# Rwanda

## 2005 Demographic and Health Survey

## Key Findings

This report summarizes the main results of the Demographic and Health Survey (RDHS) conducted in Rwanda from February through July 2005. The RDHS was conducted by the *Direction de la Statistique* (which became *l'Institut National de la Statistique du Rwanda* in September of 2005) from February through July 2005. It also benefited from the technical assistance of ORC Macro's worldwide program for Demographic and Health Surveys – MEASURE DHS. Its objective is to collect, analyze and disseminate demographic data dealing with fertility, family planning, and maternal and child health. Furthermore, this survey was made possible thanks to the financial support of the United States Agency for International Development (USAID/Rwanda), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the National AIDS Control Commission (CNLS) through the Support for the Multisectoral AIDS Project (MAP), the World Bank, the Department For International Development (DFID), and the German Technical Cooperation Enterprise (GTZ).

For information concerning RDHS, contact the *Institut National de la Statistique du Rwanda* (INSR), BP 6139, Kigali, Rwanda. Tel : (250) 55-10-41-64; e-mail: snr@rwanda1.com.

Information concerning the MEASURE DHS program may be obtained from ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705, USA (Telephone 301-572-0200; Fax 301-572-0999; e-mail: reports@orcmacro.com; Internet : http://www.measuredhs.com).

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# Rwanda Demographic and Health Survey (RDHS 2005)

The 2005 Rwanda Demographic and Health Survey (RDHS) is the third of its kind. It is a nationally representative survey designed to provide information on fertility levels and preferences, sexual activity, knowledge and use of family planning, breastfeeding, nutritional status of women and children, mortality of children and adults, including maternal mortality, maternal and child health, prevalence of female circumcision, and attitudes and behaviors related to HIV/AIDS and other sexually transmitted diseases. New sections include use of mosquito nets, HIV prevalence and anemia testing. The information collected by the RDHS updates the health and demographic indicators collected during the two previous DHS surveys in 1992 and 2000.

The fieldwork for the RDHS 2005 was conducted from February to July 2005. The survey collected information from 10,272 households, 11,321 women age 15-49 and 4,820 men age 15-59. Of these respondents, 5, 656 women age 15-49 and 4,361 men age 15-59 were tested for HIV. The data are statistically significant at the national level, for urban and rural residence and for the five provinces: South, West, North, East, and the City of Kigali.

# Background Characteristics of Households

## Household structure by age and gender

With approximately 50 percent of its people less than 15 years old, Rwanda is characterized by a young population in which women slightly outnumber men (88 men per 100 women).

## Composition of the households

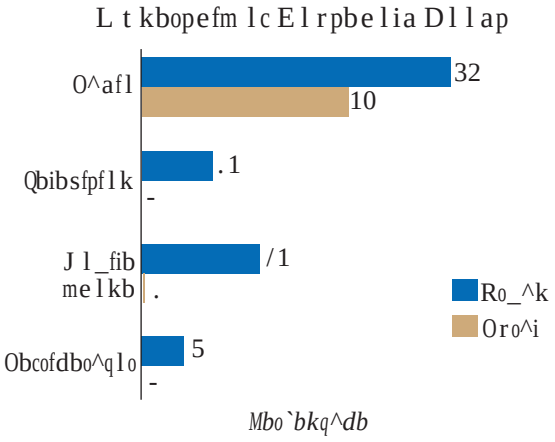
On average, a household in Rwanda is made up of 4.6 persons. This average size varies from 4.5 in rural areas to 4.8 in urban areas. Only one out of ten households consists of 8 to 9 persons (10 percent). Furthermore, 66 percent of households have a man as head of the household. In 34 percent of the cases, a woman is head of the household. This proportion is nearly identical in rural areas and in urban areas (34 percent versus 33 percent). The proportion of woman-headed households increased sharply between 1992 and 2000, rising from 21 percent to 36 percent, and declined in 2005 (34 percent).

## Education level of the population

Overall, 29 percent of women and 22 percent of men in the households, age 6 and up, have never attended school. Less than 10 percent of women and men completed school at the primary level (8 percent and 7 percent, respectively). Only 2 percent of men and 1 percent of women have completed a secondary-level education. Less than one percent of men and women have attained a higher education level. Furthermore, educational attainment differs significantly based on residence. In rural areas, 23 percent of men and 31 percent of women have had no education compared with 15 percent and 19 percent, respectively, in urban areas.

## Characteristics of dwellings

Very few households in Rwanda have electricity (5 percent). One-quarter of households in urban areas have electricity, compared to only 2 percent in rural areas. With regard to the source of drinking water supply, 39 percent of urban households and 71 percent of rural households do not consume potable water. Furthermore, approximately two-thirds of households (67 percent) use open-air pits and latrines. This proportion is 71 percent in rural areas versus 44 percent in urban areas. Overall, 5 percent of households do not have toilets.



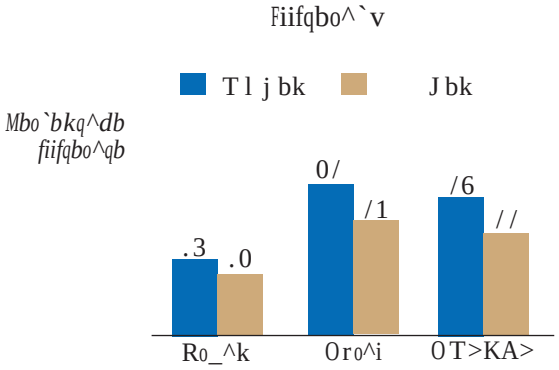
# Characteristics of Respondents

## Urban and rural residence

The majority of the population in Rwanda lives in rural areas (83 percent). Only 17 percent live in urban areas.

## Literacy

About one-quarter of men and women are illiterate (22 percent and 29 percent, respectively). More men can read than women (78 percent versus 70 percent). Literacy varies significantly according to the area of residence. In urban areas, 16 percent of women and 13 percent of men are illiterate versus 32 percent and 24 percent, respectively, in rural areas. The city of Kigali has the highest literacy rate with 85 percent of women and 86 percent of men literate.




## Economic activity

Nearly two-thirds of women (64 percent) were employed at the time of the survey. Women were employed primarily in the agricultural sector (86 percent). On the whole, 57 percent of women have not been paid for their work, 16 percent have been paid in cash and in kind, 15 percent in cash alone, and 12 percent in kind alone. Women working or having worked in the non-agricultural sector have been paid in cash more frequently (82 percent) than those employed in the agricultural sector (4 percent).

## Exposure to Media

Radio is the principal means of receiving information. More than half (54 percent) of women listen to the radio at least one time per week. However, very few women (5 percent) stated that they watch television, and only 8 percent stated that they read a newspaper or magazine at least one time per week.

Overall, 1 percent of women are exposed to all three of these media on a weekly basis, and, in contrast, 44 percent do not have access to them. This proportion is much higher in rural areas (48 percent), among those with no education (62 percent), and among those in the poorest quintile (75 percent).

Men are more likely to be exposed to media. Almost one man out of five (19 percent) is exposed to the three media.

# Fertility and its Determinants

## Actual fertility levels and trends

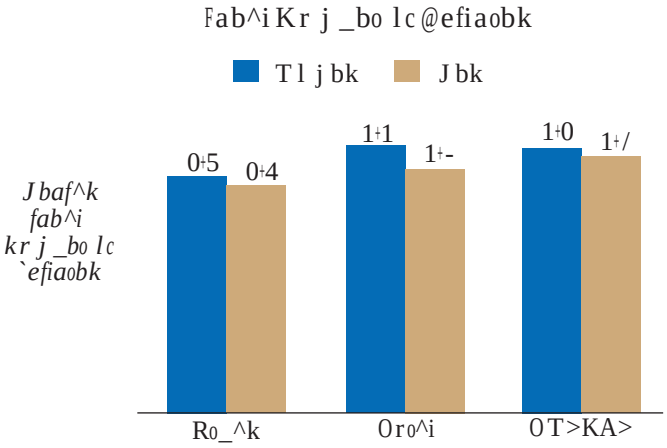
The fertility level of women in Rwanda remains very high—women have an average of 6.1 children by the end of their childbearing years. This rate is practically the same as the rate reported in the 1992 RDHS and slightly higher than the rate reported in the 2000 RDHS.

The average number of children per woman varies from 4.9 in urban areas to 6.3 in rural areas. This means that if current fertility levels remained unchanged, a woman from a rural area would have, on average, 1.4 more children than a woman from an urban area before the end of her childbearing years.

In Rwanda, the fertility rate of adolescents is fairly low. Only 4 percent of girls aged 15-19 years old have already begun childbearing: 3 percent are already mothers and 0.8 percent are pregnant for the first time.

## Fertility preferences

Slightly more than two women out of five (42 percent) stated that they would not want more children. Among women who stated that they wanted to have (more) children in the future, 12 percent would want to space out the next birth by at least two years.




## Desired fertility

The difference between actual fertility (6.1 children per woman) and desired fertility (4.5 children per women) highlights the significant needs that exist with regard to family planning.

## Marriage and Sexual Activity

About half (49 percent) of women and 52 percent of men were married at the time of the survey. Polygamy is not particularly widespread in Rwanda and involves only 12 percent of married women. The median age of the first marriage for women is 20.7 years old. This remained nearly unchanged since 1992, when the age of a woman's first marriage was estimated at 20 years.

Men enter into marriage for the first time much later than women. The median age of the first marriage for men is 24.5 years, which is nearly identical to the age of 24.3 years estimated in the first survey. This median age is slightly younger in rural areas than in urban areas for both men and women.

One-half of women age 25-49 years old had their first sexual relations by 20.3 years of age. Very few women had their first sexual relations at a young age (only 4 percent by age 15). This median age for first sex is nearly identical to the age of entering into a first marriage, which seems to confirm that the first sexual relations of women in Rwanda still occur at the time of the first marriage. For men, the median age of first sexual relations is 20.8 years old. However, in contrast with women, the age of men having their first sexual relations is 3.7 years previous to entering into marriage for the first time.

# FAMILY PLANNING

## Knowledge and Use of Contraception

Although nearly all women and men know of a modern contraceptive method, only 10 percent of women between the ages of 15-49 used any contraceptive method at the time of the survey; 6 percent of women were using a modern method and 4 percent were using a traditional method.

Use of contraceptives has increased significantly since the previous survey in 2000. Nevertheless, the level remained below that recorded in the first RDHS in 1992 (13 percent).

Contraceptive use is higher in urban areas (32 percent) than in rural areas (15 percent). The use of modern methods of contraception also varies according to the province. It is highest in the city of Kigali (23 percent). In the other provinces it varies from 8 percent to 10 percent.

Among women who were not using contraception at the time of the survey, 59 percent stated that they intended to use a contraceptive method in the future; 7 percent were not sure and 34 percent had no intention of using contraception.

# Reproductive Health

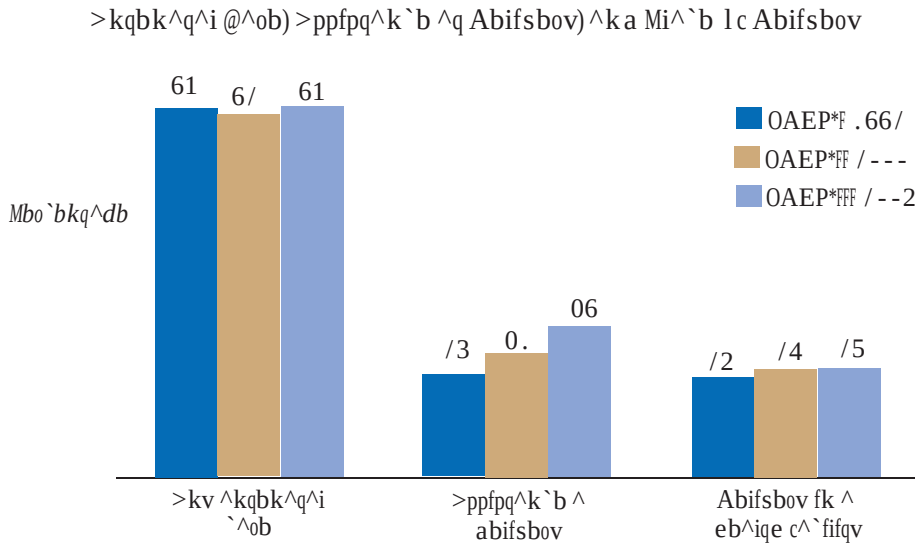
## Antenatal care

Nearly all mothers (94 percent) who had a birth in the 5 years before the survey received prenatal care from trained personnel. Despite this high level of prenatal care coverage, the number of visits made remains below WHO standards. In fact, only 13 percent complied with these standards by attending at least four counseled prenatal visits. During the course of these prenatal visits the majority of routine examinations were conducted, but very few women (6 percent) were informed of signs of complications in their pregnancies.

The rate of tetanus vaccine coverage in pregnant mothers remains low and declined compared to 2000. Only 63 percent of women who gave birth during the five years preceding the survey received one or two doses or more of tetanus vaccine during their last pregnancy versus 70 percent in 2000.

## Place of delivery

In 70 percent of cases, births occurred at home. This proportion exceeds 80 percent among women with no education, among those who attended no prenatal care visits, and among those living in a household in the poorest quintile. In contrast, only 40 percent women in the richest quintile and 32 percent of those with at least a secondary-level education gave birth at home.



## Assistance a delivery

In 61 percent of cases, women did not receive assistance of trained personnel when giving birth; 43 percent were assisted by traditional, untrained midwives, and 17 percent gave birth with no assistance. These unassisted births are more frequent in rural areas than in urban areas (19 percent versus 9 percent). Similarly, the proportion of births that took place without any assistance varies from a maximum of 20 percent in the East to a minimum of 10 percent in the city of Kigali. However, since 1992, more women have given birth with the assistance of trained personnel. The education level of women influences birth conditions. Among women with no education, 26 percent gave birth without assistance versus 15 percent among those who had a primary level of education and 5 percent among women with the highest education level.

## Postnatal care

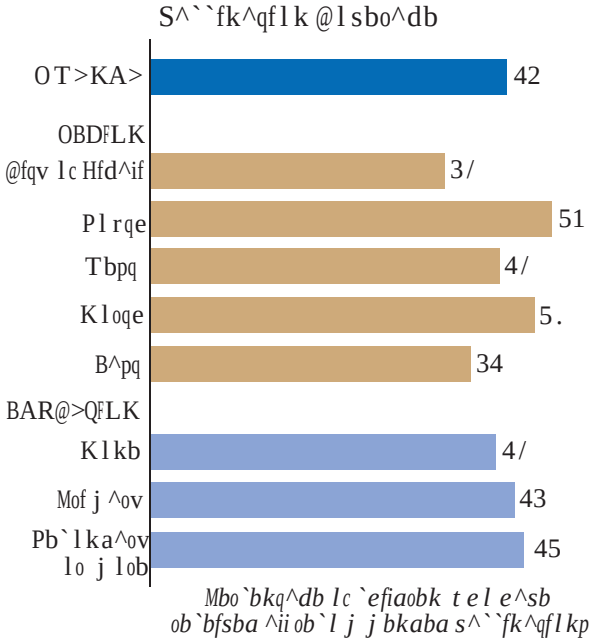
Among women who did not give birth in a health facility, nearly all (95 percent) failed to benefit from any postnatal care during the two days following the birth.

# CHILD HEALTH

## Vaccination coverage

Three-quarters of children in Rwanda from 12-23 months of age (75 percent) have received all the recommended vaccinations. However, the drop-off rates between the first and third doses of the Diptheria/Tetanus/Pertussis and polio vaccines are significant.

Vaccination levels vary by region of residence. The city of Kigali and the Eastern province have the lowest vaccination coverage rates in the country (62 percent and 67 percent). In contrast, the highest proportions of vaccinated children are in the Southern (84 percent) and in the Northern provinces (81 percent).




## Childhood diseases

Among children under 5, 17 percent had symptoms of acute respiratory infection (ARI) during the two weeks preceding the survey. These respiratory infections were most frequent in children from 6-11 months (28 percent) and from 12-23 months (21 percent) of age. Slightly less than one-quarter of the children had had a fever (26 percent). Prevalence of fever also varied by age. Children from 6-11 months old (39 percent) and from 12-23 months old (37 percent) most suffered from fever.

Treatment was sought in a health facility or with medical personnel for only 27 percent of children who had symptoms of acute respiratory infection and/or fever. Children from urban areas (41 percent), those whose mothers have at least a secondary-level education (43 percent), and those who live in the richest quintile households (43 percent) received treatment most frequently.

According to the survey data, 14 percent of children had diarrhea during the two weeks preceding the survey. Children between 6-23 months of age were the most vulnerable age group (24 percent). On the whole, 32 percent of the children benefited from oral rehydration therapy. In contrast, 33 percent did not receive any treatment.

# MALARIA

Malaria is the number one cause of death and illness in Rwanda.

## Ownership of mosquito nets

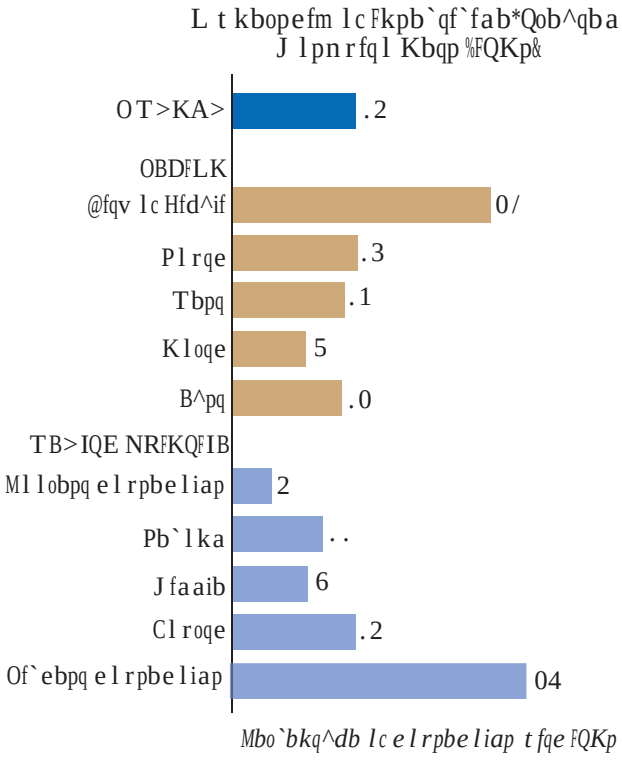
In Rwanda, 15 percent of households own at least one insecticide-treated mosquito net (ITN). ITN ownership is highest (32 percent) in the city of Kigali and lowest (8 percent) in the North. Furthermore, 37 percent of the richest households own nets.

## Use of mosquito nets by children

On the whole, 13 percent of children under age 5 slept under an insecticide-treated mosquito net the night preceding the survey. This varies from a maximum of 24 percent in the city of Kigali to a minimum of 8 percent in the North.

## Use of mosquito nets by women and pregnant women

Eleven percent of women from 15-49 years of age slept under an ITN the night before the survey. Pregnant women are more likely to sleep under an ITN (17 percent). Use of ITNs among pregnant women is higher in urban areas than in rural areas (29 percent versus 16 percent) and higher among educated women than among those with no education (35 percent versus 10 percent). Similarly, in the poorest quintile, only 8 percent of pregnant women slept under an ITN to protect themselves from malaria. In the richest quintile, this proportion reaches 36 percent.



# Breastfeeding and Nutritional Status of Children and Women

## Breastfeeding

Nearly all of the children born during the five years before the survey (97 percent) had been breastfed. However, only 41 percent were breastfed in the hour following birth and 24 percent received a prelacteal feed.

Children from rural areas are breastfed longer than those from urban areas (median period of 25.6 months versus 21.9 months.)

A high proportion of children under 6 months of age (88 percent) are fed exclusively with breast milk. After six months of age, when breastfeeding alone is no longer sufficient to guarantee the best possible growth in children, it is recommended that supplemental solid foods be introduced into feedings. In Rwanda, only 69 percent of children between the ages of 6-9 months receive supplemental foods.

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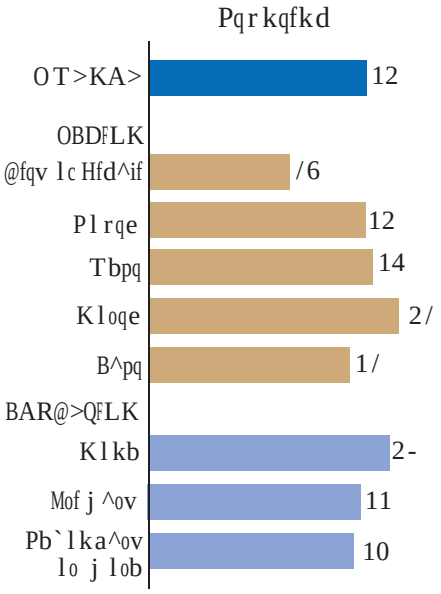
## Nutritional status of children

Among children younger than five years old, 45 percent are stunted, or too short for their height. Almost 20 percent of these cases are severe. Stunting is higher in rural areas than in urban areas (47 percent versus 33 percent) and is highest in the Northern province (52 percent) and lowest in the City of Kigali (29 percent). Stunting is less common in the richest households (30 percent) than in the poorest households (55 percent).

Among children under five years of age, 4 percent suffer from wasting, or being too thin for their weight. The prevalence of wasting is particularly high in children between 12-23 months of age (9 percent) and among those who were small at birth (10 percent).

In addition, 23 percent of children under five years of age are underweight. At 12-23 months, this proportion is 35 percent. Similarly, the prevalence of low weight is particularly high among children who were very small (54 percent) or small (32 percent) at birth.

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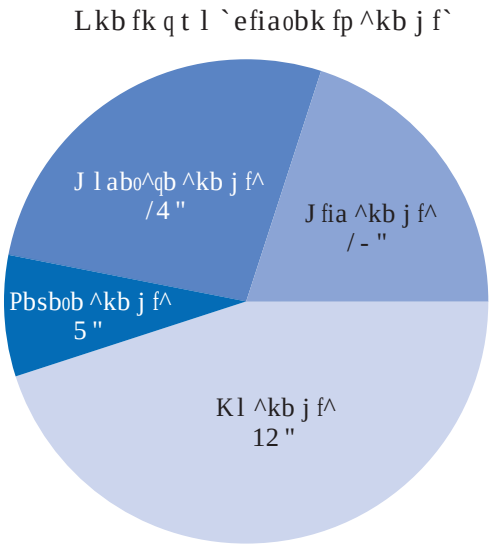
## Nutritional status of women

In Rwanda, the average height of women is 156.6 centimeters; 4 percent are very short, or less than 145 centimeters. One woman out of ten has a Body Mass Index lower than 18.5 kg/m$^2$, which is considered to be too thin. Women who are 15-19 and those who live in the Southern region are most likely to be too thin (17 percent and 13 percent, respectively).

On the other hand, 12 percent of women are overweight or obese (a body mass index equal to or over 25 kg/m$^2$).

## Anemia in children

In Rwanda, approximately half of children from 6-59 months of age (56 percent) are anemic. Twenty percent are mildly anemic, 27 percent are moderately anemic and 9 percent have severe anemia. Anemia is highest among children who live in the city of Kigali where more than 7 in 10 children are anemic.




## Prevalence of anemia in women

One-third of Rwandan women suffer from anemia; 11 percent suffer from a moderate form and 3 percent suffer from severe anemia. Anemia in women is most common in the city of Kigali (46 percent).

## Vitamin A Supplementation and Iodization of salt

Vitamin A deficiency affects a child's immune system and increases his risk of death. UNICEF and WHO recommend establishing a vitamin A control program in every country where the under-five mortality rate is above 70 per thousand and in those in which vitamin A deficiency is a public health problem.

A high proportion of Rwandan children under five years of age have received vitamin A supplements (84 percent). This proportion is highest in the Northern province (90 percent).

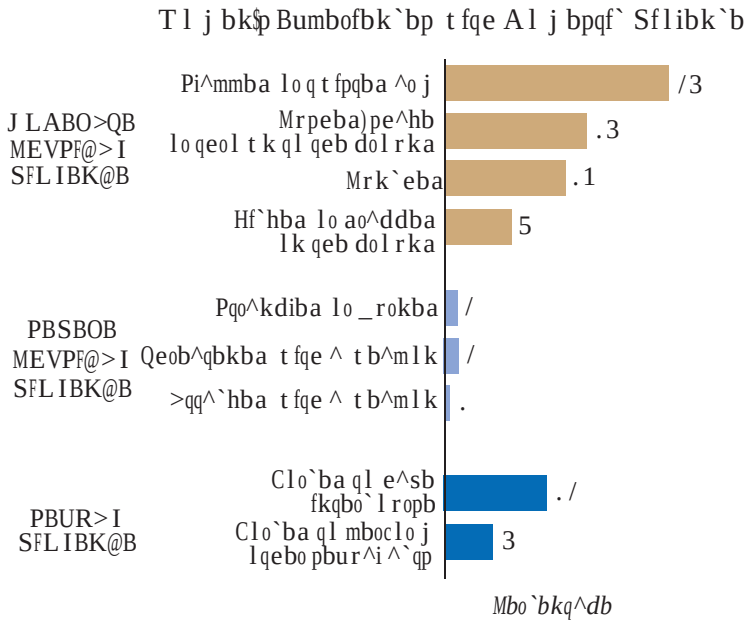
The lack of iodine in an organism can lead to retardation in the child's mental development and causes enlargement of the goiter in adults. More than four out of five Rwandan households (88 percent) use salt with sufficient levels of iodine (15 PPM or more).

# DOMESTIC VIOLENCE

Nearly one-third of women (31 percent) in Rwanda have suffered from physical violence since 15 years of age. In 19 percent of the cases, women suffered from acts of violence during the last 12 months. In 47 percent of the cases, the perpetrator of these acts of violence was the husband or partner.

More than one-third of women have been confronted with acts of spousal abuse at some point in time, either through physical, emotional or sexual abuse. The proportion of women who stated that they recently suffered from acts of spousal abuse is very high (80 percent). In nearly 40 percent of the cases, the women experienced acts of spousal abuse frequently (at least 3 times) during the past year, while for more than one-third (36 percent), these acts were repeated one to two times.

Furthermore, 10 percent of women stated that they suffered from acts of violence while they were pregnant. Women in broken marriages most frequently stated that they suffered from acts of violence during a pregnancy (17 percent).



# Orphans and Vulnerable Children

Almost three in ten Rwandan children under 18 years of age are considered to be orphans or vulnerable children (OVC). The proportion is highest in the city of Kigali (35 percent).

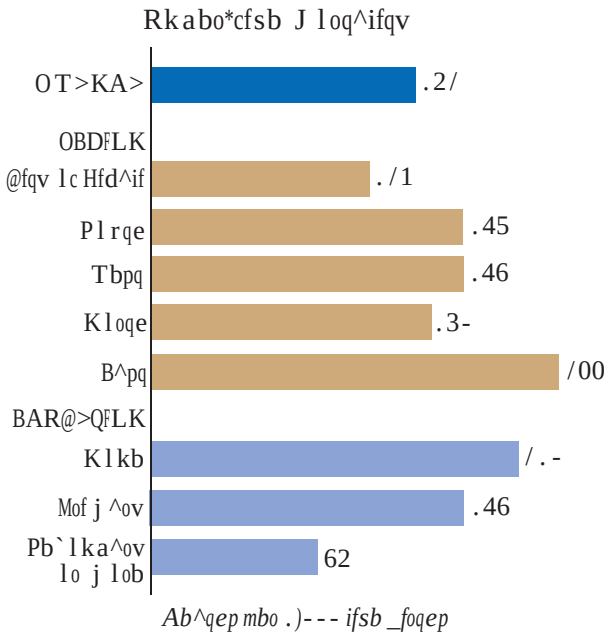
OVCs are disadvantaged academically compared with other children. Among children who have both parents living and who live with at least one of the two parents, 91 percent attend school. However, when both parents are dead, only 75 percent continue to attend school.

Very few households have benefited from monetary aid to take care of these vulnerable children. In 9 percent of cases, the households received assistance for school. Other types of support, whether medical support (3 percent), emotional support (2 percent), or social or material support (2 percent), have reached only a small proportion of OVC.

# MORTALITY

## Childhood mortality

During the period from 2001-2005, 86 infants out of 1,000 died before reaching their first birthday. Among all infants age 1, 72 out of 1,000 did not reach their fifth birthday. Overall, 152 out of 1,000 live births do not reach their fifth birthday.




Infant mortality is significantly higher in rural areas (108‰) than in urban areas (69‰). This difference persists beyond one year (94‰ versus 57‰). The trend is the same for mortality between birth and five years of age. In rural areas, the under-five mortality rate is estimated at 192 per 1,000 versus 122 per 1,000 in urban areas.

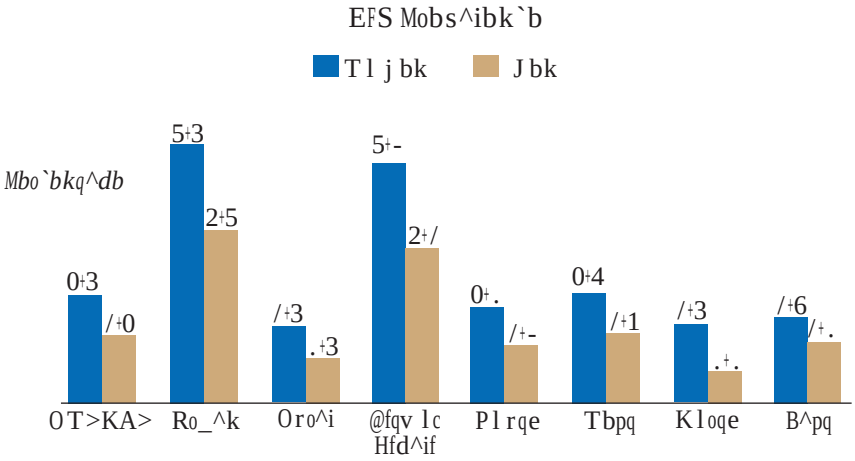
There has been a decrease in the infant and under-five mortality rates since the 2000 RDHS. However, the comparison of results with the first survey conducted in 1992 shows that those rates are almost the same as current rates. Therefore, it seems that after the negative repercussions on mortality levels caused by the 1994 genocide, the situation began to improve.

Children's chances of survival are also influenced by certain characteristics relating to the reproductive behavior of mothers. Children born less than two years after the birth of their next oldest sibling and/or those whose mothers are under the age of 20 or over 35 years old run a much higher risk of death than others.

# HIV/AIDS

## HIV Prevalence

Three percent of adults age 15-49 in Rwanda are HIV-positive. HIV prevalence is higher among women than among men (3.6 percent versus 2.3 percent). Similarly, the prevalence is significantly higher in urban areas than in rural areas (7.3 percent versus 2.2 percent).




## Knowledge about AIDS and prevention methods

Nearly all men and women in Rwanda have heard of AIDS. However, only 54 percent of women and 58 percent of men have "comprehensive" knowledge of HIV/AIDS, meaning that they have correct information concerning methods of prevention and transmission of HIV/AIDS. Comprehensive knowledge is lowest among women and men with no education, those in rural areas, and those who live in a household in the poorest wealth quintile.

Furthermore, 64 percent of women and 80 percent of men know that HIV/AIDS can be transmitted from mother to child during breastfeeding and that taking certain medications can reduce the risk of maternal transmission.

Among young women and men between the ages of 15-24 years, only half have "comprehensive" knowledge of HIV/AIDS. Furthermore, 73 percent of young men know somewhere to obtain a condom versus only 37 percent of young women.

Among young single people between the ages of 15-24 years who have had sex, only 25 percent of women and 39 percent of men used a condom during their last sexual encounter.

# RECOMMENDATIONS

The results derived from the 2005 RDHS point to the following recommendations:

## Characteristics of the women and men surveyed

All policies and programs should take into account the significant size of Rwanda's younger population.

The widespread use of potable drinking water and protected toilets is necessary to contribute to the decline in infant mortality rates, above all in rural areas.

## Maternal and child health and family planning (FP)

Fertility is an important variable for maternal and child health. The preceding DHSs indicate that fertility has trended downward, but slowly, over these last ten years. Similarly, although the prevalence of contraception increased since 2000, its prevalence remains low among couples in Rwanda, while the needs with regard to contraception continue to increase. Accordingly, in order to improve current trends and facilitate attainment of the objectives defined in the Vision 2020 document and the National Population Policy for Sustainable Development, it is necessary to:

Help the population and particularly women in Rwanda to reduce their fertility, in particular:

- By implementing effective programs intended to meet their family planning needs such as they are expressed in this survey;
- By promoting interest in family planning among women and men who do not currently express the need through strengthening IEC and BCC services while making the necessary services available to them for this purpose;
- By supporting the decline observed in fertility in the younger and older age groups (fertility of adolescents and that of women over 40 years of age);
- By implementing a series of other measures likely to decrease fertility by acting on both direct and indirect determining factors, especially improved school enrollment for women;

Help couples discuss the size of their family before and during the marriage;

Explain to men the merits of FP on the health of the mother-child couple in particular;

Train and place qualified FP service providers in all of the country's health training activities;

Conduct an awareness-raising campaign:

- To explain to mothers or future mothers the importance of attending the four prenatal visits recommended by WHO and Rwanda's EPI as well as the postnatal visit within two days of birth, above all when mothers have given birth at home, and to encourage mothers to give birth in health facilities;
- So that parents seek care as quickly as possible for children suffering from ARI, fever, and diarrhea;

Provide health service providers with facilities so that they can conduct all routine examinations during prenatal and postnatal visits;

Expand the use of iron and antimalarial preventative medications among pregnant women;

Take necessary measures so that mothers are properly protected against tetanus during pregnancy;

Identify the underlying causes of the poor nutritional status in children, and on the basis of this evaluation, define in detail and implement actions to consistently and sustainably reduce the levels of stunting, wasting, underweight, and the prevalence of anemia in children.

Promote appropriate weaning, in particular by educating parents to give children dietary supplements from 6 months of age, and in sufficient quantity and quality;

Increase the distribution of vitamin A to women after they give birth;

Maintain or encourage good breastfeeding practices;

Promote awareness of breastfeeding among mothers as soon as possible after they give birth, provided there are no contraindications;

Study in depth the determining factors of maternal and infant mortality in order to find appropriate strategies that may contribute to the decrease in current levels;

Take necessary measures that may facilitate access of mothers and children to healthcare.

### Malaria

Spread the use of insecticide-treated mosquito netting, above all among children and pregnant women.

### Domestic violence

Combine all efforts to eradicate domestic violence.

### Knowledge, Attitudes and Behavior with regard to STDs/AIDS

Strengthen awareness to maximize the level of knowledge and prevention of HIV/AIDS, above all with regard to groups at risk, in particular widows, separated and divorced women, young people and the urban population.

Ensure that counseling on HIV and the prevention of HIV transmission from mother to child is routine during prenatal and postnatal visits.

### Vulnerable persons

Given that the country has a significant proportion of children or orphans under the age of 18 who are vulnerable, specific programs (HIV prevention, school enrollment, healthcare) should be strengthened;

Actions in favor of vulnerable persons should be established if not strengthened at the basic community level.

# KEY INDICATORS

| | RWANDA | Urban |
|---|---|---|
| **Fertility** | | |
| Total fertility rate | 6.1 | 4.9 |
| Ideal number of children: women / men | 4.3/4.0 | 3.8/3.7 |
| Median age at first sexual intercourse: women age 25-49 | 20.3 | 20.6 |
| Median age at first union: women age 25-49 | 20.7 | 21.5 |
| Median age at first birth: women age 25-49 | 22.0 | 22.4 |
| Women age 15-19 who are already mothers or pregnant (%) | 4.1 | 5.0 |
| **Childhood Mortality** (deaths per 1,000 live births) [1] | | |
| Infant mortality | 86 | 69 |
| Under-five mortality | 152 | 122 |
| **Family Planning** | | |
| Know a method (women in union, age 15-49) (%) | 98 | |
| Currently using a method (women in union, 15-49) (%) | 17 | 32 |
| Currently using a modern method (women in union, 15-49) (%) | 10 | 21 |
| **Reproductive Health** | | |
| Percent of women who delivered a live birth in the 5 years preceding the survey who have: | | |
| Received antenatal care from a health professional | 94 | 93 |
| Received at least 2 tetanus toxoid injections | 22 | 27 |
| Percent of births in the 5 years preceding the survey for which the mother has: | | |
| Delivered in a health facility | 30 | 56 |
| Delivered with the assistance of a health professional | 39 | 63 |
| **Child Health** | | |
| Percent of children age 12-23 months who have received all the EPI vaccines | 75 | 71 |
| Percent of children who received professional health care when they exhibited symptoms of: | | |
| Acute respiratory infection or fever | 27 | 41 |
| Diarrhea | 14 | 16 |
| **Nutrition** | | |
| Children age 6-59 months who are anemic (%) | 55 | 53 |
| Women age 15-49 who are anemic (%) | 33 | 33 |
| Children under 5 who are stunted (%) | 45 | 33 |
| Children under 5 who are underweight (%) | 23 | 16 |
| Women age 15-49 who are too thin (BMI < 18.5) (%) | 10 | 10 |
| **Malaria** | | |
| Households with at least one mosquito net (%) | 18 | 40 |
| Children under 5 who slept under a mosquito net the night before the survey (%) | 16 | 33 |
| Pregnant women who slept under a mosquito net the night before the survey (%) | 20 | 35 |
| **HIV/AIDS** | | |
| Women/men with comprehensive knowledge of HIV/AIDS (%) | 54/58 | 64/63 |
| Women age 15-49 who have been tested for HIV and received the results in the last year (%) | 12 | 23 |
| Men age 15-49 who have been tested for HIV and received the results in the last year (%) | 11 | 20 |
| HIV prevalence rate: women (%) | 3.6 | 8.6 |
| HIV prevalence rate: men (%) | 2.3 | 5.8 |

| Rural | City of Kigali | South | West | North | East |
|---|---|---|---|---|---|
| | | | | | |
| 6.3 | 4.3 | 5.6 | 6.6 | 6.4 | 6.5 |
| 4.4/4.0 | 3.7/3.2 | 4.3/4.2 | 4..6/4.4 | 4.3/3.8 | 4.2/3.7 |
| 20.2 | 20.8 | 21.6 | 20.0 | 19.9 | 19.6 |
| 20.6 | 21.6 | 21.8 | 20.4 | 20.2 | 19.9 |
| 21.9 | 22.4 | 22.9 | 21.7 | 21.6 | 21.2 |
| 3.9 | 7.0 | 3.8 | 4.0 | 1.8 | 5.3 |
| | | | | | |
| 108 | 68 | 107 | 100 | 89 | 125 |
| 192 | 124 | 178 | 179 | 160 | 233 |
| | | | | | |
| 15 | 36 | 15 | 15 | 16 | 19 |
| 9 | 23 | 8 | 10 | 10 | 9 |
| | | | | | |
| 95 | 93 | 95 | 93 | 97 | 94 |
| 21 | 33 | 18 | 21 | 21 | 26 |
| 25 | 58 | 29 | 27 | 31 | 22 |
| 35 | 62 | 40 | 34 | 34 | 39 |
| | | | | | |
| 76 | 62 | 84 | 72 | 81 | 67 |
| 25 | 44 | 28 | 20 | 32 | 23 |
| 14 | 19 | 11 | 13 | 23 | 10 |
| | | | | | |
| 55 | 70 | 46 | 58 | 54 | 58 |
| 33 | 46 | 28 | 26 | 32 | 42 |
| 47 | 29 | 45 | 47 | 52 | 42 |
| 24 | 14 | 28 | 20 | 24 | 20 |
| 10 | 10 | 13 | 8 | 7 | 11 |
| | | | | | |
| 14 | 40 | 20 | 17 | 10 | 17 |
| 13 | 31 | 20 | 14 | 9 | 14 |
| 18 | 24 | 22 | 19 | 14 | 23 |
| | | | | | |
| 51/56 | 66/60 | 60/67 | 40/47 | 53/60 | 57/55 |
| 9 | 24 | 9 | 10 | 11 | 10 |
| 9 | 22 | 8 | 10 | 13 | 9 |
| 2.6 | 8.0 | 3.1 | 3.7 | 2.6 | 2.9 |
| 1.6 | 5.2 | 2.0 | 2.4 | 1.1 | 2.1 |

1- For the 10 years preceding the survey, except at the national level (5 years preceding the survey)