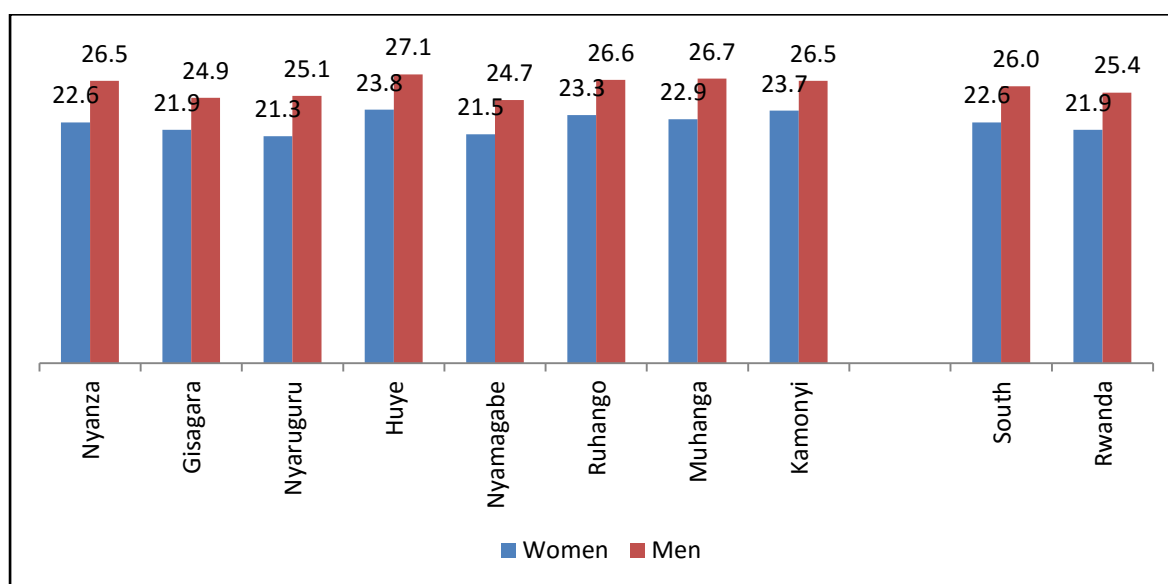
This chapter analyzes the fertility data gathered in the 2014-15 RDHS, presents data on age at first birth and birth intervals, and concludes with an analysis of teenage fertility.

3.1 Median age at first marriage

Figure 15 shows the median age at first union among women age 25-49 and men age 30-59. The median age at first marriage is 22.6 years and 26.0 years among women and men respectively in the South Province compared to 21.9 years versus 25.4 years for women and men at the national level.

The data show variations by District: among women, Nyaruguru have the earliest age at first union (21.3 years), while Huye and Kamonyi have the latest (23.8 years and 23.7 years, respectively). Among men, Nyamagabe have the earliest age at first union (21.5 years), followed by Gisagara and Nyaruguru (24.9 years and 25.1 years, respectively) and leave the rest of districts above the provincial and national average.

Figure 15: Median age at first marriage for women age 25-49 and men age 30-59



Source: RDHS, 2014-15

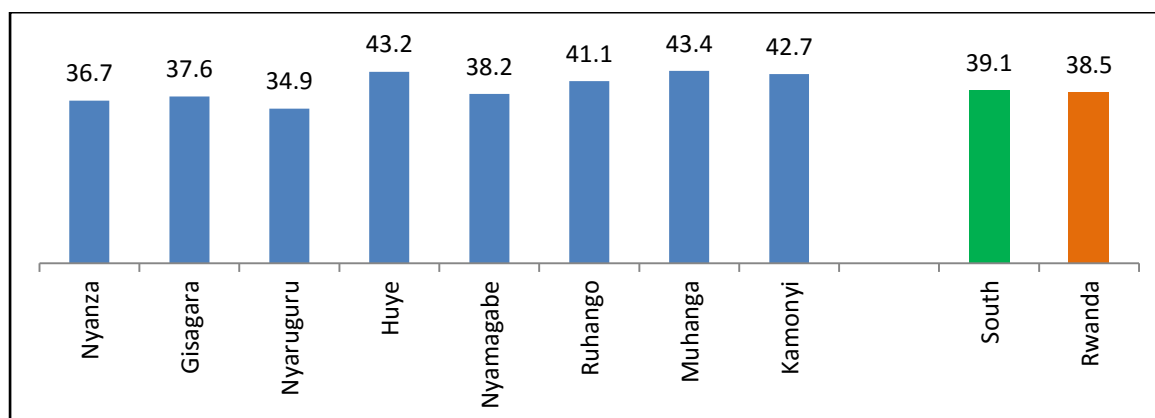
3.2 Birth interval

Birth intervals, or the length of time between two successive live births, are important not only because they influence the health status of both mother and child but also because they play a role in fertility analysis and in the design of reproductive health programs. Short birth intervals (less than 24 months) are considered harmful to the health and nutritional status of children and increase their risk of premature death.

The median interval between births is 39.1 months in the South Province compared to 38.5 months at the national level. By District, the birth interval varies from a low of 34.9

months in Nyaruguru to a high of 43.4 months and 43.2 months in Kamonyi and Huye district, respectively.

Figure 16: Median number of month since preceding birth (birth interval)

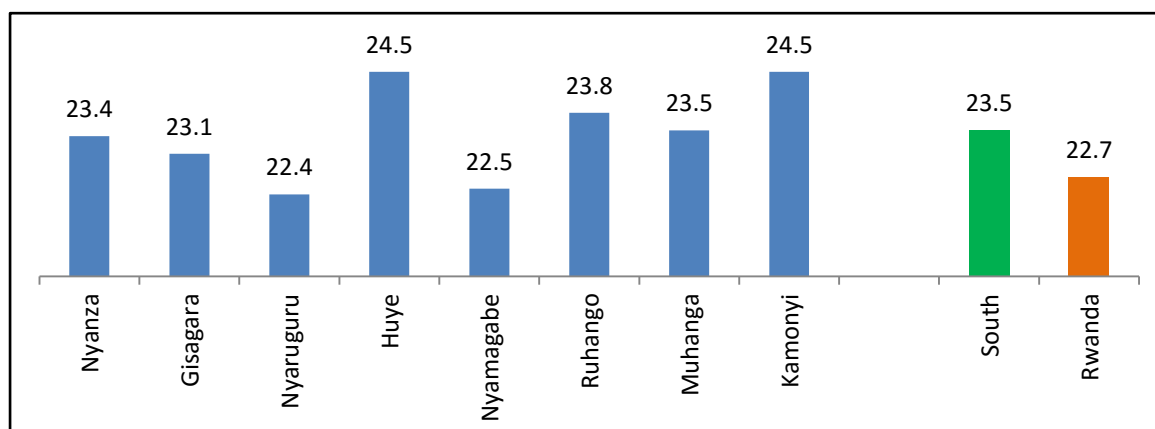


Source: RDHS, 2014-15

3.3 Median age at first birth

Figure 17 below shows median age at first birth according to age of women by district. Women age 25-49 in South Province have 23.5 median ages at first birth compared to 22.7 at the national level. At district level, the median age at first birth among women age 25-49 varies from the lowest of 22.4 years in Nyamagabe to the highest of 24.5 years in Kamonyi, and Huye districts.

Figure 17: Median age at first birth among women age 25-49



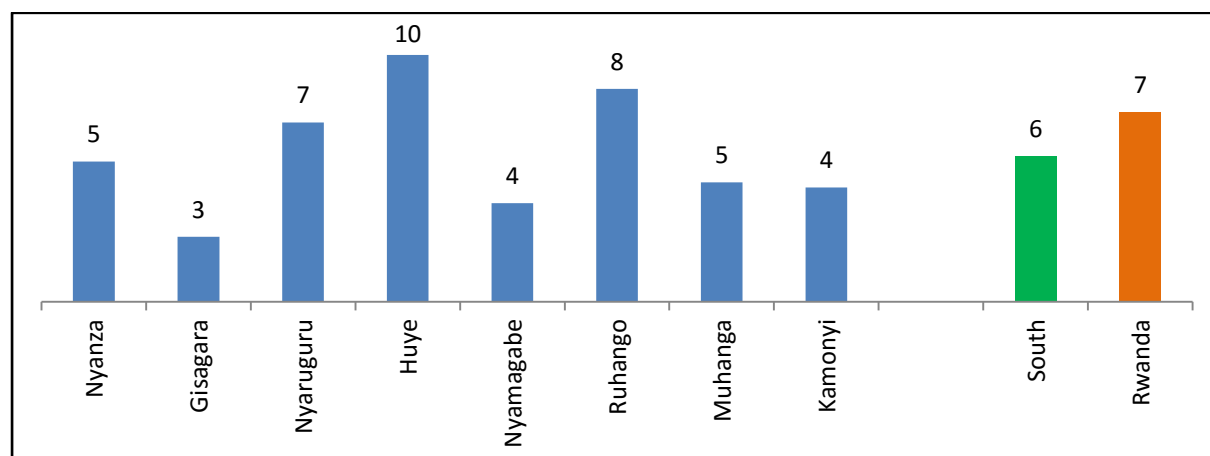
Source: RDHS, 2014-15

3.4 Teenage pregnancy and motherhood

Figure 18 shows the proportion of young women age 15-19 that have begun their child bearing in their teenage. Six percent of young women between age 15 and age 19 in the South Province and 7 percent at the national level have already begun childbearing. The percentage of women who have begun childbearing in the districts of South Province

varies from the lowest of 3 percent in Gisagara to a highest of 10 percent in Huye district.

Figure 18: percentage of women age 15-19 who have begun childbearing



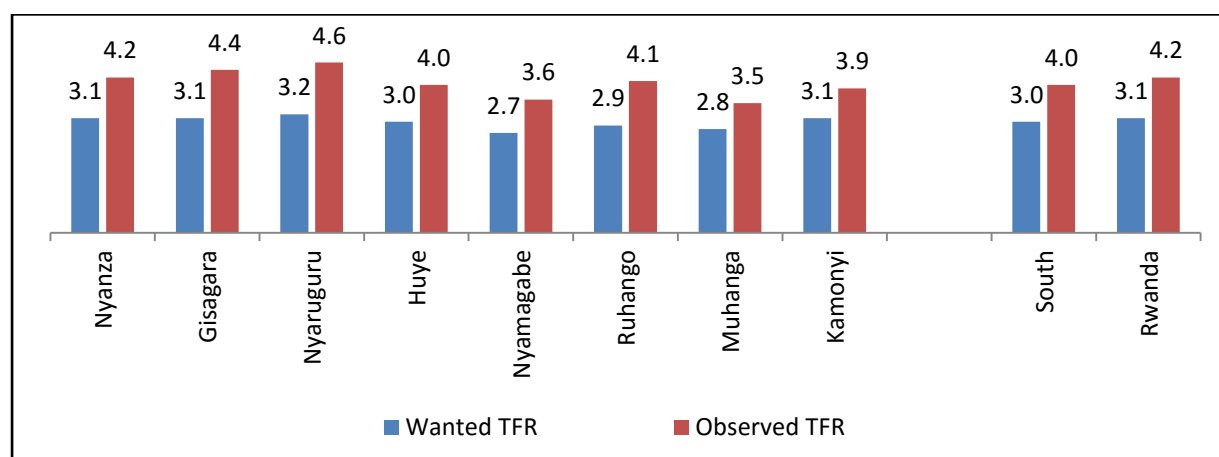
Source: RDHS, 2014-15

3.5 Total fertility rates

Figure 19 compares the total wanted fertility rate (TWFR) with the current total fertility rate (TFR) for the five years preceding the survey. Calculation of the TWFR is the same as for the TFR, except that unwanted births are omitted. If all unwanted births were omitted, the TFR for women in South Province would be 3.0 children rather than 4.0 children compared to 3.1 children and 4.2 children at national level.

The TWFR is lowest in Nyamagabe (2.7 children) and highest in the Nyaruguru district (3.2 children). The same trend is observed for the TFR which it is lowest in Muhanga with 3.5 and highest in Nyaruguru 4.6 children.

Figure 19: Wanted and observed total fertility rates for women age 15-49



Source: RDHS, 2014-15

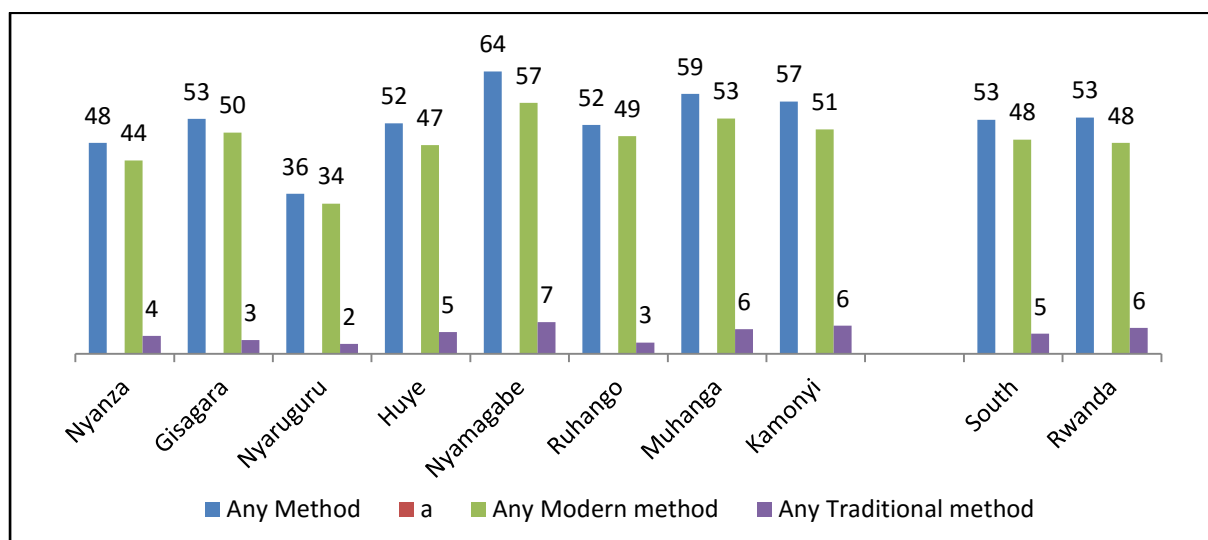
Chapter 4: Family planning

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

4.1 Current use of contraception

Figure 20 shows that 53 percent of married women age 15-49 in the South Province are currently using any family planning method, among them 48 percent of them use any modern method, and 5 percent of them are using any traditional method. These figures are relatively the same at the national level. Women who are currently using contraceptive method are highest in Nyamagabe district (64 percent) and lowest in Nyaruguru district (36 percent) with the majority of women using any modern method and the minority using the traditional methods.

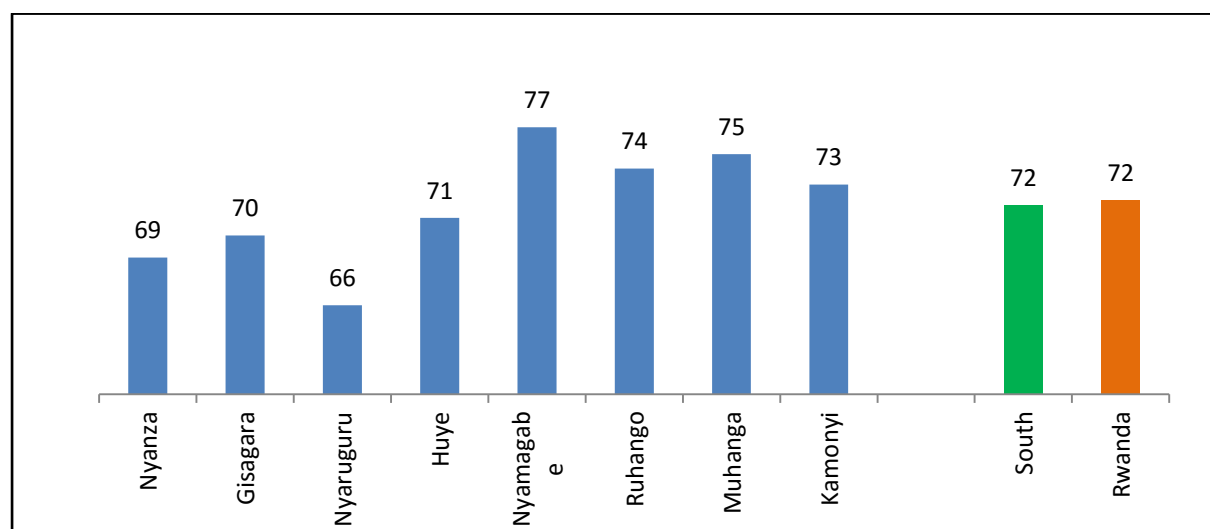
Figure 20: Percentage of currently married women age 15-49, using contraception



Source: RDHS, 2014-15

4.2 Demand for family planning

In the South Province, figure 21 shows that the total demand for family planning among currently married women is relatively the same as at the national level (72 percent, each). At the district level, the total demand for family planning is highest in Nyamagabe (77 percent) and lowest in Nyaruguru (66 percent) among currently married women.

Figure 21: Percentage of total demand for family planning among currently married women age 15-49

Source: RDHS, 2014-15

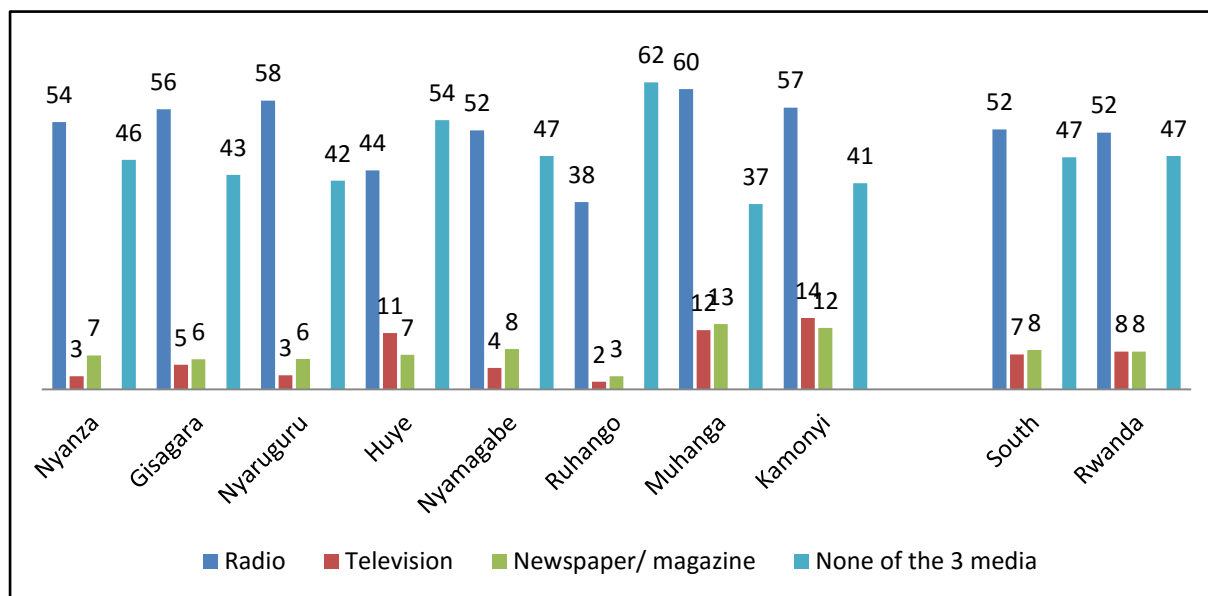
4.3 Exposure to family planning messages

The mass media play an important role in communicating messages about family planning. Data on levels of exposure to radio, television, 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 materials (newspapers and magazines) in the few months preceding the survey.

Figure 22 and Figure 23 show that radio is the most widely accessed source of family planning messages in South Province with 52 percent of women and 66 percent of men age 15-49 having heard a family planning message on the radio in the past few months, as compared to 52 percent of women and 64 percent of men at the national level. Seven percent of women and six percent of men reported having seen a family planning message on television; while 8 percent of women and 6 of men reported having seen a family planning message from or in a newspaper/magazine in the South Province.

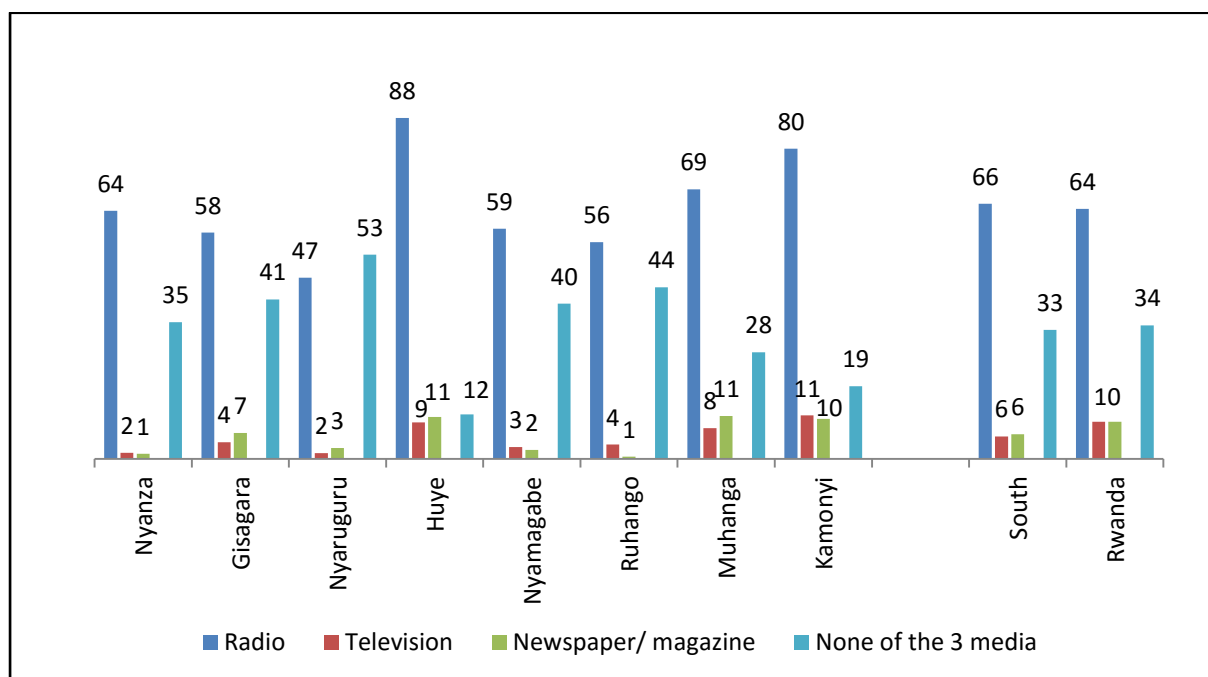
It is also important to note that, 47 percent of women and 33 percent of men in South Province have not been exposed to any family planning messages in any of the three specified media sources. This proportion is almost the same at the national level (47 percent for women and 34 percent for men).

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



Source: RDHS, 2014-15

Figure 22: Percentage of men age 15-49 who heard or saw a family planning messages, by type of channel



Source: RDHS, 2014-15

Chapter 5: Childhood mortality

The data used to compute the childhood mortality rates presented in this chapter were derived from the birth history of the Woman's interviewed. Each woman age 15-49 was asked whether she had ever given birth, and, if she had, she was asked to report the number of sons and daughters who live with her, the number who live elsewhere, and the number who have died. In addition, she was asked to provide a detailed birth history of her children in chronological order starting with the first child. Women were asked whether a birth was single or multiple, the sex of the child, the date of birth, survival status, age of the child on the date of the interview if alive, and, if not alive, the age at death of each live birth.

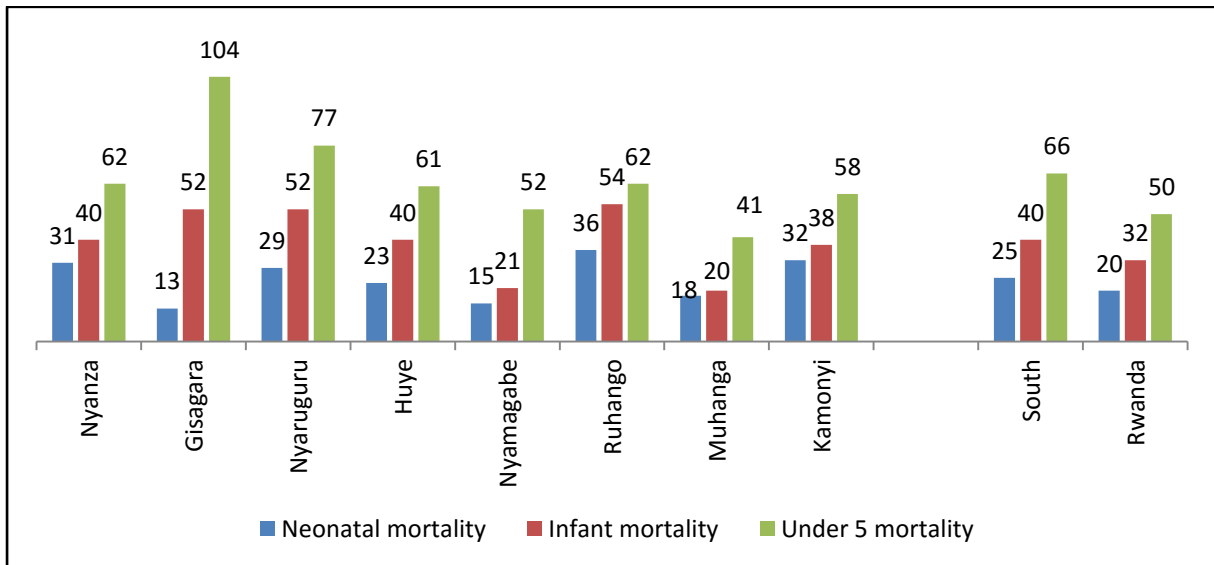
Selected childhood mortality rates are defined as follows:

- **Neonatal mortality:** the probability of dying within the first month of life
- **Infant mortality:** the probability of dying between birth and the first birthday
- **Under-5 mortality:** the probability of dying between birth and the fifth birthday

These three childhood mortality rates are expressed as deaths per 1,000 live births.

Figure 24 presents neonatal, infant, and under-5 mortality rates for five-year periods preceding the survey to get sufficient observations because deaths are rare events. In the South Province, Neonatal mortality in the most recent period is 25 deaths per 1,000 live births compared to 20 deaths per 1,000 live births at national level. Forty of every 1,000 babies born in South Province do not survive to their first birthday compared to 32 deaths per 1,000 at the National level. The Under-5 mortality in South Province is 66 deaths per 1,000 live births compared to 50 deaths per 1,000 live births at the national level. By district Gisagara has the highest U5MR of 104 deaths per 1000 live births and Nyamagabe has the lowest rate of 52 deaths out of 1,000 live births for the five years preceding the survey.

Figure 23: Early childhood mortality rates¹



Source: RDHS, 2014-15

Note: These rates¹ computed as probabilities of dying within fixed period are expressed as deaths per 1,000 live births.

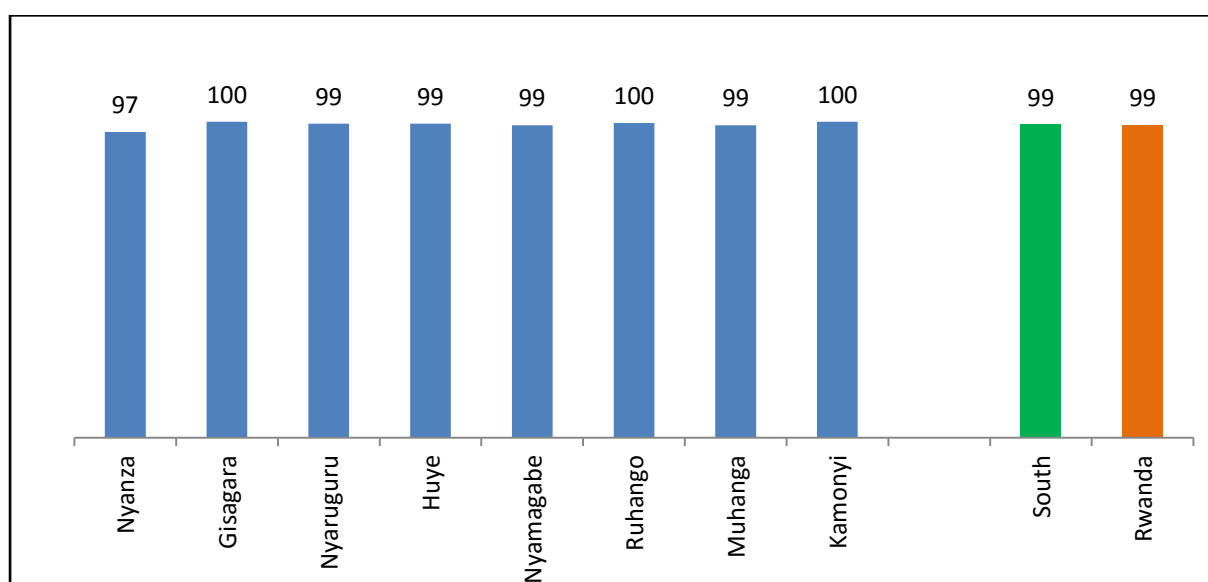
Chapter 6: Maternal health

6.1 Antenatal care

Monitoring of pregnant women through antenatal care visits helps to reduce risks and complications during pregnancy, delivery, and the postpartum periods. The 2014-15 RDHS asked women who had had a live birth in the five years preceding the survey whether they had received antenatal care (ANC). Figure 21 shows the percentage of women who had consulted any skill health provider during the pregnancy for their most recent birth.

Nearly all mothers (99 percent) in the South Province received at least one antenatal care from skilled provider for their most recent live birth in the five years preceding the survey as it is at national level. Universal ANC from skilled personnel is almost the same in the districts of the South Province except in Nyanza where this percentage is 97 percent.

Figure 24: Percentage of Women age 15-49 who received antenatal care from a skilled provider²



Source: RDHS, 2014-15

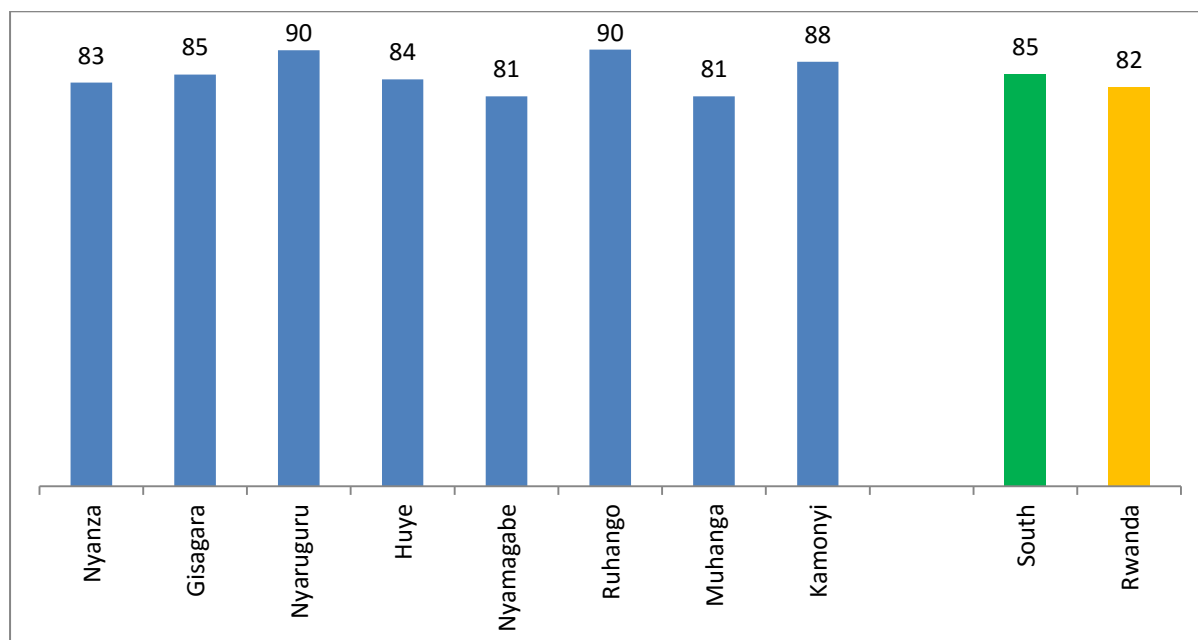
Note: A skilled provider² includes; medical doctor, midwife, medical assistant and nurse.

6.2 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 given to the mother during pregnancy protect both mother and child against this disease. Figure 26 shows that in the South Province, the percentage of mothers whose last birth was protected against tetanus is 82 percent; this means that 18 percent of mothers were not protected against neonatal tetanus for their last birth. The same situation is observed at national level. According to the districts, the

percentage of mothers whose last birth was protected against tetanus is highest in Nyaruguru and Ruhango districts (90 percent, each), and lowest in Nyamagabe and Muhanga districts (81 percent, each)

Figure 25: Percentage of mothers 15-49 whose last birth was protected against neonatal tetanus³

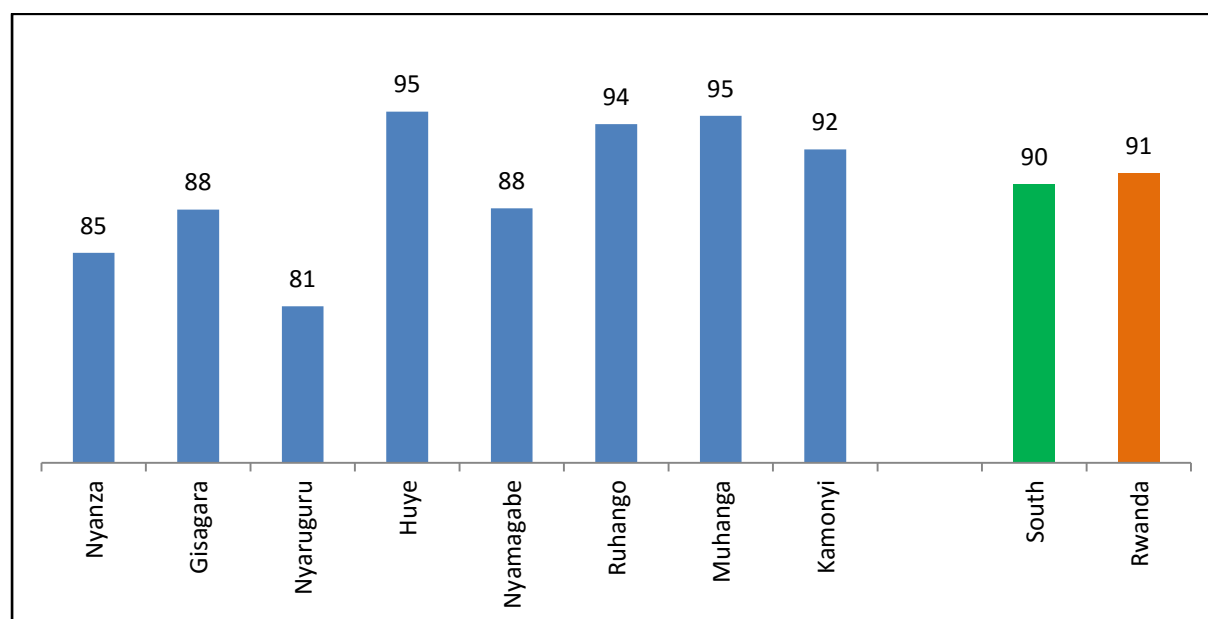


Source: RDHS, 2014-15

Note: Neonatal Tetanus³ Includes mothers with two injections during the pregnancy of their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

6.3: Place of delivery

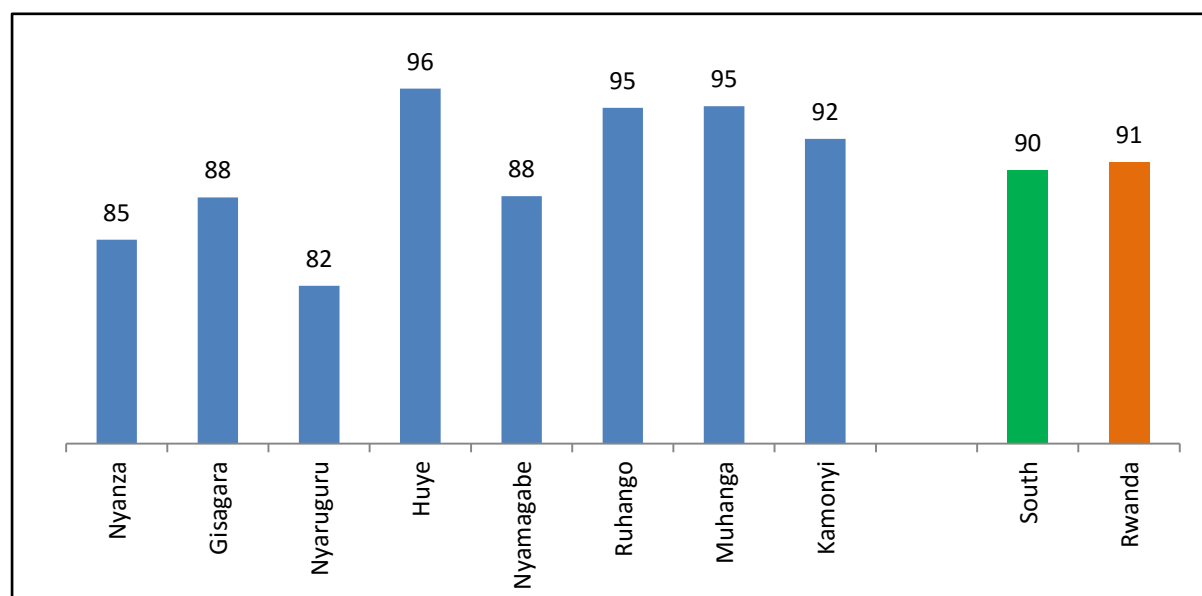
Since every pregnancy may be subject to complications, women are advised to deliver their babies in a health facility so that they access emergency services if needed during labor, delivery, and post-delivery. Figure 27 shows that in South Province, 90 percent of births born in the five years before the survey were delivered at a health facility, compared with 91 percent at national level. At district level, mothers in Muhanga and Huye districts (95 percent each) are more likely to deliver in a health facility than mother in Nyaruguru district (81 percent).

Figure 26: Percentage of mothers 15-49 who delivered in a health facility

Source: RHDS, 2014-15

6.4: Assistance during delivery

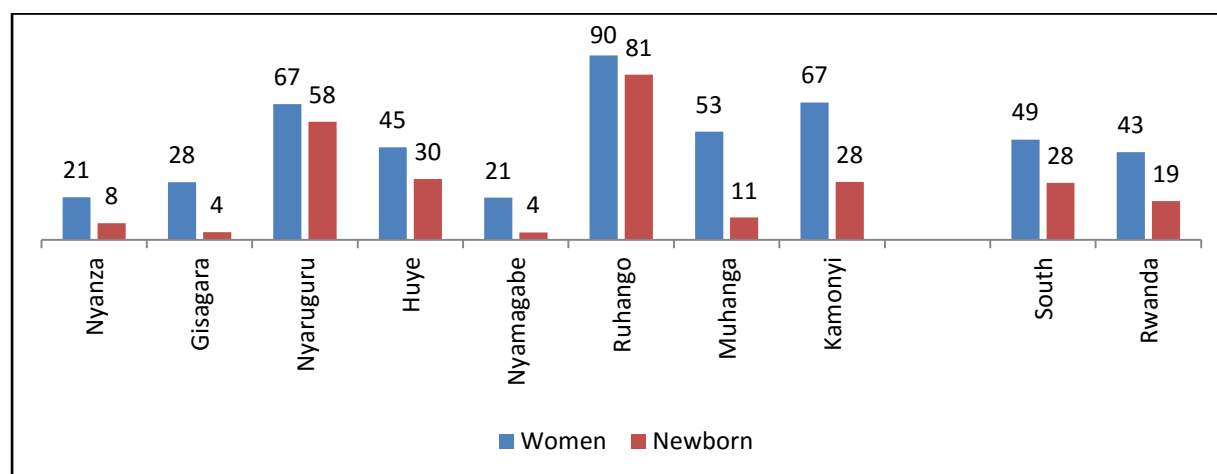
To avoid the risk of complications and maternal deaths, women should be assisted during delivery by personnel who have received training in childbirth and who are able, if needed, to diagnose, treat, and refer complications on time. Figure 28 presents the percentage of mothers provided with assistance during the delivery by a health skilled provider. The results show that 9 in 10 births (90 percent) were assisted by a skilled health provider in the South Province, and it is almost the same at national level (91 percent). This percentage is much higher in Huye district (96 percent) and lower in Nyaruguru district (82 percent).

Figure 27: Percentage of mothers assisted by a skilled provider during delivery

Source: RHDS, 2014-15

6.5: Postnatal checkups

Figure 29 describe the postnatal checkups among women and newborn. In the South Province forty-nine percent of women had a postnatal checkup in the first two days after delivery, compared to 43 percent at the national level. The proportion of women who received a postnatal checkup is highest in Ruhango District (90 percent) and lowest in Nyanza and Nyamagabe Districts (21 percent, each). Overall, in the South Province, 28 percent of newborns received postnatal care in the first two days after birth, compared to 19 percent at national level. The percentage is much higher in Ruhango (81 percent) and lower in Nyamagabe and Gisagara district (4 percent, each).

Figure 28: Percentage of women/newborn who received postnatal checkup in the first two days after birth

Source: RHDS, 2014-15

Chapter 7: Child health

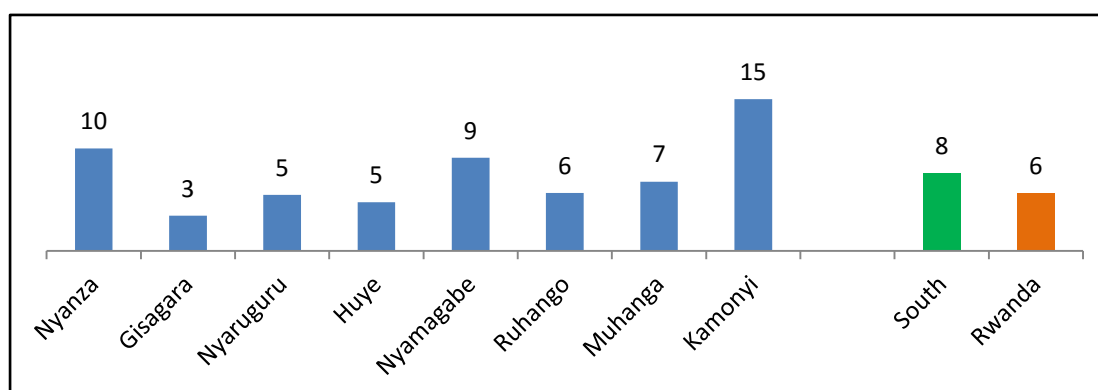
To assess the prevalence of these infections, mothers were asked if their children under age 5 had been ill with a cough during the two weeks preceding the survey and, if so, whether the cough had been accompanied by short, rapid breathing. It should be borne in mind that these data are subjective (i.e.,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

7.1 Prevalence of Acute Respiratory Infection (ARI)

Acute respiratory infections (ARIs), particularly pneumonia, constitute one of the main causes of child deaths in developing countries. Figure 30 shows that 8 percent of children under age 5 in the South Province had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey, compared to 6 percent at the national level.

Results according to districts of the South Province show a higher prevalence of ARIs in Kamonyi (15 percent), Nyanza (10 percent) and Nyamagabe (9 percent) than elsewhere.

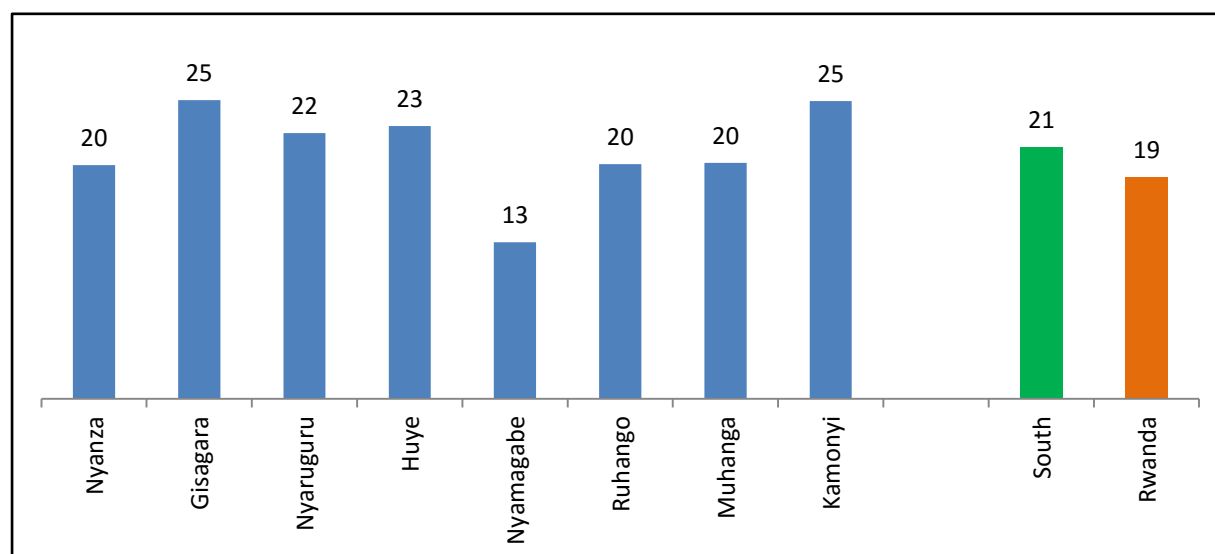
Figure 29: Prevalence of ARI among children under-five years



Source: RHDS, 2014-15

7.2 Prevalence of fever

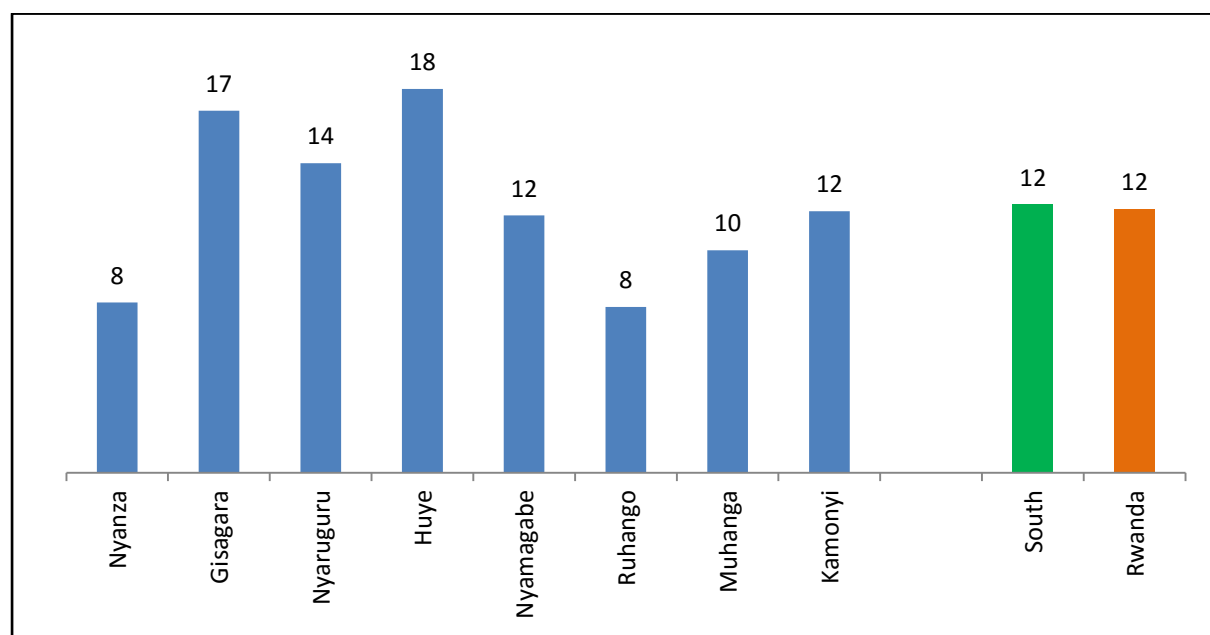
Fever is the primary symptom of many illnesses such as ARI, malaria and measles among others, which cause numerous deaths in developing countries. For this reason, mothers were asked whether their children had suffered from a fever during the two weeks preceding the survey. Figure 31 shows that, during this time period, 21 percent of children had a fever in the South Province compared to 19 percent at national level. Under-five children in Kamonyi and Gisagara (25 percent, each) were more likely to have had a fever than children in Nyamagabe (13 percent).

Figure 30: Prevalence of fever among children under-five years

Source: RHDS, 2014-15

7.3 Prevalence of Diarrhea

Figure 32 shows that, according to mothers' reports, 12 percent of children had diarrhea in the two weeks preceding the survey in the South Province and at national level. The prevalence of diarrhea is especially high among children in Huye and Gisagara districts (18 percent and 17 percent, respectively). This prevalence is lower in Nyanza and in Ruhango districts (8 percent, each) than in the remaining districts. 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.

Figure 31: Prevalence of Diarrhea among children under-five years

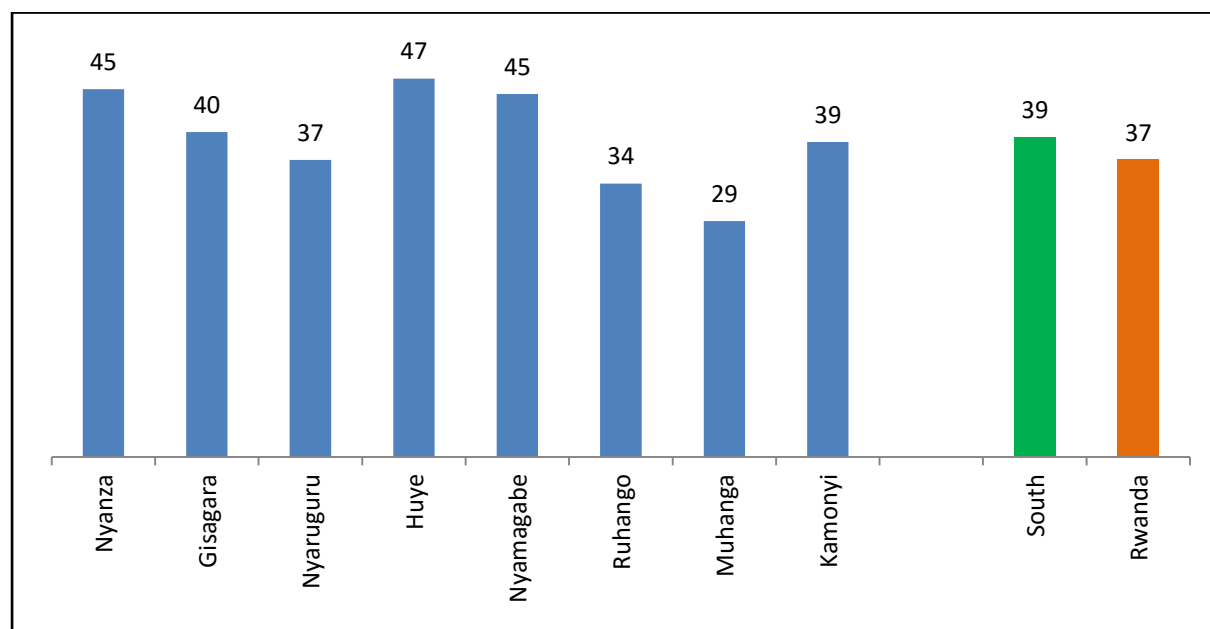
Source: RHDS, 2014-15

7.4: 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 33 presents anemia prevalence for children age 6-59 months. Children with hemoglobin level less than 11.0 g/dl are anemic. Overall, 39 percent and 37 percent of children age 6-59 months in South Province and at national level respectively have some level of anemia.

By district, children in Huye, (47 percent), are the most likely to be anemic, followed by those in Nyanza and Nyamagabe (45 percent, each), while children in Muhanga are the least likely to be anemic (29 percent).

Figure 32: Percentage of children age 6-59 months classified as having anemia⁴ (hemoglobin < 11.0gr/dl)



Source: RDHS, 2014-15

Note: The three levels of anemia⁴ are: Mild: hemoglobin concentration of 10.0-10.9 g/dl; Moderate: hemoglobin concentration of 7.0-9.9 g/dl, and Severe: hemoglobin concentration below 7.0g/dl).

Chapter 8: 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 socioeconomic and cultural factors influence decisions on patterns of feeding and nutritional status. Adequate nutrition is critical to child growth, health, and development, especially during the period from conception to age 2. During this period, children who do not receive adequate nutrition can be susceptible to growth faltering, micronutrient deficiencies, and common childhood illnesses such as diarrhea and acute respiratory infections (ARIs). Among women, malnutrition can result in reduced productivity, an increased susceptibility to infections, slow recovery from illness, and a heightened risk of adverse pregnancy outcomes. A woman, who has poor nutritional status, as indicated by a low body mass index (BMI), short stature, anemia, or other micronutrient deficiencies, has a greater risk of obstructed labor, of having a baby with a low birth weight, of producing lower quality breast milk, of mortality due to postpartum hemorrhage, and of morbidity for both herself and her baby.

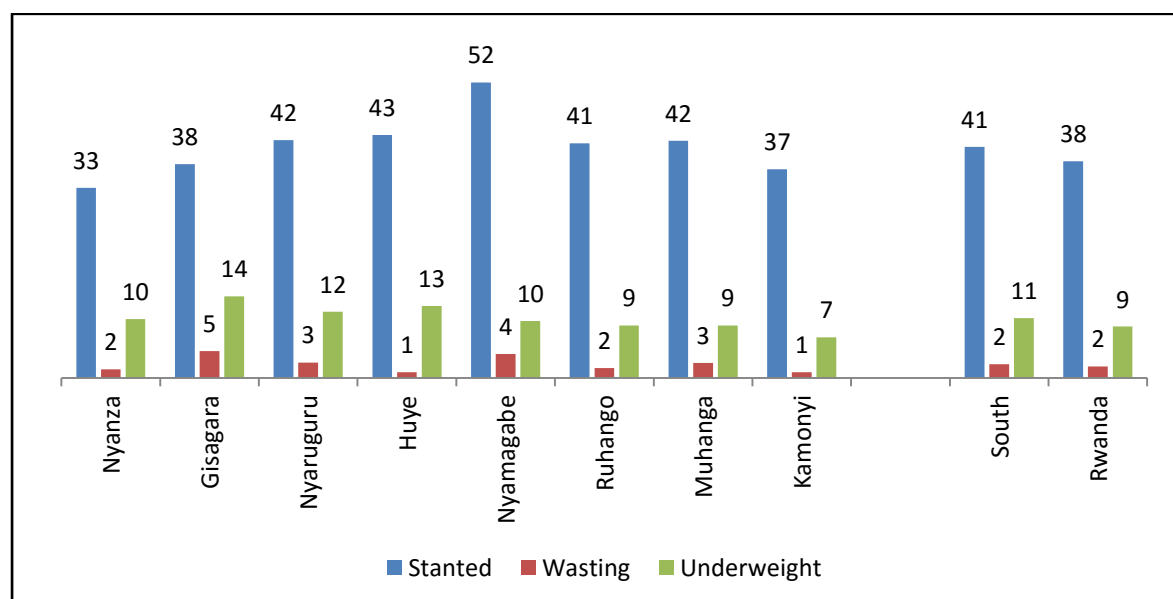
8.1 Nutritional status of children under-five years

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 2014-15 RDHS permit the measurement and evaluation of the nutritional status of young children in Rwanda.

Provincially, 41 percent of children under age 5 are stunted (too short for their age), compared to 38 percent of stunted children at national level (Figure 34). Variation in children's nutritional status by district is quite evident, with stunting being highest in Nyamagabe (52 percent) and lowest in Nyanza (33 percent).

Two percent of children under age 5 are wasted (too thin for their height) in South Province, as it is also at national level. The wasting prevalence is highest among children in Gisagara (5 percent) and lowest in Huye and Kamonyi (1 percent, each).

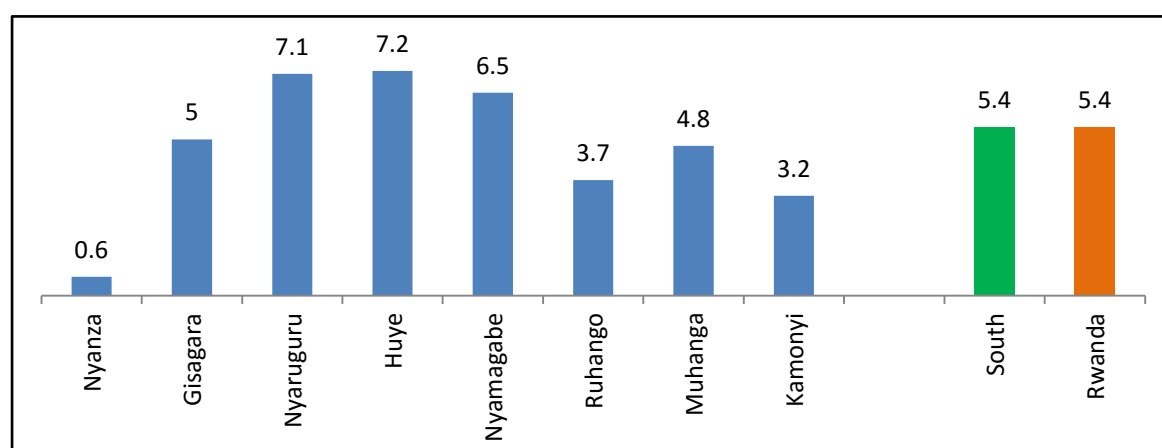
Figure 34 shows that eleven percent of children under age 5 in the South Province and 9 percent of children under age 5 at national level are underweight (low weight-for-age). Variation in children's underweight by district shows that Gisagara has the highest percentage of children who are underweight (14 percent), while Kamonyi has the lowest one (7 percent).

Figure 33: Percentage of children under-five years by Nutritional status⁴

Source: RDHS, 2014-15

8.2 Breastfeeding status

The median duration of exclusively breastfeeding in the South Province is 5.4 months and it is the same at national level. By district of South Province, Children in Huye and Nyaruguru districts are exclusively breastfed for 7.2 months and 7.1 months respectively, whereas children in Kamonyi are breastfed for 3.2 months and those in Nyanza for 0.6 months; which seems to be under-estimated. Estimates of breastfeeding durations are based on current status data, that is, the proportion of children born in the three years preceding the survey who were being exclusively breastfed at the time of the survey and from mothers' declaration.

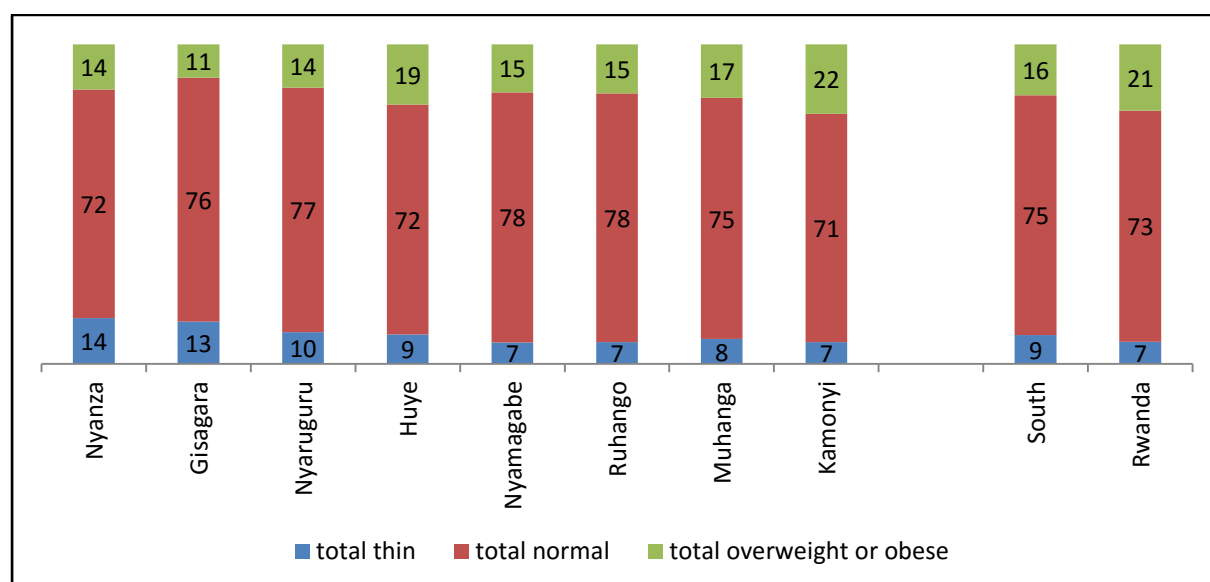
Figure 34: Median duration of exclusively breastfed children under age 5

Source: RDHS, 2014-15

8.3 Nutritional status among women

Figure 36 presents the nutritional status and the proportions of women falling into two high-risk categories of nutritional status. At provincial level, 9 percent of women are considered to be thin (BMI below 18.5), as compared to 7 percent at national level. This proportion is much higher in Nyanza (14 percent) and lower in Nyamagabe, Ruhango, and Kamonyi District (7 Percent, each). Sixteen percent of women are overweight or obese in South Province as compared to 21 percent at national level. Variation among districts shows the highest percentage of women who are overweight or obese in Huye (19 Percent) and the lowest one in Gisagara (10 percent). The percentage of normal standards women tends to be the same all over the districts of the South Province but varies from 71 percent in Nyanza to 78 percent in Ruhango.

Figure 35: Percentage distribution of women age 15-49, by nutrition status



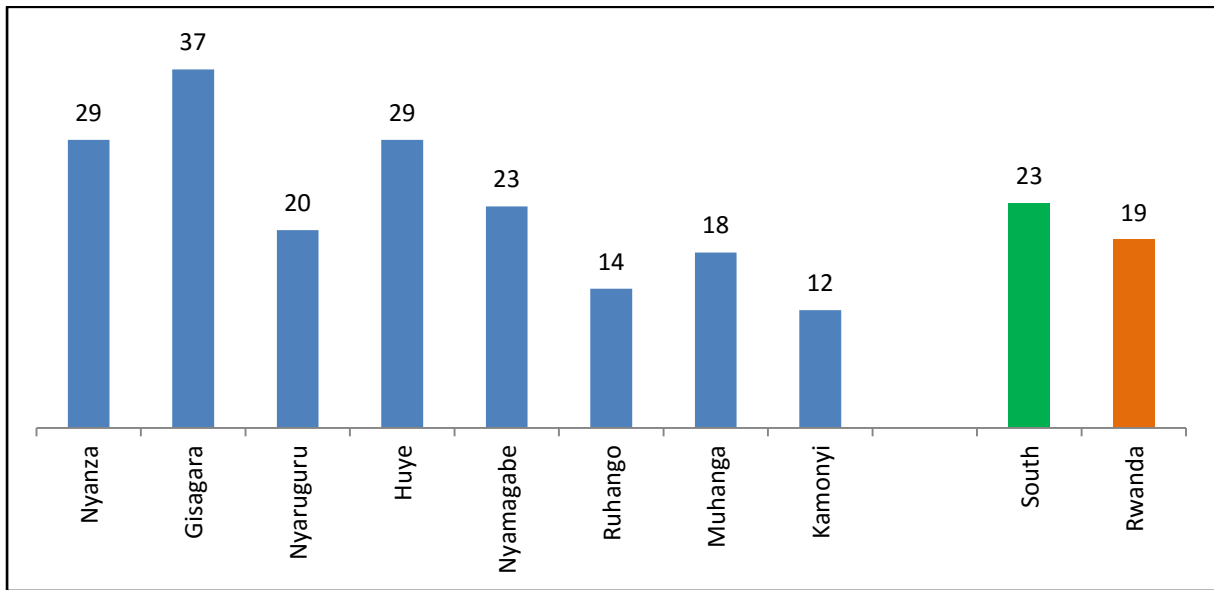
Source: RDHS, 2014-15

8.4 Prevalence of anemia among women

Figure 37 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 33); from the figure below, 23 percent of women in the South Province have some level of anemia, as compared with 19 percent of women at national level. The great majority of women with anemia are in Gisagara (37 percent), and the lowest prevalence is in Kamonyi district with 12 percent of anemic women age 15-49.

Figure 36: Prevalence of anemia among women age 15-49



Source: RDHS, 2014-15

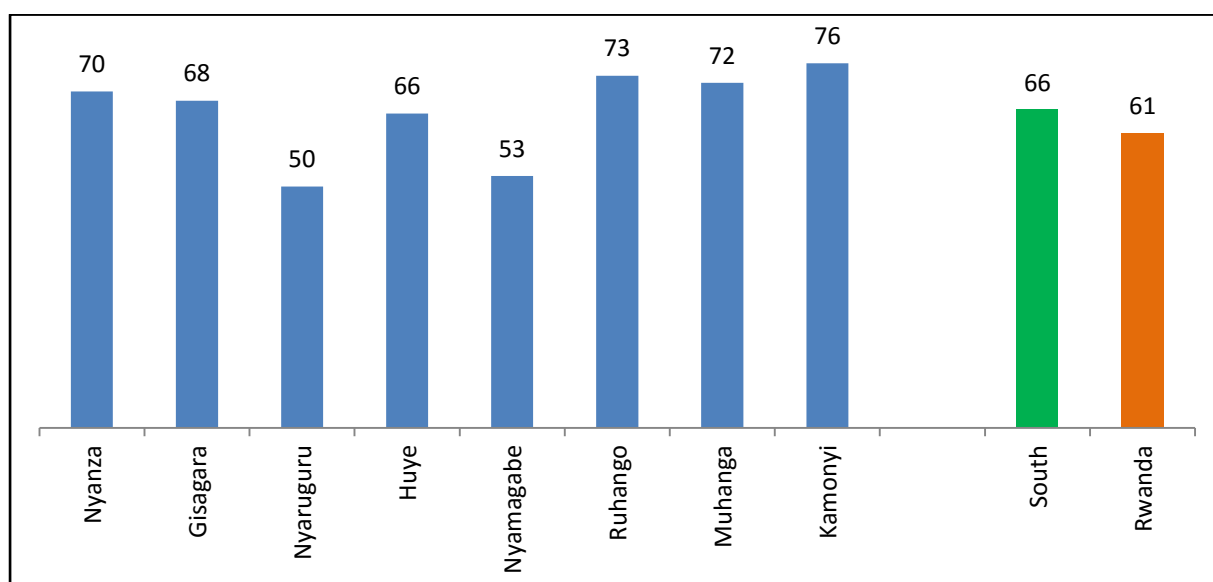
Chapter 9: Malaria

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 2014-15 RDHS household-level findings on use of mosquito nets, and malaria prevalence particularly among children under age 5.

9.1 Use of Insecticide-Treated Nets (ITNs)

Figure 38 shows that 66 percent of the household population in the South Province slept under Insecticide-treated net (ITN) the night before the survey, while 61 percent slept under an ITN at the national level. The percentage of the population that slept under an ITN the night before the survey is relatively low in Nyaruguru district (50 percent) and high in Kamonyi District (76 percent).

Figure 37: Percentage of de facto household's population who slept under an ITN the night before the survey



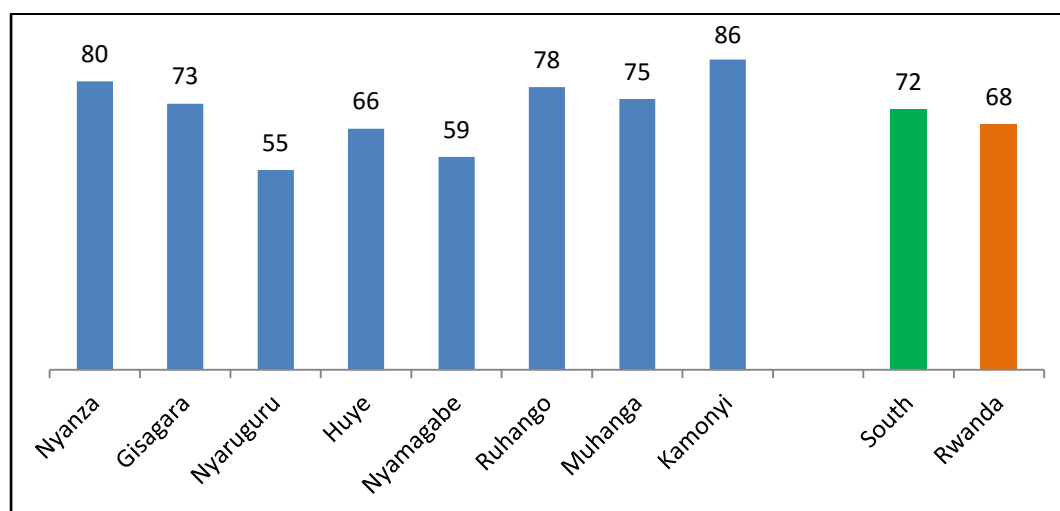
Source: RDHS, 2014-15

9.2 Use of ITNs among children

Children under age 5 are most vulnerable to severe complications of malarial infection due to their reduced immunity.

Figure 39 shows the use of mosquito nets by children under age 5. Seventy-two percent of children under age 5 slept under a mosquito net the night before the survey in the South Province as compared to 68 percent at national level. The percentage of children who slept under any an ITN is highest in Kamonyi (86 percent), and lowest in Nyaruguru District (55 Percent).

Figure 38: Percentage of children under age 5 who slept under an ITN the night before the survey

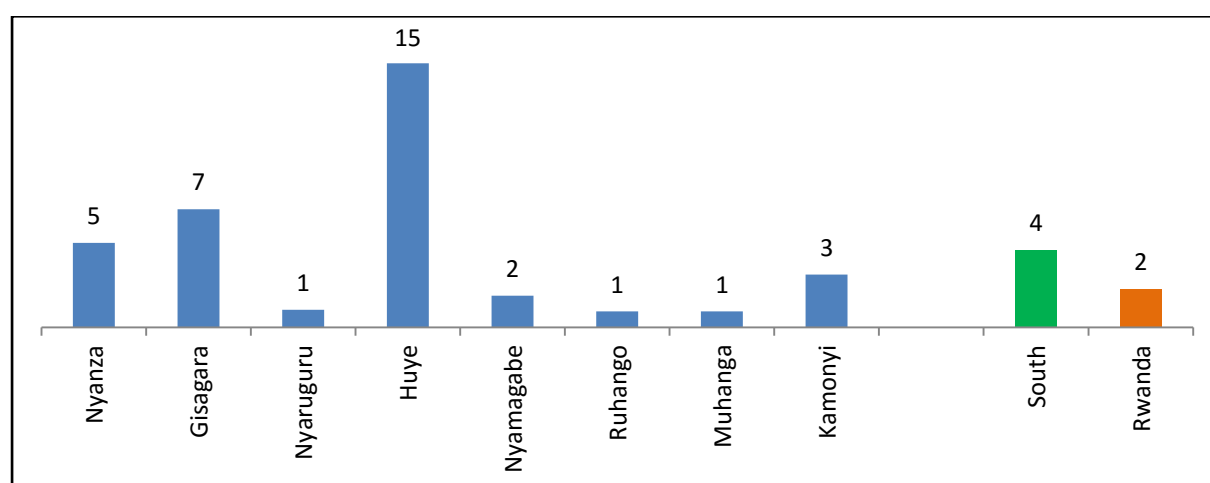


Source: RDHS, 2014-15

9.3 Prevalence of Malaria among children

Figure 40 shows the results of the microscopic diagnostic test (blood smear) among children who were tested. In the South Province, 4 percent of children ages 6 to 59 months are infected with at least one form of malarial parasites, compared to 2 percent at the national level. The percentage of children with malaria were higher in Huye district (15 percent) than in Nyaruguru, Ruhango, and Muhanga districts (1 percent).

Figure 39: Prevalence of malaria among children under-five years

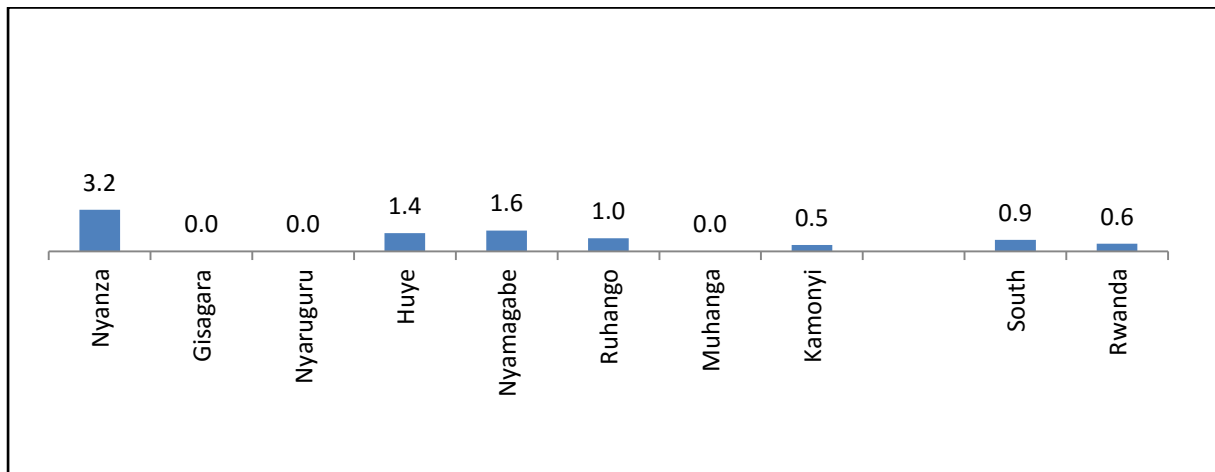


Source: RDHS, 2014-15

9.4 Prevalence of malaria among women

Women are less likely to be infected with malaria than children from the figure presented above. In the South Province, only 0.9 percent of women have malaria compared to 0.6 percent at national level (figure 37). The proportions of women with malaria were higher in Nyanza district (3.2 percent), Nyamagabe (1.6 percent), and Huye (1.4 percent) as compared to other districts in the South Province.

Figure 40: Prevalence of malaria among women age 15-49



Source: RDHS, 2014-15

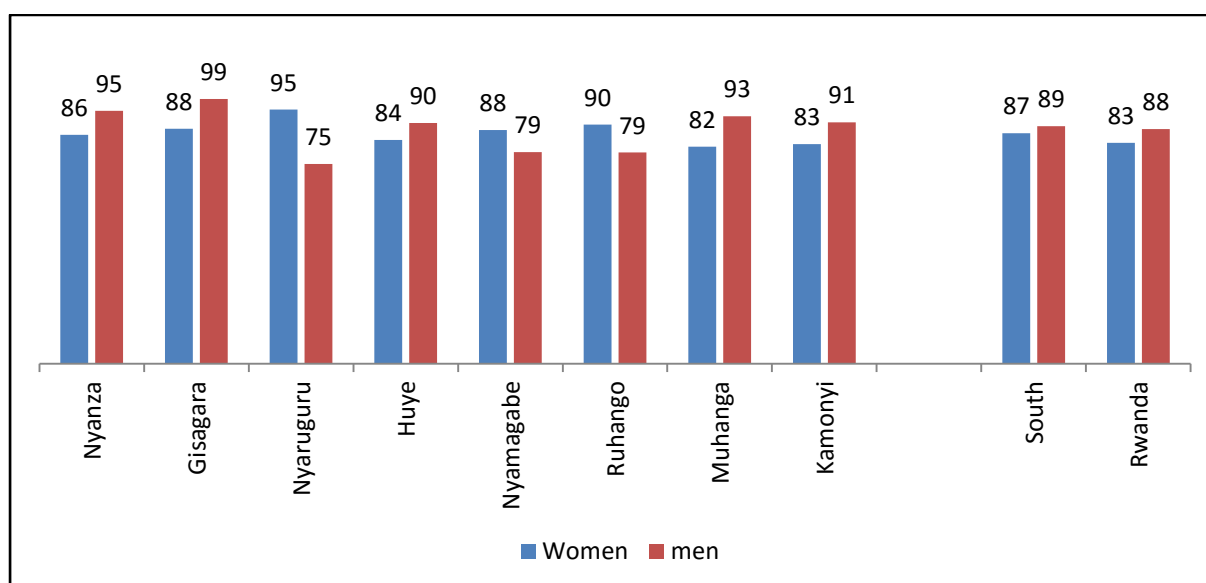
Chapter 10: HIV Attitude and Knowledge

HIV infection is a major public health concern in Rwanda, where it is among 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.

10.1 Complete knowledge of HIV prevention methods

Figure 40 presents the percentage with complete knowledge of HIV and AIDS prevention methods among women and men age 15-49, by districts of the South Province. Eighty-seven percent of women and 89 percent of men are aware that the risk of contracting the AIDS virus can be reduced by limiting sex to one uninfected partner who has no other partners and that using condoms can prevent transmission of the AIDS virus in the South Province compared to 83 percent of women and 88 percent of men who have knowledge of both HIV prevention methods at the national level. Men are more likely to have complete knowledge of HIV prevention methods than women in almost all the districts of the South Province except in Nyaruguru, Nyamagabe and Ruhango districts.

Figure 41: Percentage of respondents with complete knowledge of HIV prevention methods



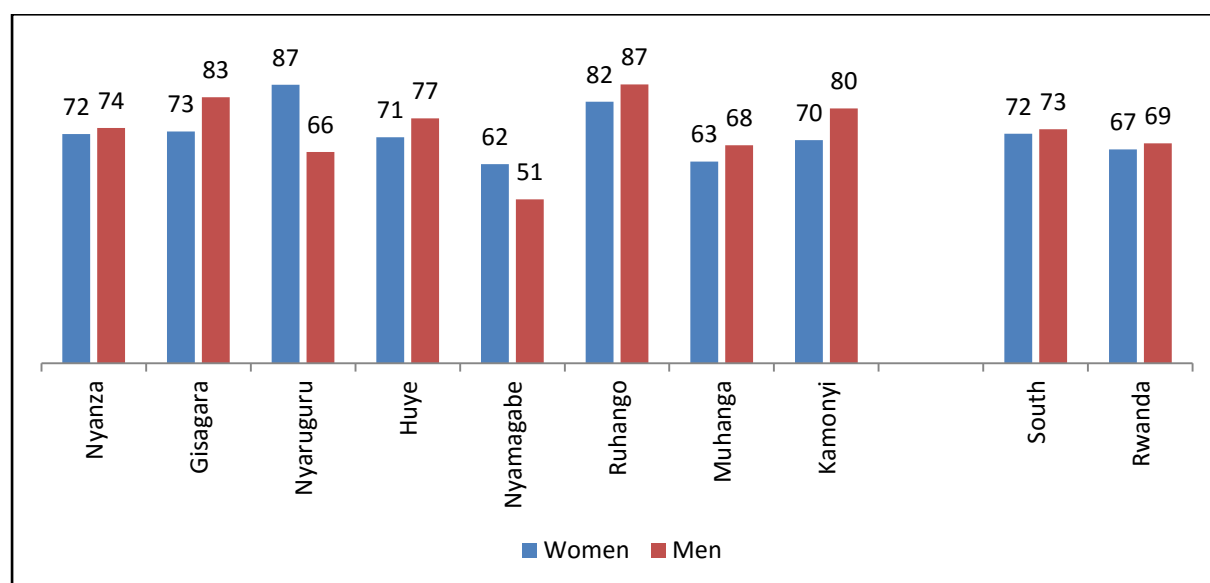
Source: RDHS, 2014-15

10.2 Comprehensive knowledge about HIV transmission.

The 2014-15 RDHS included questions on common misconceptions about transmission of AIDS and HIV. Respondents were asked whether they think it is possible for a healthy-looking person to have the AIDS virus and whether a person can contract the AIDS virus from mosquito bites, by supernatural means, or by sharing food with a person who has AIDS.

The results in figure 43 indicate that some Rwandan adults lack accurate knowledge about the ways in which HIV can and cannot be transmitted. Nevertheless, more than 72 percent of women age 15-49 and 73 percent of men at the same age have comprehensive knowledge about HIV/AIDS compared to 67 percent of women and 69 percent of men at national level; that means that they know that: 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. By district of South Province, the percentage of respondents who have comprehensive knowledge about HIV/AIDS varies from 87 percent in Nyaruguru to 62 percent in Nyamagabe among women and from 87 percent in Ruhango to 51 percent in Nyamagabe among men.

Figure 42: Percentage of women and men age 15-49 with comprehensive knowledge on HIV



Source: RDHS, 2014-15

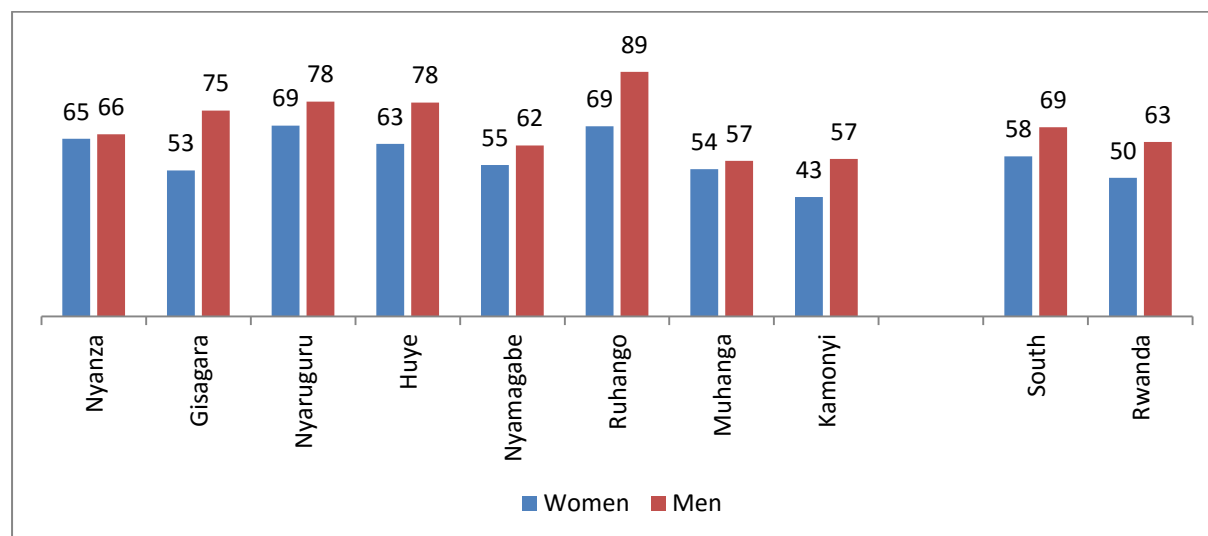
10.3 Accepting attitudes toward those living with HIV/AIDS

Widespread stigma and discrimination toward those living with HIV can adversely affect both people's willingness to be tested for HIV and their adherence to antiretroviral therapy. Thus, reduction of stigma and discrimination against people living with AIDS is an important indicator of the success of programs aimed at preventing and controlling infection.

Four questions were asked to describe acceptance attitude on people living with AIDS. These questions were: their willingness to buy fresh vegetables from an infected shopkeeper, to let others know of an infected family member, and to take care of relatives who have AIDS in their own household. They were also asked whether an HIV-positive female teacher who is not sick should be allowed to continue teaching. Figure 45 show the percentages of women and men who express all those four positive attitudes toward people with HIV, in the district of the South Province.

Figure 44 shows that 58 percent of women and 69 percent of men confirmed to accept all four mentioned above attitudes in South Province as compare to 50 percent of women and 63 percent of men at national level. Accepting all four attitudes among women is highest in Nyaruguru (78 percent), and lowest in Kamonyi (43 percent). Among men, this percentage is also highest in Ruhango (89 percent) and lowest in Kamonyi and in Muhanga districts (57 percent each). Men are more likely to accept all four attitudes toward people living with HIV.

Figure 43: Percentage of women and men age 15-49 accepting attitudes towards those living with HIV/AIDS

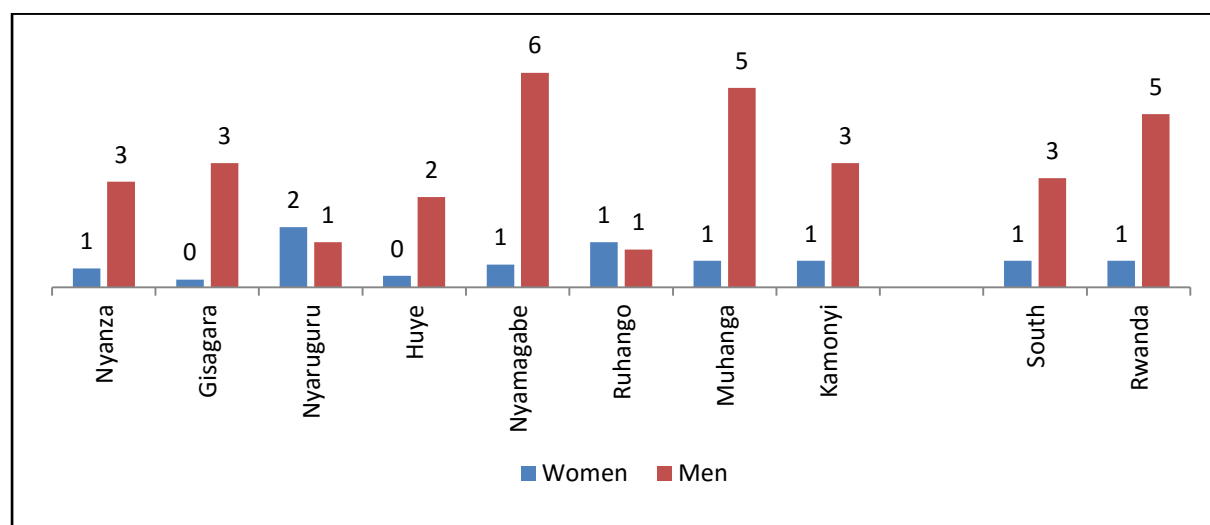


Source: RDHS, 2014-15

10.4 Multiple sexual partners

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

Figure 45 show the percentages of women and men age 15-49 who had sexual intercourse with more than one partner in the 12 months before the survey. Three percent of men and 1 percent of women in South Province had two or more sexual partners during the 12 months preceding the survey as compared to 5 percent of men and 1 percent of women at the national level. Men living in Nyamagabe (6 percent) and those in Muhanga (5 percent) are more likely to have had multiple partners over the past 12 months than other respondents in the districts of South Province. Also women in Nyaruguru (2 percent) are more likely to have had more than one sexual partner than other women in the districts South Province.

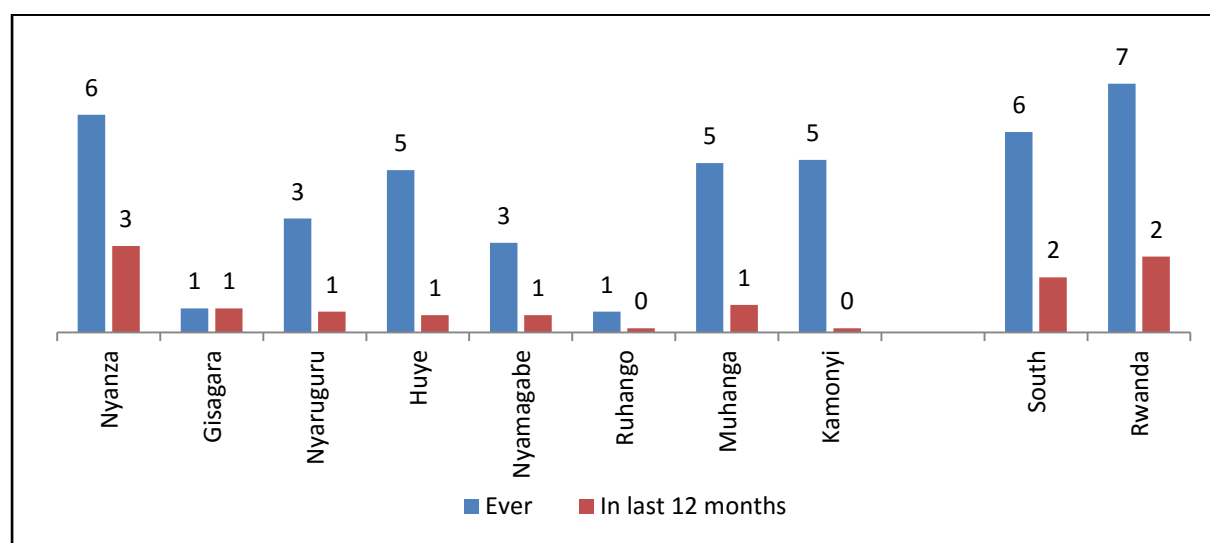
Figure 44: Percentage of women and men who had sexual intercourse with more than one partner in the past 12 months

Source: RDHS, 2014-15

10.5 Payment of sex

Male respondents in the 2014-15 RDHS who had had sex in the 12 months before the survey were asked whether they had ever paid anyone in exchange for sex and whether they had done so in the past 12 months.

The results in figure 46 show that only 6 percent of men age 15-49 in South Province and 7 percent at national level have ever paid for sexual intercourse. When considering the 12 months before the survey, the percentage of men who had done so is 2 percent in South Province, the same as at national level. Men who are living in Nyanza district (6 percent) are most likely to have ever paid for sexual intercourse; this percentage is 3 percent when considering the last 12 months prior the survey.

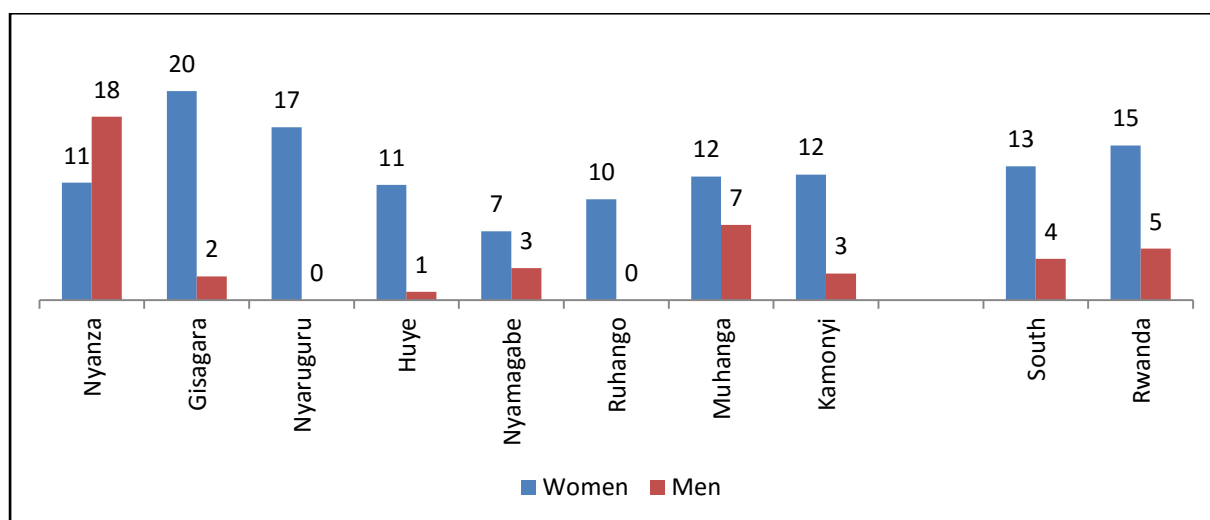
Figure 45: Percentage of men 15-49 who paid for sex

Source: RDHS, 2014-15

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

Figure 47 shows the self-reported prevalence of STIs and STI symptoms among women and men age 15-49 that have ever had sexual intercourse. In the South Province, 13 percent of women and 4 percent of men had either an STI or symptoms of an STI in the 12 months preceding the survey, as compared to 15 percent of women and 5 percent of men at the national level. STI and STIs symptoms among women is highly prevalent in Gisagara (20 percent) as compared to other districts. Among men having either an STI or symptoms of an STI in the 12 months preceding the survey is highest in Nyanza (18 percent) as compared to the rest of the districts of the South Province.

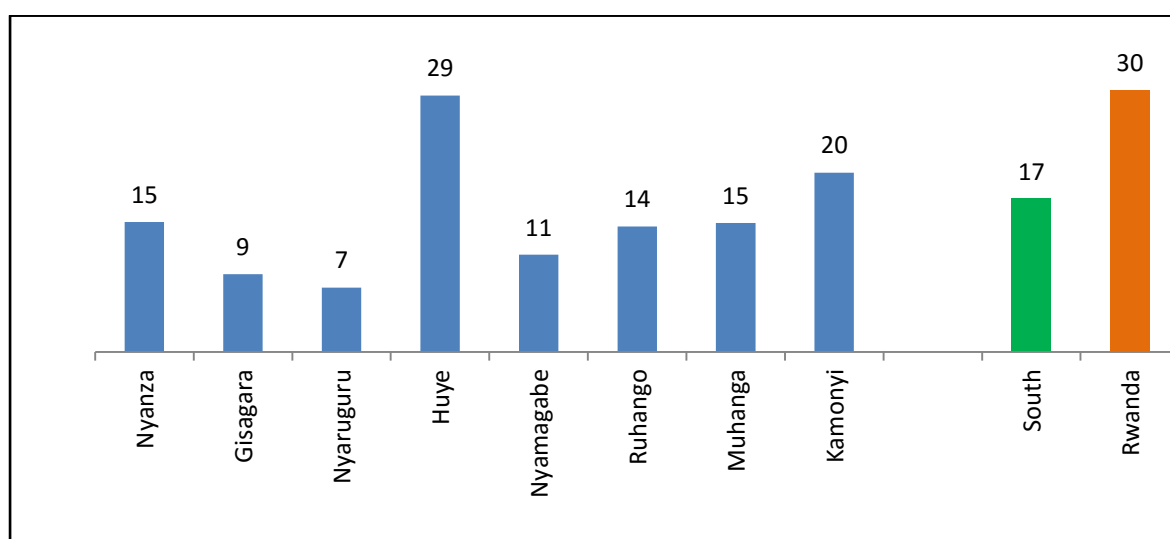
Figure 46: Prevalence of sexually transmitted infections (STIs) and STI symptoms in last 12 months



Source: RDHS, 2014-15

10.7 Practice of circumcision

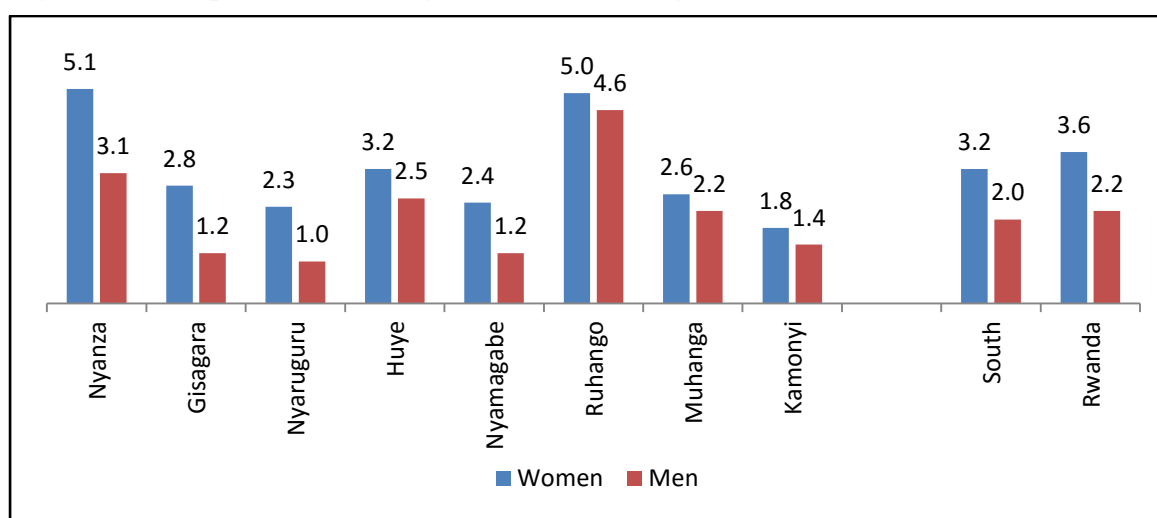
Studies have shown that male circumcision which involves the removal of the foreskin of the penis, is associated with lower susceptibility to transmission of STIs, including HIV. Consequently, the World Health Organization (WHO) recommends male circumcision as an HIV prevention method. In South Province, 17 percent of men age 15-49 have been circumcised while at national level, 30 percent of men are circumcised (Figure 48). By district, the proportion of men who are circumcised is highest in Huye (29 percent) and lowest in Nyaruguru (7 percent).

Figure 47: Percentage of men age 15-49 who are Circumcised

Source: RDHS, 2014-15

10.8 HIV prevalence among adult

Overall, HIV prevalence in South Province is 3.2 percent among women and 2.0 percent among men as compared to 3.6 percent and 2.2 percent among women and men respectively at national level. HIV prevalence is higher among women and men in Nyanza (5.1 percent for women and 4.2 percent for men) and in Ruhango.

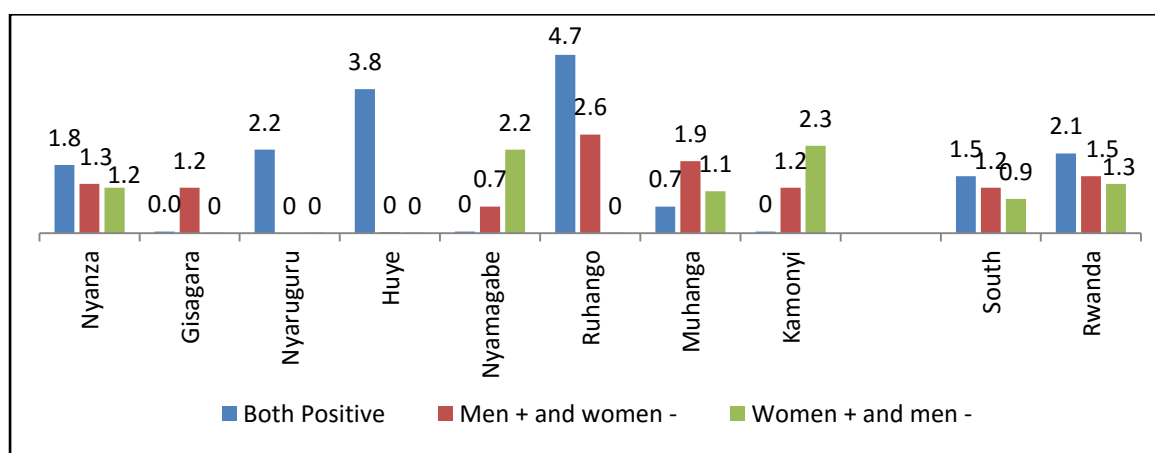
Figure 48: HIV prevalence among women and men age 15-49

Source: RDHS, 2014-15

10.9 HIV prevalence among cohabiting couples

Figure 50 shows the HIV prevalence among couples in the districts of the South Province. The percentage of couples in which both partners are HIV positive is 1.5 percent in the South Province as compared to 2.1 percent at national level. The percentage of couples in which both partners are HIV positive is highest in Ruhango District (4.7 percent) and least in Gisagara, Nyamagabe and Kamonyi districts (less than one percent). Ruhango district has also the highest percentage of couples where the male partner is infected and female partner is not (2.6 percent). The percentage of couples in which women partners is HIV positive and men HIV negative is highest in Kamonyi district (2.3 percent), followed by Nyamagabe district (2.2) as compared to the rest of the districts of the South Province.

Figure 49: HIV prevalence among cohabiting couples



Source: RDHS, 2014-15

Chapter 11: Women empowerment

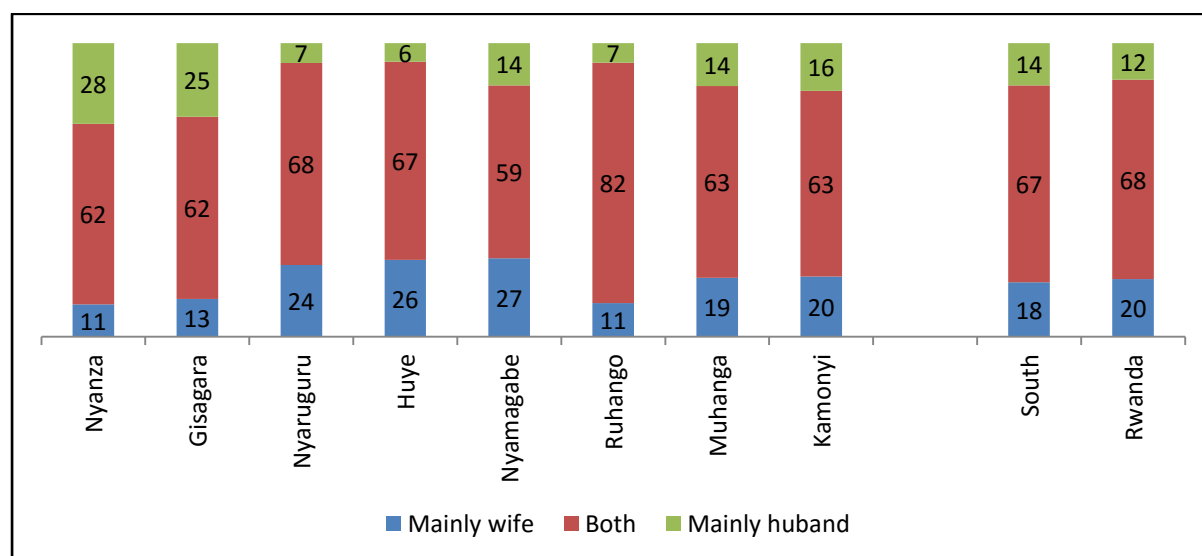
Women empowerment is an important factor in development, poverty reduction, and improvement of the living standard. This chapter presents information on factors that affect the women status in society: control over their own cash earnings, and cash earnings of their husband, as well as participation in decision-making.

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

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

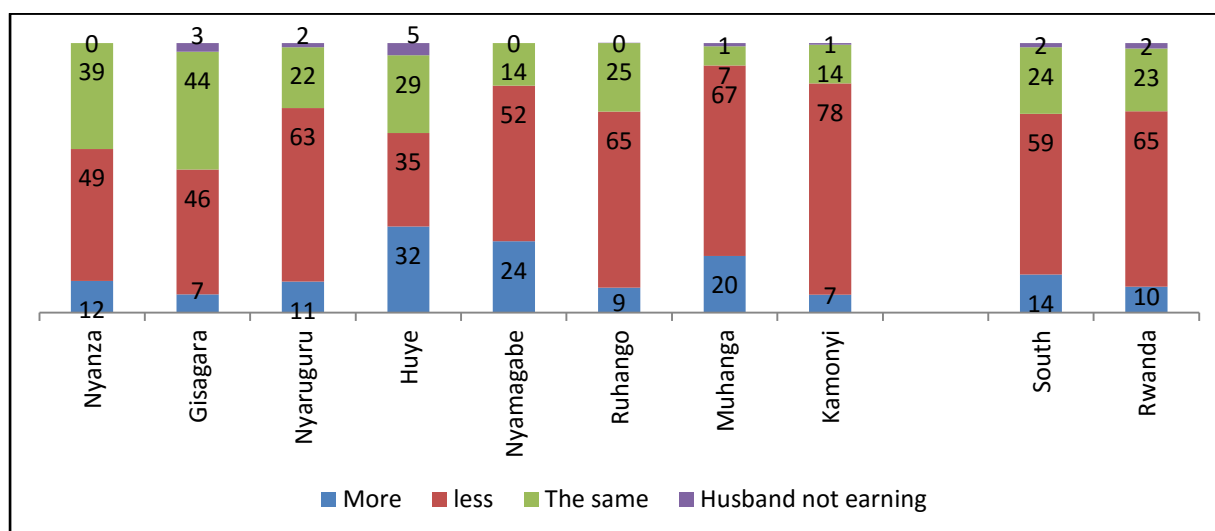
Figure 51 shows the percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey, by the person who decides how the cash earnings are used and by the relative magnitude of women's earnings compared with those of their husbands.

Eighteen percent of women in the South Province and 20 percent of women at national level mainly decide for themselves how their earnings are used, whereas 67 percent of women in South Province and 68 percent of women at the national level said that they usually make joint decisions with their husbands. Fourteen percent of women in the South Province compared to 12 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 highest in Nyamagabe (27 percent) followed by Huye (26 percent) and lowest in Nyanza and Ruhango (11 percent each). Women in Nyanza and Gisagara are more likely to report that their husbands mainly decide how to spend their earnings than women in the other districts (28 percent and 25 percent, respectively).

Figure 50: Percentage distribution of person who decides how the wife's cash earnings are used

Source: RDHS, 2014-15

Figure 52 shows that woman's earnings relative to their husbands' earnings during the 12 months preceding the survey. Fifty-nine percent of women in the South Province report that they earn less than their husband, 24 percent report that they earn about the same as their husband, and 14 percent earn more than their husband. The proportion of women who earn more than their husband at the national level is estimated at 65 percent, whereas 23 percent report earning about the same as their husband and 10 percent report earning more than they husband. Women in Gisagara district (44 percent) are most likely to report that they earn the same as their husband, those in Huye are most likely to earn more than their husband (32 percent) and those in Kamonyi are most likely to earn less than their husbands (78 percent).

Figure 51: Percentage distribution of currently married women age 15-49 according to their cash earnings in comparison to their husbands'

Source: RDHS, 2014-15

11.2 Control over men's cash earnings

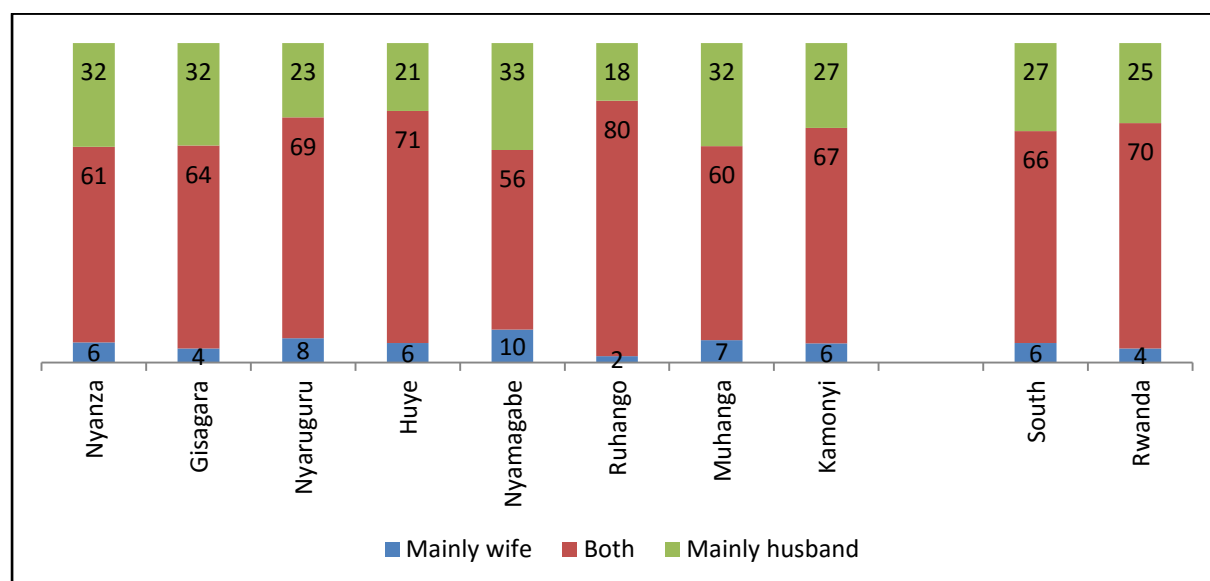
Figures 53 and 54 shows the percent distributions of currently married men age 15-49 who receive cash earnings and currently married women age 15-49 whose husbands receive cash earnings by the person who decides how men's cash earnings are used, in the South Province.

In general, women's reports on who makes decisions about how their husband's earnings are spent are comparable to men's reports (Figures 53 and 54). Twenty-seven percent of women in South Province whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 17 percent of men who reported themselves the same information. Sixty-six percent of women report that decisions are made jointly, as compared with 82 percent of men who made the same declaration, and 6 percent of women report that they mainly decide how to use their husband's earnings, while only 1 percent of men reported the same information.

Thirty-three percent of women in Nyamagabe and 32 percent of women in Nyanza, Gisagara and Muhanga (Figure 53), whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used compared to 18 percent of women in Ruhango district. In the same way, the percentage of men who declared being main decision-makers regarding their own earnings is higher in Kamonyi (29 percent) and Muhanga (25 percent) than that of other districts.

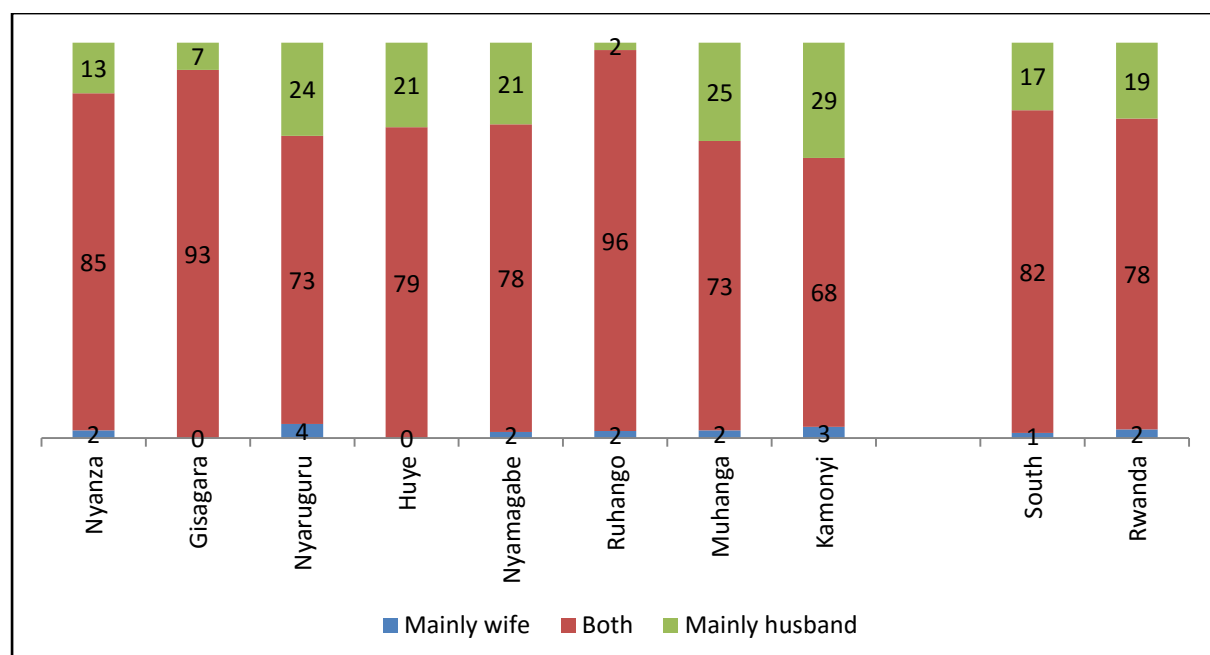
At the national level 25 percent of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 19 percent reported by men themselves (Figure 53).

Figure 52: Percentage distribution of currently married women 15-49 according to their report on who decides how the men cash earnings are used



Source: RDHS, 2014-15

Figure 53: Percentage distribution of currently married men 15-49 according to their report on who decides how the men cash earnings are used



Source: RDHS, 2014-15

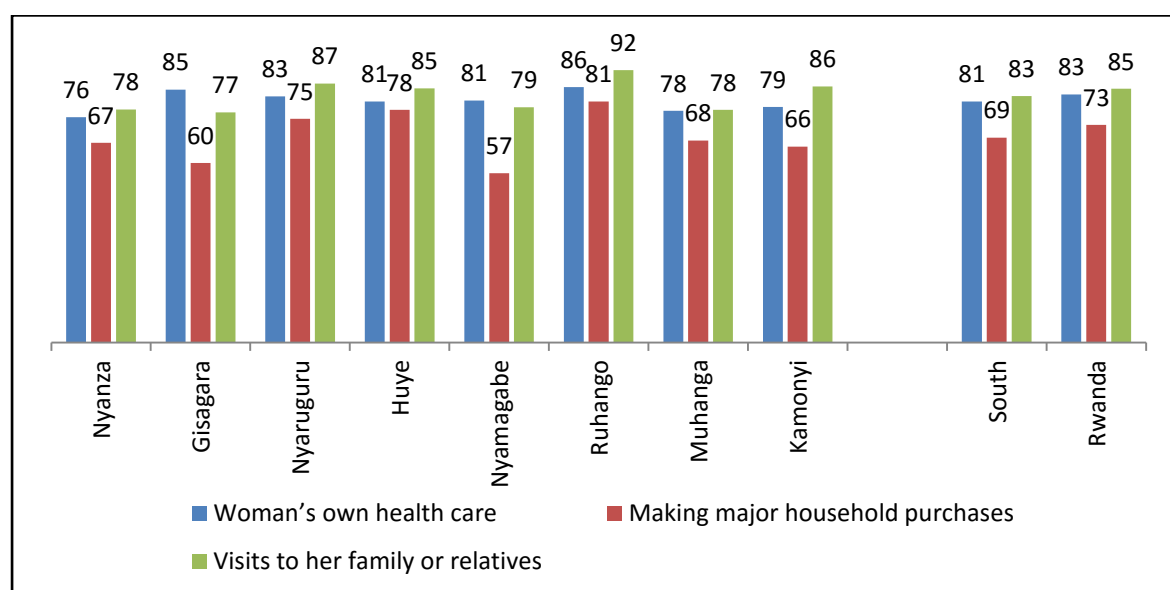
11.3 Women's participation in decision-making

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 2014-15 RDHS 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 55 shows that in South Province eighty-one percent of currently married women age 15-49 said they usually make decisions about their own health care either by themselves or jointly with their husbands and 69 percent of women said they usually participate in decisions about major household purchases. Eighty-three percent of married women said they usually participate in decisions about visits to their own family or relatives. Participating in purchase of major household asset is the least likely participating decision among currently married women.

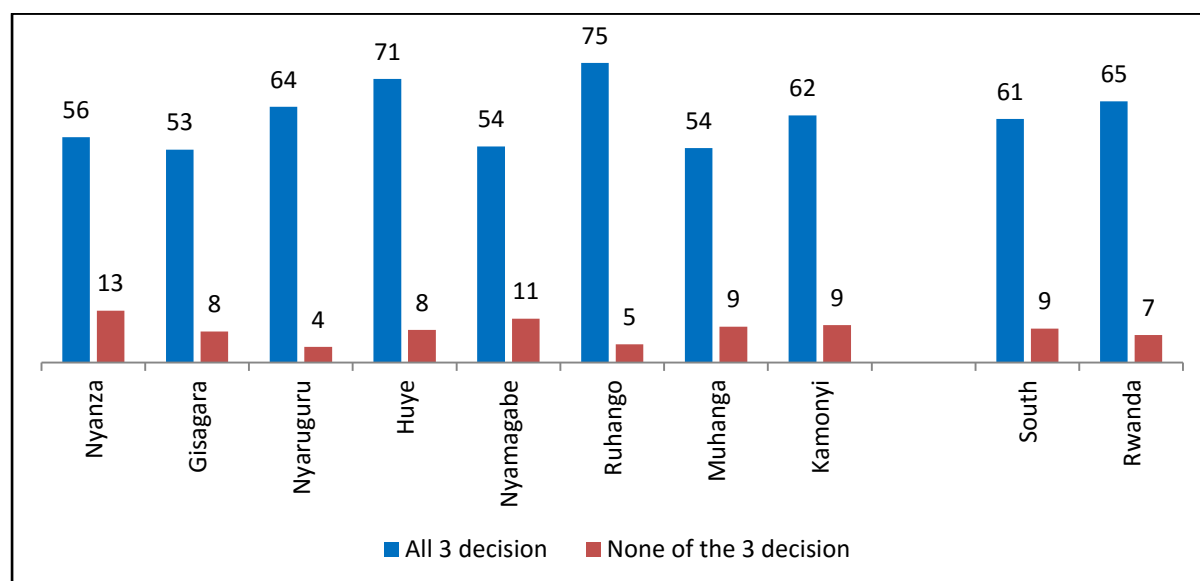
Figure 54: Percentage of currently married women age 15-49, participating in decision making according to the types of decisions



Source: RDHS, 2014-15

Figure 56 shows how is the women's participation in all three decisions by districts of the South Province. Sixty-one percent of married women age 15-49 in South Province report taking part in all three decisions, while 9 percent of women age 15-49 have no say in any of the three decisions, as compared to 65 percent of married women age 15-49 who report taking part in all three decisions, and 7 percent of women age 15-49 have no say in any of the three decisions at national level.

By district, married women age 15-49 in Ruhango (75 percent) and Huye District (71 percent) are more likely to report that they participate in all three decisions compared to married women age 15-49 in other districts. In addition, married women age 15-49 in Gisagara (13 percent) and Nyamagabe (11 percent) have no say in any of the three decisions.

Figure 55: Percentage of currently married women age 15-49 according to the participation in decision making

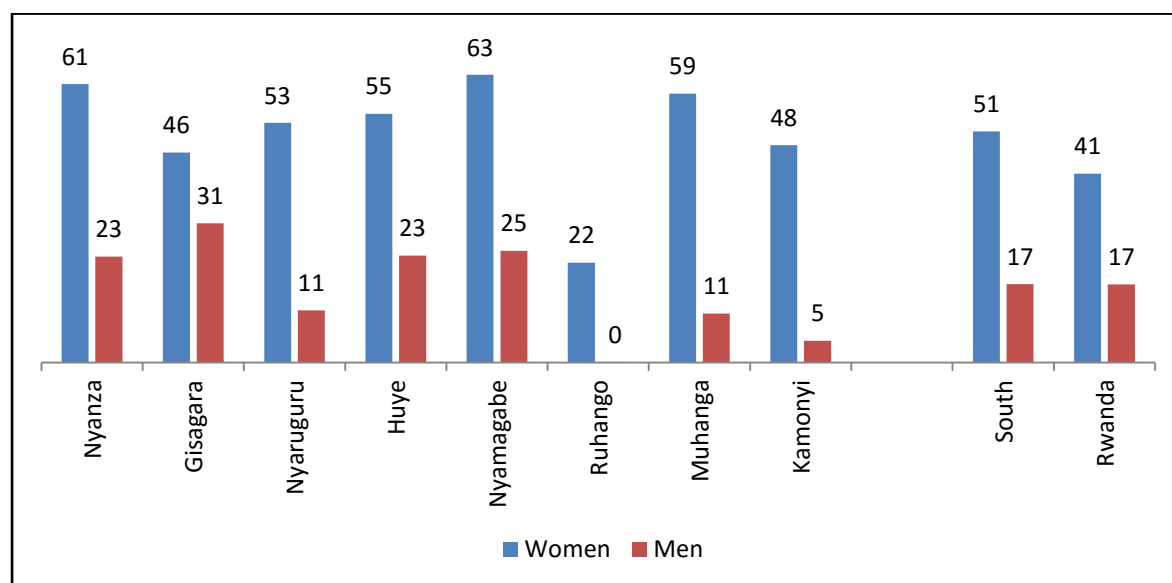
Source: RDHS, 2014-15

11.4 Attitude toward wife beating

The 2014-15 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 57 shows the percentages of women and men who feel that wife beating is justified for at least one of the specified reasons. Agreement of a high proportion of respondents that wife beating is acceptable is an indication that they generally accept the right of a man to control his wife's behavior even by means of violence.

Figure 57 shows that 51 percent of women in South Province and 41 percent at national level believe that wife beating is justified for at least one of the specified reasons. Men are least likely to agree that a man is justified in beating his wife for at least one reason in South Province and at national level (17 percent, each). Women in Ruhango (22 percent) are less likely to agree that wife beating is justified for at least one reasons than women in other districts. Agreement with at least one reason justifying wife beating, among men, range from 31 percent of men in Gisagara district, to less than 1 percent in Ruhango District.

Figure 56: Percentage of currently married women and men age 15-49 who agree with attitude toward wife beating is justified

Source: RDHS, 2014-15

Annex: New tables that are not included in the RDHS Main Report, Appendix D

Table 1: Percentage of households with electricity by district

District/Province	Has electricity				
	No	Yes	Missing	Total	
	%	%	%	Number	%
Nyarugenge	24	75.9	0.0	374	100.0
Gasabo	38.2	61.8	0.0	742	100.0
Kicukiro	17.2	82.8	0.0	380	100.0
Kigali	29.3	70.7	0.0	1496	100.0
Nyanza	92.8	7.2	0.0	401	100.0
Gisagara	96.4	3.3	.3	403	100.0
Nyaruguru	95.7	4.3	0.0	291	100.0
Huye	78.1	21.9	0.0	407	100.0
Nyamagabe	91.7	8.3	0.0	378	100.0
Ruhango	89.1	10.9	0.0	416	100.0
Muhanga	86.8	13.2	0.0	385	100.0
Kamonyi	85.2	14.8	0.0	422	100.0
South	89.2	10.8	.0	3103	100.0
Karongi	83.1	16.6	.3	391	100.0
Rutsiro	94.3	5.7	0.0	352	100.0
Rubavu	69.2	30.8	0.0	457	100.0
Nyabihu	93.3	6.7	0.0	319	100.0
Ngororero	84.4	15.6	0.0	419	100.0
Rusizi	66.1	33.9	0.0	438	100.0
Nyamasheke	79.9	19.8	.3	413	100.0
West	80.5	19.5	.1	2789	100.0
Rulindo	86.7	13.3	0.0	379	100.0
Gakenke	84.2	15.7	.2	408	100.0
Musanze	74.1	25.7	.2	457	100.0
Burera	87.9	12.1	0.0	384	100.0
Gicumbi	87.2	12.8	0.0	463	100.0
North	83.8	16.2	.1	2090	100.0
Rwamagana	71.9	28.1	0.0	409	100.0
Nyagatare	80.0	20.0	0.0	605	100.0
Gatsibo	80.4	19.6	0.0	568	100.0
Kayonza	85.9	14.1	0.0	401	100.0
Kirehe	84.3	15.7	0.0	385	100.0
Ngoma	84.6	15.4	0.0	439	100.0
Bugesera	76.7	23.3	0.0	414	100.0
EAST	80.5	19.5	0.0	3221	100.0
Rwanda	77.1	22.8	.0	12699	100.0

Table 2: Percentage of households with durable goods by district

District	Radio	Television	Mobile Telephone	Computer
Nyarugenge	66.6	38.0	88.8	9.2
Gasabo	65.5	32.7	83.5	11.1
Kicukiro	73.2	53.2	89.9	22.4
City of Kigali	67.7	39.3	86.4	13.5
Nyanza	51.7	3.3	46.2	0.9
Gisagara	46.5	1.4	32.4	0.3
Nyaruguru	47.7	1.1	40.6	0.8
Huye	53.4	12.6	51.1	6.2
Nyamagabe	56.6	2.4	44.5	0.9
Ruhango	51.2	3.8	51.9	0.2
Muhanga	64.1	7.6	64.7	2.3
Kamonyi	59.0	8.0	66.7	2.5
South	53.9	5.2	50.2	1.8
Karongi	53.4	4.7	63.6	3.3
Rutsiro	52.2	1.8	48.1	0.5
Rubavu	43.7	13.3	60.3	4.8
Nyabihu	30.0	1.5	44.6	1.1
Ngororero	45.9	3.5	55.6	2.0
Rusizi	49.6	11.7	69.3	2.2
Nyamasheke	44.4	3.9	56.5	1.2
West	45.9	6.2	57.6	2.3
Rulindo	58.5	7.1	55.3	1.9
Gakenke	62.6	2.7	55.9	2.0
Musanze	59.4	8.9	66.1	3.2
Burera	55.0	3.7	53.9	1.5
Gicumbi	49.2	4.1	53.0	2.3
North	56.8	5.4	57.0	2.2
Rwamagana	56.5	8.9	70.2	1.5
Nyagatare	56.4	5.0	59.2	1.4
Gatsibo	53.7	4.1	53.8	0.4
Kayonza	61.1	7.0	63.2	2.1
Kirehe	54.5	3.1	60.3	0.8
Ngoma	51.3	6.5	53.3	2.4
Bugesera	51.0	6.9	66.9	1.4
East	54.9	5.8	60.5	1.4
Total	54.5	9.6	59.8	3.2

Table 3: Percentage of household's members with health insurance by district

District/ Province	Covered by health insurance					
	No	Yes	Don't know	Missing	Total	
	%	%	%	%	Count	%
Nyarugenge	36.0	63.9	0.0	.2	1574	100.0
Gasabo	28.7	71.2	0.0	.1	2918	100.0
Kicukiro	22.9	76.9	.1	.1	1547	100.0
City of kigali	29.1	70.8	.0	.1	6038	100.0
Nyanza	43.1	56.8	.1	.1	1569	100.0
Gisagara	31.0	68.8	.1	.1	1681	100.0
Nyaruguru	44.1	55.6	.1	.3	1389	100.0
Huye	20.9	78.9	0.0	.2	1711	100.0
Nyamagabe	35.5	64.4	0.0	.1	1670	100.0
Ruhango	32.7	67.1	0.0	.2	1695	100.0
Muhanga	35.9	63.9	.1	.1	1557	100.0
Kamonyi	15.0	84.9	.0	.1	1803	100.0
South	31.7	68.1	.0	.1	13075	100.0
Karongi	32.5	67.2	.1	.2	1666	100.0
Rutsiro	30.9	68.9	.1	.1	1510	100.0
Rubavu	45.5	54.3	.1	.1	2138	100.0
Nyabihu	22.0	78.0	0.0	0.0	1313	100.0
Ngororero	18.0	81.9	.1	0.0	1732	100.0
Rusizi	27.7	71.9	.3	.1	2131	100.0
Nyamasheke	34.9	64.8	.2	.1	1825	100.0
West	30.9	68.8	.1	.1	12316	100.0
Rulindo	31.4	68.5	0.0	.1	1462	100.0
Gakenke	13.0	86.8	.1	.1	1603	100.0
Musanze	21.1	78.8	0.0	.1	1968	100.0
Burera	18.5	81.3	0.0	.1	1701	100.0
Gicumbi	24.0	75.6	0.0	.4	1990	100.0
North	21.5	78.3	.0	.2	8724	100.0
Rwamagana	24.3	75.7	.1	0.0	1765	100.0
Nyagatare	27.1	72.9	0.0	0.0	2525	100.0
Gatsibo	27.1	72.8	.1	.1	2516	100.0
Kayonza	24.7	75.2	0.0	.1	1718	100.0
Kirehe	34.1	65.8	.1	.1	1575	100.0
Ngoma	31.2	68.6	0.0	.2	1904	100.0
Bugesera	27.1	72.7	.2	0.0	1687	100.0
East	27.8	72.1	.0	.1	13690	100.0
Rwanda	28.6	71.2	.1	.1	53844	100.0

Table 4: Percentage of household's female population according to the highest level of education attained by district

District/ Province	Highest educational level attained							
	No education, preschool	Primary	Secondary	Higher	Don't know	Missing	Total	
	%	%	%	%	%	%	Count	%
Nyarugenge	9.0	62.2	25.3	3.4	0.0	.1	668	100.0
Gasabo	11.0	58.7	23.7	6.5	0.0	.1	1202	100.0
Kicukiro	8.6	53.5	25.7	12.2	0.0	0.0	691	100.0
City of Kigali	9.8	58.2	24.7	7.2	0.0	.1	2562	100.0
Nyanza	20.0	72.3	6.9	.7	0.0	0.0	705	100.0
Gisagara	25.9	68.7	5.3	.1	0.0	0.0	779	100.0
Nyaruguru	24.7	62.8	12.3	.2	0.0	0.0	598	100.0
Huye	20.0	61.5	14.7	3.5	0.0	.3	766	100.0
Nyamagabe	23.7	63.8	11.9	.6	0.0	0.0	770	100.0
Ruhango	15.9	71.8	11.5	.6	0.0	.1	748	100.0
Muhanga	13.2	69.3	15.9	1.4	0.0	.3	701	100.0
Kamonyi	10.8	76.1	11.7	1.4	0.0	0.0	802	100.0
South	19.1	68.5	11.2	1.1	0.0	.1	5867	100.0
Karongi	17.2	65.0	16.7	1.1	0.0	0.0	732	100.0
Rutsiro	24.4	66.7	8.6	.2	0.0	0.0	664	100.0
Rubavu	21.8	62.2	13.4	2.6	0.0	0.0	898	100.0
Nyabihu	23.9	66.5	9.3	.3	0.0	0.0	585	100.0
Ngororero	25.3	61.8	11.4	1.5	0.0	0.0	777	100.0
Rusizi	17.5	66.0	15.7	.8	0.0	0.0	929	100.0
Nyamasheke	18.5	69.3	11.9	.3	0.0	0.0	800	100.0
West	21.0	65.2	12.7	1.0	0.0	0.0	5386	100.0
Rulindo	19.5	66.5	12.5	1.3	0.0	.1	647	100.0
Gakenke	16.5	68.2	14.7	.5	0.0	0.0	748	100.0
Musanze	18.4	62.3	18.3	1.0	0.0	0.0	941	100.0
Burera	21.4	68.8	9.4	.3	0.0	0.0	768	100.0
Gicumbi	21.0	66.0	12.0	1.0	0.0	0.0	867	100.0
North	19.4	66.2	13.6	.8	0.0	.0	3971	100.0
Rwamagana	13.7	72.1	13.0	1.1	0.0	0.0	792	100.0
Nyagatare	24.7	63.9	10.5	.9	0.0	0.0	1053	100.0
Gatsibo	24.3	66.9	8.6	.1	0.0	.1	1129	100.0
Kayonza	20.3	68.0	10.9	.9	0.0	0.0	748	100.0
Kirehe	21.1	70.7	7.6	.6	0.0	0.0	681	100.0
Ngoma	17.8	69.6	11.8	.9	0.0	0.0	802	100.0
Bugesera	20.5	67.1	11.6	.6	0.0	.1	717	100.0
East	20.7	68.0	10.5	.7	0.0	.0	5923	100.0
Total	19.0	66.1	13.2	1.6	0.0	.0	23709	100.0

Table 5: Percentage of household's male population according to the highest level of education attained by district

District/ Province	Highest educational level attained (male)							
	No education, preschool	Primary	Secondary	Higher	Don't know	Missing	Total	
	%	%	%	%	%	%	Count	%
Nyarugenge	5.9	64.8	23.6	5.4	0.0	.3	624	100.0
Gasabo	8.2	61.5	20.0	10.0	0.0	.2	1159	100.0
Kicukiro	6.2	56.6	23.8	13.4	0.0	0.0	631	100.0
City of Kigali	7.1	61.1	22.0	9.7	0.0	.2	2415	100.0
Nyanza	15.2	72.6	11.1	1.1	0.0	0.0	563	100.0
Gisagara	20.4	72.4	6.5	.8	0.0	0.0	577	100.0
Nyaruguru	19.6	68.9	10.2	1.1	0.0	.1	539	100.0
Huye	14.9	64.8	14.8	5.1	0.0	.4	676	100.0
Nyamagabe	16.0	70.4	12.1	1.5	0.0	0.0	653	100.0
Ruhango	11.7	78.2	8.3	1.5	0.0	.3	671	100.0
Muhanga	10.8	76.3	10.8	1.7	0.0	.3	599	100.0
Kamonyi	10.3	76.3	11.8	1.4	0.0	.2	706	100.0
South	14.6	72.6	10.8	1.8	0.0	.2	4986	100.0
Karongi	11.3	72.1	13.4	3.0	0.0	.1	680	100.0
Rutsiro	14.2	75.7	9.7	.4	0.0	0.0	558	100.0
Rubavu	19.3	58.1	18.7	4.0	0.0	0.0	832	100.0
Nyabihu	14.5	72.3	12.4	.8	0.0	0.0	492	100.0
Ngororero	18.7	70.6	9.5	1.1	0.0	.2	647	100.0
Rusizi	11.6	71.0	16.6	.8	0.0	0.0	812	100.0
Nyamasheke	15.7	71.3	10.9	1.8	0.0	.2	630	100.0
West	15.1	69.5	13.5	1.8	0.0	.1	4651	100.0
Rulindo	15.5	74.3	8.2	2.0	0.0	0.0	566	100.0
Gakenke	11.9	74.8	11.8	1.5	0.0	0.0	634	100.0
Musanze	11.1	69.1	16.9	2.9	0.0	0.0	736	100.0
Burera	9.8	79.1	9.6	1.4	0.0	.2	645	100.0
Gicumbi	15.3	70.6	12.8	1.4	0.0	0.0	803	100.0
North	12.7	73.3	12.1	1.8	0.0	.0	3383	100.0
Rwamagana	9.2	73.7	14.9	2.2	0.0	0.0	644	100.0
Nyagatare	16.0	72.6	10.5	.9	0.0	0.0	1001	100.0
Gatsibo	16.0	69.8	13.5	.5	0.0	.1	918	100.0
Kayonza	15.1	73.4	10.1	1.4	0.0	0.0	647	100.0
Kirehe	11.5	75.6	11.5	1.1	0.0	.2	602	100.0
Ngoma	14.2	72.0	11.3	2.5	0.0	0.0	740	100.0
Bugesera	12.7	72.3	13.3	1.7	0.0	0.0	652	100.0
East	13.9	72.6	12.1	1.4	0.0	.0	5205	100.0
Total	13.4	70.7	13.3	2.6	0.0	.1	20640	100.0

