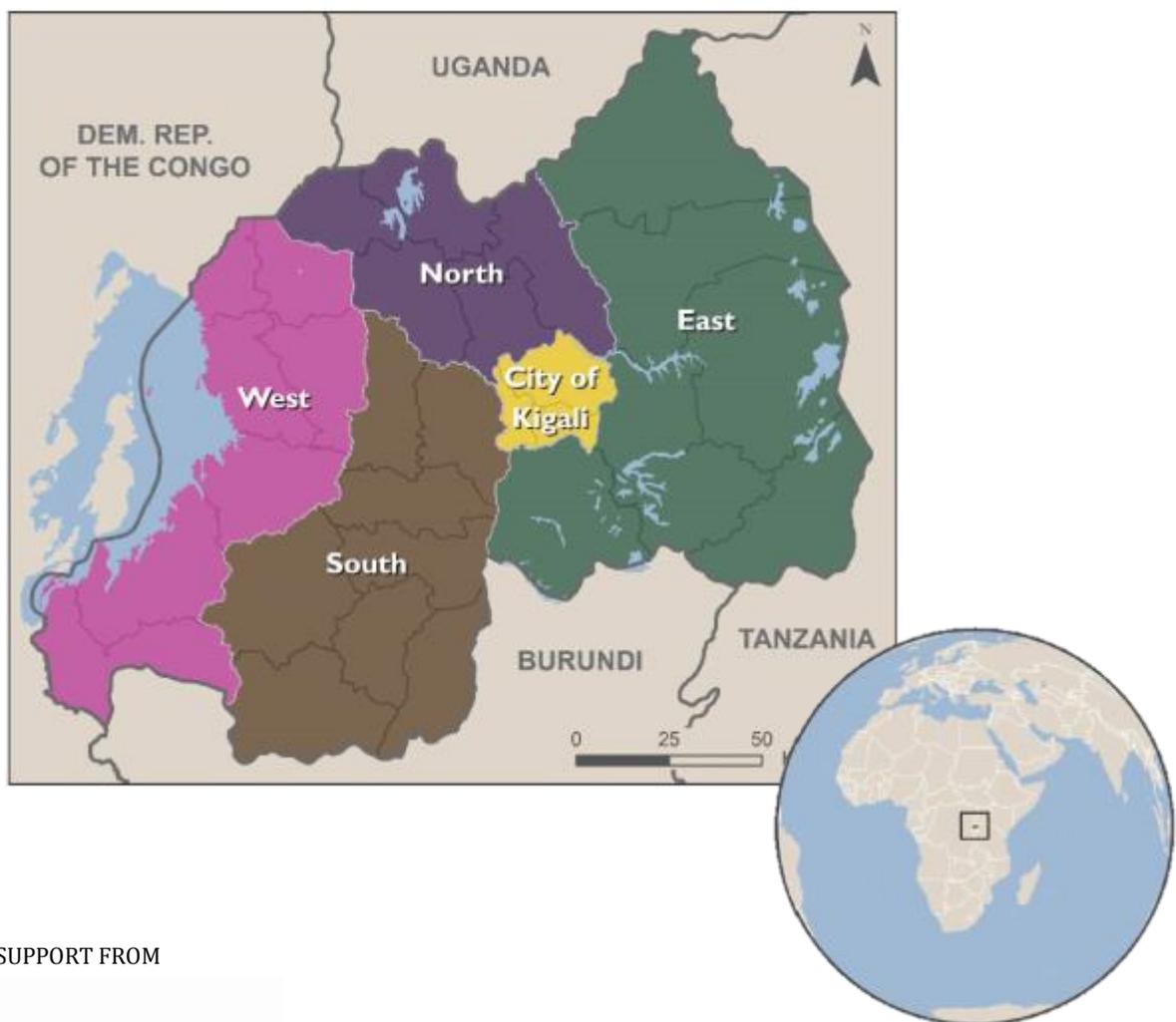


Rwanda DHS 2014 - 2015:
Children's Care and Living Arrangements



WITH SUPPORT FROM



This report was written by Garazi Zulaika and Florence Martin.

*This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from **Demographic and Health Surveys (DHS)** or **Multiple Indicators Cluster Surveys (MICS)** at the time of publication.*

*Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly **Demographic and Health Surveys (DHS)** and **Multiple Indicators Cluster Surveys (MICS)**, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from <http://www.dhsprogram.com/>.

Front cover map from National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. Rwanda Demographic and Health Survey 2014-15. Rockville, Maryland, USA: NISR, MOH, and ICF International.

Other maps are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from <http://www.statcompiler.com>.

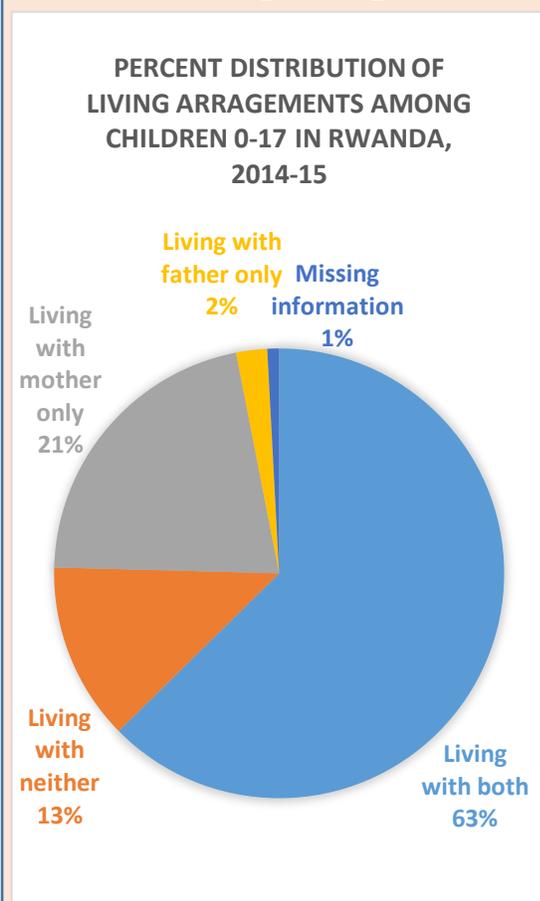
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EXECUTIVE SUMMARY:

Children's Living Arrangements:



- In Rwanda, 63% of children aged 0-17 and 65% of children aged 0-14 are living with both biological parents. Of children aged 0-17, another 22% are living with their biological mother and 2.2% are living with their father. Nearly one in every seven children in Rwanda (13%) do not live with either biological parent.

- Large variations in living arrangement are seen according to gender, age group, wealth quintile, rural-urban, and regional background characteristics.

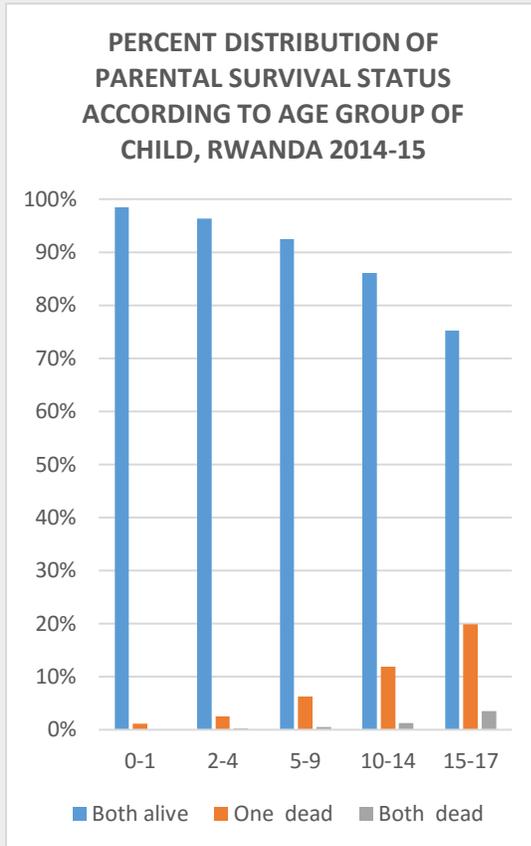
- Boys have a slightly higher likelihood of living with both biological parents (63% vs. 62%). Girls are more likely to live with neither biological parent relative to boys (14% vs 12%).
- At an early age nearly three out of every four children still live with both biological parents; this declines with age for children 0-17 (from 73% to 48%). In Rwanda, 24% of all children live with a single biological parent, being most common for children in the oldest age group (26%).
- While only 1.3% of infants 0-1 live with neither biological parent, before reaching 5 years of age this proportion has jumped to 8% of children living outside of family care among children 2-4, 11% for children 5-9, 17% for children 10-14 and 25% for the oldest cohort of children, years 15-17.

- Wealth quintiles do not appear to clearly predict living arrangements for children in Rwanda. More generally, it appears that households in wealthier quintiles more commonly host children living with neither biological parent and children in households in the poorest wealth quintiles have a lower likelihood of living with both parents. Households in the poorest wealth quintile generally also see the highest percentage of children living with a single biological parent (37%).

- Geographic areas with large urban centers see higher rates of children living without a biological parent (14% vs. 13%), and lower rates of children living with both parents when compared to more rural areas of the country (59% vs. 63%).

- In Rwanda, 65% of children 0-14 live with both biological parents, and in the Eastern African Regional context, the country has the fourth highest percentage of children living with both their mother and their father after bordering Burundi (68%) and regional neighbors Ethiopia (72%) and Madagascar (6%). Rwanda also ranks third in the region for the lowest proportion of children living with neither biological parent with 13% of all children living without their mother or their father; only Burundi (9%) and Ethiopia (11%) see lower rates of children living outside of parental care.

Parent Survivorship:



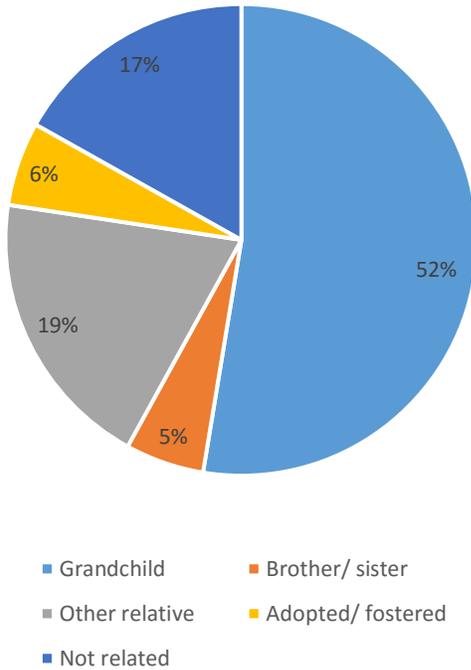
- By age 18, 8.2% of children in Rwanda have lost one biological parent and 1% have lost both. Between birth and age 15, 6.6% of children have lost one biological parent and 0.6% have lost both.
 - Substantial diversity is seen in the regional distribution of parental death for children under the age of 18 in Rwanda. The South region, a more rural region in the southwest of the county, has the highest percentage of children who have experienced orphaning at 1.2%.
 - Wealthier households appear to house fewer children who have lost a biological parent than households in poorer wealth quintiles in Rwanda.
- Between the 2010 Rwanda DHS and the 2014 Rwanda DHS there has been a decrease in double parent death from 3.3% to 1% among children 0-17. The rate of single parent death has halved from 16% to 8% for children under 18 in Rwanda.
- Regionally, Rwanda has relatively low rates of parental death and orphanhood as those of neighboring states. At 6.6% for children 0-14, Rwanda sees a prevalence of single parent death lower than all countries in the East Africa region after Comoros (3.7%).

- In Rwanda, nearly one in every seven children age 0-17 live with neither biological parent (13%). Of these, 73% have two living biological parents and another 20% have one. In Rwanda, 7.8% of children who do not live with a biological parent have no surviving parent.

Living Arrangements of Children Living with Neither Biological Parent:

- In Rwanda over one in every 10 children live without their biological parents. The rate of children living outside of parental care seems to be staying fairly constant in Rwanda at 11% for children 0-14 and 13% for all children under 18.
- The large majority of these children living with neither biological parent - 90% - live in households headed by a relative.
 - In the regional context, Rwanda's prevalence of children 0-14 who live in households in which they are related to the household head is the lowest of all Eastern African countries at 90% among children 0-14 with neighboring Burundi also at a low 91%. Other neighbors in the region see markedly higher rates of children living in related care among children under 15: Zambia (98%), Malawi (98%), and Uganda (97%).

PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN AGE 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN RWANDA, 2014-15



- Among children living with neither biological parent, age is a clear determinant of who children are most likely to live with. In the second youngest age groups the prevalence of living in households headed by grandparents is 82% while for children in the oldest age group, 15-17, only 25% live with their grandparents. Conversely, younger age groups generally have lower rates of children living in households headed by unrelated individuals (2%) while in the oldest age group the likelihood of living with these individuals becomes more common than living with grandparents (36% vs 20%).
- Differences across gender are seen when looking at living arrangements in Rwanda. Boys are more likely to live with their grandparents than girls (53% to 51%) while girls are more likely to live with other relatives (21% to 17% among boys 0-17). Boys have a higher rate of living outside of family care than girls (17% to 16%).
- Nearly 17% of surveyed households report hosting a child 0-17 unrelated to the head of the household.
- Households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.
- The Kigali City region sees a strikingly high number of children living in unrelated care (39%), more than double the country-wide average.

“The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.”

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.¹

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children’s early years to support this critical period of child development.² Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.³ As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.⁴

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.⁵ As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in ‘care vulnerable situations’, including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A number

¹ UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: <http://www.bettercarenetwork.org/docs/Guidelines-English.pdf>

² National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

³ For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from <http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf>; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from <http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023>

⁴ For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

⁵ Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from <http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023>;

of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being.

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements.⁶

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indicators relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CP MERG) and its Technical Working Group on Children Without Adequate Care, and with support from Save the Children, it is

⁶ See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

developing a series of country briefs using the latest available data set from DHS or MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out to be able to do so and the content of these papers will evolve as a result. The brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

RWANDA 2014 - 2015 DHS:

The data presented in this report come from the 2014 - 2015 Rwanda Demographic and Health Survey⁷ (DHS) that was carried out by the National Institute of Statistics Rwanda (NISR). MEASURE DHS is a USAID-funded project that provides technical support in the implementation country-wide surveys across the world. Funding for this effort came from 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 Vision International, the Swiss Agency for Development and Cooperation (SDC), and the Partners in Health (PIH).

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2014 - 2015 Rwanda DHS data collection effort, a total of 12,699 households were interviewed and 53,844 household members were listed. Of these, 26,688 individuals were under the age of 18 and 23,327 children were under the age of 15. The household questionnaire retained a response rate of 98%. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2014 - 2015 Rwanda DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Rwanda in its regional context and compare across other eastern African states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The Eastern Africa Region is defined by the DHS as including the following countries: Burundi⁸, Comoros⁹, Eritrea¹⁰, Ethiopia⁷, Kenya¹¹, Madagascar¹², Malawi¹³,

⁷ National Institute of Statistics Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. Rwanda Demographic and Health Survey 2014 - 2015. Rockville, Maryland, USA: NISR, MOH, and ICF International.

⁸ Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

⁹ Direction Générale de la Statistique et de la Prospective (DGSP) et ICF International. 2014. *Enquête Démographique et de Santé et à Indicateurs Multiples aux Comores 2012*. Rockville, MD 20850, USA : DGSP et ICF International.

¹⁰ National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. 2003. *Eritrea Demographic and Health Survey 2002*. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro.

¹¹ Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro.

¹² Institut National de la Statistique (INSTAT) et ICF Macro. 2010. *Enquête Démographique et de Santé de Madagascar 2008-2009*. Antananarivo, Madagascar : INSTAT et ICF Macro.

¹³ Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.

Mozambique¹⁴, Rwanda¹⁵, Tanzania¹⁶, Uganda¹⁷, Zambia¹⁸, and Zimbabwe¹⁹. Given that many of these countries collected data for the 0-14 age range until recently, for cross-country comparisons under 15 age groups will be used. The previous DHS surveys conducted in Rwanda are also represented in this report to look at any significant changes that have occurred within the country over the last decade. Lastly, all country level development statistics were pulled from the Human Development Report 2014²⁰.

¹⁴ Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.

¹⁵ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. *Rwanda Demographic and Health Survey 2010*. Calverton, Maryland, USA: NISR, MOH, and ICF International.

¹⁶ National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. *Tanzania Demographic and Health Survey 2010*. Dar es Salaam, Tanzania: NBS and ICF Macro

¹⁷ Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

¹⁸ Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007*. Calverton, Maryland, USA: CSO and Macro International Inc.

¹⁹ Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. *Zimbabwe Demographic and Health Survey 2010-11*. Calverton, Maryland: ZIMSTAT and ICF International Inc.

²⁰ United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS:²¹ ²²

Country

- Total population (2015): 12,100,000
- Gross Domestic Product per capita (2011): \$1,426.40
- Human Development Index: .483 (Rank – 163)
- Population living below \$1.25 a day: 63%
- Life expectancy at birth: 64.2 years
- Median age: 18.4 years
- Urban vs. rural distribution: 17% of the population is urban, 83% rural
- Under-5 mortality rate: 52 per 1,000 under five children.
- HIV/AIDS prevalence: 2.9%
- Birth registration of children (% under age 5): 63% (DHS).
- Child labor (age 5-14): 29%

Households

- Mean household composition: 4.3 members
 - This is nearly identical to what was reported in the 2010 DHS (4.4 members).
- Nearly half of all individuals in Rwanda -- 43% -- are under the age of 15.
- Female headed households: 31%; many more rural households are female headed vs urban households (32% vs 27%).
- Urban vs. rural distribution: 23% of sampled households were urban; 77% rural
- Educational attainment is **low** in Rwanda: 19% of women and 13% of men have no education and 66% of women and 71% of men have attended only primary school. As a result 20% of women and 17% of men are illiterate.

Marriage:

- Median age at first marriage: 22 years for women; 26 years for men
 - Women in rural households marry on average 1.5 years earlier than women in urban households (21.7 years vs 23.2 years).
 - Early marriage: Less than 1% of all young women 15-19 are married.
- Seven percent of all married women are married to men who are in a polygynous union; 2% of currently married men reported having more than one wife.

Fertility

- Total Fertility Rate: 4.2 children
 - Fertility for women living in rural households is higher than those living in urban areas (4.3 vs 3.6), with the lowest fertility rate being in the City of Kigali province (3.6 children per woman).
 - The TFR increases with each decrease in wealth quintile, ranging from 3.3 children per woman in the highest wealth quintile to 5.1 children per woman in the lowest wealth quintile.
 - Adolescent fertility: 45 births per 1,000 girls age 15-19. (HDI reports 34/1000).
 - 7% of all Rwandan women report having given birth prior to age 18 and 43% by age 22.
 - 14% of births occur within 24 months of a previous birth.

²¹ United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

²² National Institute of Statistics Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. Rwanda Demographic and Health Survey 2014 - 2015. Rockville, Maryland, USA: NISR, MOH, and ICF International.

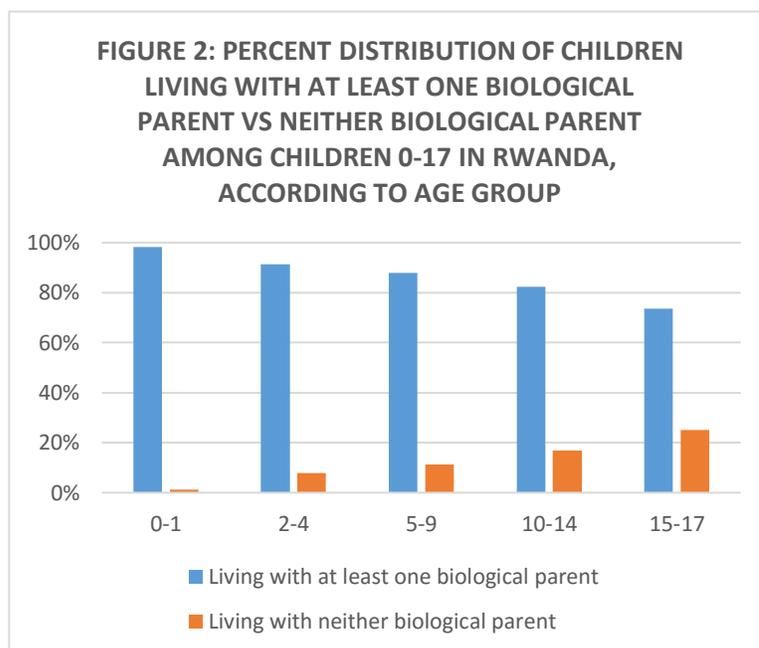
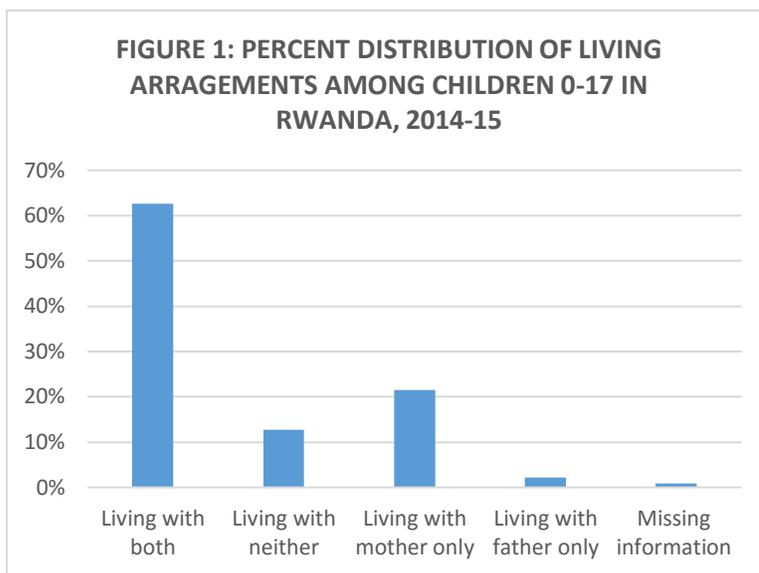
CHILDREN’S LIVING ARRANGEMENTS:

In Rwanda, 65% of children under the age of 15 live in households with both biological parents. Among children living in households in a nation, this rate of children living with both parents is among the highest found in Eastern Africa. For instance, in Zimbabwe only 42% of all children under the age of 15 live with both biological parents, as do 52% of children 0-14 in Mozambique.

As shown in Figure 1, among children 0-17 in Rwanda 63% live with both biological parents, 22% live with only their mother and 2% live with only their father. Nearly one in every seven children under 18 years of age in Rwanda - 13% - lives with neither biological parent.

When disaggregated by background characteristics, factors such as gender, age, urban vs. rural distribution, and wealth quintile, appear to significantly influence living arrangements among children in Rwanda. Girls in Rwanda are slightly more likely to live with neither biological parent (14%) as compared to boys (12%). Conversely, boys more commonly live with both biological parents compared to girls (63% vs. 62%).

Variations in living arrangements across age groups are evident in Rwanda. At an early age the large majority of children still live with both biological parents; this proportion declines with age. Where only 48% of children in the oldest age group live with both of their biological parents, 68% of children ages two to four and 73% of children under two live with both biological parents. In Rwanda it appears that children living only with their father increase with age. The percentage living with only their mother appears to stay consistent regardless of age. Part of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age – only 0.8% of children in the youngest age group live with their mother only after their father has died while 12% of children 15-17 do the same. A similar, but less pronounced, trend

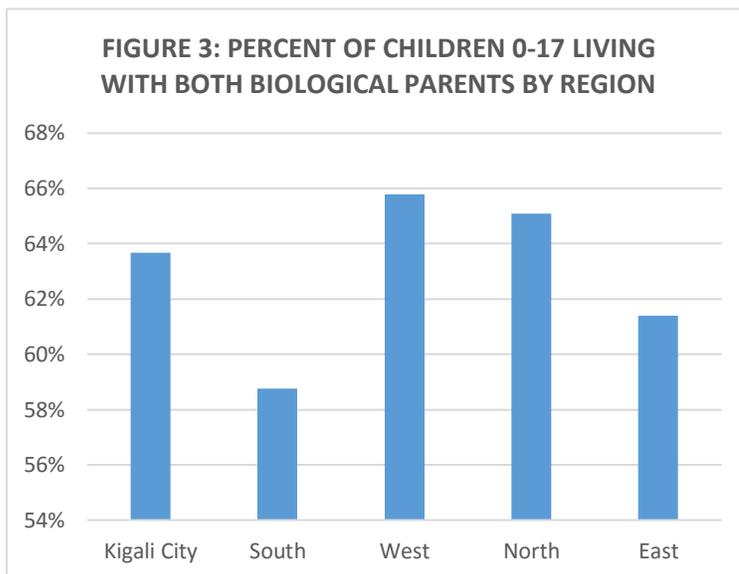


is seen for children living with only their biological father after their mother has passed. However, among children living with a single biological parent when their other parent is still living, the proportion living with their mother only decreases with age while the proportion who live only with their father increases during this same time. While fewer than 1% of children under 2 live with only their biological father when their mother is still living, 1.7% of children 5-9, and 2.4% of children 10-14 live only with their father when their mother is still living. Conversely, while 24% of children under two years of age live with only their mother when they have a living biological father, 20% of children 2-4 and 15% of children 5-9 maintain this living arrangement. More research is needed to understand why this decreasing trend occurs.

Simultaneously, the likelihood that a child will live with neither biological parent increases with age. While 1.3% of children under 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, reaching 11% for children age 5-9 and 25% for children age 15-17 (as seen in Figure 2 above).

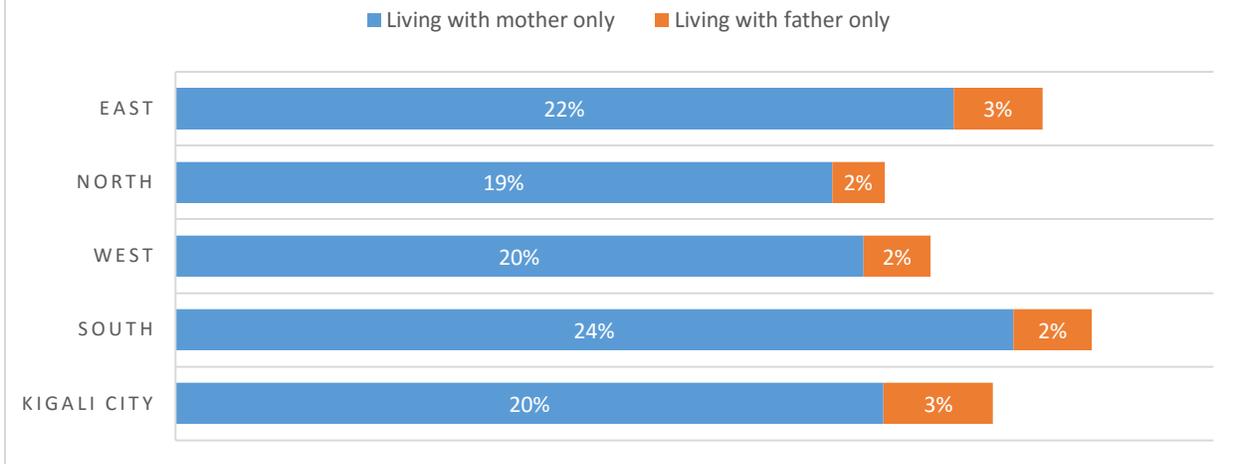
Children in rural regions of Rwanda more commonly live with both biological parents when compared to children living in urban households (63% vs. 59%). Conversely, among those under 18 years of age, more children living in urban areas (14%) live with neither biological parent compared to rural households (13%) – nearly one in every seven children living in urban centers lives without either biological parent.

The 2014 DHS data was conducted in Rwanda’s 5 districts, listed as follows: Kigali City, South, West, North, and East. Regional data is presented here to understand the regional diversity found within the country. As Figure 3 shows, children living in the West Region are more likely to live with both biological parents as compared to the rest of the country at 66%. The South region sees the highest rates of children living with neither biological parents at 14% - little more than half of the children living in this province live with both biological parents.



Higher household wealth quintile appears to be positively associated with the likelihood of children living with neither biological parent. This may be due to richer households wielding more resources to support unrelated children or being more likely to employ domestic workers. In the poorest households, proportionally more children were found to live with at least one biological parent (88%) when compared to households in the richest quintile (82%). In Rwanda, slightly more children appear to be hosted by wealthier households when living away from both biological parents.

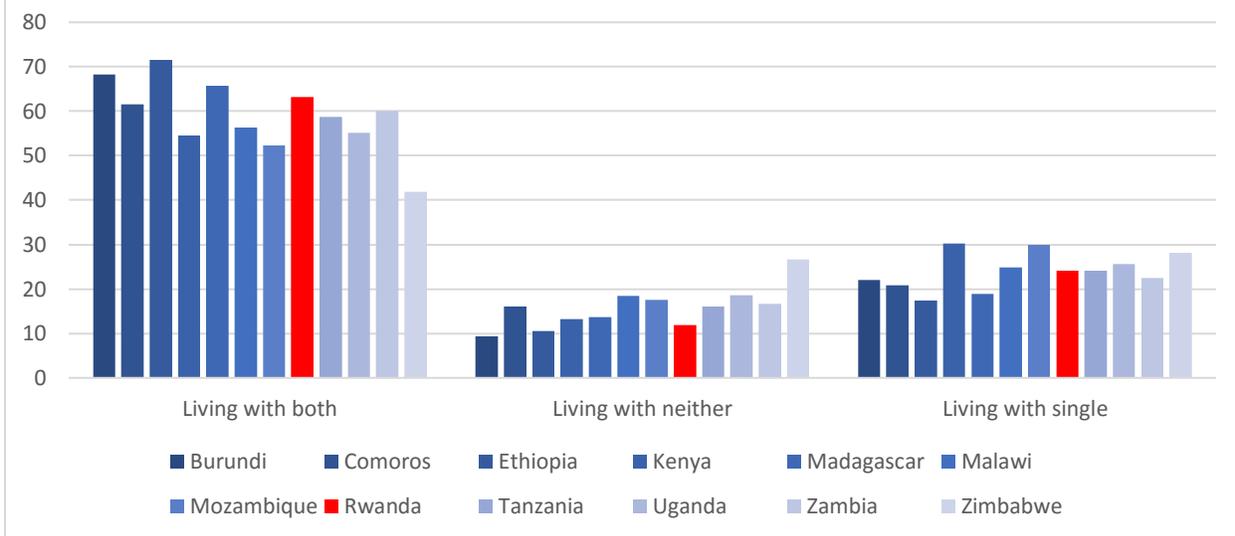
FIGURE 4: PERCENT OF CHILDREN 0-17 LIVING WITH ONE BIOLOGICAL PARENT BY REGION



When it comes to children living with only one biological parent, however, a varied regional landscape is seen across Rwanda. The South region sees the highest rate of children living with only one biological parent in the country (27%). The South region also sees the lowest rate of children living with both biological parents in Rwanda. The West region, meanwhile, has the second lowest proportion of children living with one biological parent (22%) across the nation, but enjoys the highest rate of parental care for children 0-17 living with at least one biological parent at 88%.

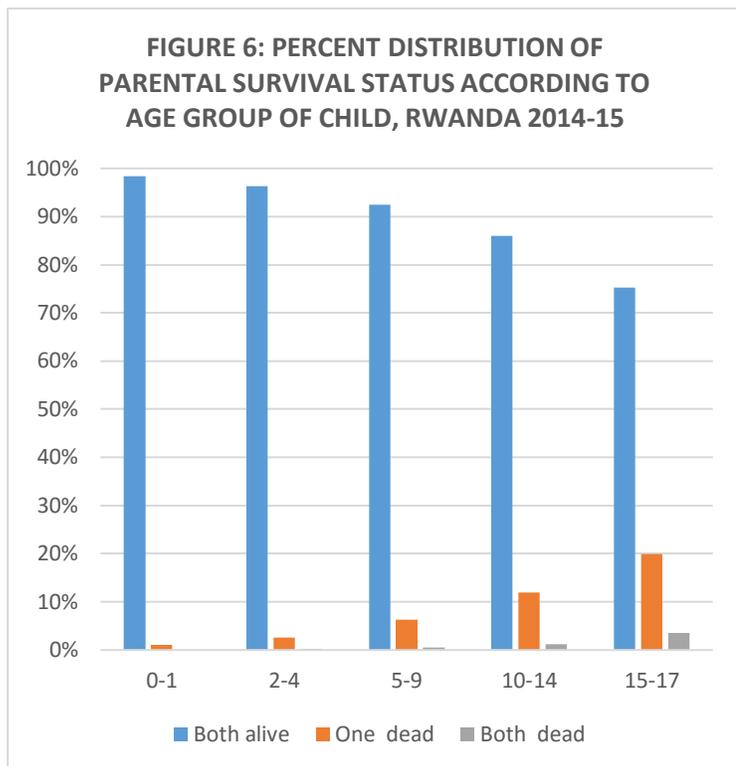
Regionally, Rwanda has comparable rates of children living in households with a single biological parent (24%) to other countries in the region. Kenya (30%) and Mozambique (30%) see the highest rates of children living with a single parent, while Ethiopia (17%) and Madagascar (19%) see the lowest rates of children living with only one parent among the twelve countries in the region with recent DHS data.

FIGURE 5: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH, ONE OR NEITHER BIOLOGICAL PARENT BY COUNTRY, DHS EASTERN AFRICA REGION



DEATH OF A PARENT (SINGLE AND DOUBLE “ORPHANHOOD”):

In Rwanda, orphanhood is experienced by 1.0% of all children 0-17, and 0.6% among children 0-14. As can be expected, loss of a single parent is more frequent – 6.6% of children lose one parent before the age of 15 and 8.2% of children lose a mother or a father by age 18. Parental loss is positively associated with age: almost all children living in households under the age of two have two living parents (99%), while 20% of children age 15-17 have lost one biological parent and 3.5% have lost both as seen in Figure 7. Between the 2010 Rwanda DHS and the 2014 Rwanda DHS there has been a decrease in double parent death from 3.3% to 1% among children 0-17. The rate of single parent death has halved from 16% to 8% for children under 18 in Rwanda.



Gender and rural-urban distributions do not clearly correlate with the likelihood of losing a parent for children in Rwanda. Household wealth quintile does not seem to correlate with double parent death. However, there is a negative association between wealth and single parent death ranging from 11% of children in the poorest wealth quintile having lost a mother or a father to under 8% of children in the three highest wealth quintiles having experienced the same. When disaggregated by geographic region distinct regional variations are seen in rates of orphanhood in Rwanda. The South region has the highest rate of orphanhood and sees a rate of children who have lost both parents double at 1.2%. Additionally, 8.7% of children living in the South region have lost one parent before the age of 18, the highest in the country as well. Kigali City, the major urban center and capital of Rwanda, has a comparatively low rate of orphaned children at 0.9% and the lowest rate of children who have lost one parent at 7.2%. More research is needed to understand if underlying urban-rural differences may characterize the distribution of parent survival in Rwanda or if these living arrangements might shift after experiencing the death of a parent.

Regionally, Rwanda has relatively low rates of parental death and orphanhood as those of neighboring states. At 6.6% for children 0-14, Rwanda sees a prevalence of single parent death lower than all countries in the East Africa region after Comoros (3.7%). Rwanda’s rates are considerably lower than what is found in Zimbabwe where 4.7% of all children are orphaned before age fifteen and 13% of all children 0-14 lose one biological parent.

FIGURE 7: PERCENT OF CHILDREN 0-17 WITH ONE OR BOTH PARENTS DEAD BY COUNTRY, DHS EASTERN AFRICA REGION

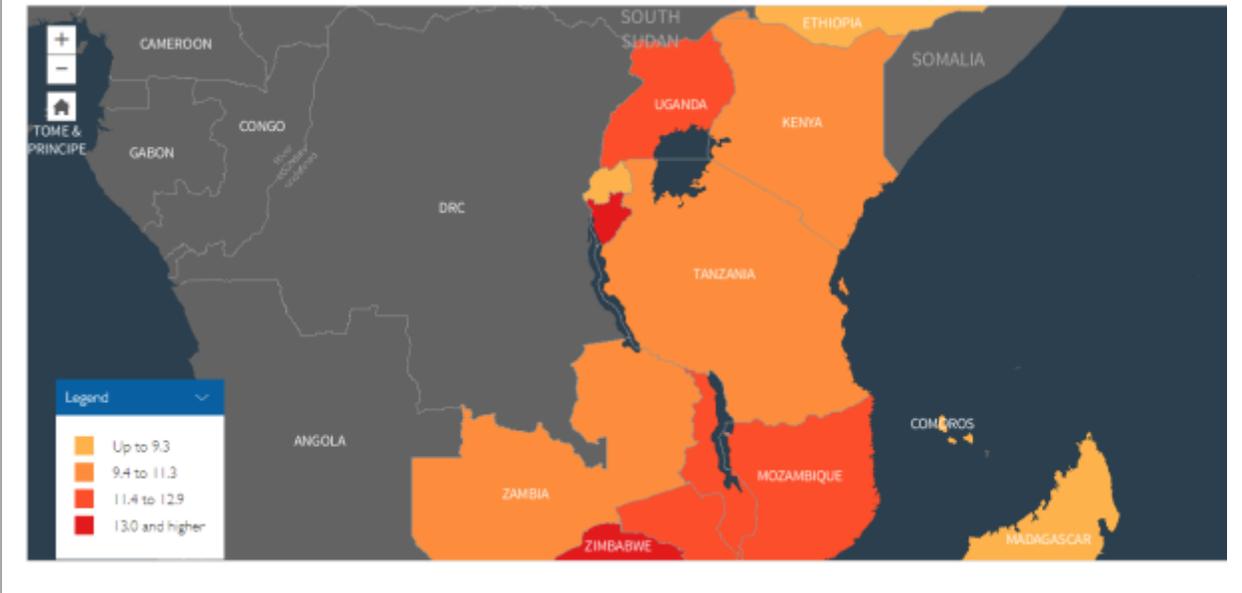
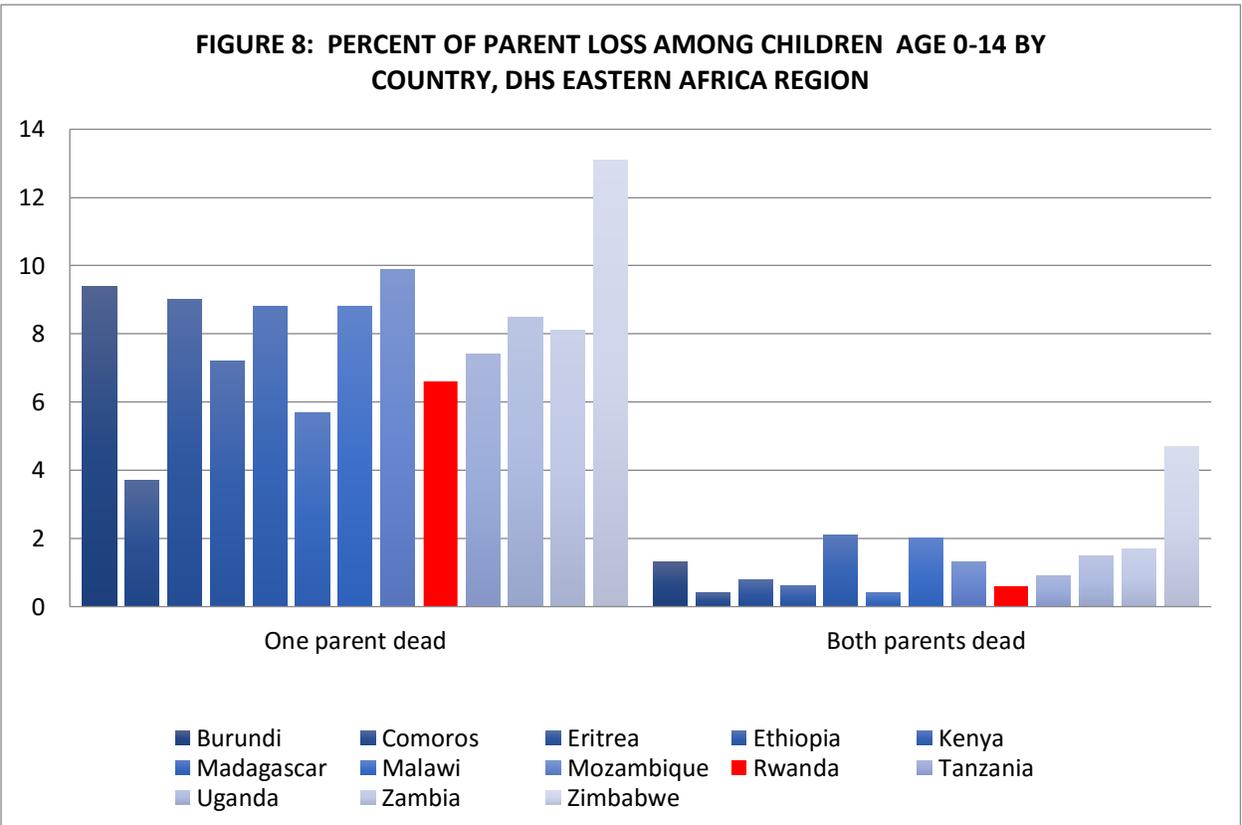
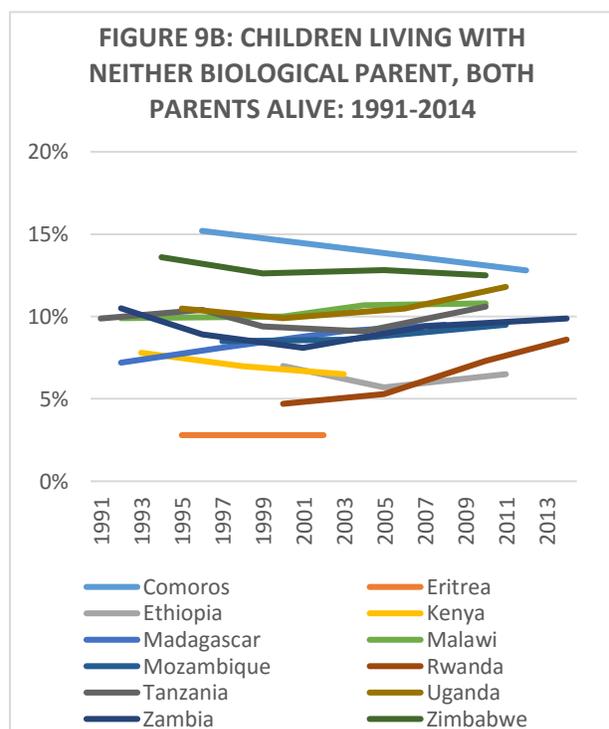
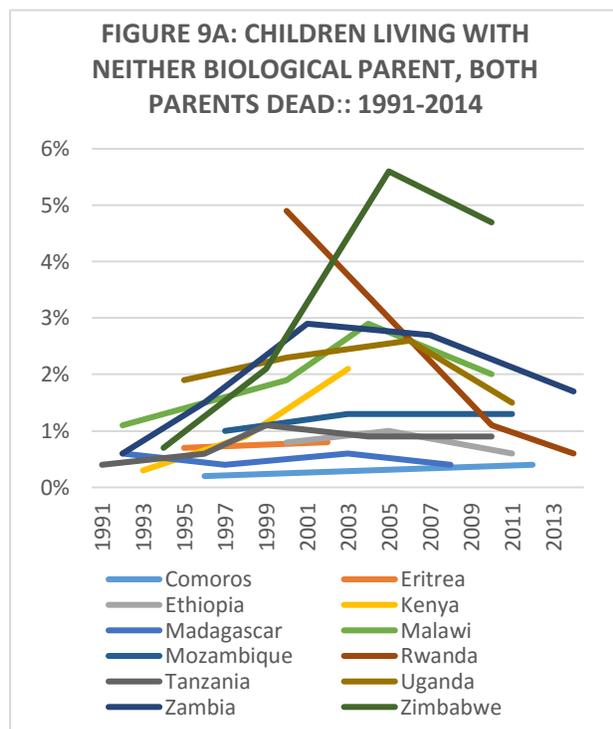
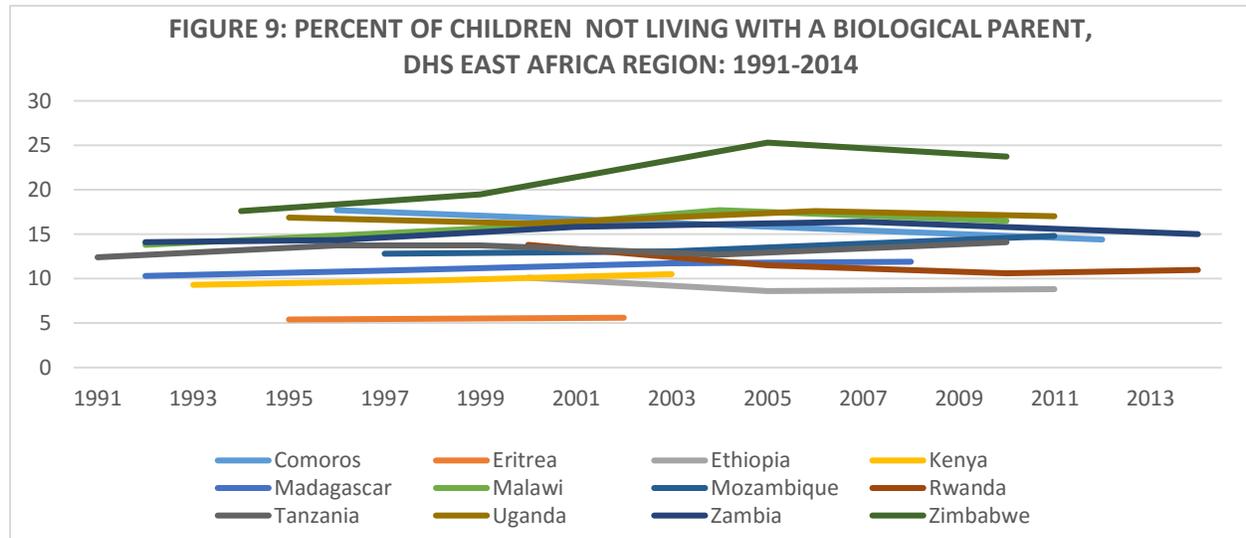


FIGURE 8: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN AFRICA REGION

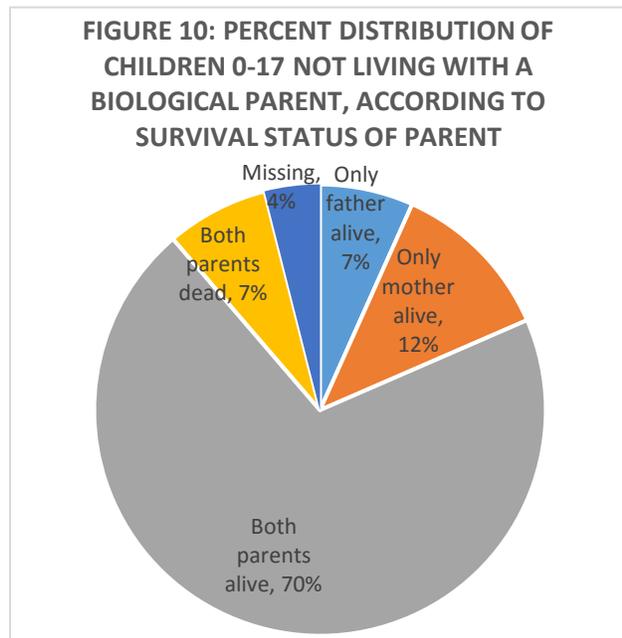


CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

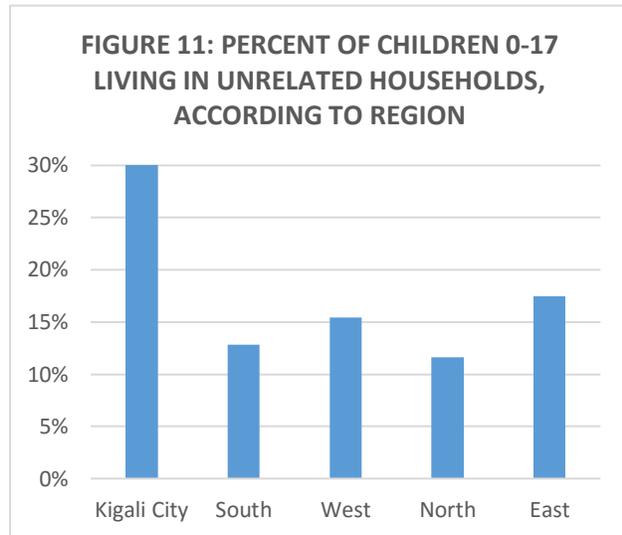
As stated previously, over one in every seven Rwandan children under the age of 18 live with neither biological parent. In the last two decades different trends have been observed in the Eastern Africa region among children living with neither biological parent. As seen in Figure 9, the prevalence of children living outside of parent care in most countries has stayed fairly stable in the region, with few notable exceptions. For example, Zimbabwe, is one such exception, seeing a sharp increase in the proportion of children living without either biological parent in the last half decade. Conversely, Rwanda has seen a steady decrease in the number of children living without their mother and their father during that same period.



In Rwanda, as seen in figure 9A the prevalence of orphanhood has sharply declined since the early 1990's from a high of nearly 5% to 0.6% in 2014-15. This is likely reflection of the country recovering after civil war. In the region, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.



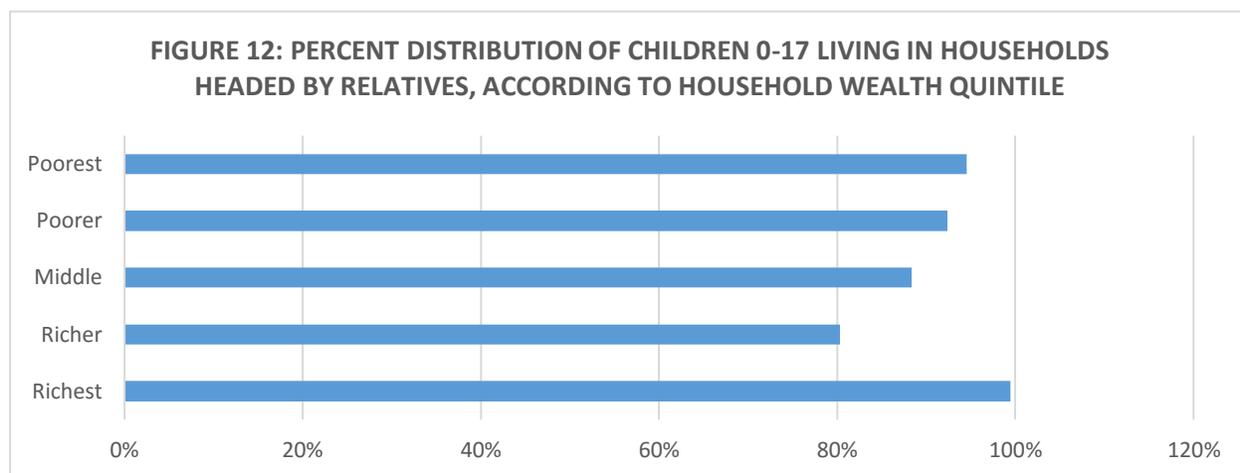
According to the 2014 DHS, the vast majority of these children – 70% - had both biological parents still living, while 12% had a living mother, 6.7% had a living father and 7.3% of these children had lost both parents²³. This reality underlines that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.



The overwhelming majority of children in Rwanda under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 83% of children aged 0-17 live in family care, with only 17% of children living in households headed by an unrelated person. The likelihood of living in family care does not seem to be substantially related to gender (slightly higher in girls, 83% vs. 82%). However, major differences are seen between rural (86%) and urban (66%) distributions. As can be imagined, differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care is negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative. Nonetheless, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

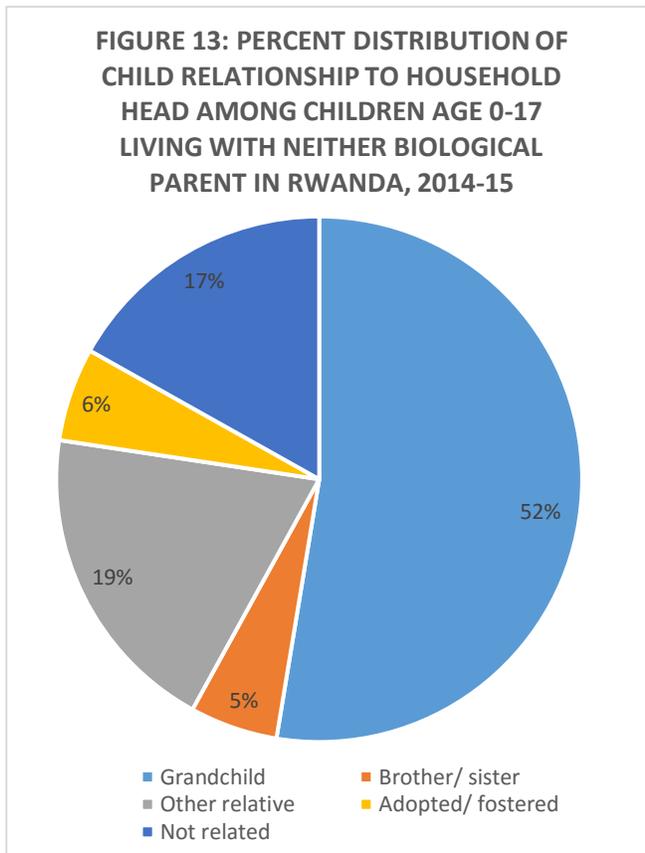
²³ According to the World Bank, in 2015 41% of the total population in Rwanda was between the ages of 0-14. Therefore, approximately 524,000 children under the age of 15 live with neither biological parent, of which an estimated 28,500 children have lost both biological parents.

In Rwanda, marked regional differences are seen in the distribution of children living outside of family care. The Kigali City region has more than twice the prevalence of children living in households where they are unrelated to the household head compared to the national average (39% vs 17%). The North region has the fewest number of children living outside family care at less than 12%. More research is needed to understand these regional differences.

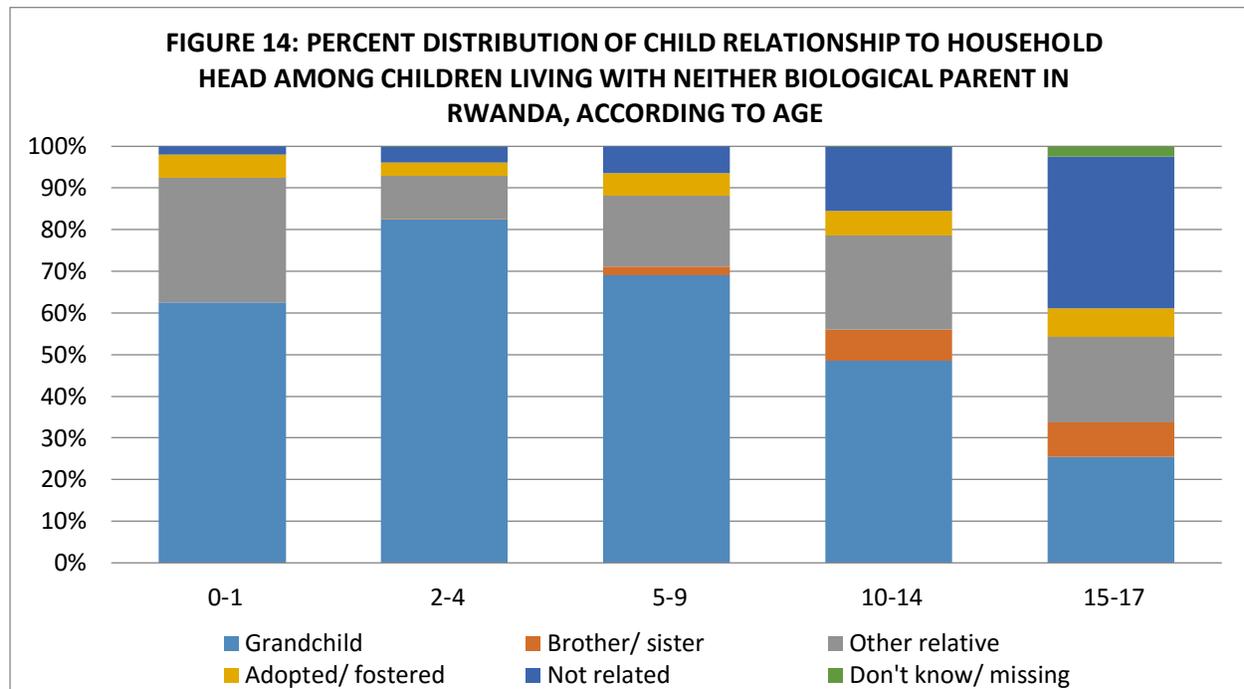


In Rwanda, there is a positive association between wealth index and households hosting unrelated children. While only 4% of children living in households in the poorest wealth quintile report being unrelated to the household head, in households belonging to the richest quintiles, the rate is 36%. It is possible that, more generally, wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities like boarding for schooling or employment for domestic work to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

In Rwanda, 52% of children 0-17 living with neither biological parent live with their grandparents, 19% live in households headed by other relatives, 5.4% live with siblings, 17% live with unrelated household heads, and 5.7% live with adopting or fostering families. Fewer than 1% of children 0-17 live with their spouses.



Children ages 0-17 have a higher likelihood of living with their grandparents rather than other relatives or siblings at 52%. However, living with grandparents seems to be negatively associated with the age of the child – becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children aged 2-4 have the highest likelihood of living with their grandparents, with 82% of all children 2-4 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 25% for children 15-17. In the oldest age cohort, there is nearly the same likelihood that a child 15-17 will live in a household headed by another relative compared to a grandparent among children living with neither biological parent (25% vs. 20%).

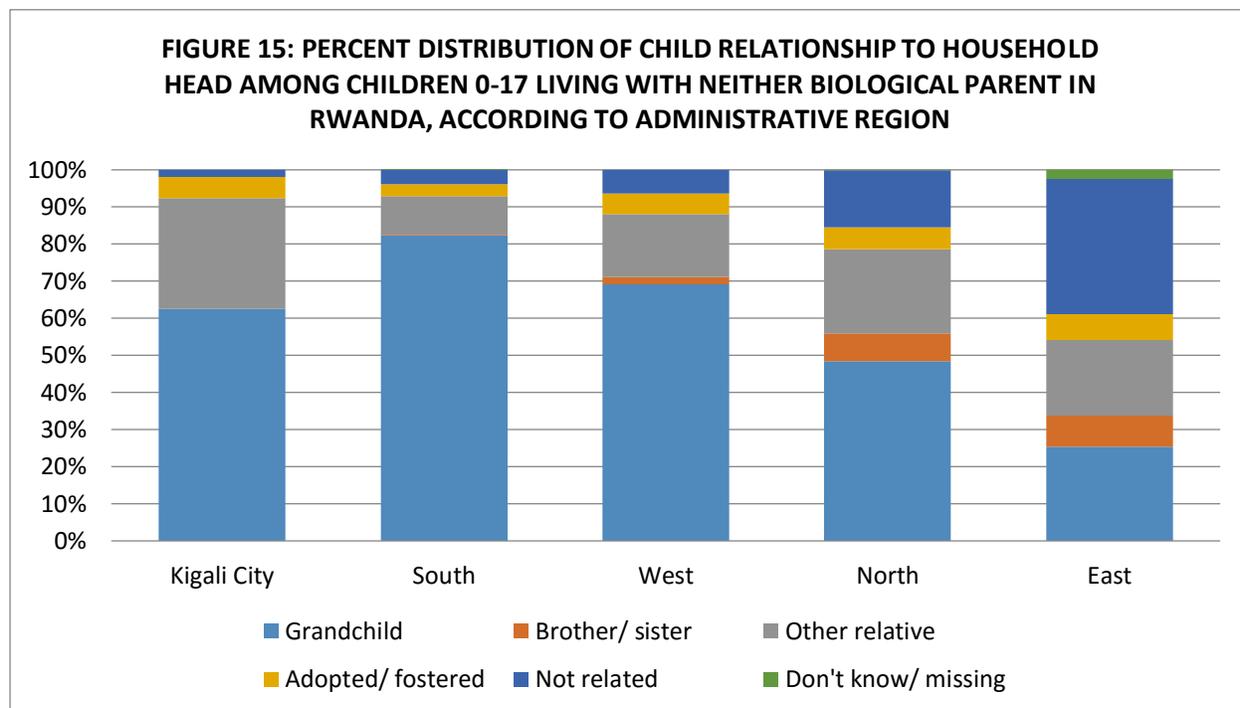


Gender also seems to play a role in determining whom children live with when living outside of the care of their biological parents. More boys age 0-17 live with their grandparents than do girls (53% vs. 51%). Conversely, more girls live with other relatives as compared to boys (21% vs. 17%). Possible explanations might include different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys have a higher likelihood of living in households in which they are unrelated to the head (17%) as compared to girls (16%). Additionally, among girls 0-17 not living with a biological parent, 0.2% of girls are living with their husband. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately four years earlier than boys do.

When disaggregated by geographical characteristics, it appears that significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (57% vs. 27%). The opposite is true for children living with other relatives wherein 24% of children in urban areas live in households headed by these family members versus 18% of children in rural areas. Given that children living with other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better

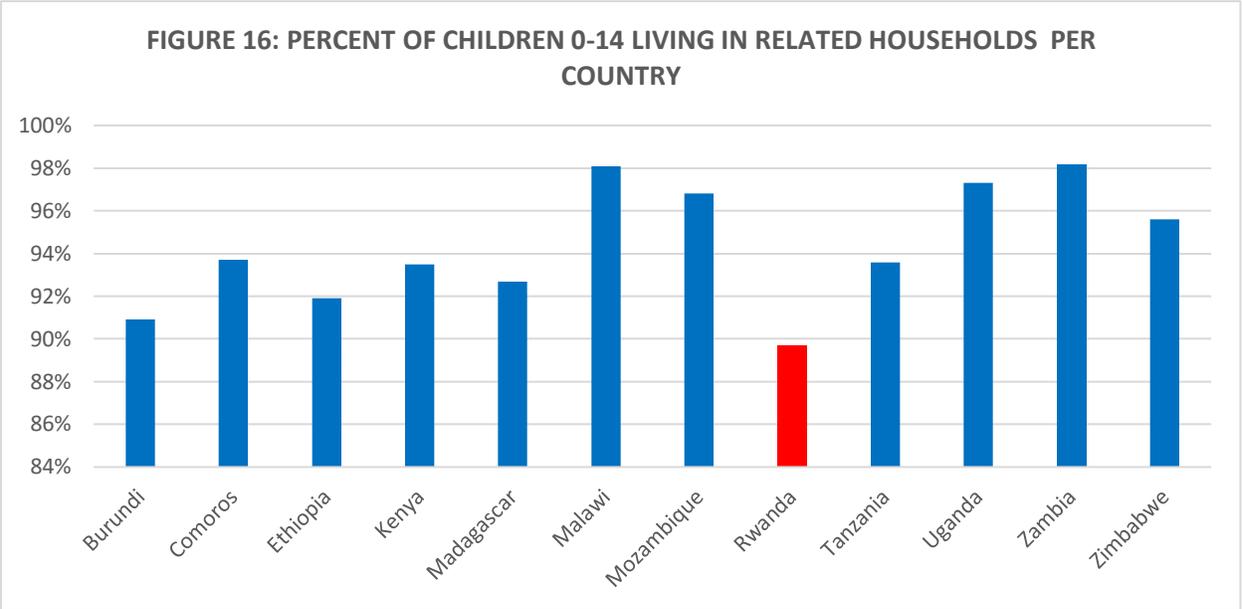
services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen between different regions of the country. As seen in Figure 15, Kigali City region maintains the lowest proportion of children not living with a parent who are in households headed by that child’s grandparents at 24% and the highest proportion of children living in adoptive or foster care (11%) and unrelated care (39%). Conversely, the North region has the highest prevalence of children 0-17 living in grandparent headed households at 59%. The East region has the lowest percentage of children living with other relatives (18%) or in adopting/fostering households (3.9%).



Adoption and fostering appears to be weakly related to gender in Rwanda as slightly more girls (5.8%) being adopted or fostered compared with boys (5.6%). However, it appears that as children get older the likelihood of adoption and fostering increases. Between age 2 and age 4, 3.3% of children are adopted or fostered, between age 5 and age 9, 5.4% of children are found in this living arrangement, and by 18 years old 6.9% of children not living with their parents are reported as adopted or fostered. However, sample size limitations do not allow for any significant findings in this subgroup. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as “children under age 18 living in households with neither their mother nor their father present.” Nonetheless, as seen throughout this report, most children living with neither biological parent are not categorized as “fostered.” Therefore, it is difficult to ascertain which children would be classified as “fostered” in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Rwanda’s prevalence of children 0-14 who are not living with their parent but live in households in which they are related to the household head is low compared to other Eastern African countries. In Rwanda 10% of all children age 0-14 live in households headed by an unrelated person, and 90% live in family care. It is the lowest in the region with neighboring Burundi (91%) the only country seeing a similarly low prevalence of children living in related households among children not living with a biological parent under the age of 15. Meanwhile, Malawi (98%) and Zambia (98%) see the highest percentages of children living with neither biological parent living in related care.



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households across children not living with a biological parent; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children’s care structures in Rwanda.

Rwanda 2014-15																
Table 1. Percent distribution of children under age 18 by living arrangement and survival status of parents, according to background characteristics, Rwanda 2014-15 TOTAL N=27131																
	Living with both 62.6%	Living with neither				Living with mother only 21.5%		Living with father only 2.2%		Missing information 0.8%	Total Count 100.0%	Summary Figures				
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead			Not living with a biological parent	Both parents dead	One parent dead	Number of children 0- 14	Number of children 0- 17
Sex																
Male	63.1%	0.9%	1.5%	8.5%	1.0%	16.8%	5.0%	1.8%	0.7%	0.8%	100.0%	11.9%	1.0%	8.1%	11886	13560
Female	62.1%	0.9%	1.6%	10.2%	1.0%	16.0%	5.2%	1.3%	0.6%	0.9%	100.0%	13.7%	1.0%	8.4%	11800	13573
Age																
0-1	73.3%	0.2%	0.0%	1.0%	0.0%	24.0%	0.8%	0.1%	0.0%	0.5%	100.0%	1.3%	0.0%	1.1%	3295	3295
2-4	67.8%	0.3%	0.3%	7.1%	0.2%	20.4%	1.8%	1.0%	0.2%	0.9%	100.0%	7.9%	0.2%	2.6%	4743	4743
5-9	66.1%	0.8%	0.9%	9.1%	0.5%	15.4%	3.9%	1.7%	0.6%	0.8%	100.0%	11.4%	0.5%	6.3%	8302	8302
10-14	57.4%	1.1%	2.3%	12.3%	1.2%	14.0%	7.5%	2.4%	1.0%	0.8%	100.0%	16.9%	1.2%	11.9%	7347	7347
15-17	48.0%	2.0%	4.9%	14.7%	3.5%	11.1%	11.8%	1.4%	1.2%	1.4%	100.0%	25.1%	3.5%	19.9%	0	3447
Residence																
Urban	58.6%	0.9%	2.3%	9.9%	1.2%	18.4%	4.3%	2.6%	0.8%	1.0%	100.0%	14.3%	1.2%	8.3%	3492	4082
Rural	63.3%	0.9%	1.4%	9.3%	0.9%	16.0%	5.3%	1.4%	0.7%	0.8%	100.0%	12.5%	0.9%	8.2%	20195	23051
Region																
Kigali City	63.7%	0.6%	2.1%	8.5%	0.9%	16.6%	3.8%	2.5%	0.7%	0.6%	100.0%	12.1%	0.9%	7.2%	2267	2602
South	58.7%	1.1%	1.6%	10.0%	1.2%	18.8%	5.4%	1.6%	0.7%	0.9%	100.0%	13.9%	1.2%	8.7%	5684	6548
West	65.8%	0.8%	1.5%	8.2%	1.0%	14.7%	5.2%	1.1%	0.9%	0.9%	100.0%	11.5%	1.0%	8.4%	5640	6386
North	65.1%	0.7%	1.3%	10.5%	1.1%	13.7%	5.3%	0.9%	0.7%	0.8%	100.0%	13.6%	1.1%	8.0%	3878	4524
East	61.4%	1.0%	1.6%	9.4%	0.7%	17.3%	5.2%	2.1%	0.5%	0.9%	100.0%	12.7%	0.7%	8.2%	6217	7073
Wealth index																
Poorest	51.1%	0.8%	1.1%	8.4%	0.9%	25.9%	8.3%	1.7%	0.7%	1.0%	100.0%	11.3%	0.9%	11.0%	5196	5727
Poorer	63.0%	1.0%	1.2%	8.9%	1.1%	16.4%	5.7%	1.3%	0.5%	0.9%	100.0%	12.2%	1.1%	8.4%	4938	5562
Middle	68.5%	0.6%	1.3%	7.9%	0.8%	13.2%	5.0%	1.2%	0.7%	0.8%	100.0%	10.6%	0.8%	7.6%	4802	5468
Richer	69.5%	0.9%	1.5%	9.9%	0.8%	11.5%	3.2%	1.3%	0.7%	0.6%	100.0%	13.1%	0.8%	6.3%	4675	5483
Richest	61.4%	1.1%	2.9%	12.0%	1.3%	14.2%	3.0%	2.3%	0.8%	0.9%	100.0%	17.3%	1.3%	7.9%	4075	4893
Total < 15	64.8%	0.7%	1.1%	8.6%	0.6%	17.2%	4.1%	1.6%	0.6%	0.8%	100.0%	11.0%	0.6%	6.6%	23686	23686
Total < 18	62.6%	0.9%	1.6%	9.4%	1.0%	16.4%	5.1%	1.6%	0.7%	0.8%	100.0%	12.8%	1.0%	8.2%	23686	27132

Table 2. Living arrangements among children under age 18 not living with a biological parent - the percent distribution of survival status of parent and the percent distribution of relationship to head of household, according to background characteristics, Rwanda 2014-15 TOTAL N=3612																					
Rwanda 2014-15		Living with neither					Relationship to head										Total in family care	Total not in family care	Total number of weighted children 0-14	Total number of weighted children 0-17	Total number of unweighted children 0-17
		Only father alive	Only mother alive	Both alive	Both dead	Missing	Total	Both parents dead	Only one dead	Wife/husband	Grandchild	Brother/sister	Other relative	Adopted/fostered	Not related	Don't know/missing					
Sex																					
Male	7.1%	12.1%	68.7%	8.1%	4.0%	100.0%	8.1%	19.2%	0.0%	53.4%	5.5%	17.3%	5.6%	17.4%	0.8%	81.8%	17.4%	1260	1675	1689	
Female	6.3%	11.5%	71.7%	6.7%	3.8%	100.0%	6.7%	17.8%	0.2%	51.2%	5.2%	20.9%	5.8%	16.2%	0.4%	83.4%	16.2%	1450	1937	1984	
Age																					
0-1	16.9%	2.2%	71.9%	0.0%	9.0%	100.0%	0.0%	19.1%	0.0%	62.5%	0.0%	30.0%	5.6%	2.0%	0.0%	98.0%	2.0%	46	46	45	
2-4	3.4%	3.0%	85.6%	2.6%	5.3%	100.0%	2.6%	6.4%	0.0%	82.4%	0.2%	10.3%	3.3%	3.8%	0.0%	96.2%	3.8%	395	395	391	
5-9	7.0%	7.5%	76.6%	4.3%	4.6%	100.0%	4.3%	14.5%	0.0%	69.1%	2.1%	17.0%	5.4%	6.4%	0.0%	93.6%	6.4%	991	991	972	
10-14	6.5%	13.2%	70.6%	7.2%	2.6%	100.0%	7.2%	19.6%	0.0%	48.5%	7.5%	22.6%	5.8%	15.5%	0.1%	84.4%	15.5%	1279	1279	1312	
15-17	7.6%	18.8%	56.0%	13.3%	4.2%	100.0%	13.3%	26.5%	0.5%	25.3%	8.4%	20.3%	6.9%	36.3%	2.4%	61.3%	36.3%	0	902	954	
Residence																					
Urban	6.1%	15.2%	66.3%	8.1%	4.3%	100.0%	8.1%	21.3%	0.3%	26.7%	7.0%	23.7%	8.6%	32.6%	1.0%	66.4%	32.6%	341	610	864	
Rural	6.8%	11.1%	71.0%	7.2%	3.9%	100.0%	7.2%	17.9%	0.1%	57.4%	5.0%	18.3%	5.1%	13.5%	0.6%	85.9%	13.5%	2369	3003	2810	
Region																					
Kigali City	5.0%	16.7%	68.4%	7.5%	2.4%	100.0%	7.5%	21.7%	0.6%	23.6%	6.8%	18.8%	10.6%	39.3%	0.2%	60.5%	39.3%	172	322	352	
South	7.5%	10.7%	68.9%	8.4%	4.5%	100.0%	8.4%	18.2%	0.0%	54.7%	5.2%	19.6%	7.2%	12.8%	0.4%	86.6%	12.8%	728	952	1044	
West	6.8%	12.4%	67.9%	8.3%	4.6%	100.0%	8.3%	19.2%	0.0%	55.0%	4.8%	19.4%	4.7%	15.5%	0.6%	83.9%	15.5%	600	771	813	
North	5.3%	9.4%	74.2%	7.5%	3.6%	100.0%	7.5%	14.6%	0.0%	58.5%	4.6%	19.8%	4.9%	11.6%	0.5%	87.9%	11.6%	499	639	624	
East	7.3%	12.3%	71.4%	5.3%	3.7%	100.0%	5.3%	19.6%	0.3%	52.9%	5.9%	18.4%	3.9%	17.5%	1.2%	81.4%	17.5%	712	930	841	
Wealth index																					
Poorest	6.9%	9.6%	71.1%	8.0%	4.4%	100.0%	8.0%	16.5%	0.2%	69.9%	7.2%	13.7%	3.5%	4.1%	1.4%	94.5%	4.1%	560	676	674	
Poorer	7.7%	9.5%	69.7%	8.8%	4.3%	100.0%	8.8%	17.1%	0.0%	65.9%	4.2%	17.2%	5.0%	7.0%	0.7%	92.4%	7.0%	584	709	687	
Middle	5.7%	11.3%	71.1%	7.2%	4.6%	100.0%	7.2%	17.0%	0.2%	59.9%	5.5%	18.5%	4.3%	11.5%	0.1%	88.3%	11.5%	493	609	592	
Richer	6.8%	11.3%	73.3%	5.6%	3.0%	100.0%	5.6%	18.1%	0.0%	48.8%	4.3%	21.3%	5.9%	19.3%	0.4%	80.3%	19.3%	568	743	716	
Richest	6.3%	16.1%	66.8%	7.2%	3.6%	100.0%	7.2%	22.4%	0.2%	25.0%	5.7%	23.9%	8.9%	35.8%	0.5%	99.5%	35.8%	506	876	1005	
Total < 15	6.4%	9.4%	75.0%	5.3%	3.9%	100.0%	5.3%	15.8%	0.0%	61.2%	4.4%	18.9%	5.3%	10.2%	0.1%	89.7%	10.2%	2711	2711	2720	
Total < 18	6.7%	11.8%	70.2%	7.3%	3.9%	100.0%	7.3%	18.5%	0.1%	52.2%	5.4%	19.2%	5.7%	16.7%	0.6%	82.7%	16.7%	2710	3612	3674	

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