Rwanda

2014-15 Demographic and Health Survey

Key Findings

CELEBRATING 2005 NISR'S 10 YEARS OF POLICY SUPPORT 2015 ANNIVERSARY

Republic of Rwanda

The Rwanda Demographic and Health Survey 2014-15 (2014-15 RDHS) was implemented by the National Institute of Statistics of Rwanda (NISR) from November 9, 2014, to April 8, 2015. The funding for the RDHS was provided by the government of Rwanda, the United States Agency for International Development (USAID), the One United Nations (One UN), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), World Vison International, the Swiss Agency for Development and Cooperation (SDC), and the Partners in Health (PIH). ICF International provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

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Additional information about The DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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About the 2014-15 RDHS

The 2014-15 Rwanda Demographic and Health Survey (RDHS) is designed to provide data for monitoring the population and health situation in Rwanda. The 2014-15 RDHS is the fifth Demographic and Health Survey conducted in Rwanda since 1992. The objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, early childhood development, malaria, domestic violence, and HIV/AIDS and other sexually transmitted infections (STIs) that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 13,497 women age 15-49 in all selected households and 6,217 men age 15-59 in half of the selected households were interviewed. This represents a response rate of greater than 99% for both women and men. The sample design for the 2014-15 RDHS provides estimates at the national and provincial levels, for urban and rural areas, and for some, but not all indicators, estimates at the district level.

Characteristics of Households and Respondents

Household Composition

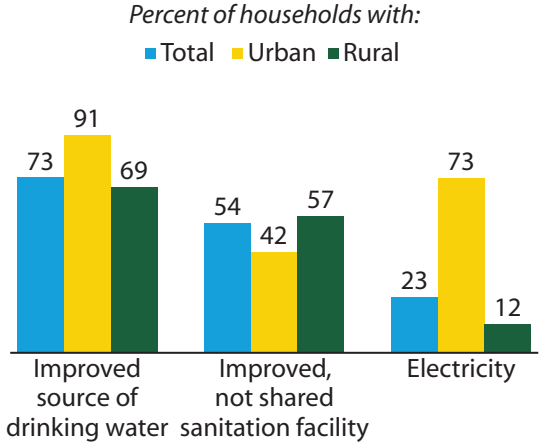
The average Rwandan household has 4.3 members. Three in ten households are headed by women. Less than half (43%) of the Rwandan population is under age 15.

Water, Sanitation, and Electricity

Nearly three-quarters of households have access to an improved source of drinking water. More than 9 in 10 urban households have access to an improved source of drinking water, compared to nearly 7 in 10 rural households. Over half (54%) of households in Rwanda have an improved, not shared sanitation facility. Rural households are more likely than urban households to have an improved, not shared sanitation facility (57% versus 42%). In contrast, urban households are more likely than rural households to have a shared sanitation facility (44% and 12%, respectively). Nearly 3 in 10 Rwandan households have a non-improved sanitation facility. Overall, 23% of Rwandan households have electricity.

Water, Sanitation, and Electricity by Residence

Percent of households with:



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Ownership of Goods

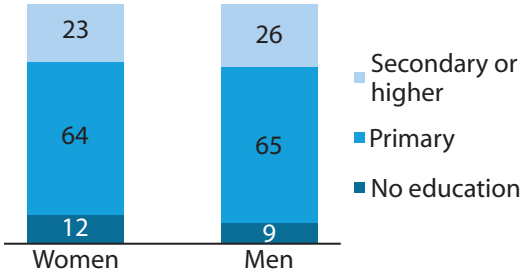
Six in ten households have a mobile telephone, 55% have a radio, and 10% have a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

Education

Twelve percent of women and 9% of men age 15-49 have no education. Nearly two-thirds of women and men have primary education, while 23% of women and 26% of men have attended secondary or higher education. Eight in ten women and 84% of men age 15-49 are literate.

Education

Percent distribution of women and men age 15-49 by highest level of education attended



Fertility and Its Determinants

Total Fertility Rate

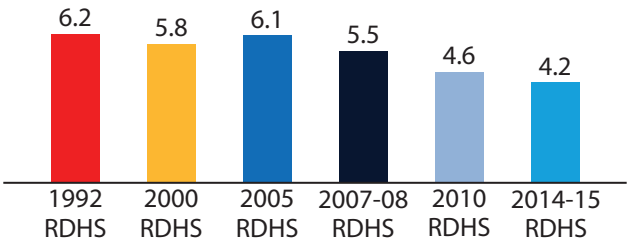
Currently, women in Rwanda have an average of 4.2 children. Over the past ten years, fertility has decreased from 6.1 children per woman in 2005 to 4.2 in 2014-15.

Fertility varies by residence and province. Women living in rural areas have an average of 4.3 children, compared to 3.6 children among women in urban areas. Fertility is lowest in Kigali city (3.6 children per woman) and highest in the West and East provinces (4.6 children per woman each).

Fertility also varies with education and economic status. Women with no education have 2.1 more children than women with secondary or higher education (5.1 versus 3.0). Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 5.1 children, compared to 3.3 children among women living in the wealthiest households.

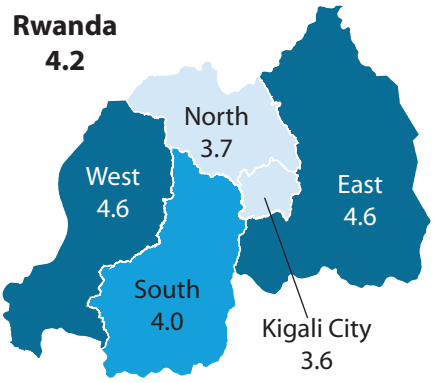
Trends in Fertility

Births per woman for the three-year period before the survey



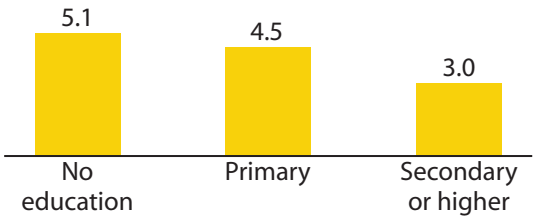
Total Fertility Rate by Province

Births per woman for the three-year period before the survey



Total Fertility Rate by Education

Births per woman for the three-year period before the survey



*Wealth of households is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Sexual Intercourse, Marriage, and Birth

Rwandan women begin sexual activity 0.6 years before Rwandan men. The median age at first sexual intercourse for women age 25-49 is 21.8 years, compared to 22.4 years among men age 25-49. Women with secondary or higher education initiate sex four years later than women with no education (23.6 years versus 19.6 years).

Women get married a year after sexual initiation at age 21.9 years. Women in Kigali City marry 2.5 years later than women living in East and North (23.7 years and 21.2 years, respectively). Rwandan men marry much later than women at a median age of 25.4 years for men age 30-59.

Nearly one year after marriage women are having their first birth. The median age at first birth for women age 25-49 is age 22.7 years. Women living in the wealthiest households have their first birth an average of 1.5 years later than women living in the poorest households (23.6 years versus 22.1 years).

Teenage fertility

In Rwanda, 7% of adolescent women age 15-19 are already mothers or are pregnant with their first child. Teenage fertility is lowest in North province (5%) and highest in East province (11%). Adolescent women living in the poorest households are nearly twice as likely as those living in the wealthiest households to have begun childbearing (11% versus 6%).

Polygamy

Seven percent of Rwandan women age 15-49 are in a polygamous union. Polygamy is most common among women with no education (12%). Two percent of men age 15-49 are in a polygamous union.

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Family Planning

Current Use of Family Planning

Over half (53%) of married women age 15-49 use any method of family planning—48% use any modern method and 6% use any traditional method. Injectables are the most popular modern method (24%), followed by the pill and implants (8% each).

Among sexually active, unmarried women age 15-49, 35% use a modern method of family planning and less than 1% use a traditional method. The most popular methods among sexually active, unmarried women are injectables (16%), implants (8%), and the male condom (6%).

Use of modern methods of family planning varies by residence and province. Married women living in urban areas are slightly more likely to use a modern method of family planning than those living in rural areas (51% versus 47%). Modern method use ranges from a low of 41% in West province to a high of 55% in North province.

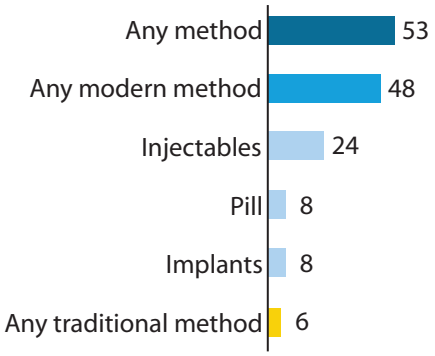
Modern contraceptive use generally increases with education; 41% of women with no education use a modern method of family planning, compared to 49% of women with secondary or higher education. Married women from the wealthiest households are more likely to use modern methods (50%) than married women from the poorest households (45%).

Trends in Family Planning Use

The use of any method of family planning by married women has nearly tripled from 17% in 2005 to 53% in 2014-15. However, there has been nearly no change since 2010. Similarly, modern method use has increased from 10% in 2005 to 48% in 2014-15, but has remained essentially unchanged since 2010.

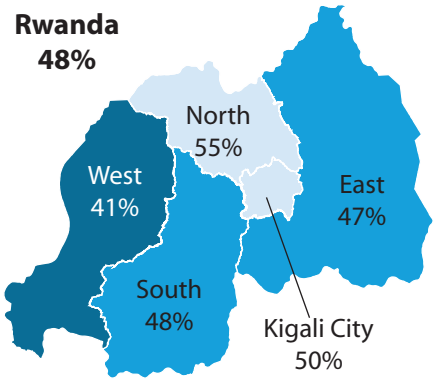
Family Planning

Percent of married women age 15-49 using family planning



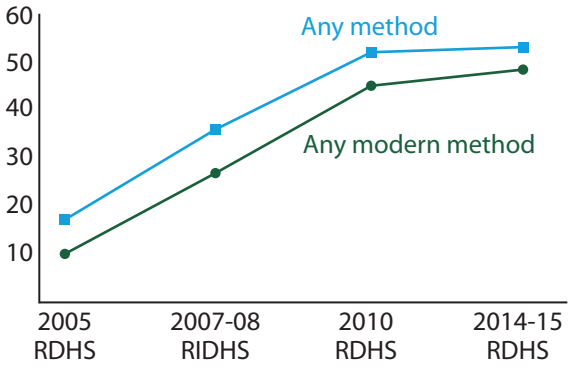
Current Use of Modern Methods by Province

Percent of married women age 15-49 using a modern method of family planning



Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Need for Family Planning

Desire to Delay or Stop Childbearing

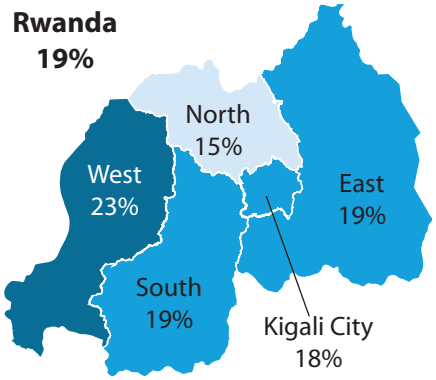
Nearly half of married women and men age 15-49 want no more children. Additionally, 39% of women and 41% of men want to wait at least two years before having another child. These women and men are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. Nineteen percent of married women age 15-49 have an unmet need for family planning—11% have a need for spacing births and 8% have a need for limiting births. Unmet need for family planning decreases as a woman's level of education increases; 23% of married women with no education have an unmet need for family planning, compared to 14% of women with secondary or higher education. Unmet need for family planning also varies by province, ranging from 15% in North to 23% in West.

Unmet Need for Family Planning by Province

Percent of married women age 15-49 with an unmet need for family planning



Exposure to Family Planning Messages

The most common media source of family planning messages is the radio. More than half (52%) of women and 64% of men age 15-49 heard a family planning message on the radio in the few months before the survey. Women and men were much less likely to have seen a family planning message on television or in a newspaper/magazine. Overall, 47% of women and 34% of men were not exposed to family planning messages via any of these media sources. Women and men living in the poorest households and those with no education are least likely to have been exposed to family planning messages through any media source.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Seven in ten women age 15-49 were informed of possible side effects or problems of their method, 68% were informed about what to do if they experience side effects, and 87% were informed of other available family planning methods.

Childhood Mortality

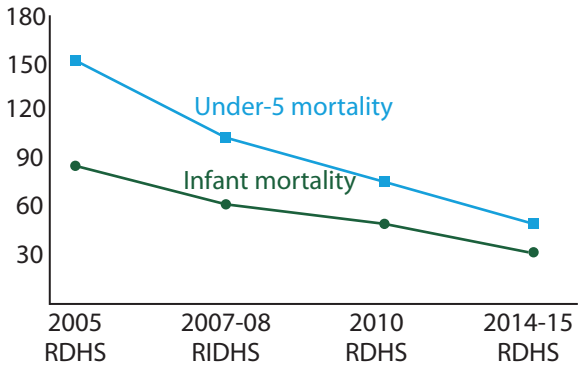
Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 32 and 50 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 20 Rwandan children does not survive to their fifth birthday.

Childhood mortality rates have declined over the past 10 years. Infant mortality has decreased from 86 deaths per 1,000 live births in 2005 to 32 in 2014-15. During the same time period, under-5 mortality has markedly declined from 152 to 50 deaths per 1,000 live births.

Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



Under-5 Mortality Rate by Background Characteristics

Mortality rates differ by residence and region for the ten-year period before the survey. Children in rural areas are more likely to die young (70 deaths per 1,000 live births) than children in urban areas (51 deaths per 1,000 live births). Under-5 mortality also varies by province, from 42 deaths per 1,000 live births in Kigali City to 86 deaths per 1,000 live births in East.

Children born to mothers with no education are twice as likely to die before their fifth birthday than children whose mothers have secondary or higher education (89 and 43 deaths per 1,000 live births, respectively). Under-5 mortality is markedly higher among children living in the poorest households (84 deaths per 1,000 live births) than among children in the wealthiest households (40 deaths per 1,000 live births).

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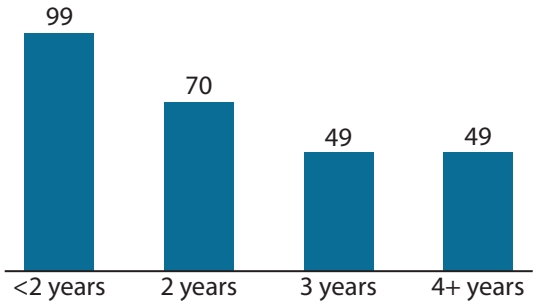
Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Rwanda is 38.5 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (99 deaths per 1,000 live births) than among children born three or more years after a previous birth (49 deaths per 1,000 live births). Overall, 14% of children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



Maternal Health

Antenatal Care

Nearly all (99%) of women age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, medical assistant, or midwife). The timing and quality of ANC are also important. More than half (56%) of women had their first ANC visit in the first trimester, as recommended, while less than half (44%) of women made four or more ANC visits.

Eight in ten women took iron tablets or syrup during pregnancy. Eighty-two percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for most their most recent birth, 97% had a blood sample taken, 84% had their blood pressure measured, 79% were informed of pregnancy complications, and 58% had a urine sample taken.

Delivery and Postnatal Care

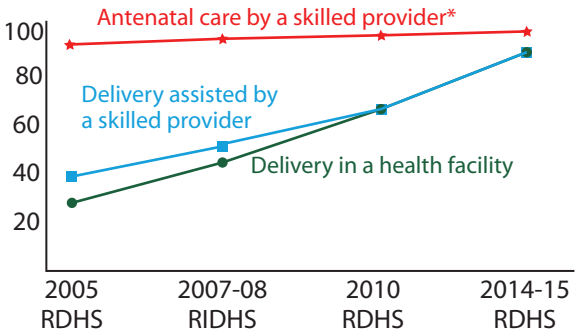
More than 9 in 10 births occur in a health facility, primarily in public sector facilities. However, 8% of births occur at home. Women with no education and those living in the poorest households are most likely to deliver at home. Only 28% of births in 2005 were delivered in a health facility, compared to 91% in 2014-15.

Overall, 91% of births are assisted by a skilled provider, the majority by nurses/medical assistants. Women in urban areas, those with secondary or higher education, those with a first birth, and those living in the wealthiest households are most likely to receive delivery assistance from a skilled provider (97% each). Skilled assistance during delivery has dramatically increased from 39% in 2005 to 91% in 2014-15.

Postnatal care helps prevent complications after childbirth. Forty-three percent of women age 15-49 received postnatal checkup within two days of delivery, while 55% did not have a postnatal checkup within 41 days of delivery. Just 19% of newborns received a postnatal checkup within two days of birth.

Trends in Maternal Health Care

Percent of live births in the five years before the survey



**Percent of women age 15-49 for most recent birth*

Maternal Mortality

The 2014-15 RDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio (MMR) for Rwanda is 210 deaths per 100,000 live births. The confidence interval for the 2014-15 MMR ranges from 134 to 287 deaths per 100,000 live births. The 2014-15 RDHS MMR estimate is significantly different from the 2010 RDHS MMR of 476 deaths per 100,000 live births.

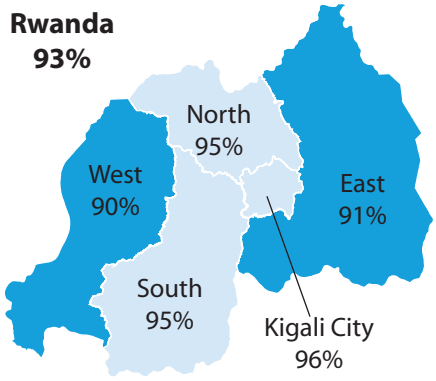
Child Health and Development

Basic Vaccination Coverage

More than 9 in 10 (93%) children age 12-23 months received all basic vaccinations—one dose each of BCG and measles and three doses each of pentavalent and polio vaccine. Basic vaccination coverage is lowest in West (90%) and highest in Kigali City (96%). Children whose mothers have no education are least likely to have received all basic vaccinations (86%), while children whose mothers have secondary or higher education are most likely to have received all basic vaccinations (98%). Basic vaccination coverage has increased over the past 10 years from 75% in 2005 to 93% in 2014-15.

Basic Vaccination Coverage by Province

Percent of children age 12-23 who received all basic vaccinations



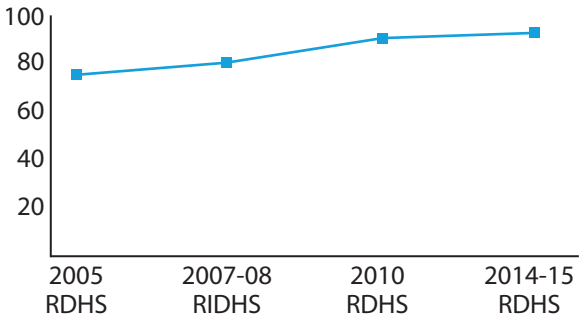
Childhood Illnesses

In the two weeks before the survey, 6% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Of these children, 54% were taken to health facility or provider.

Twelve percent of children under five had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 12-23 months (22%). Less than half (44%) of children under five with diarrhea were taken to health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). While 43% of children under five with diarrhea received ORT or increased fluids, 27% received no treatment.

Trends in Basic Vaccination Coverage

Percent of children age 12-23 months who received all basic vaccinations



Child Development

Only 13% of Rwandan children age 36-59 months are attending early childhood education. Only 1% of children under five live in a household with at least 3 children's books. About one-quarter of children live in households with homemade toys.

About one-third of children under five were left with inadeaquate care in the week before the survey, either alone or in the care of another child under age 10.

Overall, the majority of Rwandan children are on track in physical, social-emotional, and learning development, but only 7% of Rwandan children are developmentally on track in the areas of literacy and numeracy.

Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Rwanda with 99% of children ever breastfed. Eight in 10 children are breastfed within the first hour of life. Only 5% of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Nearly 9 in 10 (87%) children under six months are exclusively breastfed. Children age 0-35 months breastfeed until 27.2 months and are exclusively breastfed for 6.1 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Rwanda, 64% of children age 6-9 months are breastfed and receive complementary foods.

Use of Iodized Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Almost all households in Rwanda have iodized salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children, pregnant women, and new mothers. In the 24 hours before the survey, three-quarters of children age 6-23 months ate foods rich in vitamin A. Eighty-six percent of children age 6-59 months received a vitamin A supplement in the six months prior to the survey. Nearly half (49%) of women received a postpartum dosage of vitamin A.

Iron is essential for cognitive development in children and low iron intake can contribute to anemia. One in 5 children ate iron-rich foods the day before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Only 3% of women took iron tablets or syrup for at least 90 days during their last pregnancy.

Nutritional Status

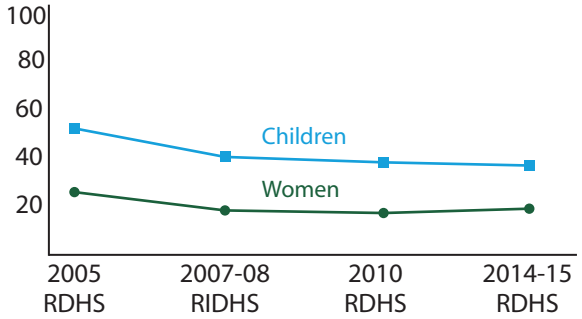
Anemia

The 2014-15 RDHS tested children age 6-59 months and women age 15-49 for anemia. Overall, 37% of children age 6-59 months are anemic, while 15% have moderate anemia. Anemia in children is most common in children from the poorest households and those whose mothers have no education. Anemia in children has decreased since 2005, when 52% of children were anemic.

Nearly 1 in 5 women age 15-49 in Rwanda are anemic. Among women, anemia is more common in South Province (23%) and less common in Kigali City or North province (15% each). Nearly one-quarter of pregnant women are anemic, while 19% of breastfeeding women and women who are neither pregnant nor breastfeeding are anemic. Since 2005, anemia among women has slightly decreased from 26% in 2005 to 19% in 2014-15.

Trends in Anemia in Children and Women

Percent of children age 6-59 months and women age 15-49 with anemia



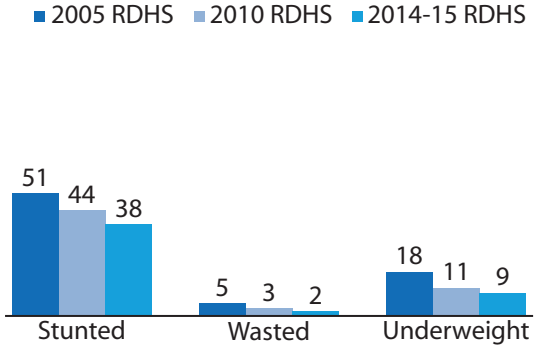
Children's Nutritional Status

The 2014-15 RDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Nearly 4 in 10 (38%) of children under five in Rwanda are stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting is more common in West province (45%) and less common in Kigali City (23%). Children whose mothers have no education are more than twice as likely to be stunted than children whose mothers have secondary and higher education (47% and 19%, respectively). Stunting is more common among children from poorer households (49%).

Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (2%). In addition, 9% of children are underweight, or too thin for their age. The nutritional status of Rwandan children has generally improved since 2005. In 2000, more than half of children under five was stunted compared to 38% in 2014-15.

Trends in Children's Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards



Women's Nutritional Status

The 2014-15 RDHS also took weight and height measurements of women age 15–49. Only 7% of women are thin (BMI < 18.5). Comparatively, 21% of women are overweight or obese (BMI ≥ 25.0). Women in urban households are more than twice as likely to be overweight or obese compared to rural women (37% vs. 17%). Overweight and obesity increases with household wealth and education. Since 2005, overweight or obese has increased from 12% to 21% in 2014-15.

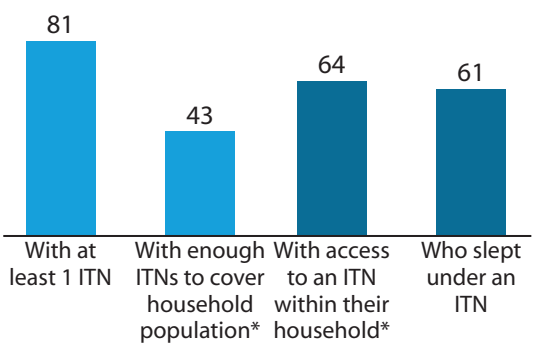
Malaria

Insecticide-treated Nets (ITNs)

Among all households in Rwanda, 8 in 10 own at least one insecticide-treated net (ITN). However, only 43% have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, 64% have access to an ITN and 61% slept under an ITN the night before the survey.

Ownership of, Access to, and Use of ITNs

Percent of:

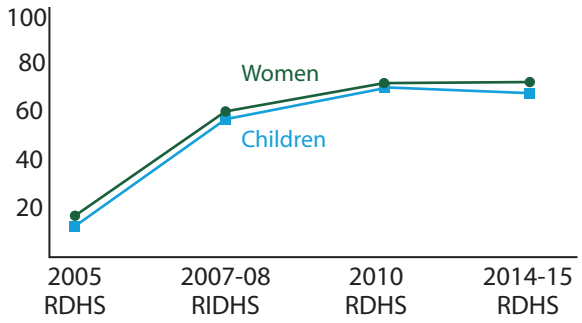


*Assuming one ITN covers 2 people

Children and pregnant women are most vulnerable to malaria. More than two-thirds (68%) of children under five and nearly three-quarters (73%) of pregnant women slept under an ITN the night before the survey. Use of ITNs by children under five and pregnant women has increased since 2005.

Trends in ITN Use among Children and Women

Percent of children under five and pregnant women age 15-49 who slept under an ITN the night before the survey



Management of Malaria in Children

In the two weeks before the survey, 1 in 5 children under five had fever, the primary symptom of malaria. More than half (57%) of children with fever sought advice or treatment, while 36% had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Rwanda. Among children under five with fever in the two weeks before the survey who received an antimalarial, half received Coartem, the brand name for ACT.

Malaria Prevalence

Malaria Prevalence

All children age 6-59 months and women age 15-49 in half of the selected households were eligible for malaria testing. Malaria testing was done conducted by both rapid diagnostic testing (RDT) as well as blood smear microscopy. Of the 3,529 eligible children, 99% of children and 99% of women provided blood microscopy testing. This report presents malaria prevalence estimates based only on microscopy results.

In Rwanda, 2% of children age 6-59 months tested positive for malaria by microscopy. Malaria prevalence is higher among children in rural areas than urban areas (3% versus <1%). Children from the poorest households are more likely to have malaria than children from the wealthiest households (5% versus <1%). Malaria prevalence ranges from <1% in both North province and Kigali City to 4% in South and East provinces.

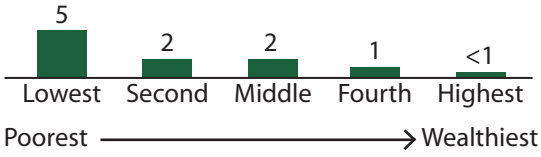
Women are less likely to be infected with malaria than children. Overall, 1% of women age 15-49 tested positive for malaria by microscopy.

Malaria Prevalence among Children by Residence

Percent of children age 6-59 months who tested positive for malaria by microscopy

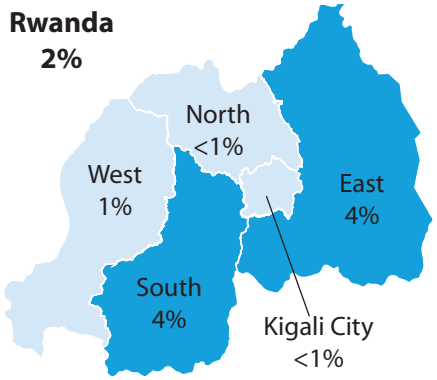
Malaria Prevalence among Children by Household Wealth

Percent of children age 6-59 months who tested postive for malaria by microscopy



Malaria Prevalence among Children by Province

Percent of children age 6-59 months who tested positive for malaria by microscopy



HIV Knowledge, Attitudes, and Behavior

Knowledge of HIV Prevention Methods

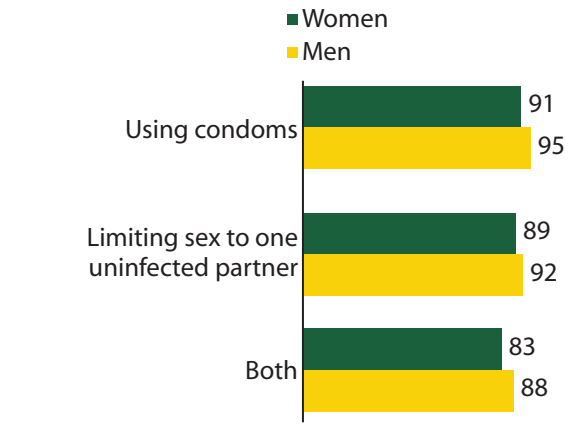
Men are more likely than women to know about the different HIV prevention methods. More than 80% of women and 88% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men from the wealthiest households and those with secondary and higher education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Women are more likely than men to have knowledge of PMTCT. Nine in ten women and 84% of men know that HIV can be transmitted by breastfeeding and that transmission can be reduced by the mother taking special medication during pregnancy.

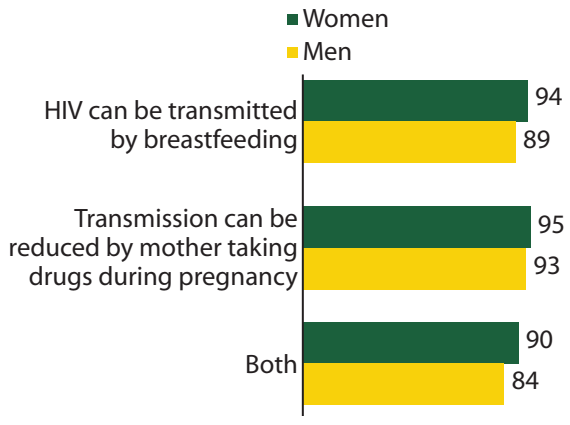
Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). A small percentage of women (1%) and 5% of men had two or more sexual partners in the past 12 months. Among women and men who had two or more partners in the past year, 48% of women and 31% of men reported using a condom at last sexual intercourse. Men in Rwanda have one more sexual partner in their lifetime than women (2.6 versus 1.5).

Male Circumcision

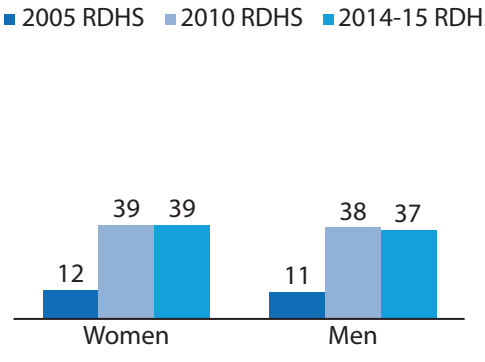
Three in ten men in Rwanda are circumcised. Male circumcision ranges from 17% in South province to 50% in Kigali City. Men from the wealthiest households and those with secondary and higher education are most likely to be circumcised.

HIV Testing

Nearly all women and men know where to get an HIV test. More than 80% of women and 78% of men have ever been tested for HIV and received the results. However, 15% of women and 19% of men have never been tested for HIV. Within the past 12 months, nearly 4 in 10 women and 37% of men have been tested and received the results. Recent HIV testing has increased since 2005 when only 12% of women and 11% of men were tested for HIV and received the results. More than 9 in 10 pregnant women with a live birth in the last two years received HIV testing and counseling and received the results.

Trends in Recent HIV Testing

Percent of women and men age 15-49 who were tested for HIV and received their results in the last 12 months



HIV Prevalence

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2014-15 RDHS. Of the 6,800 women and 5,917 men age 15-49 eligible for testing, 99% of both women and men provided specimens for HIV testing.

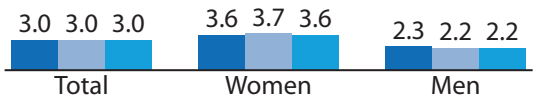
Overall, 3.0% of Rwandans age 15-49 are HIV-positive. Regionally, HIV prevalence is lowest in North province (2.3%) and highest in Kigali City (6.3%). HIV prevalence is slightly higher among women (3.6%) than among men (2.2%). HIV prevalence is higher among women and men living in urban areas. Among women, HIV prevalence is lowest at age 15-19 (0.9%) and highest at age 40-44 (7.8%). Among men, HIV prevalence is lowest at age 15-19 (0.3%) and highest at age 45-49 (9.3%).

Trends in HIV Prevalence

Overall, the total estimates of HIV prevalence among the adult population, women, and men has remained essentially unchanged since 2005.

Trends in HIV Prevalence

Percent of women and men age 15-49 who are HIV-positive



HIV and Youth

HIV Testing among Youth

Among youth age 15-24 who have had sexual intercourse in the past year, 6 in 10 young women and half of young men have been tested for HIV in the past year and received the results. Young women with secondary and higher education are more likely to have been tested for HIV in the past year and received the results.

HIV Prevalence among Youth

Overall, 1% of Rwandan youth age 15-24 are HIV-positive. HIV prevalence is higher among young women (1.3%) than among young men (0.6%). HIV prevalence among young women is lowest at age 15-17 (0.5%) and highest at age 23-24 (2.1%). HIV prevalence is lowest among both young women and young men in West province (0.4% and 0.2%, respectively) and highest in Kigali City (3.5% and 1.7%, respectively).

Women's Empowerment

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Employment

More than 90% of both married women and men were employed at any time in the past 12 months. Working women are more likely to be paid cash and in-kind (43%), while 19% are not paid at all. Nearly half of working men are paid in cash for their work, while 8% are not paid. Two-thirds of married women who are employed and earned cash made joint decisions with their husband on how to spend their earnings. Overall, 65% of women reported earning less than their husband.

Ownership of Assets

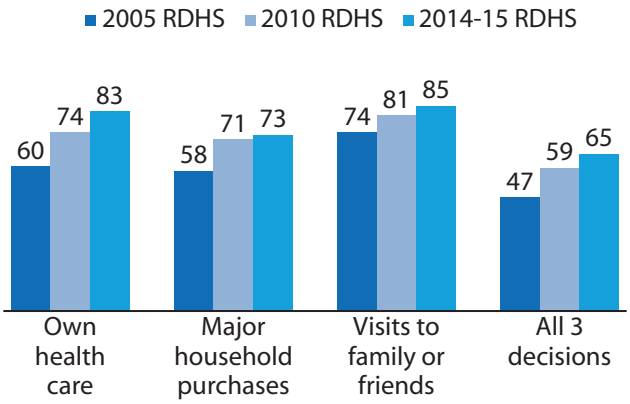
Nearly half of women (49%) and men (48%) own a home alone or jointly. Similarly, nearly half of women (46%) and men (48%) own land alone or jointly. Ownership of either asset among women and men decreases with education.

Participation in Household Decisions

The 2014-15 RDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Rwanda are most likely to have sole or joint decision-making power about visiting family or relatives (85%) and their own health care (83%) and less likely to make decisions about major household purchases (73%). Overall, 65% of married women participate in all three decisions. Since 2005, married women's participation in decision-making has steadily improved.

Trends in Women's Participation in Decision-making

Percent of women age 15-49 who usually make specific decisions by themselves or jointly with their husband



Problems in Accessing Health Care

Nearly 6 in 10 women report having at least one problem accessing health care for themselves. Nearly half of women are concerned about getting money for treatment. More than 20% of women are concerned about the distance to the health facility, while 18% of women do not want to go alone to the health facility. Only 3% of women are concerned about getting permission to go for treatment.

Domestic Violence

Attitudes toward Wife Beating

More than 2 in 5 women and nearly 1 in 5 men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (29% and 12%, respectively).

Experience of Physical Violence

More than one-third of women (35%) of women have ever experienced physical violence since age 15. Experience of violence increases with age; 24% of women age 15-19 have ever experienced physical violence, compared to 43% of women age 40-49. In the past year, 14% of women have experienced physical violence. The most common perpetrator of physical violence among ever-married women is a current husband/partner (58%). Among never married women, the most common perpetrator of physical violence is a teacher or others (21% each).

Slightly more men (39%) have ever experienced physical violence since age 15, while 11% have experienced it in the past year. The most common perpetrator of physical violence among ever-married men is others (20%) and a current wife/partner (18%). Among never-married men, perpetrators of violence are most likely other (25%) or a teacher (18%).

Experience of Sexual Violence

More than 1 in 5 women (22%) have ever experienced sexual violence; 8% have experienced sexual violence in the past year. Divorced/separated/widowed women are most at risk (31%) compared to never married women (19%). Fewer men (5%) report having ever experienced sexual violence.

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Eight percent of women age 15-49 who have ever been pregnant experienced violence during pregnancy. Violence during pregnancy is highest among women in the poorest households (12%) and in Kigali City (11%).

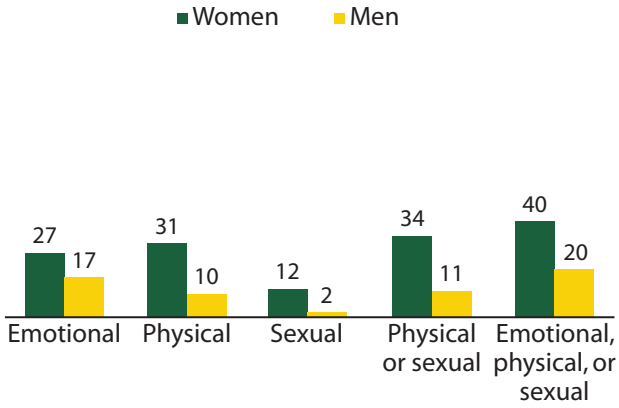
Spousal Violence

More than one-third of ever-married women have experienced spousal violence, whether physical or sexual. More than 1 in 5 ever-married women report having experienced spousal violence within the past year. Spousal violence is highest among ever-married women who are divorced/separated/widowed (47%) and those from the poorest households (46%).

Men are less likely to have experienced spousal violence than women; 11% of ever-married men have experienced physical or sexual violence. Spousal violence among men is more common among those with no education and those from the poorest households (15% each).

Spousal Violence

Percent of ever-married women and men age 15-49 who have experienced the following types of spousal violence



Adult Health Issues

Health Insurance Coverage

Nearly 8 in 10 Rwandan households have at least one household member covered by health insurance. Mutual/community insurance is the most common type of health insurance coverage.

Household Bank Account

Nearly half of Rwandan households (46%) have at least one household member with a bank account. The wealthiest households are more likely to have a bank account compared to the poorest households (81% versus 12%). Households in Kigali City are most likely to have a bank account compared to households in West province (64% and 41%, respectively).

Use of Tobacco

Tobacco use is more common among men than women. Only 2% of Rwandan women use tobacco compared to 12% of men. Among men, cigarettes are the most commonly used tobacco product. Cigarette use decreases with education; 18% of men with no education smoke cigarettes compared to 3% of men with secondary and higher education. Cigarette use also decreases as household wealth increases; 17% of men from the poorest households smoke compared to 6% of men from the wealthiest households. Among men who smoke cigarettes, 44% smoke 3-5 cigarettes per day and 28% smoke 1-2 cigarettes per day.

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INDICATORS

		Residence	
Fertility	**Rwanda**	**Urban**	**Rural**
Total fertility rate (number of children per woman)	4.2	3.6	4.3
Median age at first marriage for women age 25-49 (years)	21.9	23.2	21.7
Women age 15-19 who are mothers or currently pregnant (%)	7	8	7
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	53	57	53
Current use of a modern method of family planning (%)	48	51	47
Unmet need for family planning[1] (%)	19	17	19
Maternal Health (among women age 15-49)			
Births delivered in a health facility (%)	91	97	89
Births assisted by a skilled provider[2] (%)	91	97	89
Child Health (among children age 12-23 months)			
Children who have received all basic vaccinations[3] (%)	93	93	93
Nutrition			
Children under five who are stunted (moderate or severe) (%)	38	24	41
Women age 15-49 who are overweight or obese (%)	21	37	17
Men age 15-49 who are overweight or obese (%)	6	11	5
Childhood Mortality (deaths per 1,000 live births)[4]			
Infant mortality	*32*	32	44
Under-five mortality	*50*	51	70
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	81	82	80
Children under five who slept under an ITN the night before the survey (%)	68	78	66
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	73	78	72
HIV/AIDS			
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	39	43	38
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	37	41	36
Total HIV prevalence among both women and men age 15-49 (%)	3.0	6.2	2.2
HIV prevalence among women age 15-49 (%)	3.6	7.8	2.7
HIV prevalence among men age 15-49 (%)	2.2	4.6	1.5
Domestic Violence (among women age 15-49)			
Women who have ever experienced physical violence since age 15 (%)	35	35	34
Women who have ever experienced sexual violence (%)	22	28	21

[1]Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. [2]Skilled provider includes doctor, nurse, medical assistant, and midwife. [3]Basic vaccinations includes BCG, measles, three doses each of pentavalent and polio vaccine (excluding polio vaccine given at birth). [4]Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

Province				
Kigali City	South	West	North	East
3.6	4.0	4.6	3.7	4.6
23.7	22.6	21.5	21.2	21.2
10	6	6	5	11
55	53	47	61	54
50	48	41	55	47
18	19	23	15	19
94	90	91	92	89
95	90	91	92	89
96	95	90	95	91
23	41	45	39	35
34	16	19	21	20
11	3	8	7	5
29	40	41	38	51
42	66	62	60	86
86	85	69	79	85
81	72	57	62	71
83	74	67	65	76
43	38	39	40	38
39	34	41	36	35
6.3	2.6	2.4	2.3	2.4
8.0	3.2	3.2	2.5	2.9
4.4	2.0	1.3	2.1	1.9
36	32	34	37	35
26	22	23	20	22