The Republic of Rwanda

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

DEMOGRAPHIC AND HEALTH SURVEY RDHS / 2014-15

DISTRICT PROFILE CHART BOOK

WESTERN PROVINCE

The Republic of Rwanda

DEMOGRAPHIC AND HEALTH SURVEY
RDHS
2014-15

DISTRICT PROFILE
CHART BOOK

Western Province

September 2016

National Institute of Statistics of Rwanda
Ministry of Finance and Economic Planning
Ministry of Health
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Inshuti Mu Buzima

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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ISBN: 978-99977-43-17-6

Recommended citation:

National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. *Rwanda Demographic and Health Survey 2014-15,* District Profile Chart Book, Western Province. NISR, MOH, and ICF International, September 2016.

ACKNOWLEDGMENTS

The National Institute of Statistics of Rwanda (NISR) wishes to acknowledge the efforts of a number of organizations and individuals who contributed substantially to the success of the fifth Rwanda Demographic and Health Survey (2014-15 RDHS).

First, we would like to acknowledge the financial assistance from the government of Rwanda (GOR), the United States Agency for International Development (USAID), One United Nations (ONE UN), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), World Vision International (WVI), Partners in Health (PIH), and the Suisse Development Cooperation (SDC).

We express our gratitude to the Ministry of Health (MOH) for its close collaboration and to ICF International for its technical assistance throughout the survey. We gratefully acknowledge the support of the Steering Committee (SC) and Technical Advisory Committee (TAC) members, who contributed to the successful preparation and implementation of the survey.

We wish to express great appreciation for the work carried out by the Technical Committee (TC) staff, namely coordinators, supervisors, cartographers, and data processors from NISR, MOH, and RBC Divisions, especially Malaria & OPD, HIV, Maternal and Child Health (MCH), and the National Reference Laboratory (NRL) that worked with dedication and enthusiasm to make the survey a success.

We recognize the valuable support provided by NISR departments, especially administration, finance and procurement services; their interventions allowed this survey to run smoothly, safely, and in good conditions.

We would like to express our special thanks to the Ministry of Local Government and to the local authorities as well as community health workers for their assistance and contribution to the smooth implementation of the survey. Special thanks goes to the team leaders, field and office editors, enumerators, drivers, and data entry staffs for their valuable time that made this survey possible.

Finally, we are grateful to the survey respondents who generously gave their time to provide the information that forms the basis of this report.

Yusuf MURANGWA
Director General
National Institutes of Statistics of Rwanda

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WEST PROVINCE MAP

Introduction

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

The key indicators and the main report have been produced and published at national level; this document is elaborated 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.

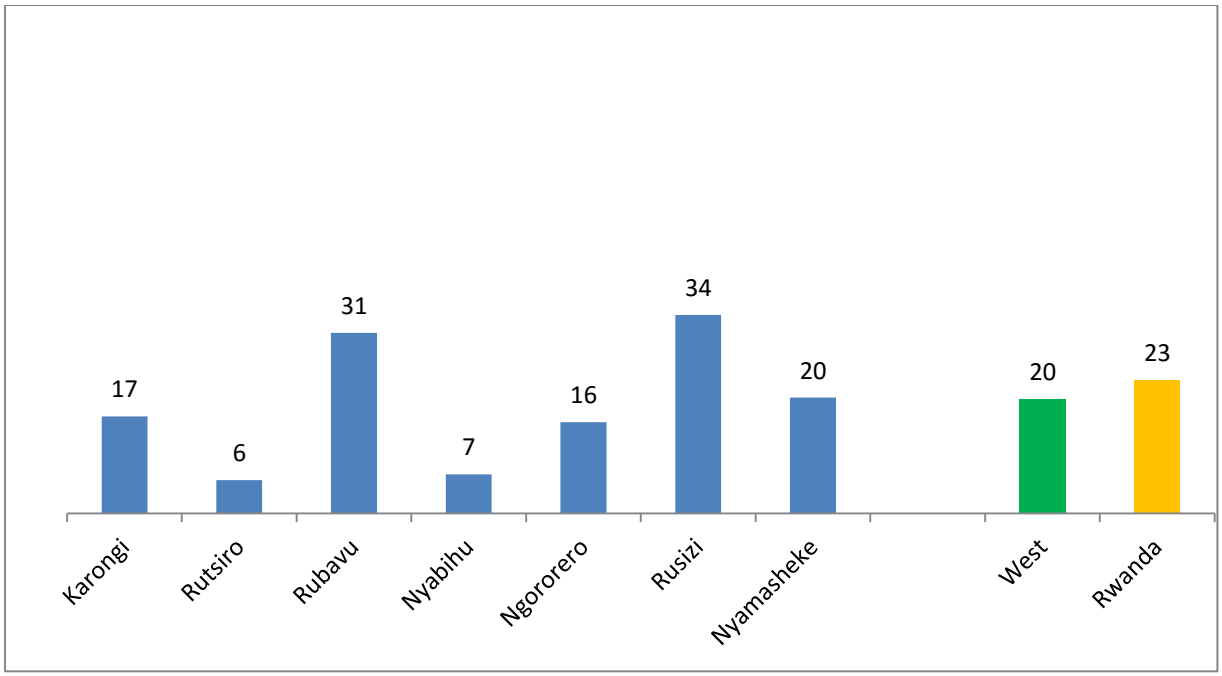
Chapter 1: Household characteristics

The Rwanda Demographic 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 West Province.

1.1 Electricity coverage

Figure 1 shows that 20 percent of households in West Province have access to electricity compared to 23 percent at national level. The situation has improved since 2010, when only 10 percent of households had electricity. The results show large disparities between Districts in the West Province. This percentage is higher in Rusizi District (34 percent), followed by Rubavu (31percent) and lower in Rutsiro District (6 Percent) as compared to the rest of the Districts in the West Province.

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



Source : RDHS, 2014-15

1.2 Household durable goods

Figure 2 shows that, Mobile phone (58 percent) is the most owned household good in West province as compared to 60 percent at the national level. Households in Rusizi and Karongi Districts (69 percent and 64 Percent respectively) are the most likely to possess Mobile phone while households in Nyabihu District are the least likely (45 percent) to possess it.

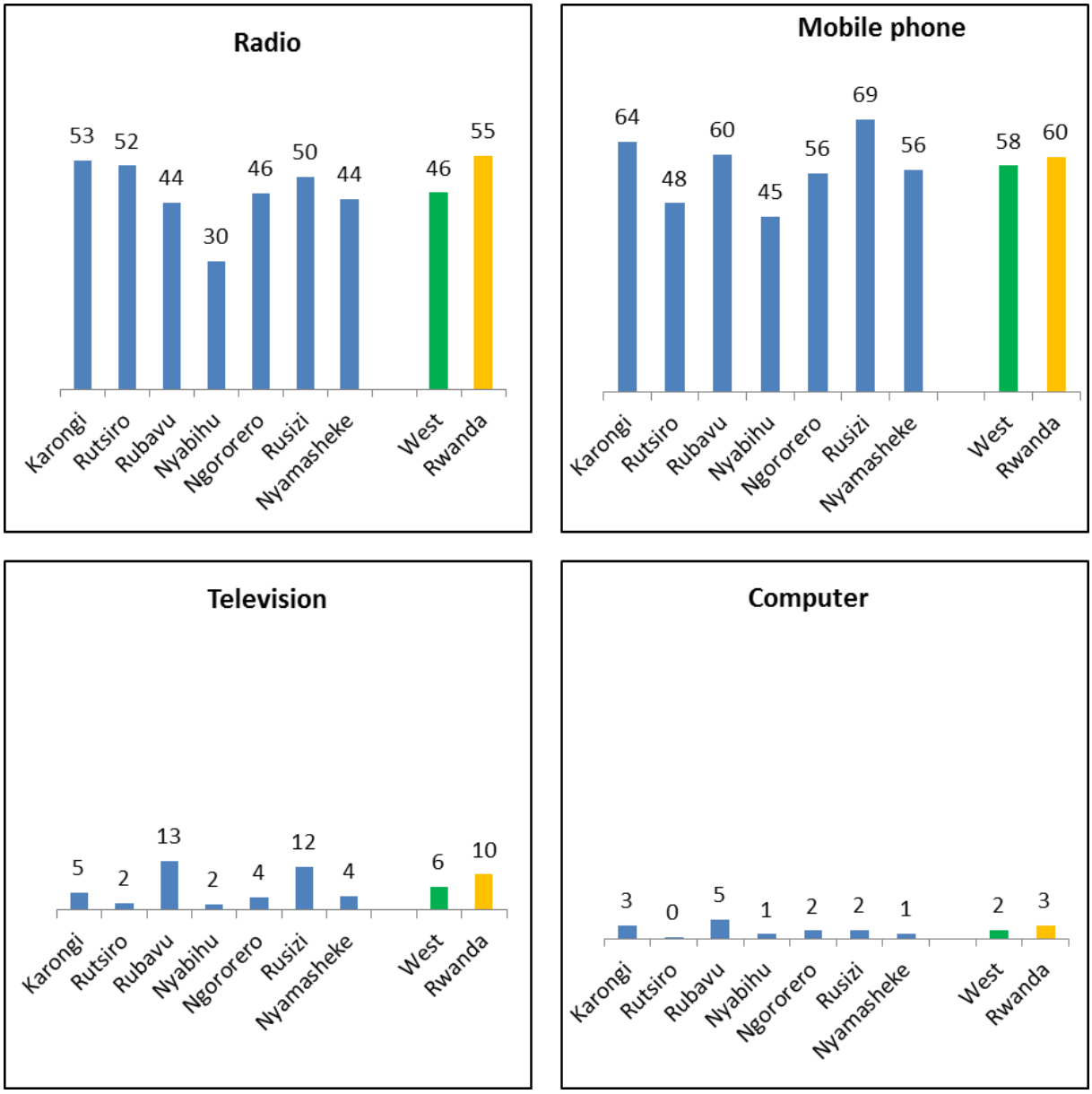
Radio (46 percent) is the Second most common good owned by households after mobile phone in West province as compared to 55 percent at the national level. Households in

Karongi and Rutsiro Districts (53 percent and 52 Percent respectively) are the most likely to possess radio while households in Nyabihu District are the least to possess it (30 percent).

Six percent of households own a television in West Province compared to 10 percent at national level. Rubavu (13percent) has the highest percentage in ownership of Television (more than the national average) while Nyabihu and Rutsiro are the least likely to possess television (2 percent, each).

Only 2 percent of households in the West Province have computer compared to 3 percent at the national level. Ownership of computer is highest in Rubavu (5 percent), followed by Karongi (3 percent) and lowest in Nyabihu, Nyamasheke and Rutsiro (less than 1 percent).

Figure 2: Percentage of households with durable goods



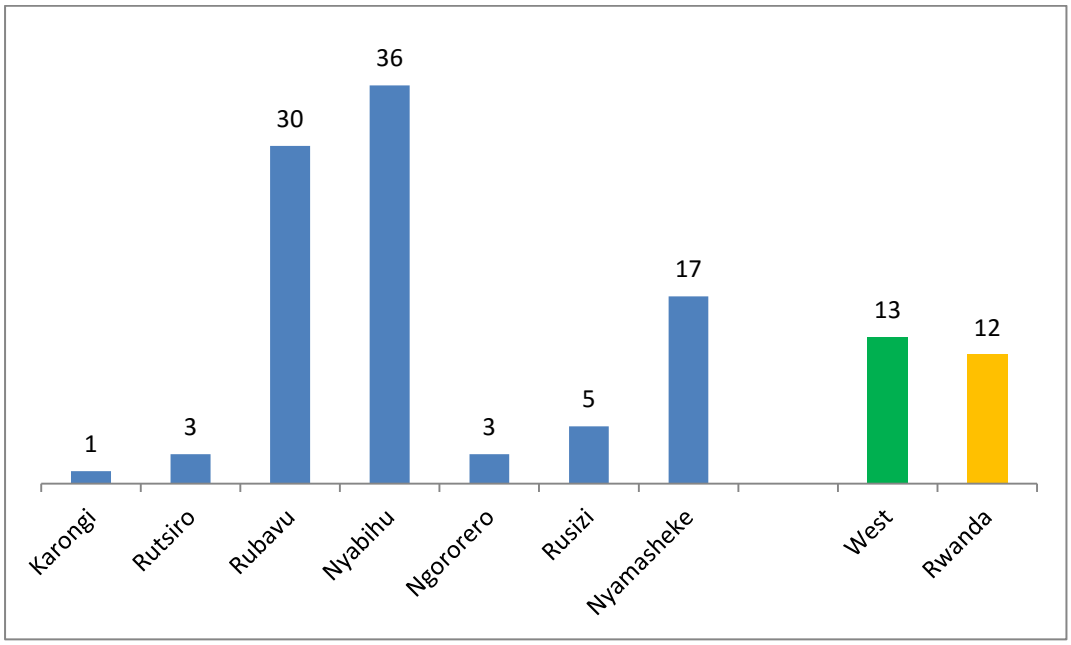
Source : RDHS, 2014-15

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 13 percent of households in the West Province and 12 percent at the national level had a place for hand washing that was observed by an interviewer. Nearly four in ten (36 percent) households in Nyabihu District and 3 in ten (30 percent) households in Rubavu had a place for hand washing that was observed. This proportion is lowest in Karongi District (1 Percent).

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



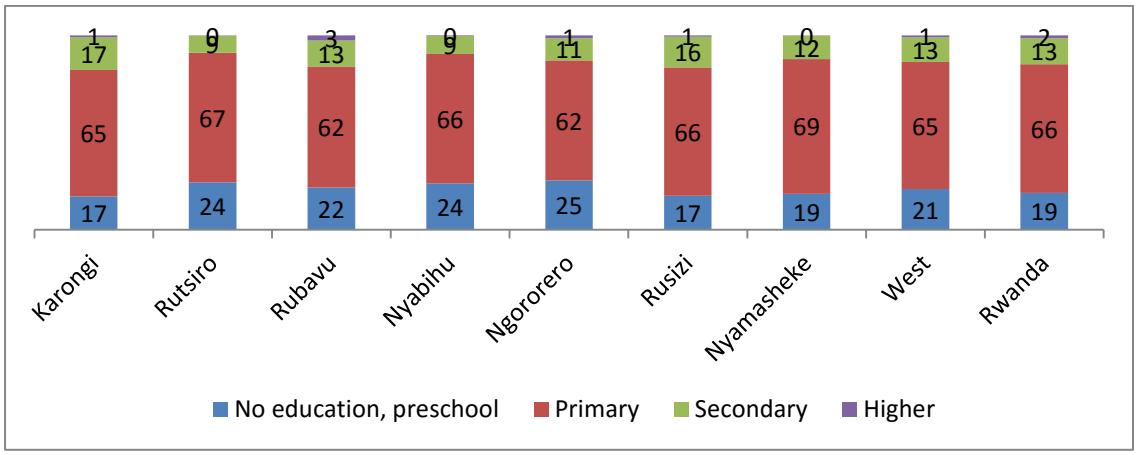
Source : RDHS, 2014-15

Chapter 2: Respondent characteristics

2.1 Education attainment

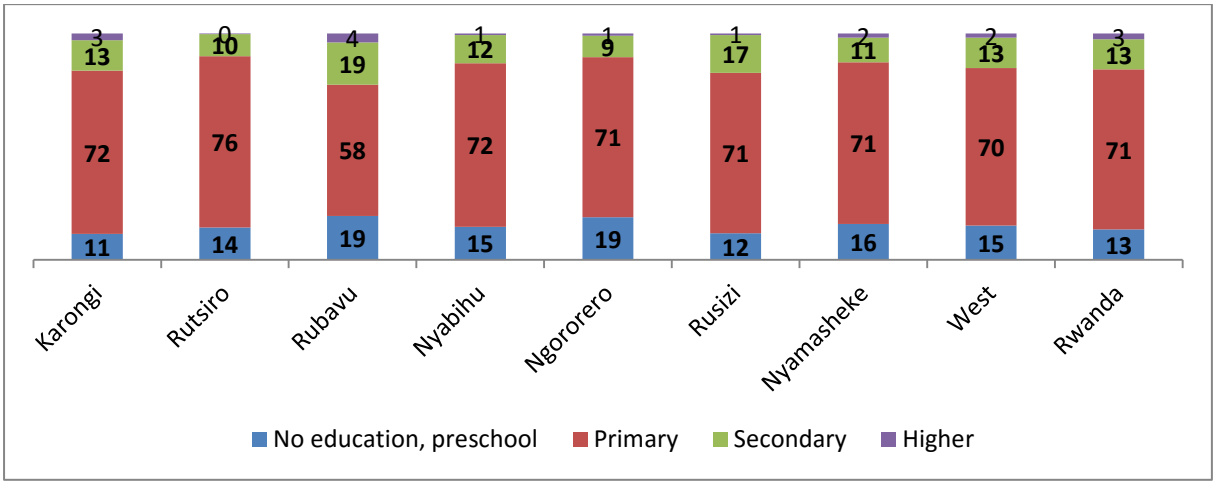
Figure 4 and Figure 5 show the distribution of female and male respondents by highest level of education attained and by districts of the West Province. The proportion of women who attained primary school is slightly higher than that of men in the West Province (65 percent and 70 percent, respectively), compared to (66 percent and 71 percent, respectively) at national level. At the secondary education level, the proportions are 13 percent for both women and men in the West Province. Among female it is highest in Karongi (17 percent) followed by Rusizi District (16 percent), and in the remaining districts it varies from 13 percent in Rubavu to 9 percent in Rutsiro and Nyabihu Districts (each). Among men the highest proportion of respondent who attended secondary is observed in Rubavu District (19 Percent), followed by Rusizi 17 percent and Rutsiro Districts (10 percent), and it is the lowest in Ngororero District (9 percent).

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



Source : RDHS, 2014-15

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



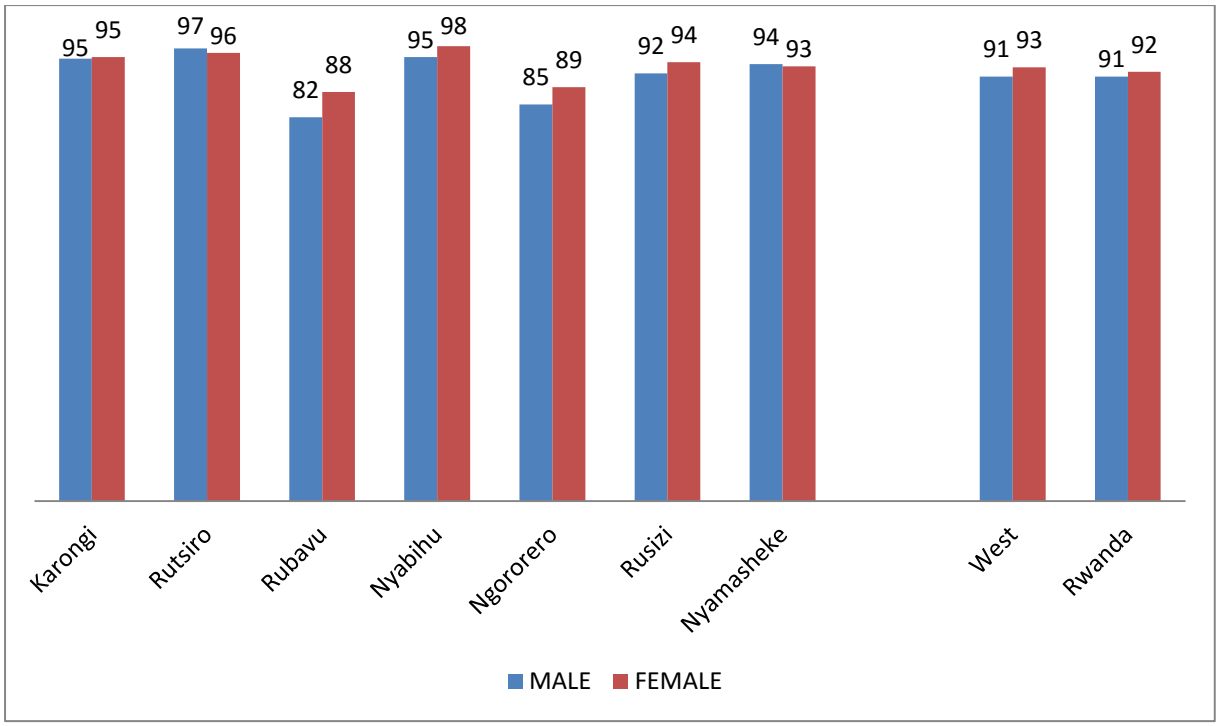
Source : RDHS, 2014-15

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 West province (91 percent for male and 93 percent for female) and it is almost the same at the national level (91 percent for male and 92 for female). Variation among districts of the West Province among female is from 98 percent in Nyabihu to 88 percent in Rubavu District, and from 97 percent in Rutsiro to 82 percent in Rubavu District among male.

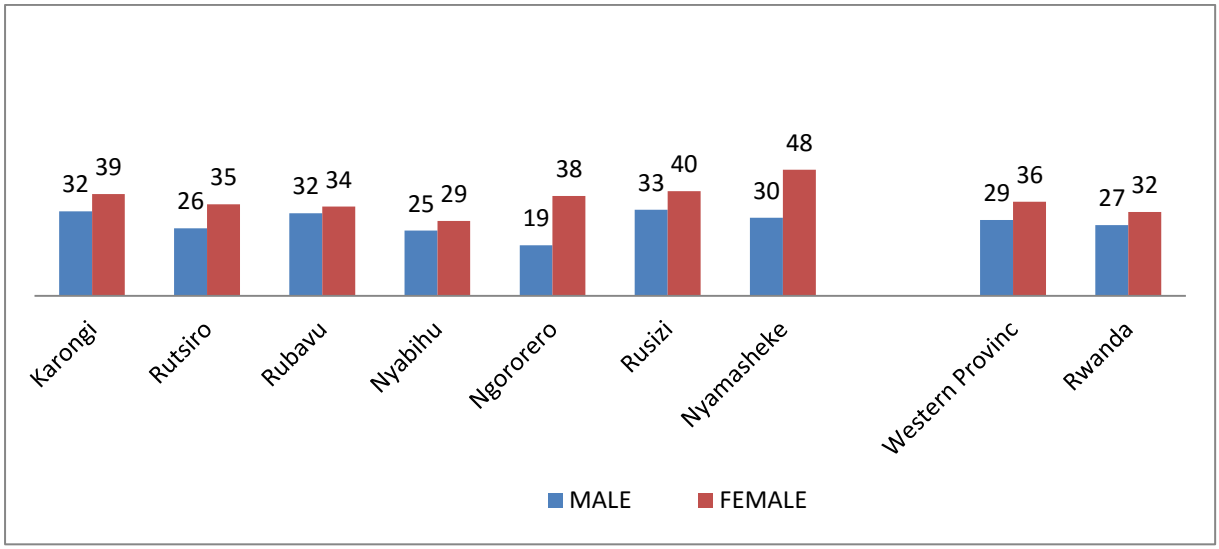
Figure 7 describe the net attendance rate among children in secondary school. The net attendance rate in the West province is estimated at 29 percent among males and 36 percent among females compared to 27 percent and 32 percent for male and female respectively at the national level. The percentage at the district level varies from 48 percent in Nyamasheke District to 29 percent in Nyabihu District among women, and from 33 percent in Rusizi to 19 percent in Ngororero Districts for men.

Figure 6: Net Attendance rate in Primary School



Source : RDHS, 2014-15

Figure 7: Net Attendance rate in Secondary School



Source : RDHS, 2014-15

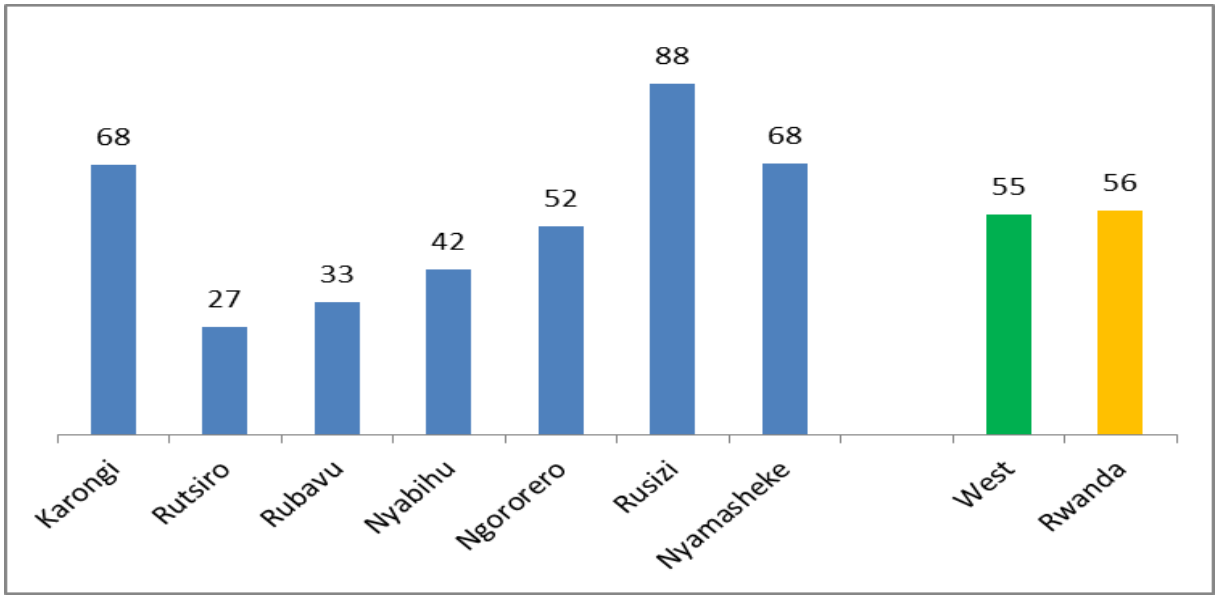
2.3 Birth registration of children under age 5

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 55 percent of children have been registered with the civil authorities in the West Province compared to 56 percent at the national level. The percentage is highest in Rusizi (88 Percent) followed by Karongi and Nyamasheke (68 percent each), and it is lowest in Rutsiro District (27 Percent).

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



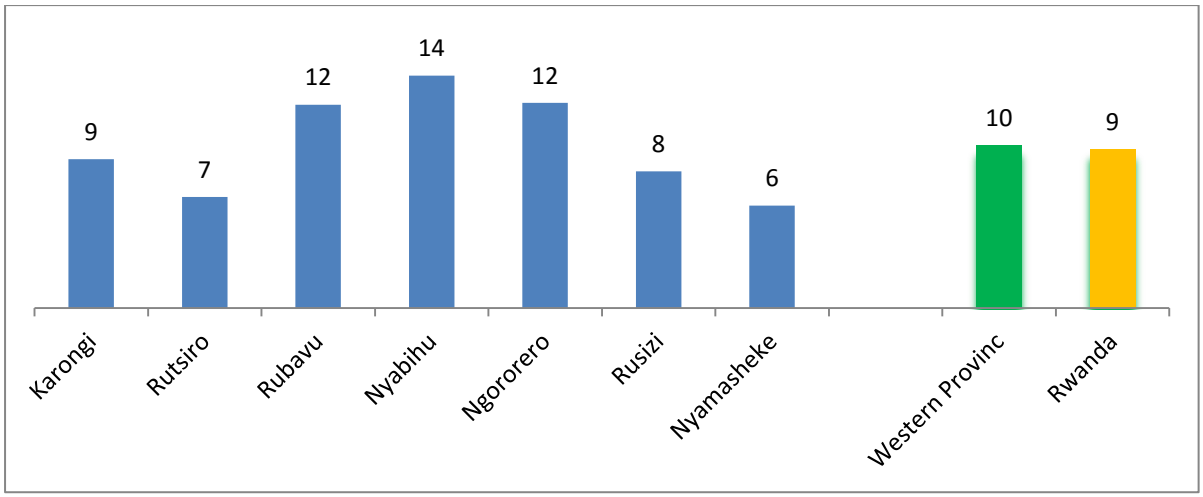
Source : RDHS, 2014-15

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 West Province have lost one or both parents compared to 9 percent at the National level. Nyabihu has the highest percentage of orphaned children who have lost one or both parents (14 percent) while Nyamasheke District (6 percent) has lowest percentage.

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

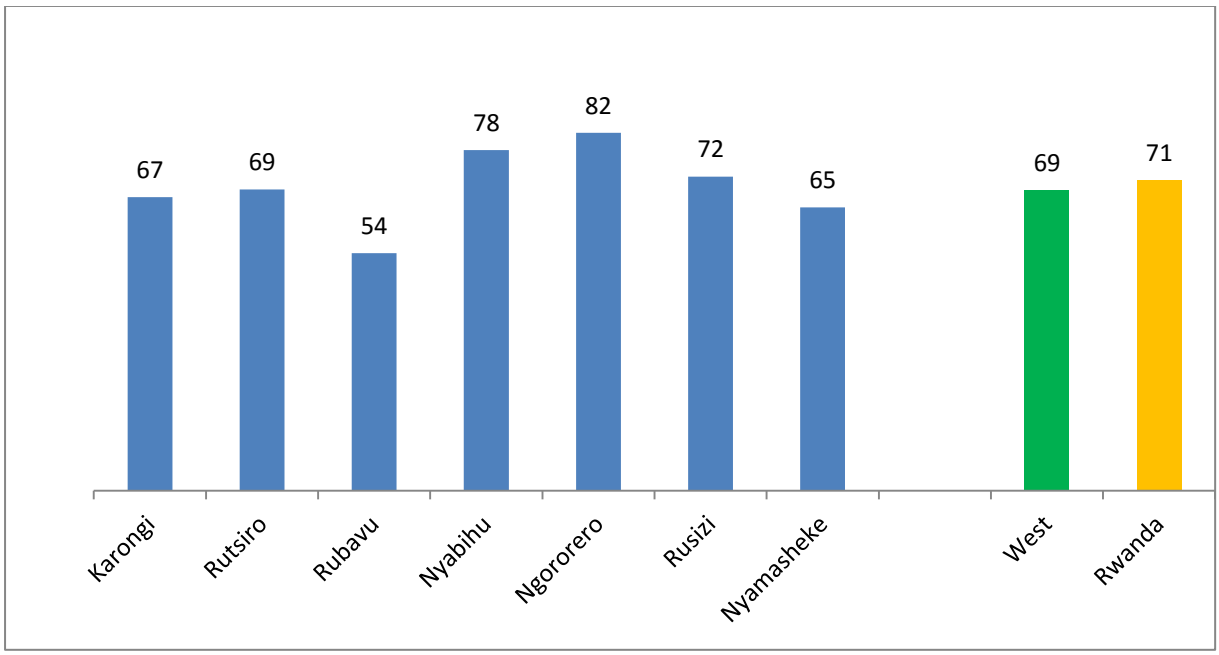


Source : RDHS, 2014-15

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-nine percent of the population is covered by any health insurance in West Province compared to 71 percent at national level. This proportion is highest among respondents in Ngororero district (82 percent), followed by Nyabihu district (78 percent), and it is lowest in Rubavu district (54 percent).

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



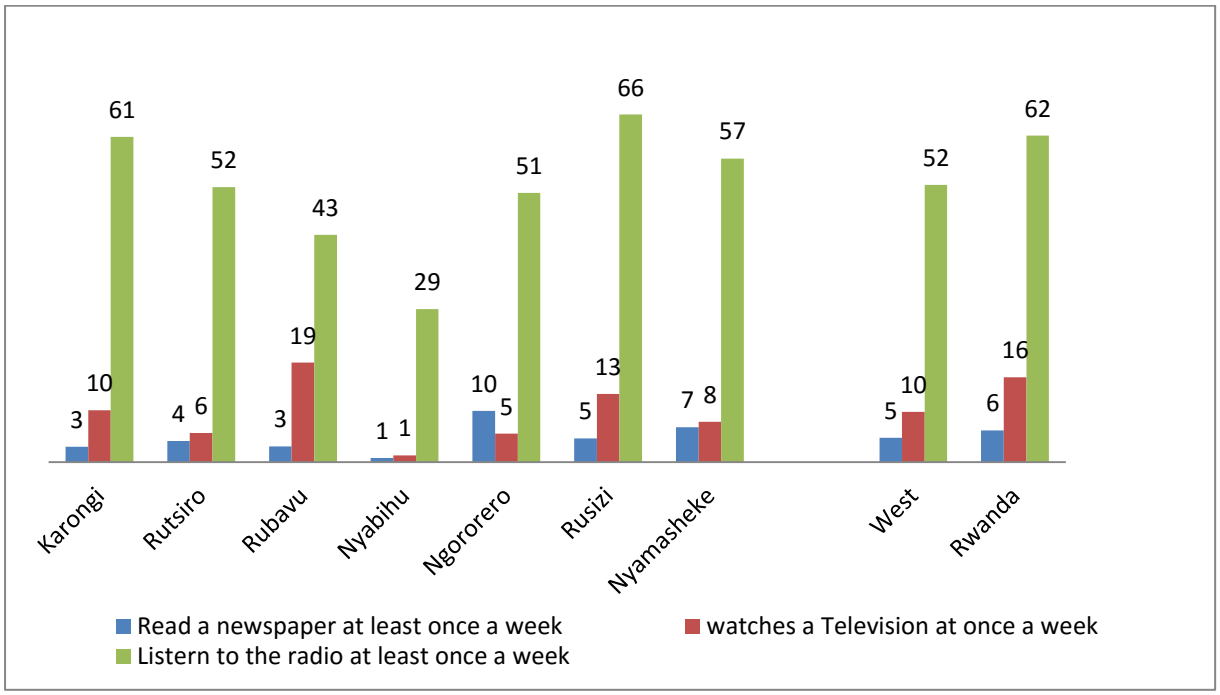
Source : RDHS, 2014-15

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.

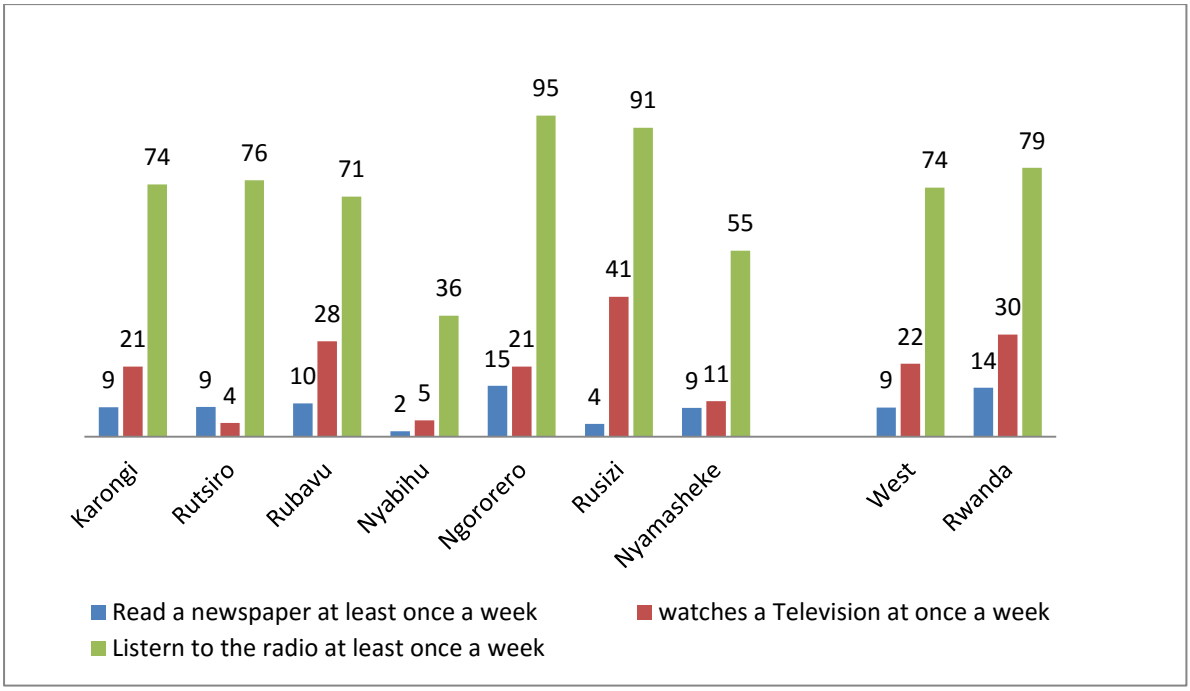
Figure 11 and 12 show that, at the provincial level, Radio is the most common form of media exposure: 52 percent of women and 74 percent of men report listening to the radio at least once a week. At the district level, this percentage is highest in Rusizi district followed by Karongi district among women (66 percent and 61 percent, respectively) while it lowest in Nyabihu district (29 percent). Among men, listening to the radio is high in Ngororero (95 percent), Rusizi (91 percent) and low in Nyabihu district (36 Percent). Men watch television more frequently than women: 10 percent of women and 22 percent of men watch television at least once a week. Only 5 percent of women and 9 percent of men report reading a newspaper at least once a week in West Province.

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

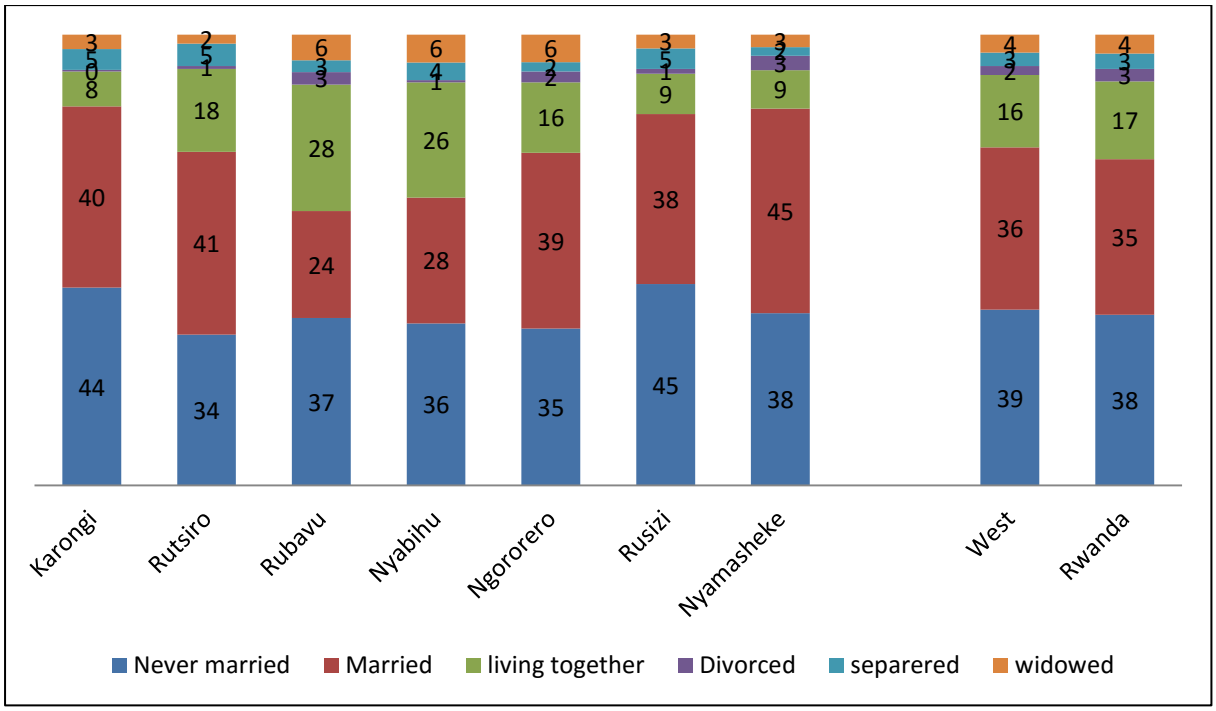
2.6 Current marital status

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

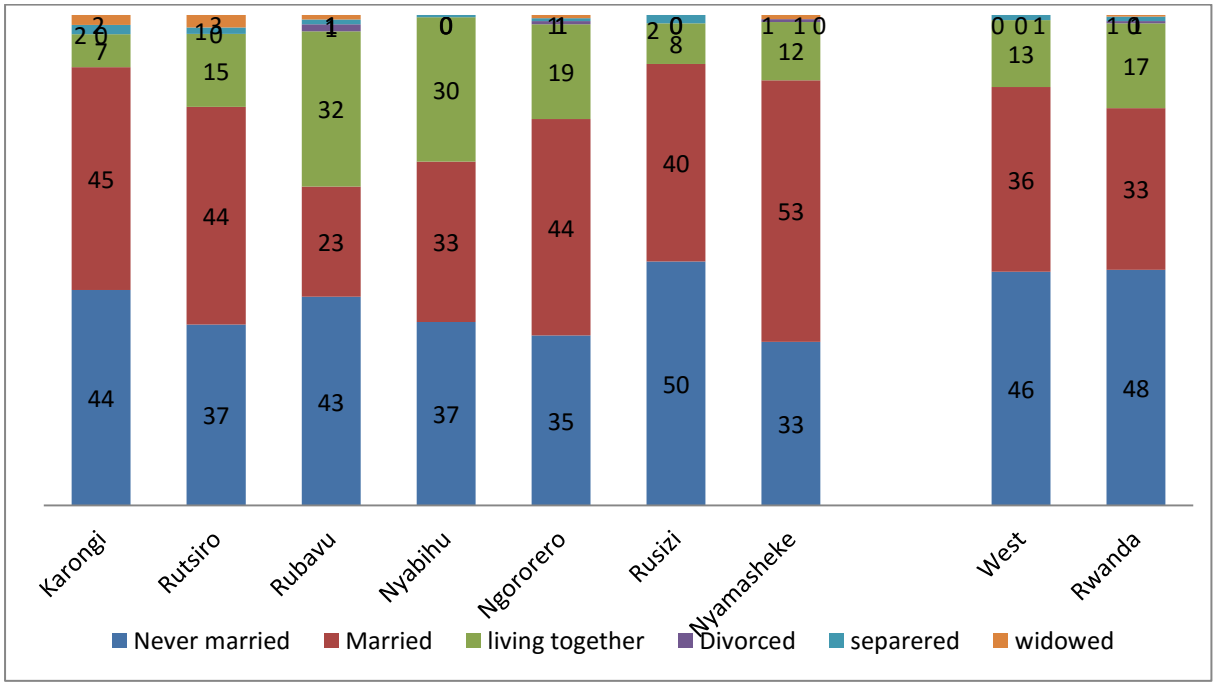
Overall 39 percent of women age 15-49 have never been married compared to 46 percent of men 15-49 in the West Province. The percentage of women 15-49 that have never been married is highest in Rusizi (45 percent), and lowest in Rubavu District (24 percent). Among men it varies from 50 percent in Rusizi to 33 percent in Nyamasheke. Overall 52 percent of women and 49 percent of men were in union (married or living in union) during the survey in West Province. This proportion is highest in Rutsiro (59 percent) and lowest in Rusizi (47 percent), among women while it is highest in Nyamasheke (65 percent) and as for women, lowest in Rusizi (48 percent) among men. The West Province count among women, 2 percent of divorced, 3 percent separated and 4 percent widowed. Among men, these proportions are very low in the West Province.

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

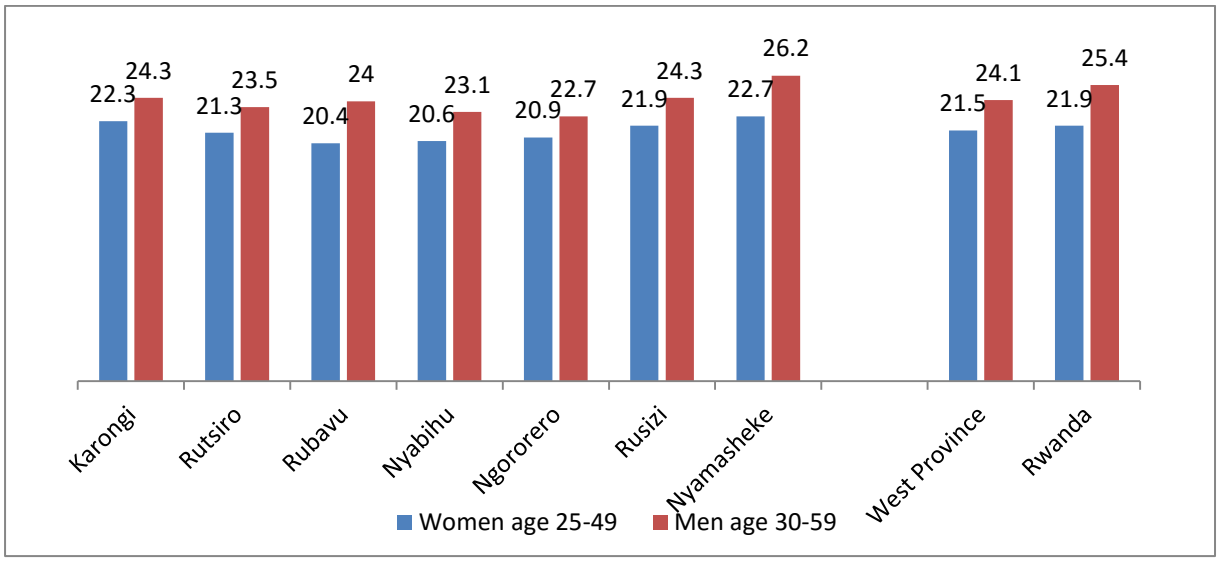
This chapter analyzes the fertility determinants like age at first birth and age at first marriage as well as fertility rates gathered in the 2014-15 RDHS.

3.1 Median age at first marriage

Figure15 shows the median age at first union among women age 25-49 and men age 30-59. The median age at first marriage is 21.5 years and 24.1 years among women and men respectively in the West 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, Rubavu has the earliest age at first union (20.4 years), while Nyamasheke has the latest (22.7 years). Among men, variations show that Ngororero has the earliest age at first union (22.7 years), followed by Nyabihu (23.1 years) while Nyamasheke has the latest (26.2 years).

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



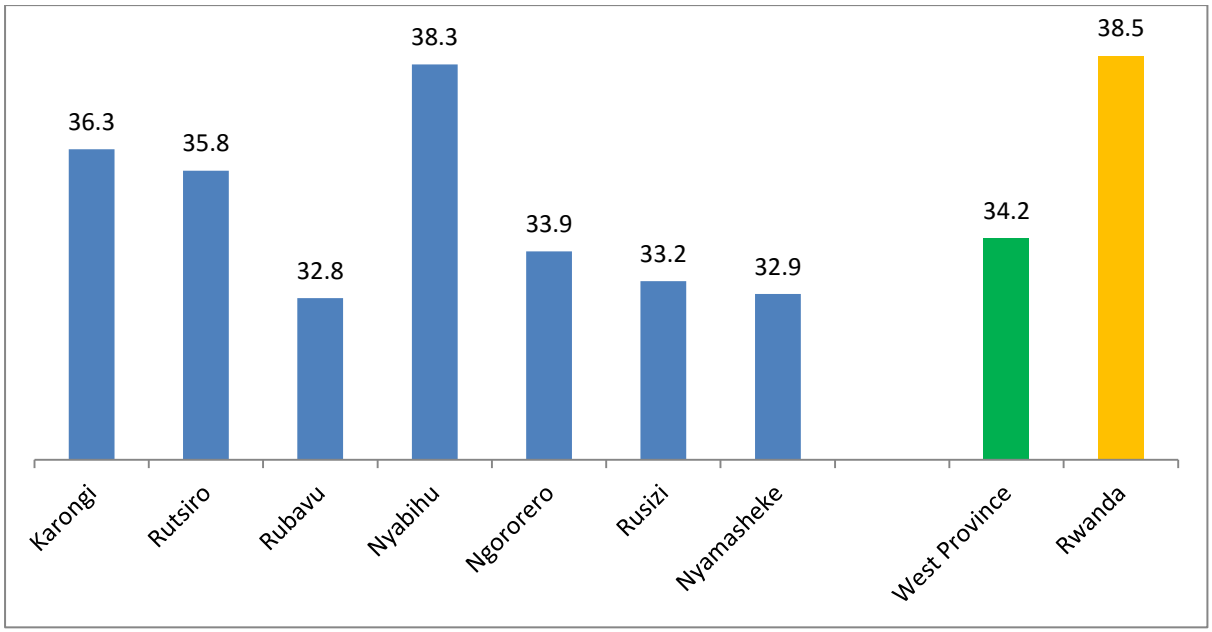
Source : RDHS, 2014-15

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 34.2 months in the West Province compared to 38.5 at the national level. By District, the birth interval varies from a low of 32.8 months in Rubavu to a high of 38.3 months in Nyabihu.

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

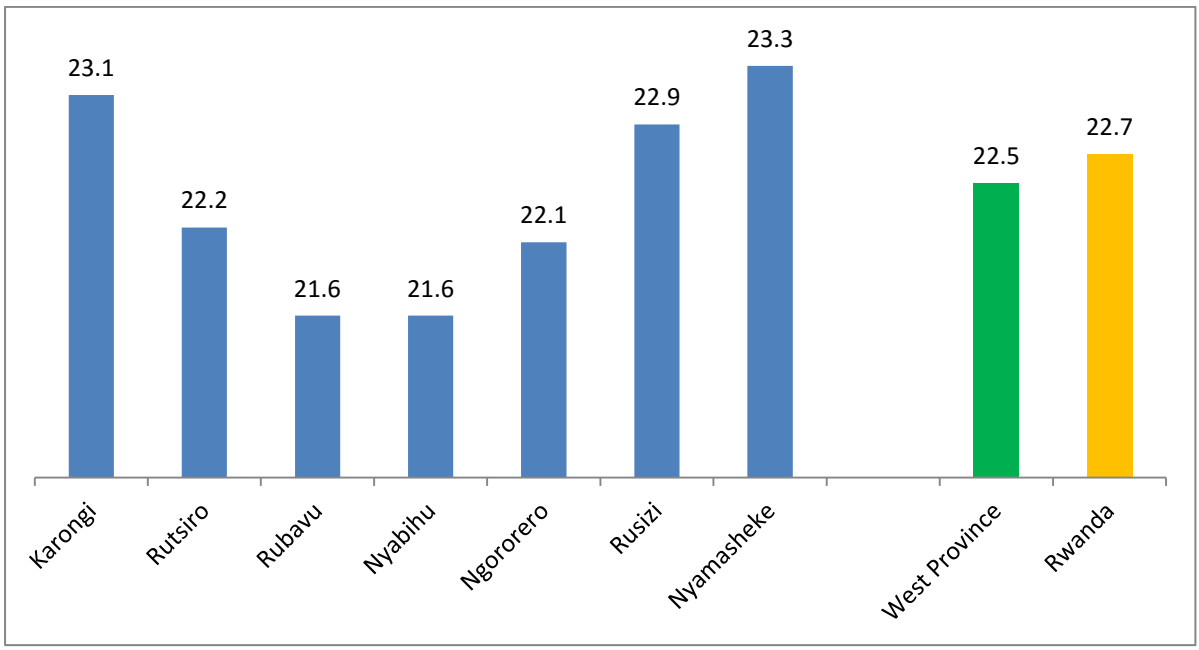


Source : RDHS, 2014-15

3.3 Median age at first birth

Figure17 below shows the median age at first birth for women age 25-49 by District of West Province. The median age at first birth for women age 25-49 in West province is 22.5 years as compared to 22.7 at national level. At the Districts level, the highest median age at first birth is 23.3 in Nyamasheke and the lowest is 21.6 in Rubavu and Nyabihu districts.

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

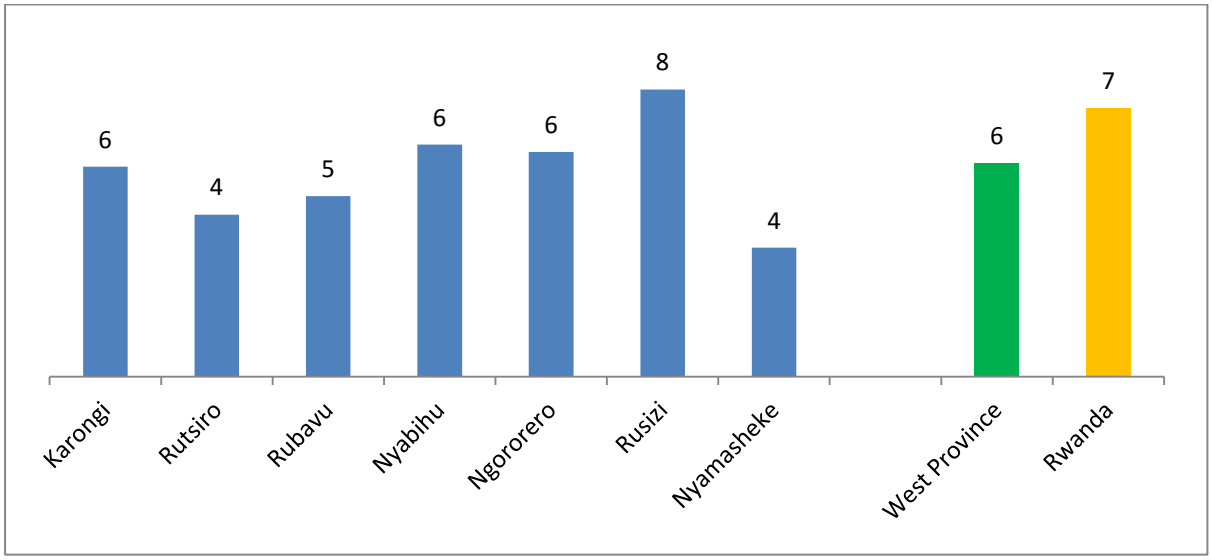


Source : RDHS, 2014-15

3.4 Teenage pregnancy and motherhood

Figure18 shows the percentage of young women age 15-19 who have begun their child bearing in their teenage age. Six percent of young women between age 15-19 have already begun childbearing in the West Province against 7 percent at the national level. At district level, the percentage of women age 15-19 who have begun childbearing varies from 4 percent in Rutsiro and Nyamasheke to 8 percent in Rusizi District.

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



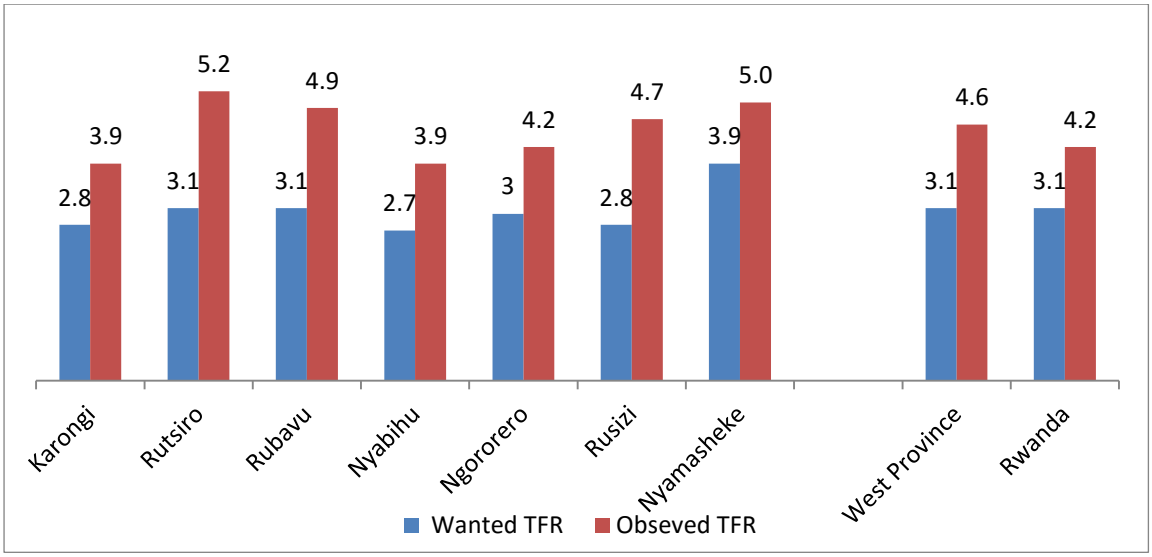
Source : RDHS, 2014-15

3.5 Total fertility rates

Figure19 compares the total wanted fertility rate (TWFR) with the current total fertility rate (TFR) for the 3 years preceding the survey. Calculation of the TWFR is the same as for the TFR, except that unwanted births are omitted. If all unwanted births were not considered, the TWFR for women age 15-49 in the West Province would be 3.1, as it is also at national level.

The TFR in West province is 4.6, a level higher than that of national level equal to 4.2. At district level, the TFR is lowest in Karongi and Nyabihu (3.9 children) and highest in Rutsiro district (5.2 children). Considering the gap between TWFR and TFR, it is seen that there is a gap of 1.5 in the West Province. At district level the lowest gap is observed in Karongi and Nyamasheke (1.1) and the highest in Rutsiro (2.1).

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



Source : RDHS, 2014-15

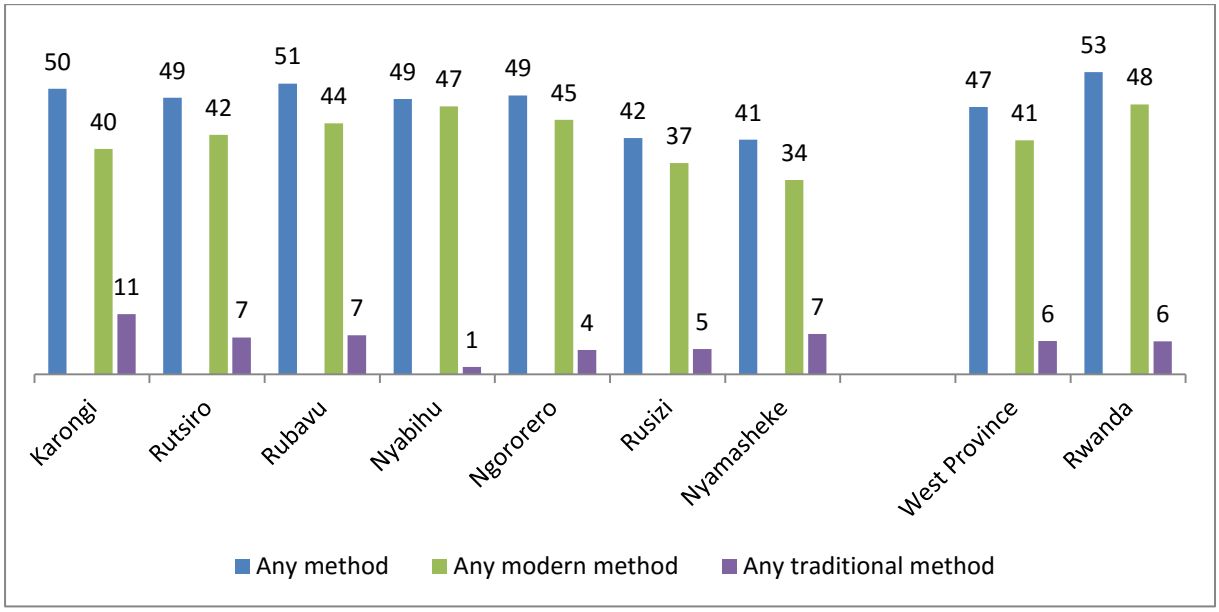
Chapter 4: Family planning

This section presents information on the prevalence of current contraceptive use among women age 15-49 at the time of the survey. 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 the current use and the level of demand of family planning as well as the access to information related to family planning.

4.1 Current use of contraception

Figure 20 shows that 47 percent of married women age 15-49 in the West Province are currently using any family planning method, among them 41 percent are using any modern method, and 6 percent are using any traditional method, compare with 53 percent for any method and 48 percent for any modern method at national level. About any traditional method, the same percentage is observed at province and national level. The percentage of women who are currently using contraceptive method are high in Rubavu District (51 percent) and Karongi (50 percent) and low in Nyamasheke District (41 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

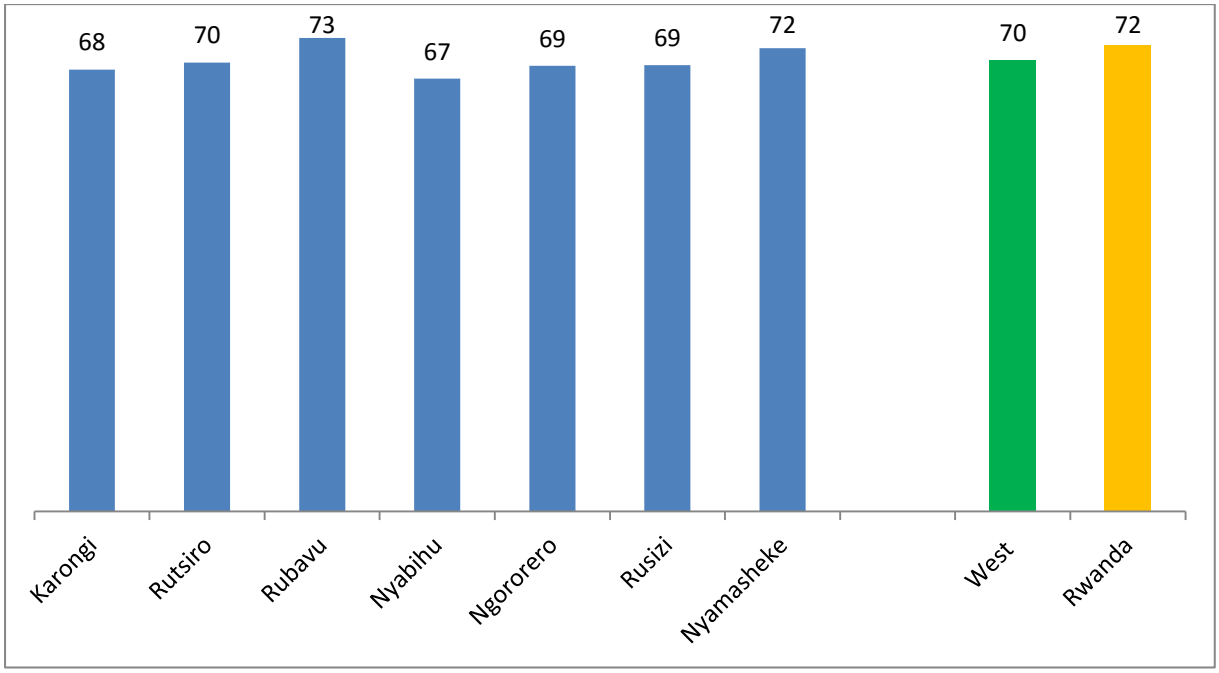


Source : RDHS, 2014-15

4.2 Demand for family planning

Figure 21 below describes the total demand for family planning among currently married women in the West Province (70 percent) is relatively the same as at it is at the national level (72 percent). At the District level, the total demand for family planning is highest in Rubavu (73 percent) and lowest in Nyabihu (67 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

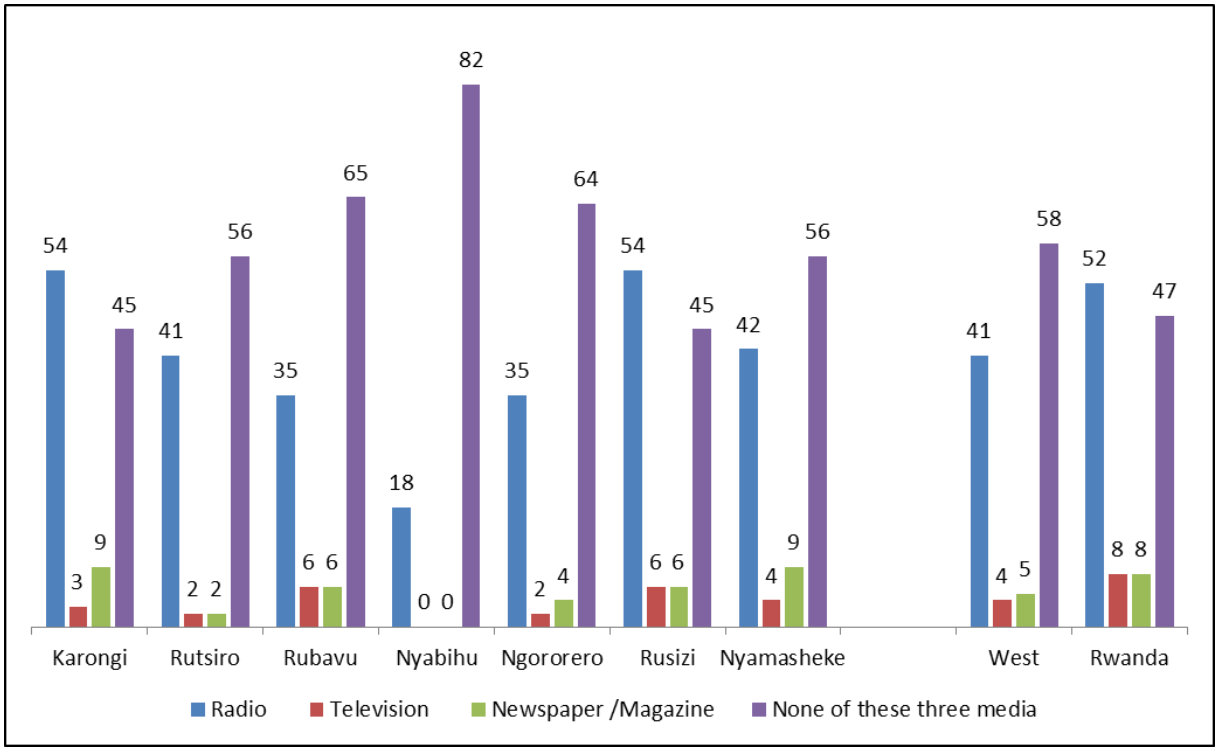
4.3 Exposure to family planning messages

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 (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 West province with 41 percent of women and 56 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 nation level. Four percent of women and eight percent of men reported having seen a family planning message on television; while 5 percent of women and 9 percent of men reported having seen a family planning message from or in a newspaper/magazine in the West Province.

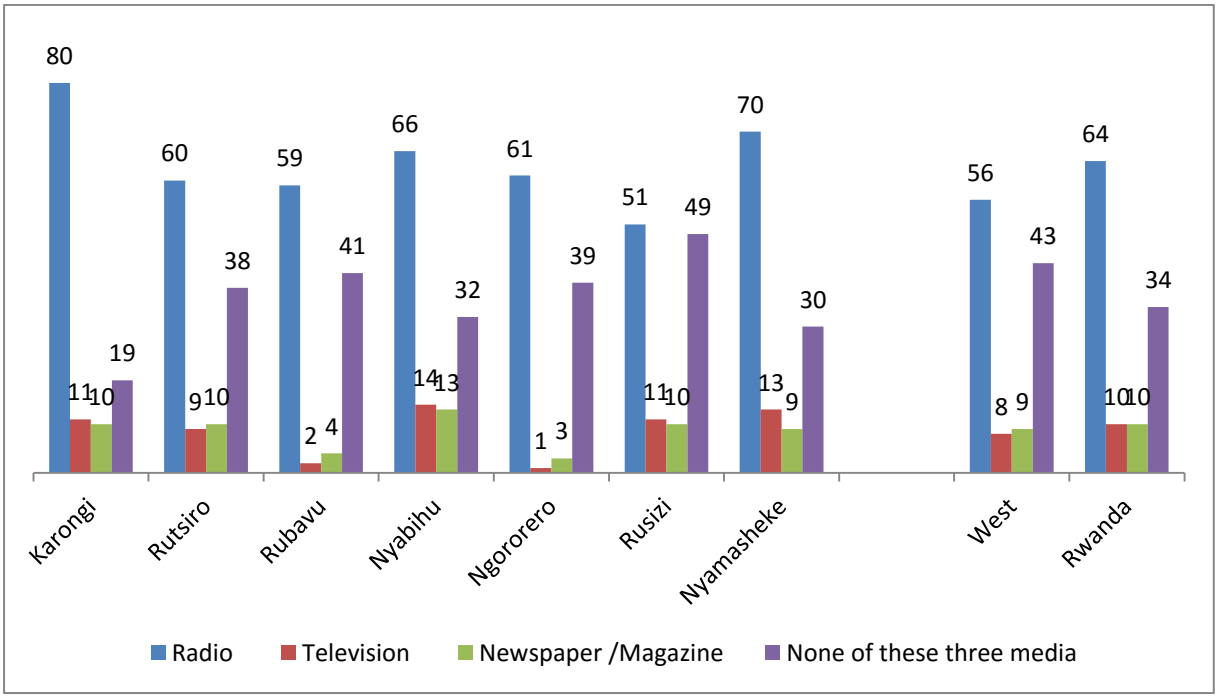
It is also important to note that, 58 percent of women and 43 percent of men in West Province have not been exposed to any family planning messages in any of the three specified media sources. These proportions are almost 47 percent for women and 34 percent for men.

Figure 22: Percentage of women age 15-49 who heard or saw a family planning message by type of channel



Source : RDHS, 2014-15

Figure 23: Percentage of men age 15-49 who heard or saw a family planning message by type of channel



Source : RDHS, 2014-15

Chapter 5: Early 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

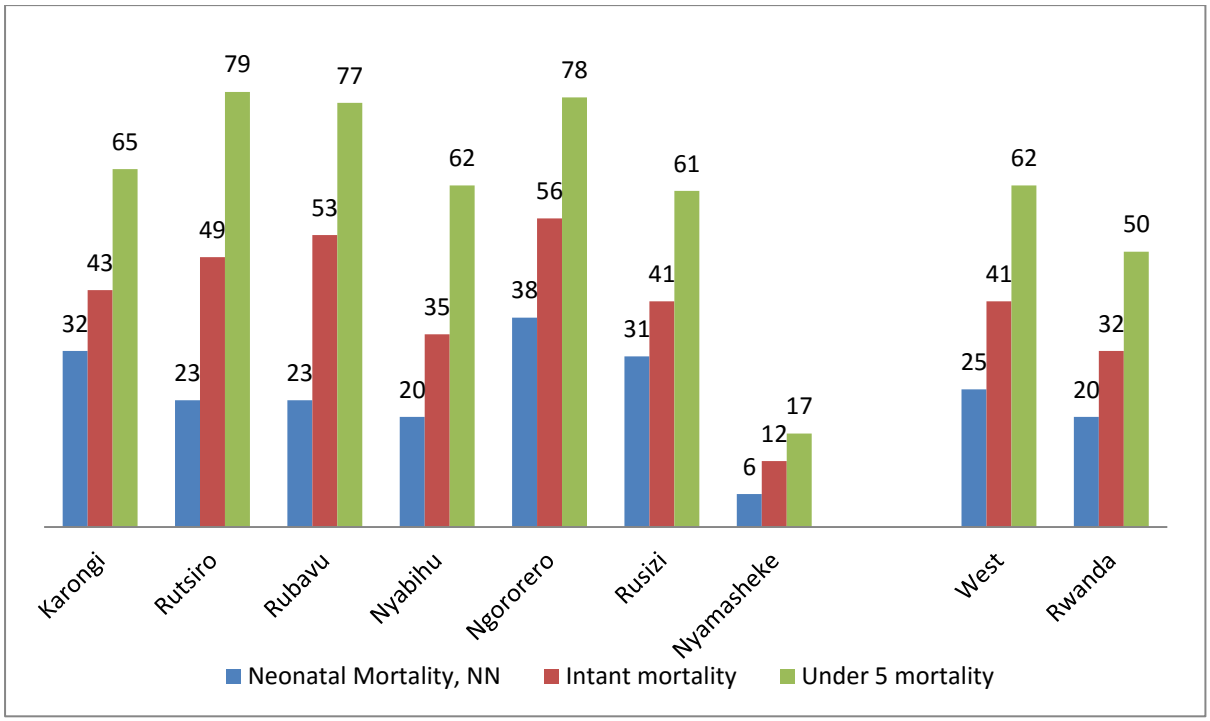
All rates are expressed as deaths per 1,000 live births with the exception of child mortality, which is expressed as deaths per 1,000 children surviving to their first birthday.

5.1 Neonatal, Infant and under five mortality rate

Figure 23 presents neonatal, infant, and under-5 mortality rates for five-years period preceding the survey to get sufficient observations because deaths are rare events. In the West 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 in Rwanda. Forty of every 1,000 babies born in West Province do not survive to their first birthday compared to 32 deaths per 1,000 at the National level. The Under-5 mortality in West Province is 62 deaths per 1,000 live births compared to 50 deaths per 1,000 live births at the national level.

At the Districts level, the Neonatal mortality is highest in Ngororero 38 deaths per 1,000 live births and the lowest is Nyamasheke 6 deaths per 1,000 live births. The infant mortality is highest in Ngororero 56 and Rubavu 53 and lowest in Nyamasheke district 12 deaths per 1,000 live births. Under5 mortality is highest in Rutsiro, 79 deaths per 1,000 live births and lowest in Nyamasheke, 17 deaths per 1,000 live births.

Figure 24: Early childhood mortality rates[1]



Source : **RDHS, 2014-15**

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

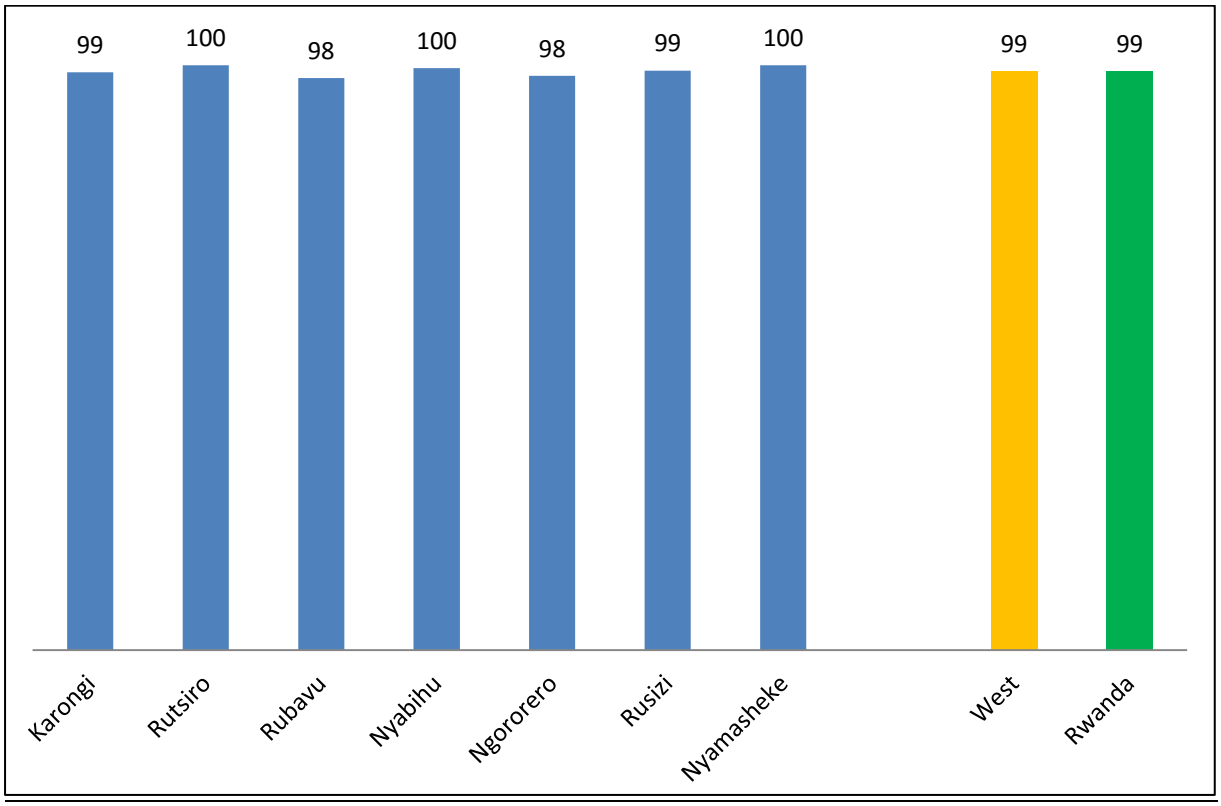
Chapter 6: Maternal Health

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 25 shows the percentage of women who had consulted any skilled health provider during the pregnancy for their most recent birth.

Figure 25 below shows the Percentage of women age 15-49, receiving antenatal care from a skilled provider by district of West province. Nearly all mothers (99 percent) in the West 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 observed in all districts of the West Province. Note that most Rwandan women obtain antenatal care in their early pregnancy age.

Figure 25: Percentage of women aged 15-49 who received antenatal care from a skilled provider[2]



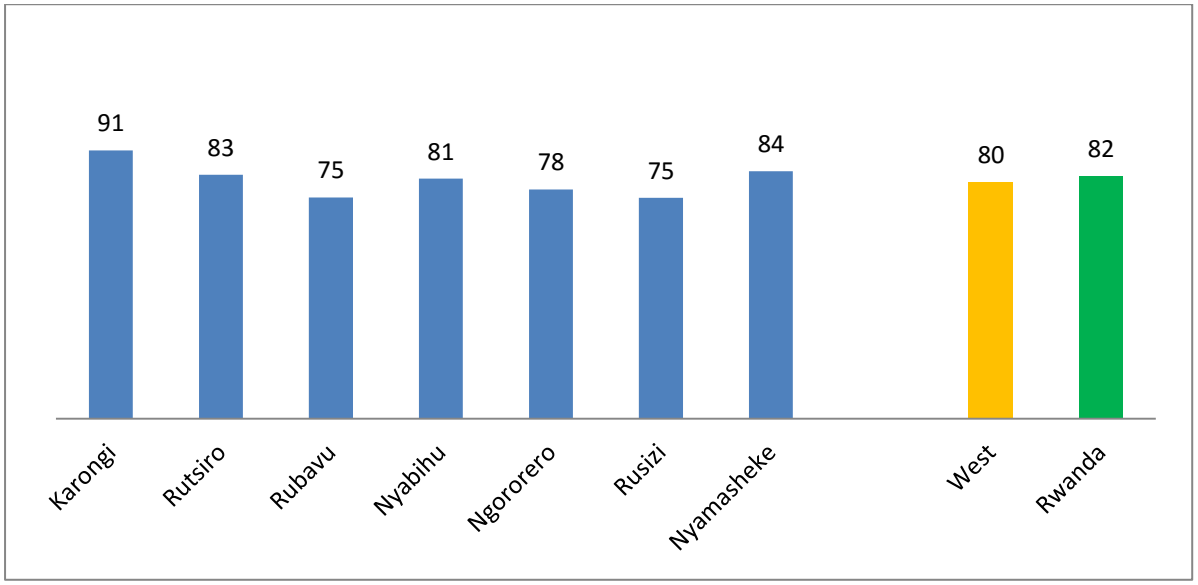
Source : RDHS, 2014-15

Note: A skilled provider[2] includes a medical doctor, nurse, medical assistant, and midwife

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 25 shows the percentage of mothers age 15-49 whose last birth was protected against neonatal tetanus. In the West Province, the percentage of mothers whose last birth was protected against neonatal tetanus is 80 percent; this means that 20 percent of pregnant women were not protected against tetanus. At national level the percentage of mothers who are protected 82 percent. By districts of West Province, the percentage of mothers whose last birth was protected against neonatal care is highest in Karongi District (91 percent), and lowest in Rubavu and Rusizi Districts (75 percent each).

Figure 26: Percentage of mothers 15-49 whose last birth was protected against neonatal tetanus[3]



Source : RDHS, 2014-15

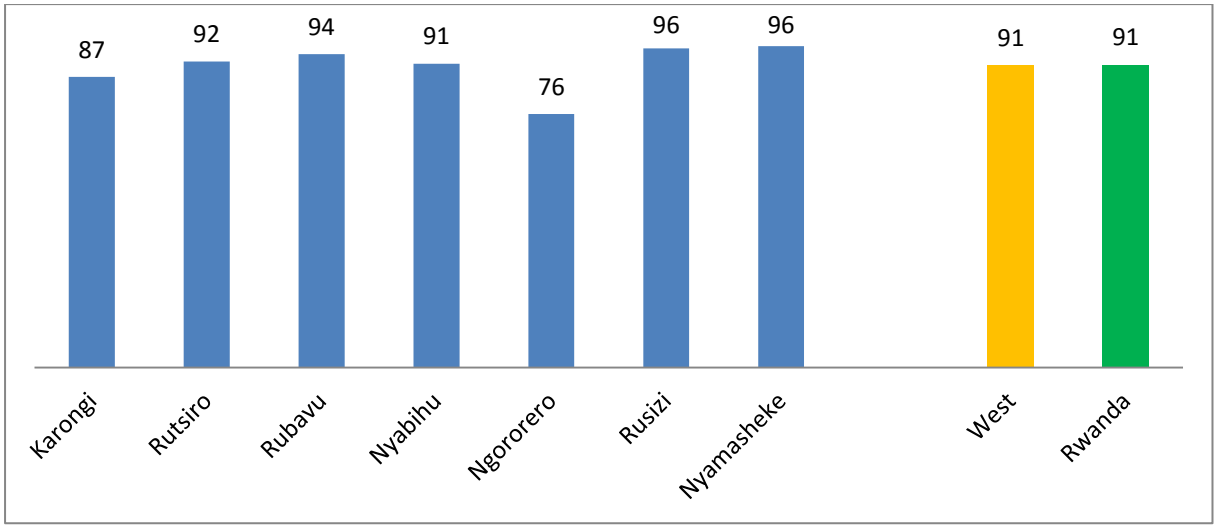
Note: Neonatal tetanus[3]includes mothers with two injections during the pregnancy of their last birth or two or more injections (the last within 3years of the last live birth), or three or more injections (the last within 5 years of the last birth)or four or more injections (the last within 10 years of the last 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 the West Province, the percentage of births in the five years before the survey who delivered at a health facility, are the same at the national level equal to 91 percent. At the District level, Mothers in

Rusizi and Nyamasheke Districts (96 percent) are more likely to deliver in a health facility than mother in Ngororero District (76 percent).

Figure 27: Percentage of mothers 15-49 who delivered in a health facility



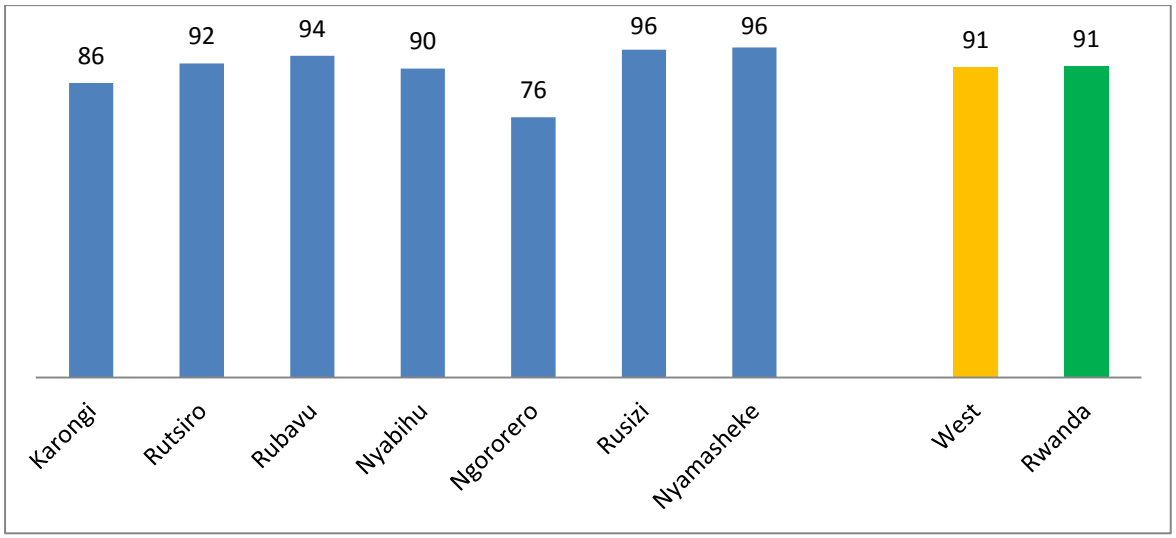
Source : RDHS, 2014-15

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 (91 percent) were assisted by a skilled health provider in the West Province, and it is the same at national level. At District level, the highest percentage of mothers who received assistance by a skilled provider during delivery is in Rusizi and Nyamasheke (96 percent each) and the lowest is in Ngororero District (76 Percent).

Figure 28: Percentage of mothers assisted by a skilled provider[2] during delivery



Source : RDHS, 2014-15

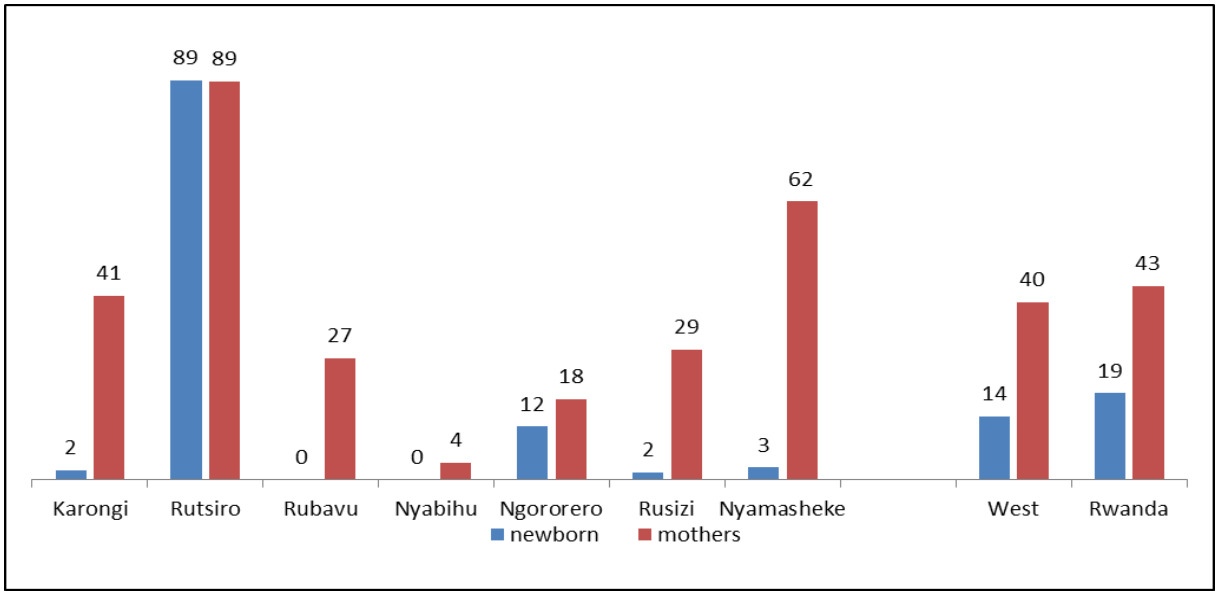
A skilled provider[2] includes doctor, nurse, medical assistant, and midwife

6.4 Postnatal care

Figure 29 describes the post natal checkups among women and newborn. In the West Province Forty percent of women had a postnatal checkup in the first two days after delivery, compared to 43 percent at the national level. The percentage of women who received a postnatal checkup is highest in Rutsiro (89 percent) and Nyamasheke Districts (62 percent), and lowest in Nyabihu (4 percent)

Overall, in the West province, 14 percent of newborns received postnatal care in the first two days after birth, compared to 19 percent in at national level. The percentage is highest in Rutsiro (89 percent) and lowest in Nyabihu and Rubavu district (0.0 percent each).

Figure 29: Percentage of women/ Newborn who received postnatal checkup in the first two days after birth



Source : RDHS, 2014-15

Chap 7: Child Health

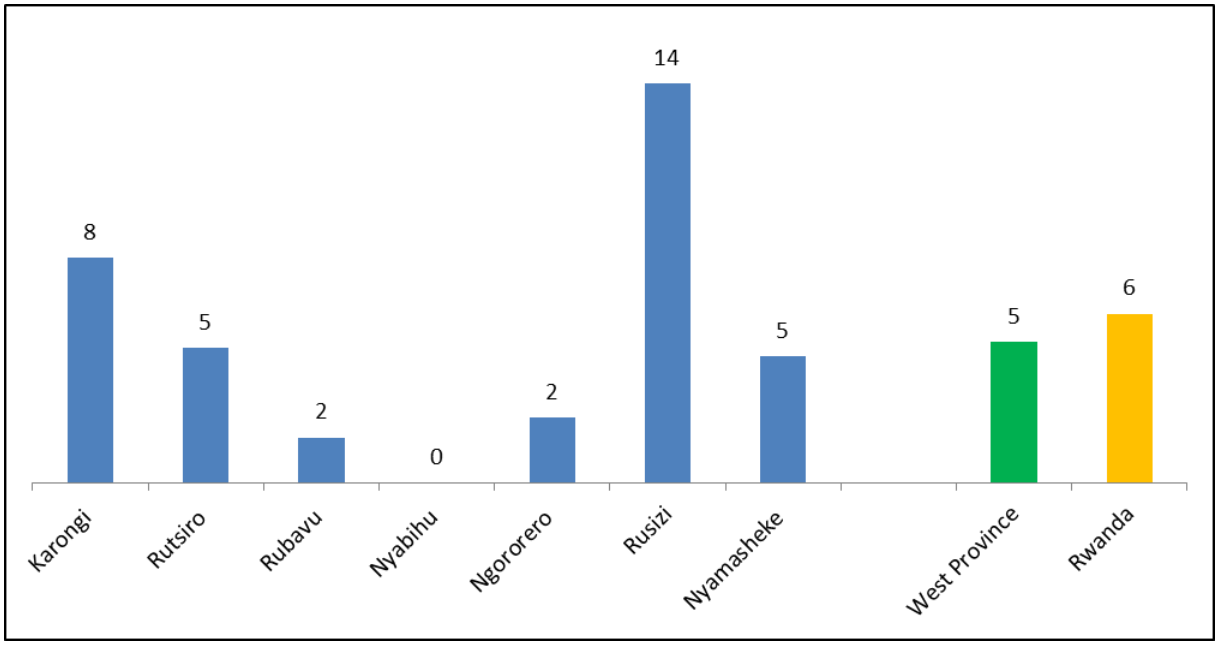
To assess the prevalence of these infections, mothers were asked if their children under age 5 had been ill with a cough during the two weeks preceding the survey and, if so, whether the cough had been accompanied by short, rapid breathing. It should be borne in mind that these data are subjective (i.e., 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 5 percent of children under age 5 in the West Province had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey, compared to 6 percent at the national level.

Results according to Districts of the West Province show the highest prevalence of ARIs in Rusizi district (14 percent), while the prevalence of ARIs is almost inexistent in Nyabihu district (less than 1 percent).

Figure 30: Prevalence of ARI among children under five years



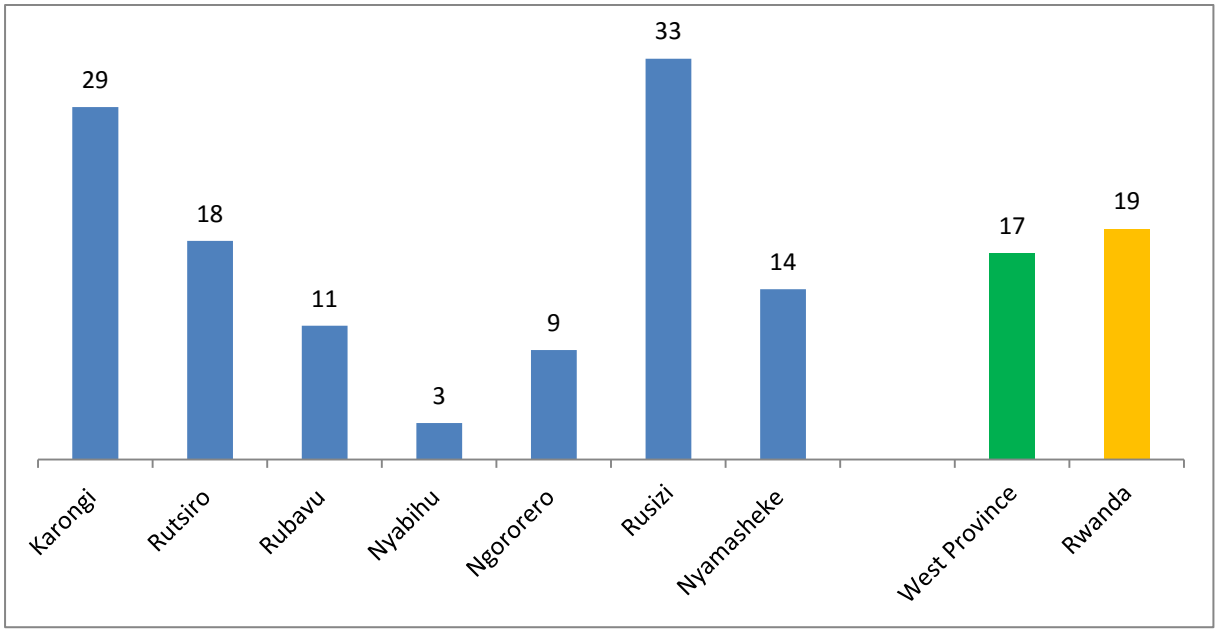
Source : RDHS, 2014-15

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, 17 percent of children had a fever in the West Province compared to 19 percent at the national level. Under five children in Rusizi (33 percent) were most likely to have had a fever and

is followed by Karongi, with 29 percent of under five children who have had fever during the two week preceding the survey. In others districts, the prevalence of ARI varies from 3 percent in Nyabihu to 18 percent in Rutsiro.

Figure 31: Prevalence of fever among children under five years

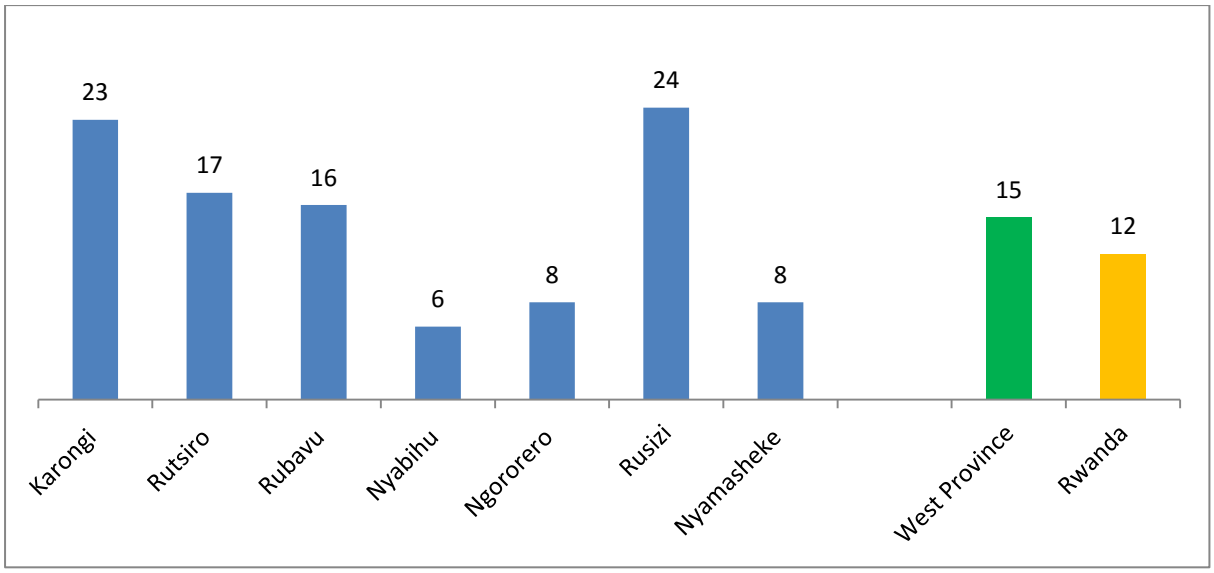


Source : RDHS, 2014-15

7.3 Prevalence of Diarrhea

Figure 32 shows that, according to mothers' reports, 15 percent of children had diarrhea in the two weeks preceding the survey in the West Province compared to 12 percent at national level. The prevalence of diarrhea is especially high among children in Rusizi and Karongi Districts (24 percent and 23 percent, respectively) while it is very low in Nyabihu (6 percent), and in Ngororero and Nyamasheke districts (8 percent, each). Note that diarrhea prevalence has a positive relationship between the age at which children begin to be weaned and consume foods other than breast milk.

Figure 32: Prevalence of diarrhea among children under –five years



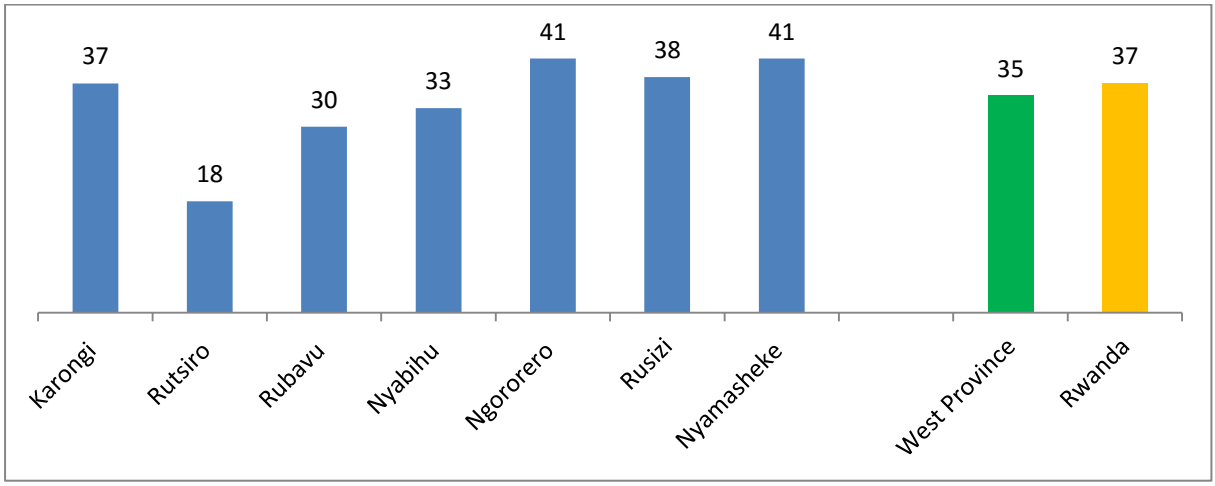
Source : RDHS, 2014-15

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, 35 percent of children age 6-59 months in West province have some level of anemia. This percentage is 37 percent at national level.

By District, children in Ngororero and Nyamasheke (41 percent each) are the most likely to be anemic, while children in Rutsiro are the least likely to be anemic (18 percent).

Figure 33: Percentage of children age 6-59 months classified as having anemia[4], (hemoglobin (<11.0 g/dl)



Source : RDHS, 2014-15

Note: The three levels of anemia[4]: Mild: hemoglobin concentration of 10.0-10.9 g/dl; Moderate: hemoglobin concentration of 7.0-9.9 g/dl, and severe anemia of 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.

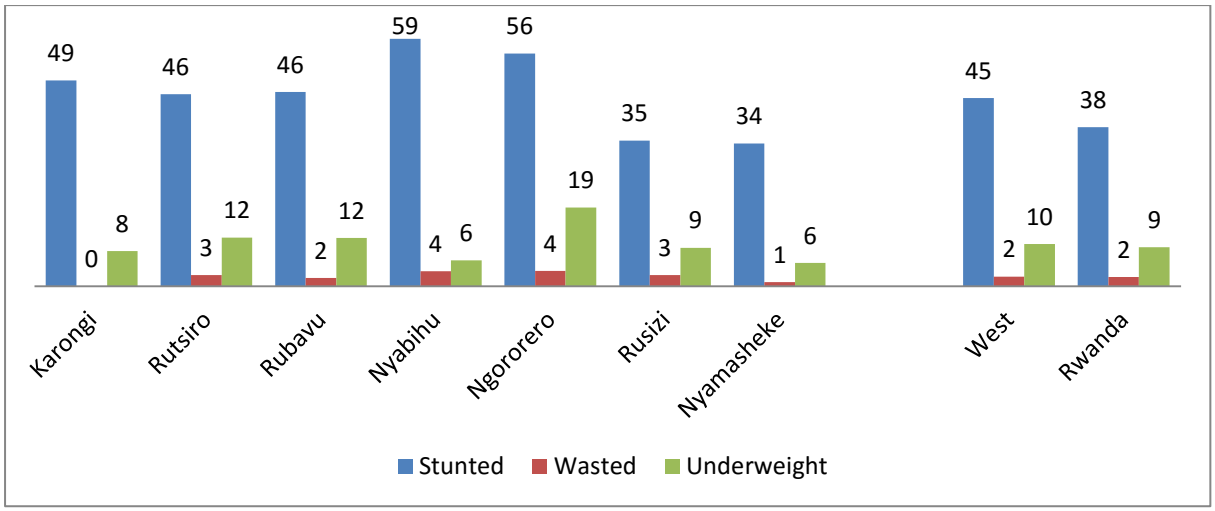
8.1 Nutritional status among children under 5

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. In West province, 45 percent of children under age 5 are stunted (too short for their age), compared to 38 percent at the national level (Figure 34). Variation in children's nutritional status by district is quite evident, with stunting being highest in Nyabihu (59 percent) and Ngororero (56 percent), and lowest in Nyamasheke (34 percent).

Two percent of children under age 5 are wasted (too thin for their height) in West Province, same level as at the national level. The wasting prevalence is highest among children in Ngororero and Nyabihu (4 percent each) and lowest in Karongi (under 1 percent).

Figure 34 also shows that eleven percent of children under age 5 in the West Province and 10 percent of children under age 5 at national level are underweight (low weight-for-age). Variation by district shows that Ngororero has the highest percentage of underweight children (19 percent) while Nyamasheke and Nyabihu have the lowest percentage of children who are underweight (6 percent).

Figure 34: percentage of children under five years by nutrition status

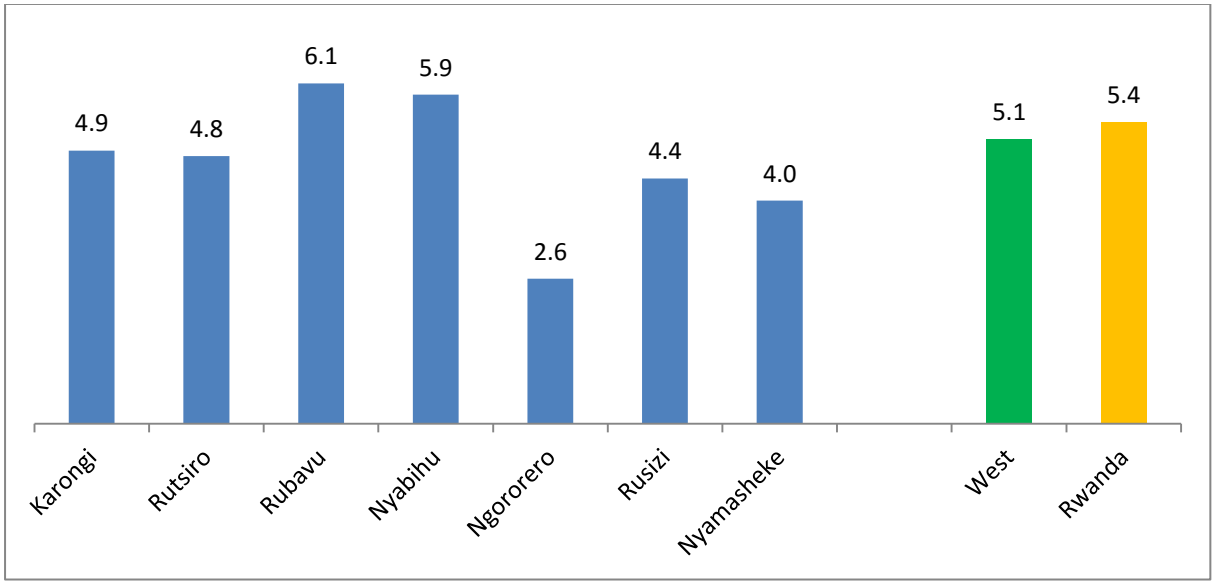


Source : RDHS, 2014-15

8.2 Breastfeeding status

The median duration of exclusively breastfeeding in the West province is 5.1months compared to 5.4 months at the national level. Children in the Rubavu and Nyabihu districts are exclusively breastfed for 6.1 months and 5.9 months, whereas children in Nyamasheke are breastfed for 5.4 months and in Ngororero (2.6 months) which is seem 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 mother's declaration.

Figure 35: Median duration of children exclusively breastfed

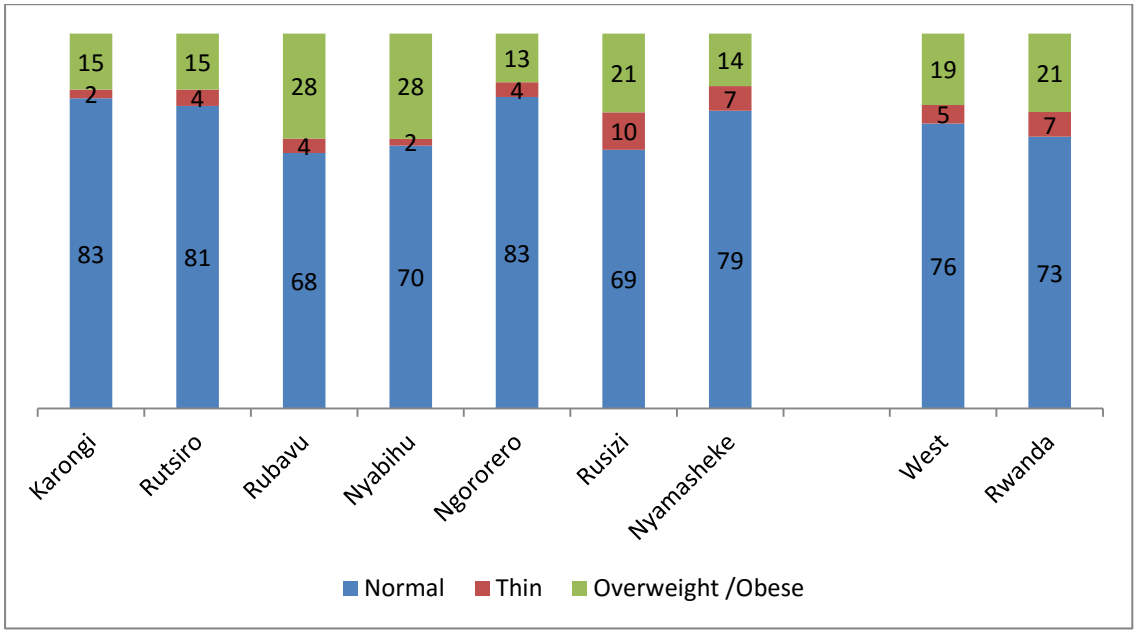


Source : RDHS, 2014-15

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 the provincial level, 5 percent of women are considered to be thin (BMI below 18.5), as compared to 7 percent at the national level. This proportion is much higher in Rusizi (10 percent) and lower in Nyabihu and Karongi District (2 Percent each). Nineteen percent of women are overweight or obese in the West Province as compared to 21 percent at the national level. The proportion of overweight is higher in Rubavu and Nyabihu districts (28 percent each) and lower in Ngororero (13 percent). The percentage of normal standards women tends to be the same all over the districts of the West Province and varies from 69 percent to 83 percent.

Figure 36: Percentage distribution of women age 15-49 by nutrition status



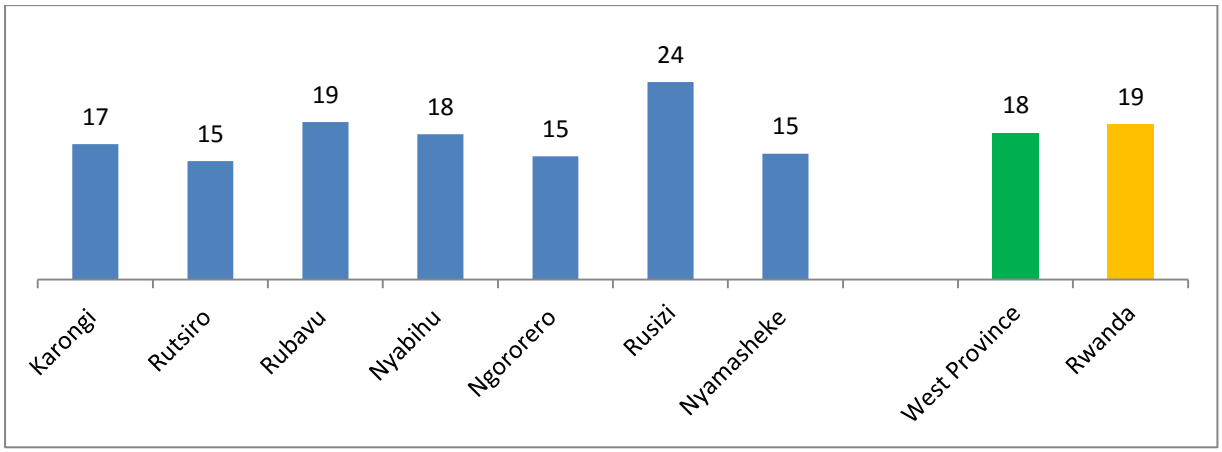
Source : RDHS, 2014-15

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); 18 percent of women in the West 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 Rusizi (24 percent), and the lowest prevalence is in Rutsiro, Ngororero and nyamasheke districts with 15 percent of women with anemia in each district.

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



Source : RDHS, 2014-15

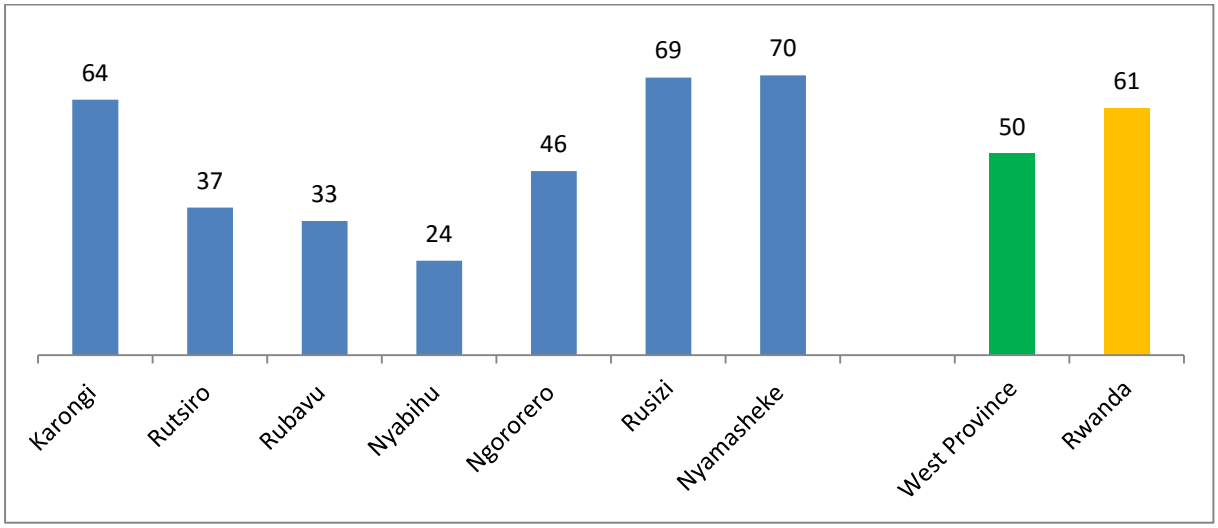
Chapter 9: Malaria

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 38shows that 50 percent of the household population in the West Province slept under ITN the night before the survey, while 61 percent slept under an ITN at the national level. The proportion of the population that slept under an ITN the night before the survey is relatively low in the Nyabihu district province (24 percent) and high in Nyamasheke District (70 percent).

Figure 38: Percentage of de facto household population who slept under an (ITN) the night before the survey



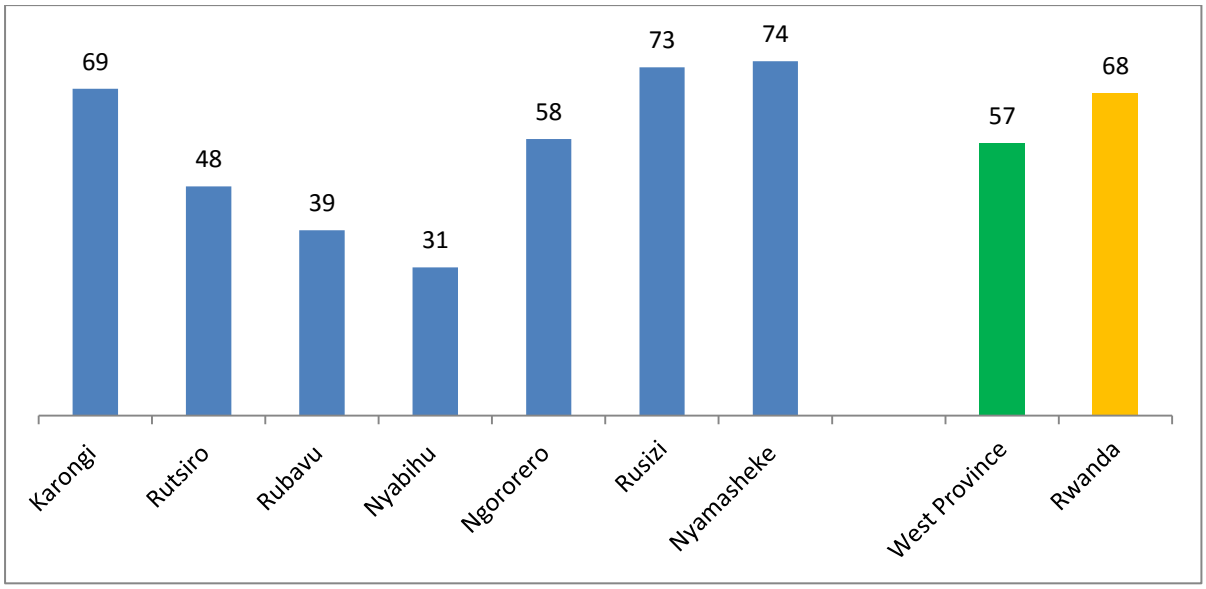
Source : RDHS, 2014-15

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. Fifty-seventy percent of children under age 5 slept under a mosquito net the night before the survey in the West province as compared to 68 percent in Rwanda. The percentage of children who slept under any an ITN is highest in Nyamasheke (74 percent), and lowest in Nyabihu District (31 Percent).

Figure 39: Percentage of children under five who slept under an (ITN) the night before the survey

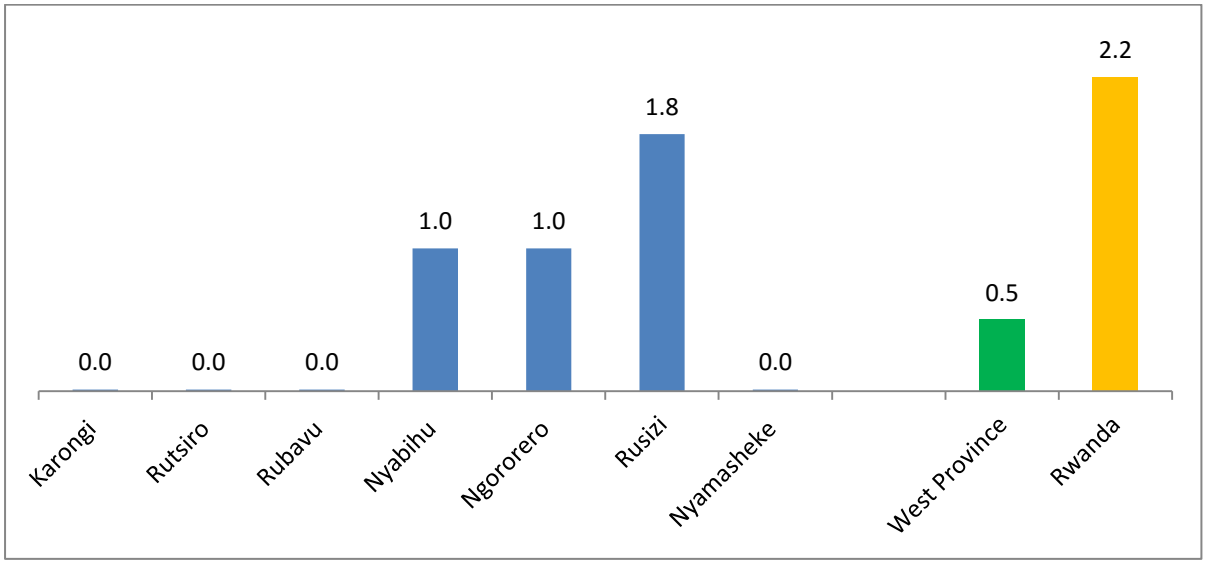


Source : RDHS, 2014-15

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 West province, less than 1 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 proportions of children with malaria were higher in Rusizi district (1.8 percent) than in Nyamasheke, Rutsiro, Karongi and Rubavu (less than 1 percent each).

Figure 40: Prevalence of malaria among children under five-years

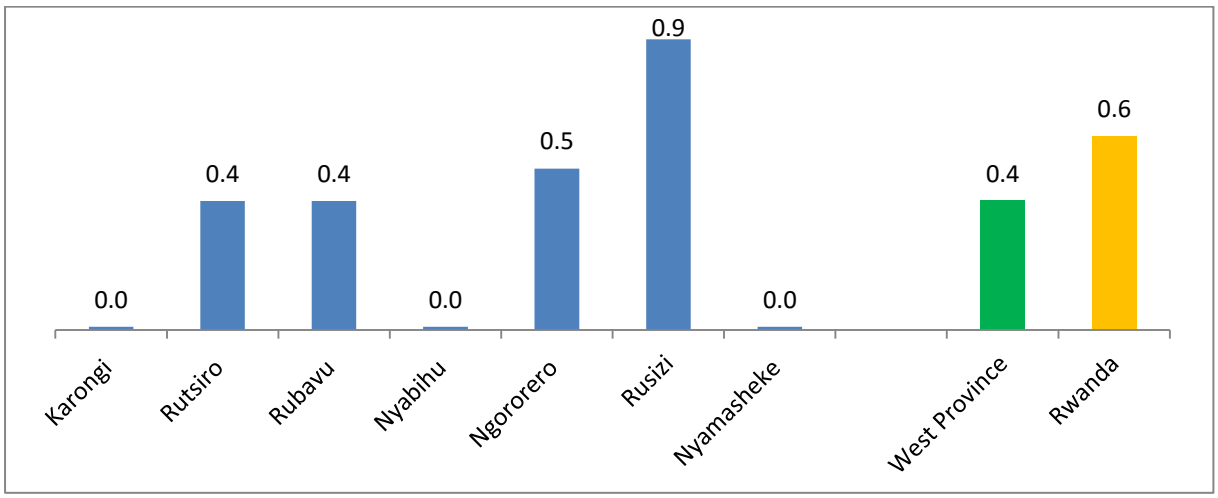


Source : RDHS, 2014-15

9.4 Prevalence of malaria among women

Women are less likely to be infected with malaria than children (see figure 40 presented above). In the West province, only 0.4 percent of women have malaria (figure 41) as compared to 0.6 percent at national level. The proportion of women with malaria is highest in Rusizi district (0.9 percent), Ngororero (0.5 percent), while malaria was almost inexistent during the survey in Karongi, Rutsiro and Nyamasheke districts (0.0 percent each).

Figure 41: Prevalence of malaria among women age 15-49



Source : RDHS, 2014-15

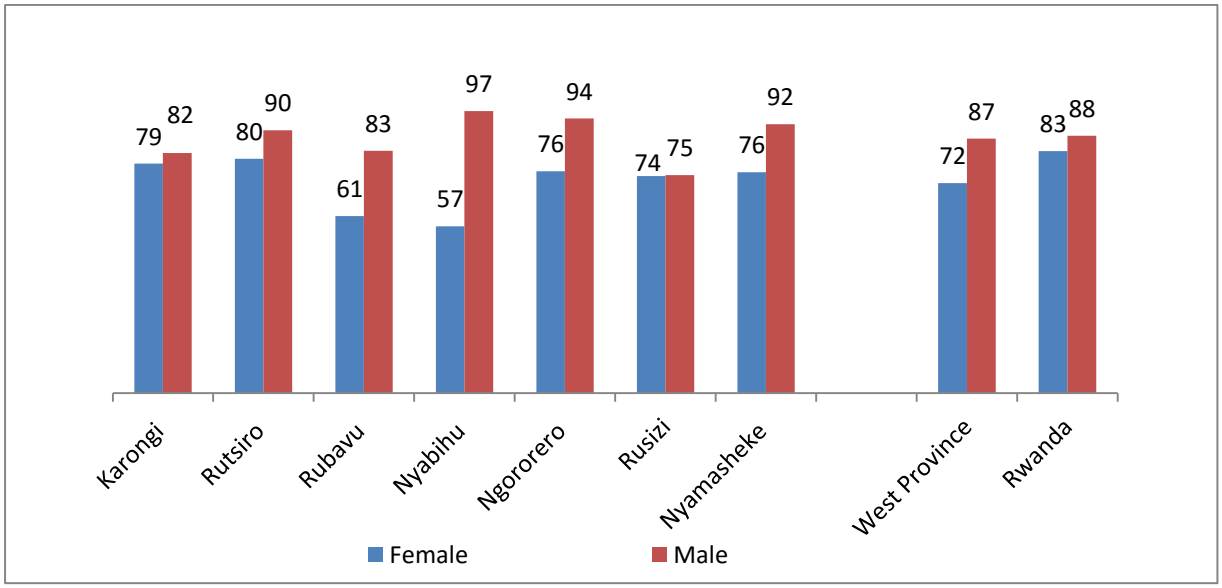
Chapter 10: HIV Attitude and Knowledge

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 42 presents the percentage with complete knowledge of HIV and AIDS prevention methods among women and men age 15-49, by districts of the West Province. Seventy two percent of women and 87 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 West 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 than women in almost all districts of the West province.

Figure 42: Percentage of respondent with complete knowledge of HIV prevention methods



Source : RDHS, 2014-15

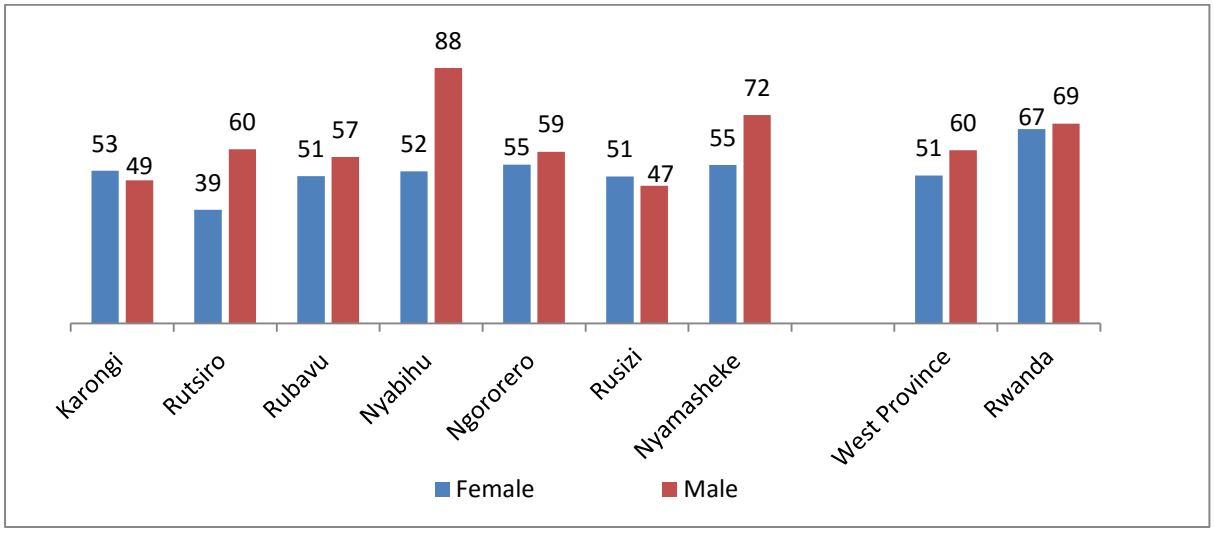
10.2 Comprehensive knowledge about HIV transmission

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 51percent of women age 15-49 and 60 percent of men at the same age have

comprehensive knowledge about HIV/AIDS; that is: a healthy-looking person can have the AIDS virus and are aware that the virus cannot be transmitted by supernatural means or by sharing food with a person who has AIDS or by a mosquito byte. Variations in the districts of the West province show a low of 39 percent in Rutsiro among women and 47 percent among men in Rusizi and a high of 55 percent in Nyamasheke and Ngororero among women and 88 percent among men Nyabihu.

Figure 43: Percentage of women and men age 15-49 with comprehensive knowledge on HIV transmission



Source : RDHS, 2014-15

10.3 Accepting 4 attitudes toward those living with HIV/AIDS: Women/men

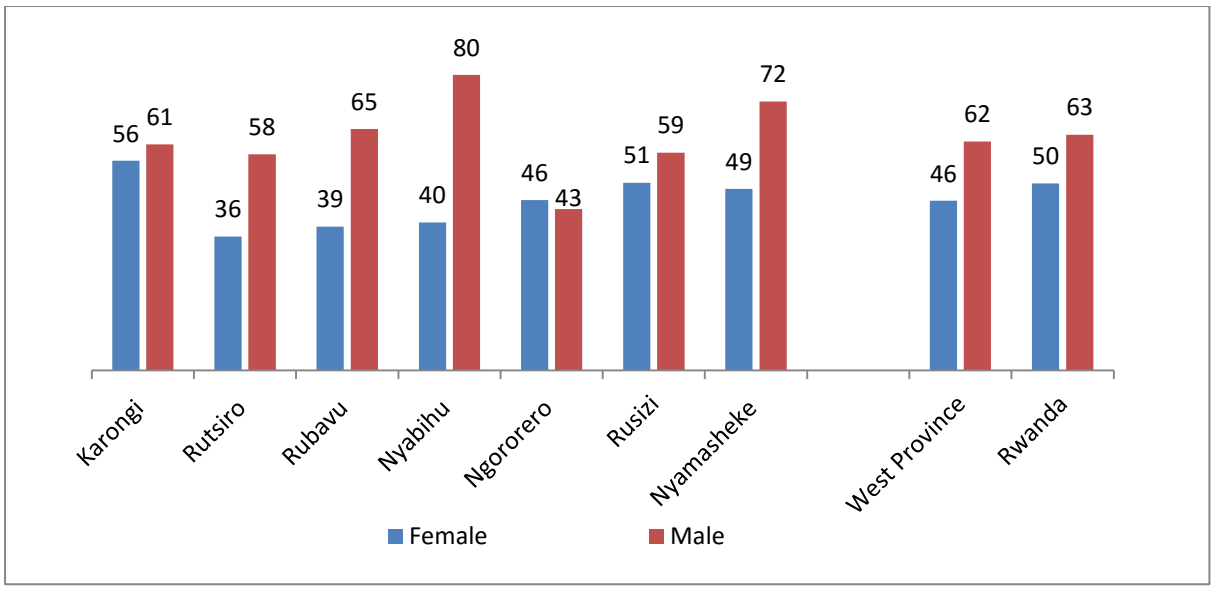
Widespread stigma and discrimination toward those living with HIV can adversely affect both people's willingness to be tested for HIV and their adherence to antiretroviral therapy. Thus, reduction of stigma and discrimination against people living with AIDS is an important indicator of the success of 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 44 show the percentages of women and men who express all those four positive attitudes toward people with HIV, in the district of the West province.

Figure 44 shows that 46 percent of all women and 62 percent of men confirmed to accept all four mentioned above attitude in west Province as compare to 50 of women and 63 percent men at national level. Accepting all four attitudes among women is highest in Karongi with 56 percent, followed by Rusizi (51 percent), while it is lowest in Rutsiro (36 percent). Among men, this percentage is also highest in Nyabihu (80

percent) followed by Nyamasheke with 72 percent; while it is lowest in Ngororero (43 percent). Men are more likely to accept all four attitudes toward people living with HIV than women.

Figure 44: Percentage of women and men age 15-49 accepting attitudes toward those living with HIV /AIDS



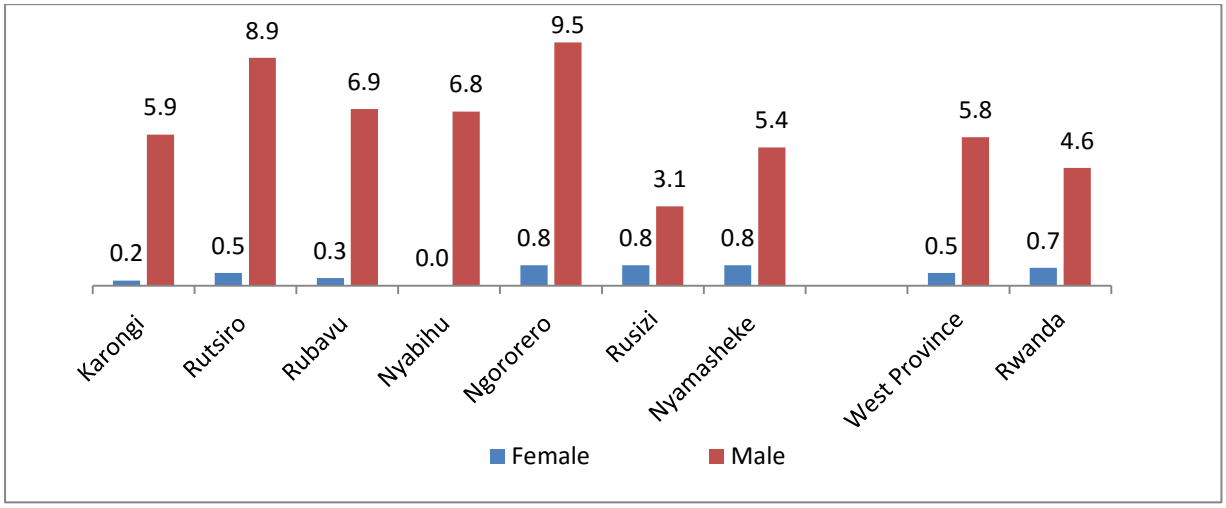
Source : RDHS, 2014-15

10.4 Multiple sexual partners: Women/men

Given that most HIV infections are contracted through heterosexual contact, information on sexual behavior is important in designing and monitoring intervention programs to control the spread of the disease.Given that questions about sexual activity are sensitive, it is important to remember when interpreting the results in this section that respondents' answers are likely 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. Less than one percent of women and 6 percent of men in West 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 Ngororero (10 percent) and those in Rutsiro (9 percent) are more likely to have had multiple partners over the past 12 months than in other districts of the West province. Also women in Nyamasheke, Rusizi and Ngororero districts (1 percent each) are more likely to have more than one sexual partner than in other districts of the West province.

Figure 45: Percentage of women and men age 15-49 who had sexual intercourse with more than one partners in the past 12 months



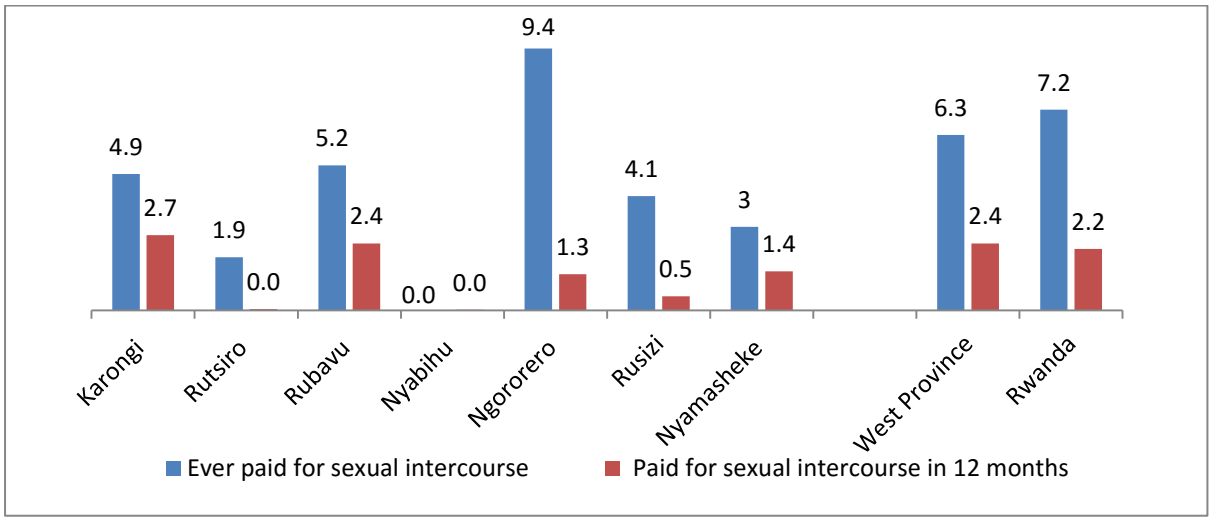
Source : RDHS, 2014-15

10.5 Payment for 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 sexand whether they had done so in the past 12 months.

The results in figure 46 show that 6 percent of men age 15-49 in West province and 7 percent at national level have ever paid for sexual intercourse and 2 percent both in West Province and at national level had done so during the 12 months before the survey. Men who are living in Ngororero district (9 percent) are most likely to have ever paid for sexual intercourse and Karongi (3 percent) is the most likely to have done it in the last 12 moth prior the survey.

Figure 46: Percentage of men age 15-49 who paid for sex

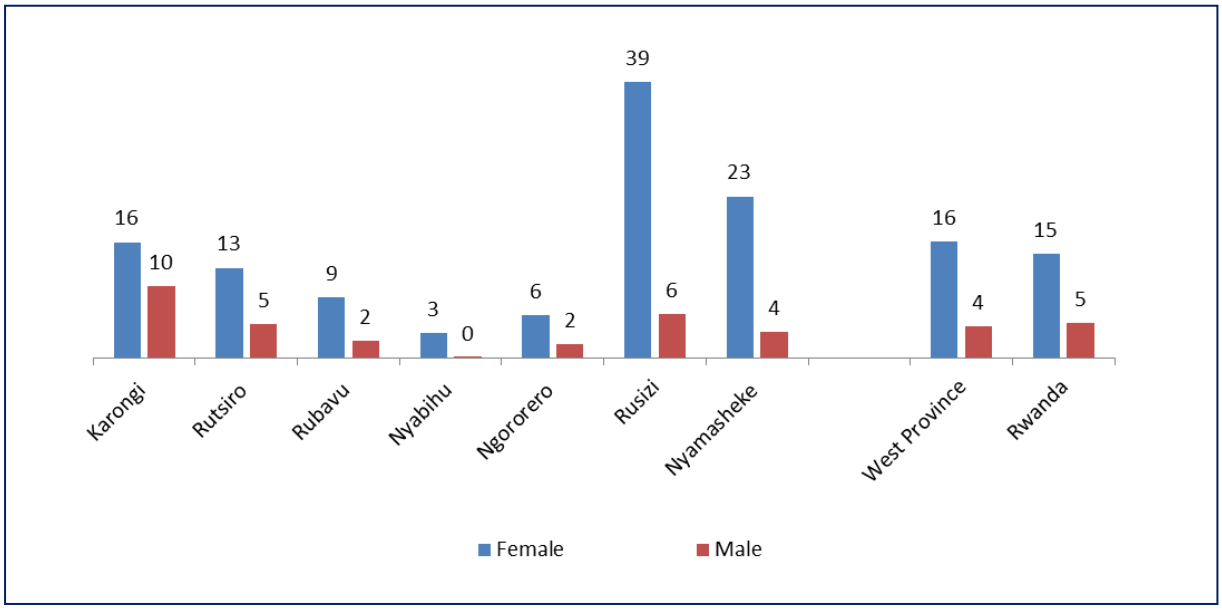


Source : RDHS, 2014-15

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 West province, 16 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 or STIs symptoms among women is highly prevalent in Rusizi (39 percent) as compared to other districts. The percentage of men having either an STI or symptoms of an STI in the 12 months preceding the survey is higher in Karongi (10 percent) as compared to the rest of the districts of the West Province.

Figure 47: Prevalence of sexually transmitted infections (STIs) and STI symptoms in last 12 months

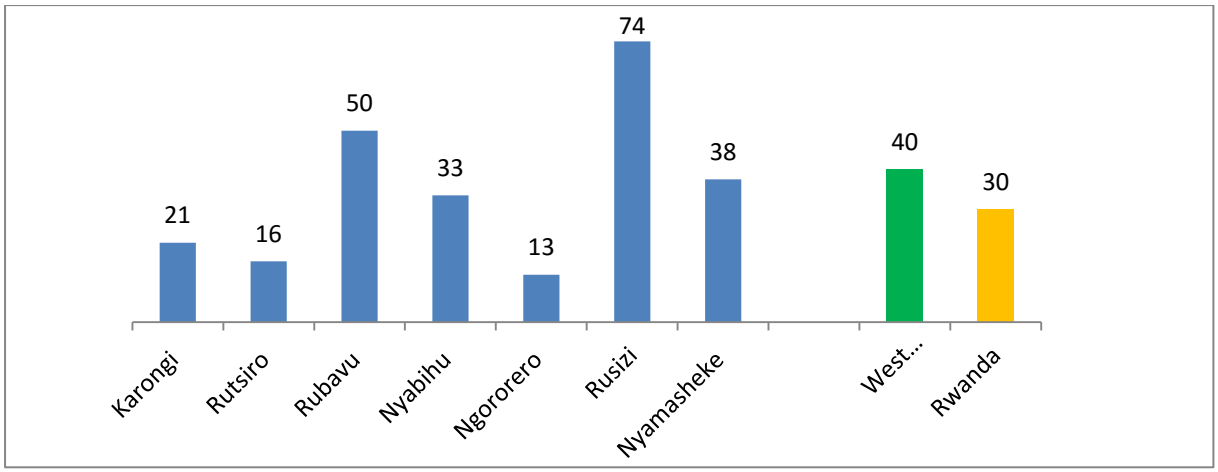


Source : RDHS, 2014-15

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, World Health Organization (WHO) recommends male circumcision as an HIV prevention method. In West province, 40 percent of men age 15-49 have been circumcised compared to 30 percent of men that are circumcised at national level (Figure 48). By district, the proportion of men who are circumcised is highest in Rusizi (74 percent) and lowest in Ngororero (13 percent).

Figure 48: Percentage of men age 15-49 who are circumcised

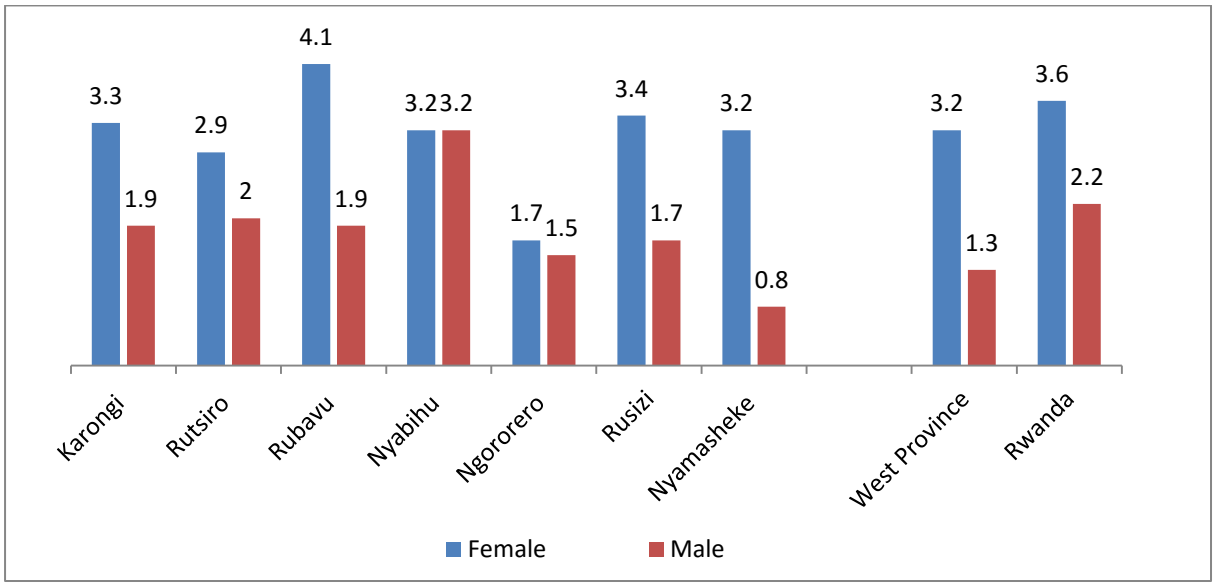


Source : RDHS, 2014-15

10.8 HIV prevalence among adult.

Overall, HIV prevalence in West Province is 3.2 percent among women and 1.3 percent among men as compared to 3.6 percent among women and 2.2 percent among men at the national level. By district, HIV prevalence is highest among women in Rubavu (4.1 percent), followed by Rusizi (3.4 percent) while it is lowest in Ngororero. For men it is highest in Nyabihu with 3.2 percent and lowest in Nyamasheke with 1 percent.

Figure 49: HIV Prevalence among women and men age 15-49



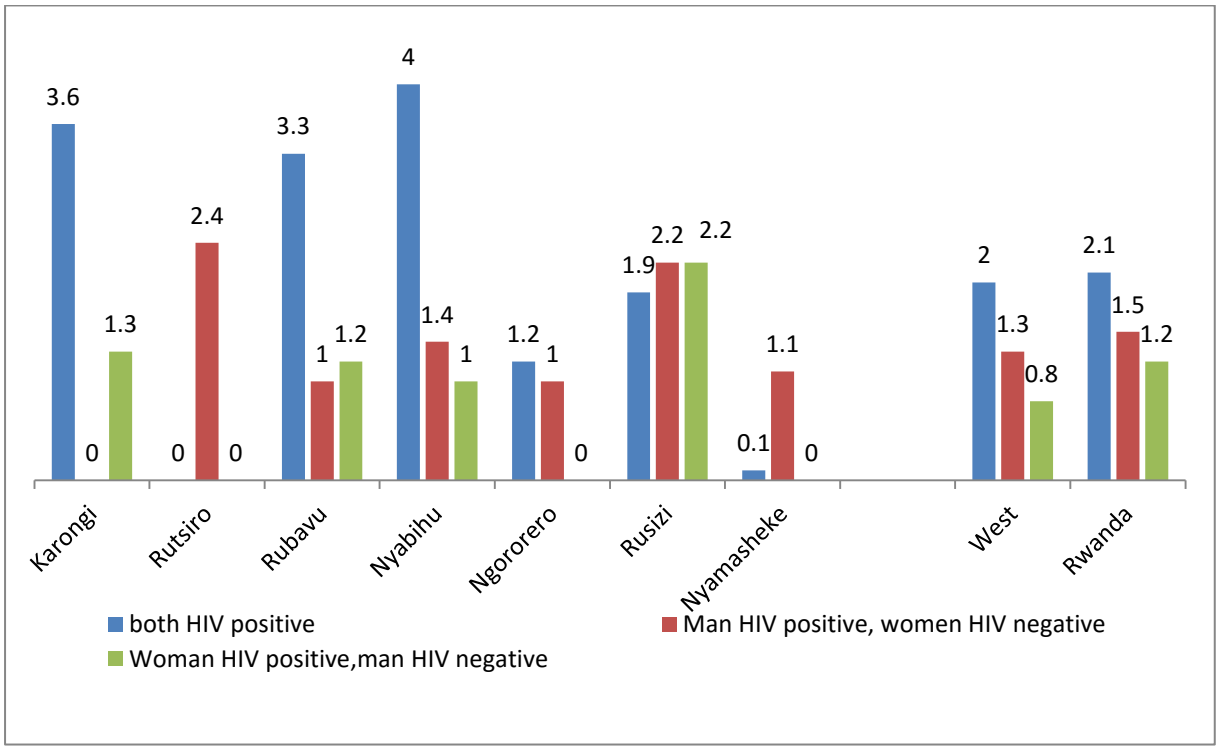
Source : RDHS, 2014-15

10.9 HIV prevalence among cohabiting couples

Figure 50 shows the HIV prevalence among couples in the districts of the West Province. The percentage of couples in which both partners are HIV positive is 2.0 in the West Province as compared to 2.1 percent at the national level. The percentage of couples in which both partners are HIV positive is higher in districts of Nyabihu (4.0

percent), Karongi (3.6 percent) Rubavu (3.3 percent) compared to others districts of West Pr. When the male partner is infected and female partner is not, the percentage is 1 percent in West Province and 2 percent at national level. In this case, Rutsiro has the highest percentage of those cohabitant couples (2.4 percent). The percentage of couples in which women partners is HIV positive and man HIV negative is 1 percent in the West Province, as it is at national level. By District, the percentage of those cohabitant couples is highest in Rusizi (2.2 percent) as compared to the rest of the districts of the West Province.

Figure 50: Percent distribution of couples living in the same household, both of whom were tested for HIV, by HIV status



Source : RDHS, 2014-15

Chapter 11: Women empowerment

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

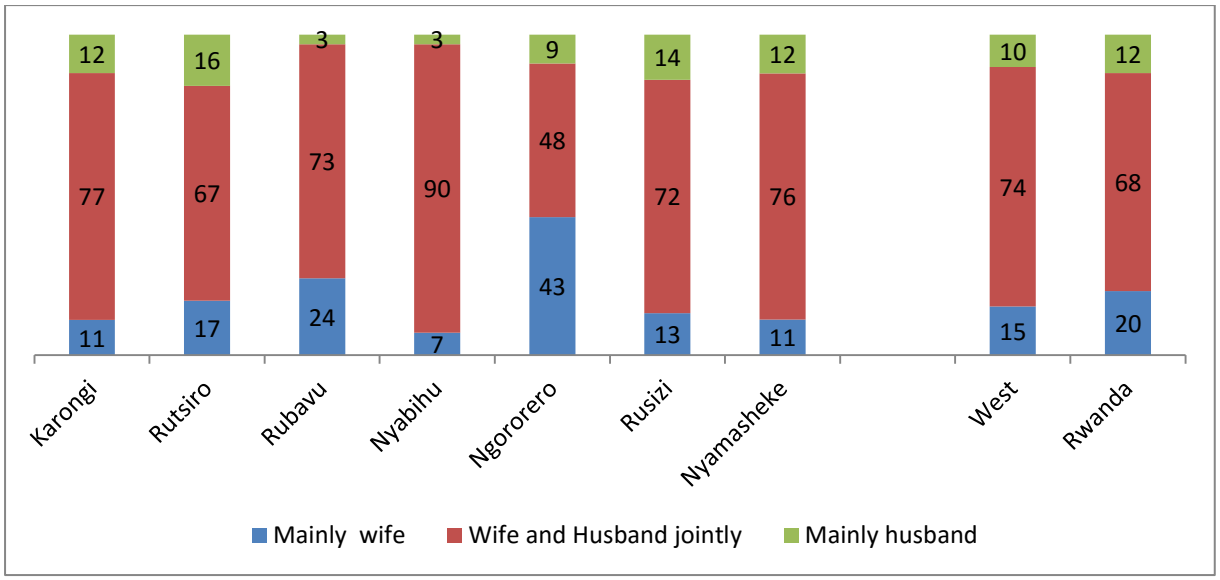
11.1 Control over women's cash earnings and relative magnitude of women's cash earnings

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, according to background characteristics.

Fifteen percent of women in the West province and 20 percent of women at National level mainly decide for themselves how their earnings are used, whereas 74 percent in West province and 68 percent at national level, women say that they make joint decisions with their husbands. Ten percent of women in the West 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 Ngororero (43 percent) followed by Rubavu (24 percent) and lowest in Nyabihu (7 percent). Women in Rutsiro (16 percent) and Rusizi (14 percent) are more likely to report that their husbands mainly decide how to spend their earnings than women in the other districts.

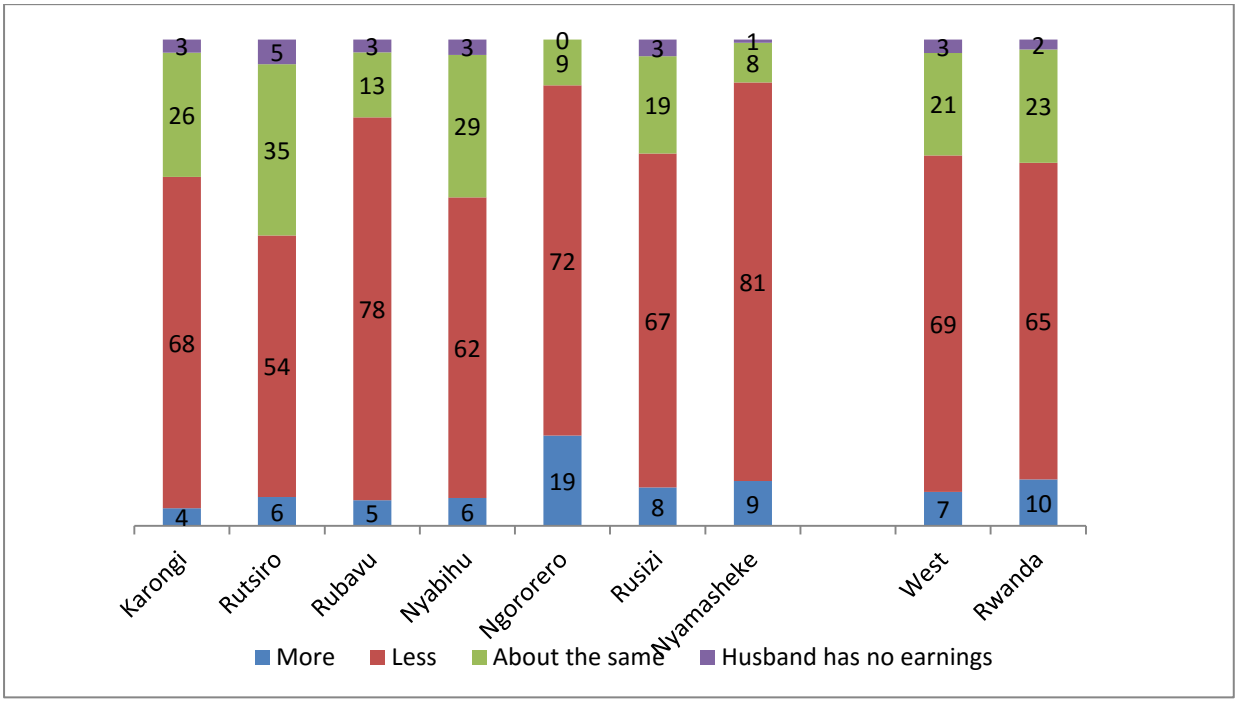
Figure 51: Percentage distribution of persons who decides how wife's cash earning are used



Source : RDHS, 2014-15

Figure 52 shows the woman's earnings relative to their husbands' earnings during the 12 months preceding the survey. Sixty-nine percent of women in the West province report that they earn less than their husband, 7 percent report that they earn more than their husband, and 21percent earn about the same as their husband. The proportion of women who earn more than their husband at the national level is estimated at 65 percent, where as 10 percent report earning more than they husband, and 23 percent report earning about the same as their husband. Women in the Rutsiro (35 percent) are most likely to report that they earn the same as their husband and those in Ngororero are most likely to earn more than their husband (19 percent).

Figure 52: Percentage distribution of currently married women age 15-49 according to their cash earnings in comparison to their husbands'



Source : RDHS, 2014-15

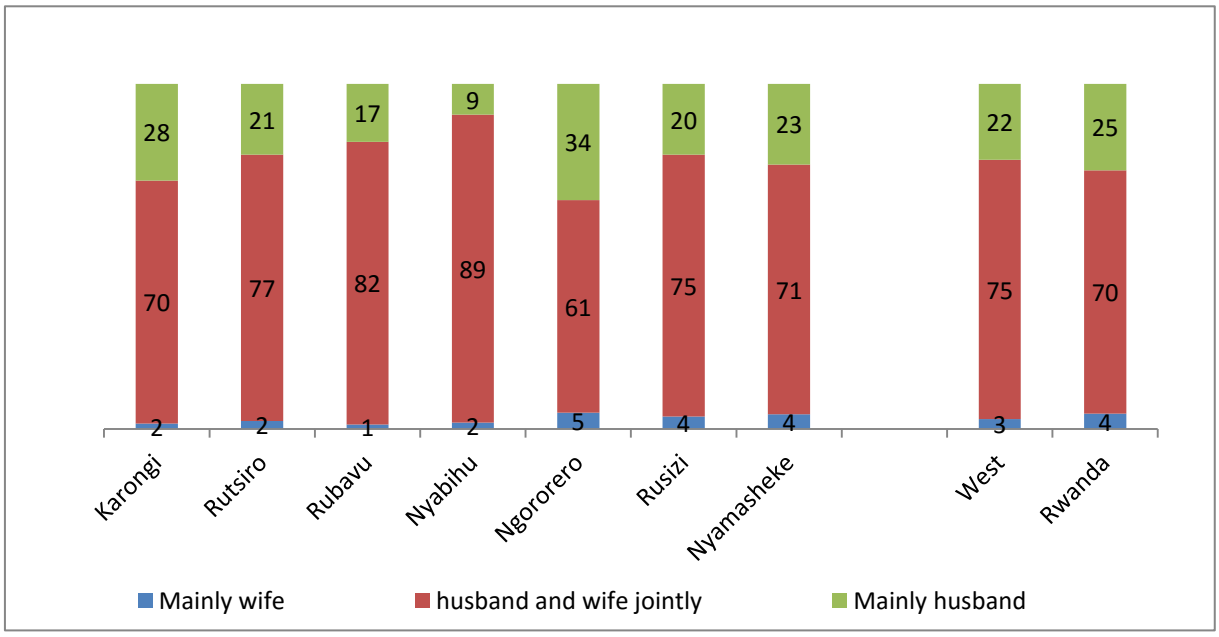
11.2. Control over men's cash earnings.

Figure 53 and 54 show 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, according to background characteristics.

In general, women's reports on who makes decisions about how their husband's earnings are spent (Figure 53) are comparable to men's reports (Figure 54). Twenty-two percent of women in West province whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure higher than the 12 percent reported by men themselves. Seventy-five percent of women report that decisions are made jointly, as compared with 84 percent of men who report this themselves, and 3 percent of women report that they mainly decide how to use their husband's earnings while this is reported 4 percent of men. Thirty-four percent of women in Ngororero and 28 percent of women in Karongi (Figure 53) whose husbands have cash earnings report that their husband mainly decide how his cash earnings are used. In the same districts, the percentage of men who declare to be the main decision-makers regarding their own earnings is lower than the women declaration: 17 percent in Ngororero and 15 percent in Karongi.

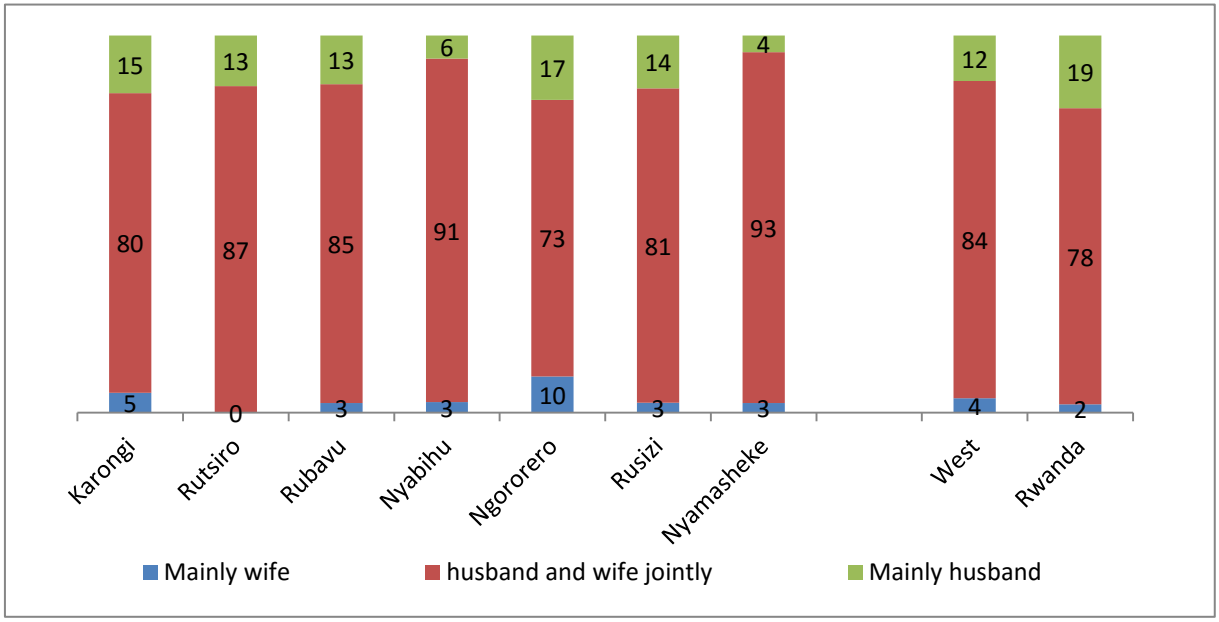
At the national level, 25 percent of women whose husbands have cash earnings report that their husband mainly decides how his cash earnings are used, a figure slightly higher than the 19 percent reported by men themselves (Figure 54).

Figure 53: Percentage distribution of currently married women 15-49, according to their report of the person who decide how the men's cash earnings is used



Source: RDHS 2014-15

Figure 54: Percentage distribution of currently married men 15-49, according to their report of the person who decide how the men's cash earnings is used



Source: RDHS 2014-15

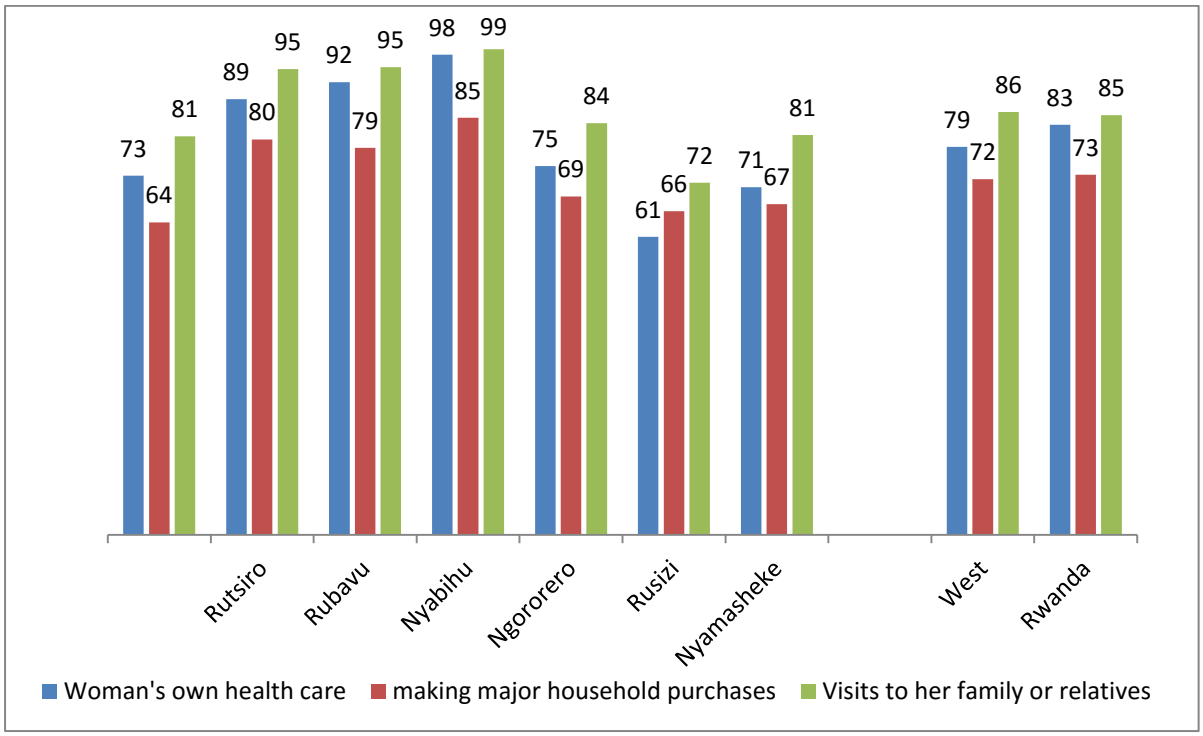
11.3 Women's participation in decision making

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 West province, 79 percent of currently married women age 15-49 said they make decisions about their own health care either by themselves or jointly with their husbands and 72 percent of women said they participate in decisions about major household purchases. Eighty-six percent of married women said they 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 in West Province.

Figure 55: Percentage of currently married women age 15-49, participating in Decision making according to types of decision

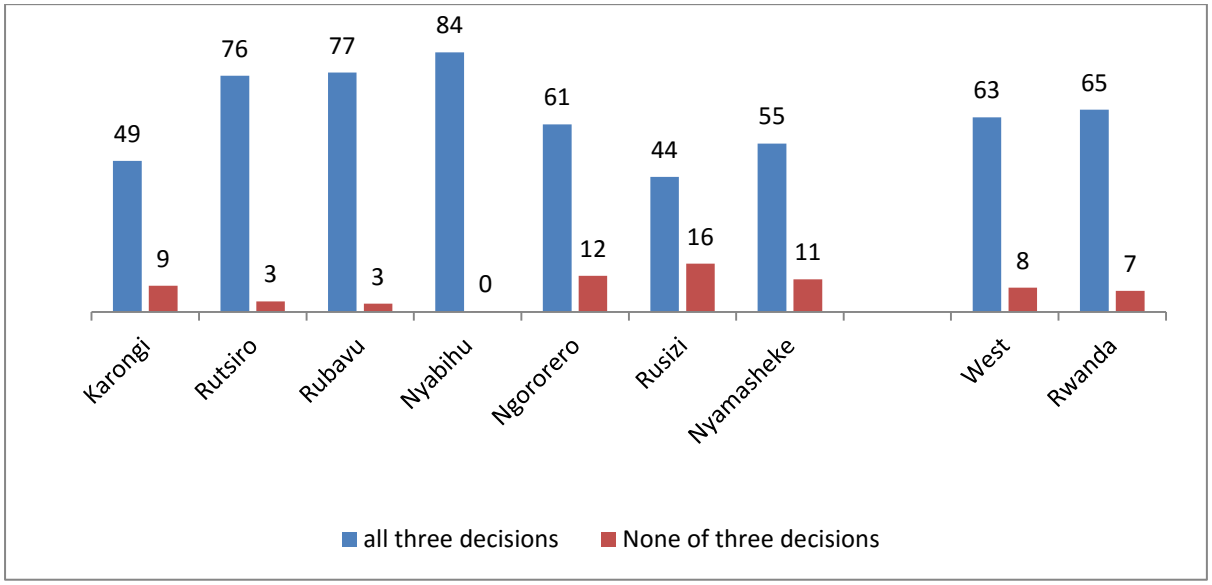


Source: RDHS 2014-15

Figure 56 shows how women's participation in decision-making varies by districts of the West province. Sixty-three percent of married women in West province report taking part in all three decisions, while 8 percent of women have no say in any of the three decisions, as compared to 65 percent of married women in Rwanda who report taking part in all three decision, while 7 percent of women have no say in any of the three decisions.

By district, married women in Nyabihu (84 percent) and Rubavu District (77 percent) are more likely to report that they participate in all three decisions compared to married women in other districts. In addition, 16 percent of married women age 15-49 in Rusizi and 12 percent of them in Ngororero have no say in any of the three decisions.

Figure 56: Percentage of currently married women age 15-49 according to participation in decision making



Source: RDHS 2014-15

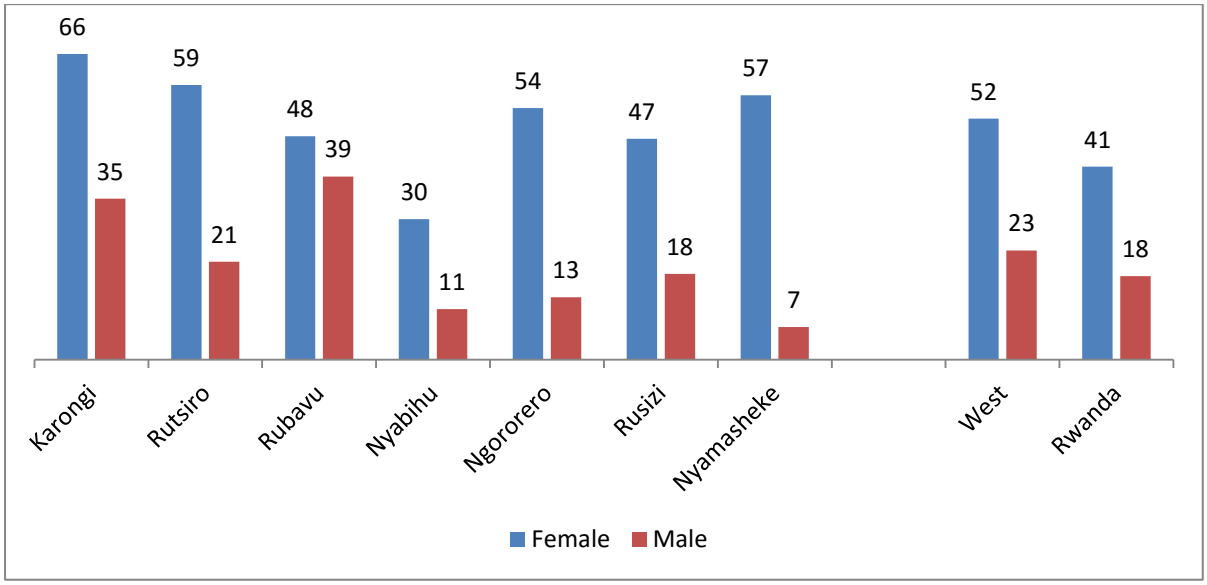
11.4 Attitude toward wife beating

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 in West Province, the percentage of women (52 percent) who believe that wife beating is justified for at least one of the specified reasons is higher than that of men (23 percent). The same situation is observed at national level where 41 percent of women and 18 percent of men agree that a man is justified in beating his wife for at least one reason. The percentage of women who agree that wife beating is justified for at least one reasons range from 66 percent in Karongi and 30 percent in Nyabihu. Agreement with at least one reason justifying wife beating among men is highest in Ngororero district (39 percent) and lowest in Nyamasheke District (7 percent).

Figure 57: 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 cannot be found in the RDHS Main Report, Appendix D

Annex 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**

Annex 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 (Annex): 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 (Annex): Percentage of households 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 (Annex): Percentage of households 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
Gasabo	8.2	61.5	20	10	0	0.2	1159	100
Kicukiro	6.2	56.6	23.8	13.4	0	0	631	100
City of Kigali	**7.1**	**61.1**	**22**	**9.7**	**0**	**0.2**	**2415**	**100**
Nyanza	15.2	72.6	11.1	1.1	0	0	563	100
Gisagara	20.4	72.4	6.5	0.8	0	0	577	100
Nyaruguru	19.6	68.9	10.2	1.1	0	0.1	539	100
Huye	14.9	64.8	14.8	5.1	0	0.4	676	100
Nyamagabe	16	70.4	12.1	1.5	0	0	653	100
Ruhango	11.7	78.2	8.3	1.5	0	0.3	671	100
Muhanga	10.8	76.3	10.8	1.7	0	0.3	599	100
Kamonyi	10.3	76.3	11.8	1.4	0	0.2	706	100
South	**14.6**	**72.6**	**10.8**	**1.8**	**0**	**0.2**	**4986**	**100**
Karongi	11.3	72.1	13.4	3	0	0.1	680	100
Rutsiro	14.2	75.7	9.7	0.4	0	0	558	100
Rubavu	19.3	58.1	18.7	4	0	0	832	100
Nyabihu	14.5	72.3	12.4	0.8	0	0	492	100
Ngororero	18.7	70.6	9.5	1.1	0	0.2	647	100
Rusizi	11.6	71	16.6	0.8	0	0	812	100
Nyamasheke	15.7	71.3	10.9	1.8	0	0.2	630	100
West	**15.1**	**69.5**	**13.5**	**1.8**	**0**	**0.1**	**4651**	**100**
Rulindo	15.5	74.3	8.2	2	0	0	566	100
Gakenke	11.9	74.8	11.8	1.5	0	0	634	100
Musanze	11.1	69.1	16.9	2.9	0	0	736	100
Burera	9.8	79.1	9.6	1.4	0	0.2	645	100
Gicumbi	15.3	70.6	12.8	1.4	0	0	803	100
North	**12.7**	**73.3**	**12.1**	**1.8**	**0**	**0**	**3383**	**100**
Rwamagana	9.2	73.7	14.9	2.2	0	0	644	100
Nyagatare	16	72.6	10.5	0.9	0	0	1001	100
Gatsibo	16	69.8	13.5	0.5	0	0.1	918	100
Kayonza	15.1	73.4	10.1	1.4	0	0	647	100
Kirehe	11.5	75.6	11.5	1.1	0	0.2	602	100
Ngoma	14.2	72	11.3	2.5	0	0	740	100
Bugesera	12.7	72.3	13.3	1.7	0	0	652	100
East	**13.9**	**72.6**	**12.1**	**1.4**	**0**	**0**	**5205**	**100**
Total	**13.4**	**70.7**	**13.3**	**2.6**	**0**	**0.1**	**20640**	**100**