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Magnitude of substance use and determinants among married men in Ethiopia: Multilevel analysis using 2016 EDHS data

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2 3 4	1	Magnitude of substance use and determinants among married men in
5 6 7	2	Ethiopia: Multilevel analysis using 2016 EDHS data
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1 2		
3 4 5	22	
6 7	23	Abstract
8	24	Objective: Substance use refers to the consumption of any substance that alters a person's mental,
9 10	25	physical, and emotional functions. The use of licit and illicit substances has an impact on every level
11 12	26	of society, including individuals and families. This study was designed to determine the magnitude
13 14	27	and determinants of substance use among ever-married men in Ethiopia using 2016 EDHS data.
15 16 17	28	Design: Multilevel Analysis from Ethiopian demographic and health survey data.
18 19 20	29	Data source: Data was used from 2016 Ethiopian demographic and health survey data.
20 21 22	30	Participants: Ever married men from 2016 EDHS data.
23 24	31	Data extraction and Analysis: Data from the 2016 EDHS was used, specifically data from ever-
25 26	32	married men. A total of 7793 ever-married men were involved in the analysis. A multi-level logistic
27	33	regression model was used to identify the determinants associated with substance use, and statistical
28 29 30	34	significance was declared at p-value < 0.05 and 95% CI.
31 32	35	Results: In this study, the substances (alcohol, cigarettes, and Khat) were currently used by 72.5%
33	36	(95% CI 71.5, 73.4%) of the ever-married men. Individual and community-level determinants such as
34 35	37	current age, secondary and higher education, employment, number of living children, HIV testing
36 37	38	history, sexual incompatibility with their wife, frequent television watching, living in metropolises,
38 39	39	and pastoralist regions were found to have a statistically significant association with substance use.
40	40	Conclusion: The overall magnitude of substance use among Ethiopian ever-married men was found
41 42	41	to be substantial, in which alcohol was the most often used substance. Given these findings, it is
43 44	42	critical to reduce the problem by improving modifiable individual-level variables such as educational
45 46	43	status, and reducing substance advertising through the mass media.
47 48 49	44	Keywords; Ever-married men, Substance use, EDHS, Multilevel, Ethiopia
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1 2 3	48	
4 5 6	49	Strength and limitations of the study
7 8	50	This was done in a nationally representative big sample.
9 10	51	 Because the study is cross-sectional, it is impossible to draw any conclusions about a causal
11 12	52	relationship between the determinants and the outcome variables.
13	53	 The frequency and dose of substances consumed, as well as clinical characteristics and the
14 15	55	effects of addiction to these substances, were not considered in the study.
16 17	55	 The outcome variable was determined by asking questions rather than validating blood
18		samples, which may have influenced the extent of substance usage.
19 20	56	
21 22	57	Because the response to substance use was based on respondents' self-reports, there could be a rejection of the self-reports.
23	58	rejection of use.
24 25	59	> This study did not look at all of the substances; instead, it concentrated on the most frequent
26 27	60	ones (alcohol, cigarette, and Khat).
28	61	
29 30	62	Introduction
31	63	Substance use refers to the consumption of any substance that alters a person's mental, physical, or
32 33	64	emotional functions, such as alcohol, tobacco, caffeine, illegal narcotics, and inhalants. For years, the
34 35	65	use of these substances has been an intrinsic component of human culture, with various
36	66	pharmacological effects. These substances can be used to ease tension and pain, to motivate the mind
37 38 39	67	to complete a task, or simply to have a good time with friends. ¹⁻³
40 41	68	Around 48% of the world's adult population uses substances, including 2 billion alcoholics, 1.3
42	69	billion smokers, and 185 million others. ^{4, 5} Alcohol and tobacco (cigarettes) are the most commonly
43 44	70	used substances across all age groups and constitute a significant contributor to the worldwide burden
45 46	71	of diseases. ⁶⁻⁸ Most nations in Sub-Saharan Africa are currently undergoing significant economic,
47	72	social, and cultural transitions, which have produced a favorable environment for increased and
48 49	73	socially destructive substance use. As a result, an estimated 43 percent of adults in Africa have ever
50 51 52	74	consumed alcohol. 9, 10
52 53 54	75	The use of licit and illicit substances has an impact on every level of society, including individuals,
55	76	families, and overall government spending. Furthermore, these substances have disastrous health,

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socioeconomic, and environmental implications when used. Substance abuse is responsible for 5.4 percent of the worldwide burden of disease.^{11, 12} Tobacco and alcohol use have also been identified as major risk factors for chronic diseases such as cancer, chronic pulmonary disease, diabetes, accidents, violence, cancer, and liver cirrhosis. On the other hand, regular use of khat causes gingivitis, tooth loss, gastrointestinal difficulties, cardiac complications, male impotence, insomnia, and a variety of mental health issues. Alcohol is responsible for almost 4% to 6.2% of all male deaths globally. The cost of substance abuse is estimated to be 28 million lost years of healthy living (disability-adjusted life years) worldwide. 10, 12-15

⁸ Different small and large scale prior research in Ethiopia found that substance usage ranged from 23.86 ⁹ to 62.5 percent.¹⁶⁻²⁰ Social mobility, accessibility, peer pressure, poor wealth, low level of education, ¹ lower socioeconomic groupings, growing age, employment, and stressful life events, on the other ³ hand, were factors of substance use (khat, cigarettes, and alcohol). Furthermore, other motivations for ⁴ substance use have been found, including better well-being, euphoria, excitement, social ⁶ participation, increased alertness, stress reduction, increased capacity to focus, and addiction. ¹⁷⁻²³

Substance abuse endangers people's health, as well as their social and economic well-being.^{24, 25} To counteract these dangers; Ethiopia's government implemented a mandatory policy and raised taxes on regularly used substances. Alcohol advertising is now forbidden in Ethiopia, according to proclamation No. 759/2012, when the alcoholic content exceeds 12%.²⁶ despite the fact that we have a proclamation to manage substance use, there is still significant difficulty with its execution, as well as a lack of evidence about the extent of substance use and its determinants. There is no study on substance usage among Ethiopian ever-married men that we are aware of. Thus, this study was designed to determine the magnitude and determinants of substance use among ever-married men in Ethiopia using 2016 EDHS data.

Review questions

- > What is the magnitude of substance use among ever married men in Ethiopia?
- What are the significant determinants associated to substance use among ever married men in Ethiopia?
- 52 104 Methods
- 54 105 **Patient and public involvement**
 - 106 This study had no direct patient or public engagement.

Study setting and design Ethiopia is Africa's second-most populated country, with 117.7 million people. ²⁷ The country has a total size of around 1.0 million square kilometers and is bordered by the countries of Djibouti, Eritrea, Sudan, Kenya, and Somalia. Ethiopia is divided into three metropolitan (city) and nine non-metropolitan regions respectively [28]. According to the Ethiopia Demographic and Health Surveys (EDHS) report from 2016, roughly 61.4 percent of the men in the study have ever-married. From January 18 to June 27, 2016, a community-based cross-sectional survey was undertaken.²⁸ Data source and population In this study, data from the 2016 EDHS were used, specifically data from ever-married men, with never-married men being omitted from the analysis. Sample size and sampling methods The entire demographic and health survey sample was designed to represent all of the country's regions and administrative cities. In the Ethiopian health and demographic survey (2016), two-phase sample procedures were used, with clusters being picked in the first phase and households being selected in the second.²⁹ Every region was divided into two sections: urban and rural. The sample size was then allocated using a probability proportional allocation method. The survey included around 645 clusters, with 200 from the urban and 443 from the rural. As a result, the study included a total of 7793 ever-married men, with 1,262 from the urban and 6,531 from the rural. Data collection tool and quality assurance The fundamental three data collection tools for the DHS were adopted from the demography and health survey project. These data collection tools include questions for the household, women, and men [28]. The data for this study came from the survey's men's questionnaire. The data questionnaire was first written in English and then translated into the three main local languages: Amharic, Afan Oromo, and Tigrigna. A pretest was conducted prior to data collection, and all data collectors, supervisors, and quality controllers who took part in the surveys received training. **Operational definition** Ever married man; a man who has been married at least once in their lives or on the date of data collection. Substance use is defined as a self-report of exposure to at least one of the three substances (alcohol, khat, tobacco) prior to the interview irrespective of its dose and frequency (yes/no).³⁰ For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

Study variable and measurements

Outcome variable

Substance use is the outcome variable with two outcomes (yes=1 when substance used and no=0, if no substance used). Substance use was determined to depend on the ever-married men's self-report using a single item for each substance. 'Do you currently smoke or use any other type of tobacco every day, some days, or not at all?' As a result, anyone who reported every day or some days was taken as a current smoker. Khat chewing and alcohol use behaviors were also determined using: 'During the last 30 days, how many days did you chew khat?' and 'During the last 30 days, how many days did you have a drink that contains alcohol?' In both issues, anybody who described at least one day of use in the former 30 days was taken as current khat or alcohol user'.²⁸ The magnitude of substance use was calculated by dividing the number of substance uses (obtained from a composite score of three substances) by the total number of ever-married men from the 2016 EDHS datasets.

Independent variables

The individual and community-level independent variables were included. Individual-level variables involve men's current age (15-24, 25-34, 35-44, >=45 years), educational status (no formal education, primary, secondary, and above), religion (Christian, Muslim, and others), employed (yes, no), number of living children $(0, 1-2, 3-5, \geq 6)$, wealth index (poor, middle and rich), land ownership (yes, no), housing ownership (yes, no), wife refusing sexual intercourse/sexual incompatibility (yes, no), had any STI (yes, no), ever tested for HIV (yes, no), Frequently watching television(not at all, at least once a week), have a bank account(yes, no). Community-level variables include place of residence (urban, rural) and regions recoded into agrarian, pastoralist, and metropolises (city). The agrarian region is obtained by recoding Tigray, Amhara, Oromiya, and South Nation Nationality People republic (SNNPR) regions; pastoralist region involves Afar, Somali, Benishangul, and Gambella regions. The metropolises (city) administration regions include Harari, Addis Ababa, and Dire Da'wa. Residents living stability and social change index were used to combine these regions. The regions considered as a city (metropolis) have a greater social change index in relation to other regions; in addition, the pastoral regions are originated in the lowland areas of Ethiopia, mostly travel from place to place with their cattle to find grass and water. The agrarian regions are originated in the highland area of the country, in which agriculture is a principal work of these people.

Data extraction and analysis

STATA software version 14 was used to analyze the data. The weighted samples were employed in data analysis to ensure that the survey results were representative of national and regional findings. To ensure the survey's representativeness by regions and account for non-response, data were weighted using the men's data weighting variable (mv005/106) as recommended by the DHS. Using STATA's'svy' function, the analysis was also employed to describe the complex survey design and resilient standard errors (stratification and clustering). Tables and graphs were used to generate and organize descriptive statistics such as frequency and percentages. Individual and community-level variable frequencies were calculated in relation to the outcome variable. The factors of substance use were identified using a multi-level logistic regression model. At the same time, four models were fitted to estimate the fixed influence of both individual and community level determinants as well as the random effect of cluster fluctuations. The null model, which was run without any determinants, was the first. The effect of individual-level determinants on substance use was estimated using the second model. The third model was used to calculate the impact of community-level factors on substance use. Finally, the fourth model prediction is made. The Proportional Change in Variance (PCV) was also computed to estimate the power of variables included in each model in predicting substance use. The Intra-Cluster Correlation (ICC) was determined to indicate random effects within a model.^{31, 32} Akaike's Information Criterion (AIC) and Bayesian information criteria (BIC) were used for model selection. Each value of AIC and BIC in all models with the lowest value was selected.^{33, 34} The median odds ratio (MOR) was calculated to indicate mysterious cluster heterogeneity.³¹ Variables having *P*-value up to 0.2 in the multilevel bivariate logistic regression analysis were considered to fit multilevel multivariable logistic regression analysis. Variance inflation factor was used to notice multicollinearity within individual-level determinants. The fixed effects of individual and community level determinants on substance use were stated using an adjusted odds ratio (AOR) with 95% confidence intervals (CI). Accordingly, the final (4th model) was used to designate the combined effect of individual and community-level determinants on substance use among ever-married men. A P-value < 0.05 and an adjusted odds ratio with 95% confidence intervals were considered to declare statistical significance.

Results

Socio-demographic characteristics of ever-married men

The analysis included a total of 7793 ever-married men from the 2016 demographic and health survey. The men's mean age (standard deviation) was 37.3 (9.7), and 42% of ever-married men had never attended formal education. The Oromiya region had about 38% of ever-married men, and 83.8 percent of them lived in rural areas. The majority of men who had ever-married had three to five living children and 96.1 % of ever-married men were actively employed. (**Table 1**)

Table 1: Socio-demographic characteristics of ever-married men in Ethiopia using 2016 DHS
(n=7,793)

Variables	Weighted frequency	Percent
Age of the respondents		
15-24	566	7.3
25-34	2745	35
35-44	2484	32
>=45	1998	25
Educational status		
No formal education	3284	42
Primary education	3179	40
Secondary and above education	1329	17
Religion		
Christian	5076	65
Muslim	2610	34
Others	106	1
Employed		
Yes	7492	96.1
No	300	3.9
Number of living children		
No children	827	10.6
One to two children	2247	28.8
Three to five children	2771	35.6
Six and above	1948	25.0
Wealth index		
Poorest	1366	17.5
Poorer	1617	20.8
Middle	1550	19.9
Richer	1584	20.3
Richest	1674	21.5
Place of residence		
Urban	1262	16.2
Rural	6530	83.8
Region		
Harari	19	0.25

Gambella	21	0.3
Dire Dawa	41	0.5
Afar	59	0.8
Benishangul Gumuz	84	1.1
Somali	208	2.7
Addis Ababa	278	3.6
Tigray	461	5.9
SNNPR	1570	20.1
Ahmara	2090	26.8
Oromiya	2961	38.0

206 The magnitude of substance use among ever-married men

The substances (alcohol, cigarette, and Khat) were currently used by 72.5% (95% CI 71.5, 73.4%) of the ever-married men in this study, while 27.6 % (95 % CI 26.6, 28.6%) of the men had not used them. Approximately 59.6%, 11.8 percent, and 1.1 percent of ever-married men, respectively, used one, two, or three substances. A larger percentage (23.3 and 25.6 percent) of ever-married men was reported to use the substance in the age groups of 25-34 and 35-44 years old, respectively. The majority of those who have used substances had no formal education (33 percent). Employed men, on the other hand, accounted for 70% of all substance users. Khat and alcohol were the two most commonly utilized substances by ever-married men. Furthermore, ever-married men residing in rural areas and agrarian regions reported 60.3 and 65.7 percent of substance use, respectively. (Table 2) (Fig 1, Fig 2)

37
38 217 Determinants of substance use

We have conducted a multilevel logistic regression analysis using the 2016 EDHS data to identify the individual and community-level determinants associated with substance use. The interclass-correlation in the empty model showed 52.2% variability in the magnitude of substance among ever-married men recognized to the difference between clusters in the community. Additionally, the variability among clusters in Model II was 50.1%, 48.1% in Model III, and 47.2% in Model IV. The proportion of change in the variance was 41.8% for Model II (individual-level determinants), 45.4% for Model III (community-level determinants), and 56.8% for Model IV (combined individual-and community-level determinants) in which addition of the determinants to empty model well explained within three models, particularly in the final model.

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Individual-level determinants: The odds of substance use were 61 and 81% higher among ever-married men who were with the age category of 25-34 (AOR = 1.61; 95% CI: 1.22, 2.12) and 35-44 (AOR = 1.81; 95% CI: 1.33, 2.47) in relation to men within the age category of 15 to 24 years old. The ever-married men who had attended secondary and above education were 37% less likely to use substances compared to men who had no formal education (AOR = 0.63; 95%CI: 0.49, 0.80). The odds of substance use were 24% higher among ever-married men who had three to five living children in relation to their counterparts (AOR = 1.24; 95% CI: 1.03, 1.50). The odds of substance use among employed ever-married men were 34% higher in relation to unemployed men (AOR = 1.34; 95%CI: 1.04, 1.74). The odds of substance use were 66% higher among ever-married men who had a sexual incompatibility with their wives compared to their counterparts (AOR = 1.66; 95%CI 1.10, 2.52). On the other hand, among ever-married men who had ever tested for HIV were obtained to have 38% higher odds of substance use than in relation to their counterparts (AOR = 1.38; 95%CI 1.18, 1.63). Similarly, the ever-married men who were watching television at least once a week had 49% higher odds of substance use compared to their counterparts (AOR = 1.49; 95%CI 1.24, 1.79). **Community-level determinants:** The odds of substance use among ever-married men who were living in the metropolises (city) regions were 2.3 times more likely than those who were living in the

agrarian regions (AOR = 2.30; 95%CI: 1.38, 3.82). Besides, there were 64% lower odds of substance
 use among ever-married men living in the pastoralist region compared to those living in the agrarian
 regions (AOR = 0.36; 95%CI: 0.25, 0.52). (Table 3)

Variables	Substance us	e		
	Yes n (%)	No n (%)		
			COR 95% CI	P-value
Age of the respondents				
15-24	383(4.9)	183(2.4)	1	
25-34	1998(25.6)	748(9.6)	1.62(1.25, 2.10)	< 0.001
35-44	1818(23.3)	666(8.6)	1.81(1.39, 2.35)	< 0.001
>=45	1447(18.6)	551(7.1)	1.61(1.23, 2.12)	0.001
Educational status				
No formal education	2571(33)	713(9.2)	1	
Primary education	2186(28.1)	994(12.8)	1.13(0.96, 1.33)	0.157
Secondary and above education	889(11.4)	440(11.4)	0.89(0.73, 1.10)	0.290
Religion				
Christian	3548(45.5)	1528(19.6)	1.12(0.91, 1.38)	0.290
Muslim	2043(26.2)	568(7.3)	1.26(1.04, 1.54)	0.020
Others	55(0.7)	51(0.66)	1	

Table 2: Multilevel bivariable logistic regression analysis of substance use among ever- married
 by individual and community level determinants from 2016 EDHS data (n = 7793)

_

Employed				
Yes	5454(70.0)	2039(26.2)	1.42(1.10, 1.84)	0.007
No	192(2.5)	108(1.4)	1	
Number of living children				
No children	671(8.6)	157(2.0)	0.99(0.77, 1.27)	0.947
One to two children	1607(20.6)	640(8.2)	1.04(0.86, 1.25)	0.696
Three to five children	2038(26.5)	734(9.4)	1.23(1.03, 1.47)	0.021
Six and above	1331(17.1)	617(7.9)	1	
Wife refusing sexual				
intercourse				
Yes	4820(61.8)	1680(21.6)	1.52(1.25, 1.84)	< 0.00
No	772(9.9)	444(5.7)	0.79(0.51, 1.23)	0.304
I don't know	54(0.7)	23(0.3)	1	
Have any STI				
Yes	125(1.6)	51(0.7)	0.13(0.01, 2.05)	0.147
No	5518(70.8)	2096(26.9)	0.12(0.01, 1.93)	0.133
I don't know	4(0.04)	0	1	
Ever tested for HIV				
Yes	3111(39.9)	1007(12.9)	1.47(1.26, 1.70)	< 0.00
No	2535(32.5)	1140(14.6)	1	
Frequently watching television				
Not at all	2906(37.3)	1395(17.9)	1	
At least once a week	2741(35.2)	752(9.7)	1.59(1.34, 1.88)	< 0.00
Have a bank account		4.		
Yes	1783(22.9)	504(6.5)	1.29(1.10, 1.55)	0.004
No	3863(49.6)	1643(21.1)	1	
Wealth index				
Poor	2207(28.3)	778(10.0)	1	
Middle	1128(14.5)	423(5.4)	0.96(0.77, 1.19)	0.694
Rich	2312(29.7)	947(12.2)	1.20(0.98, 1.46)	0.073
Place of residence				
Urban	946(12.1)	317(4.1)	1	
Rural	4700(60.3)	1830(23.5)	0.54(0.38, 0.78)	0.001
Region				
Agrarian	5117(65.7)	1966(25.2)	1	
Pastoralist	235(3.0)	137(1.8)	0.30(0.21, 0.43)	< 0.00
Metropolises	294(3.8)	44(0.6)	2.12(1.38, 3.26)	0.001

HIV-Human immunodeficiency virus; STI-Sexually transmitted infection

Table 3: Multilevel multivariable logistic regression analysis of substance use among ever married men by individual and community level determinants from 2016 EDHS data (n = 7793)

200	married men by married and community rever determinants from 2010 ED118 auta (if 177)					
	Variables	Model I (null	Model II	Model III	Model IV	
		model)	Individual-level variables	Community-level variables	Individual and community-level variables	

Age of the			
respondents			
15-24	1		1
25-34	1.65(1.25, 2.17)**	k	1.61(1.22, 2.12)*
35-44	1.90(1.39, 2.59)**		1.81(1.33, 2.47)*
>=45	1.87(1.34, 2.61)**		1.74(1.24, 2.43)
Educational status	1.07(1.34, 2.01)		1.74(1.24, 2.45)
No formal education	1		1
Primary education	0.98(0.82, 1.17)		0.96(0.80, 1.15)
Secondary and above	0.64(0.50, 0.81)**	k	0.63(0.49, 0.80)*
education	0.04(0.50, 0.01)		0.05(0.4), 0.00)
Religion			
Christian			1
Muslim			1.03(0.82, 1.30)
Others	0.93(0.74, 1.16) 1.52(0.81, 2.87)		$\frac{1.03(0.82, 1.30)}{1.52(0.81, 2.85)}$
	1.32(0.81, 2.87)		1.32(0.81, 2.83)
Employed Var	1 40(1 10 1 01)*		
Yes	1.40(1.10, 1.81)*		1.34(1.04, 1.74)*
No Clinica			
Number of living			
children			1.24(0.01.1.(0))
No children	1.33(0.98, 1.81)		1.24(0.91, 1.69)
One to two children	1.20(0.94, 1.51)		1.12(0.88, 1.41)
Three to five children	1.29(1.10, 1.56)*		1.24(1.03, 1.50)*
Six and above	1		1
Wife refusing sexual			
intercourse			
No	1.29(0.83, 2.00)		1.19(0.77, 1.85)
Yes	1.80(1.18, 2.74)*		1.66(1.10, 2.52)*
I don't know	1		1
Have any STI			
Yes	0.86(0.49, 1.54)		0.83(0.47, 1.48)
No	9.30(0.66, 25.68)		9.16(0.63, 24.79)
I don't know	1		1
Ever tested for HIV			
Yes	1.40(1.18, 1.63)**	<	1.38(1.18, 1.63)*
No	1		1
Frequently			
watching television			
Not at all	1		1
At least once a week	1.55(1.30, 1.87)**	k	1.49(1.24, 1.79)*
Have a bank			
account			
Yes	1.13(0.93, 1.38)		1.10(0.91, 1.35)
No	1		1
Wealth index			

2		
3		Poor
4		Middle
5 6		Rich
7		Place of residence
8		Urban
9		Rural
10 11		Region
12		Agrarian
13		Pastoralist
14		Metropolises
15 16		Measure of
17		variation
18		Community level
19		variance (Se)
20 21		ICC % (95% CI)
22		PCV (%)
23 24		MOR
24		Model selection
26		Log-likelihood
27		AIC
28 29		BIC
30	251	AIC- Akaike's Inform
31	252 253	<i>PCV -Proportional</i> (Ratio; *p-value< 0.0
32	253 254	Ratio, p -value < 0.0
33 34	255	Discussions
35		
36 37	256	Using the 2016 ED
38	257	substance use amo
39 40	258	72.5 percent in this
41 42	259	higher than the pre-
43	260	due to the differen
44 45	261	of the respondents
46 47	262	conducted in Ethio
48	263	³⁹ . The discrepancy
49 50	264	the respondents,
51 52	265	injectable substand
53 54	266	Cigarettes (7.4 per
55	267	substances in ascer
56 57	_0,	
58		13
59 60		F

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Poor		1		1
Middle		0.91(0.73, 1.13)		0.84(0.67, 1.04)
Rich		1.01(0.81, 1.26)		0.88(0.70, 1.10)
Place of residence				
Urban			1	1
Rural			0.93(0.62, 1.40)	1.12(0.72, 1.75)
Region				
Agrarian			1	
Pastoralist			0.30(0.21, 0.43)**	0.36(0.25, 0.52)**
Metropolises			2.02(1.22, 3.35)*	2.30(1.38, 3.82)*
Measure of				
variation				
Community level	3.61(0.084)*	2.10(0.083)**	1.97 (0.078)**	1.56(0.079)**
variance (Se)	*			
ICC % (95% CI)	52.2(47.9,	50.1(45.7, 54.6)	48.1(43.6, 52.5)	47.2(42.7, 51.7)
	56.6)			
PCV (%)	Reference	41.8	45.4	56.8
MOR	3.44	2.00	1.88	1.49
Model selection				
Log-likelihood	-3501.14	-3440.65	-3459.51	-3408.09
AIC	7006.27	6925.31	6929.03	6866.18
BIC	7020.14	7077.85	6963.70	7039.52
	<i>a</i>			

AIC- Akaike's Information Criterion, BIC- Bayesian Information Criterion, ICC- Intra-Cluster Correlation, PCV -Proportional Change in Variance, SE Standard Error, MOR, median odds ratio; AOR-Adjusted Odds Ratio; *p-value< 0.05, **p-value < 0.001

Using the 2016 EDHS dataset, this study was done to investigate the magnitude and determinants of substance use among ever-married men in Ethiopia. The overall prevalence of substance usage was 72.5 percent in this study, with 59.6 percent using only one substance. This study finding was slightly higher than the previous study conducted in Ethiopia ²⁰ and in sub-Saharan Africa.³⁵ This might be due to the difference in the age of participants, duration of the study, and sample size. Around 12.9% of the respondents were two and above substance users, which is lower than a previous study conducted in Ethiopia³⁶ and studies conducted in the USA ³⁷, Scotland ³⁸, and United Arab Emirates ³⁹. The discrepancy in magnitude of substance use can be explained in relation to characteristics of the respondents, accessibility of the substances, and social desirability bias. Moreover, most injectable substances which are not readily available might limit the variety of substances used. Cigarettes (7.4 percent), khat (31.6 percent), and alcohol (47.8 percent) were the most often utilized substances in ascending order. In terms of khat use, the results were lower than those found in prior Page 15 of 23

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studies in Ethiopia ⁴⁰⁻⁴², Yemen ⁴³, and Uganda ⁴⁴. This wide range of results could be attributable to differences in sample size, study duration, and study participant characteristics. The DHS, on the other hand, was conducted among a large population and described as an amalgamation of the country's most remote and urbanized locations. Alcohol was one of the most commonly utilized substances in this survey. This finding was in line with research conducted in Ethiopia ^{18, 45}, but it was at odds with findings from Bangladesh⁴⁶, the United States⁴⁷, and Morocco⁴⁸, where the cigarette was widely used. The disparity could be due to the method employed to examine alcohol and media advertising, as well as socioeconomic differences. In Ethiopia, there is a wide range in substance use by regions. The Amhara and Oromiya regions had greater percentages of substance users, which was consistent with earlier findings in Ethiopia.^{20, 49} Differences in substance usage by geographic region could be attributable to socioeconomic level, availability, and accessibility of substances. Individual and community-level determinants such as current age of ever-married men, attending secondary and higher education, being employed, the number of living children, sexual incompatibility with their wife, ever tested for HIV, frequently watching television, living in metropolises (city), and pastoralist region was found to have a statically significant effect based on the multilevel logistic regression analysis. In comparison to men between the ages of 15 and 24, the odds of substance use were higher among ever-married men between the ages of 25 and 34. This finding was in line with a previous study conducted in Ethiopia.^{20, 40, 49, 50} This could be because the likelihood of substance abuse rises as people live longer and have more life experiences. ^{51, 52} Secondly, young individuals may be reliant on their family, which lessens the pre-arranged condition to using substances, such as the ability to purchase them. When compared to men who had no formal education, ever-married men with a secondary or higher education had a lower risk of substance use. This finding is comparable with a study finding in Saudi Arabia.⁵³ The possible explanation of this finding might be due to illiterate men would have a lack of information on the negative consequences of substance use on their health and more educated men may have limited time to use a substance. The probabilities of substance use were higher among working ever-married males than among jobless men, which is consistent with prior Ethiopian research [23, 40]. It's possible that this is related to the fact that unemployed people can't afford to buy substances. When compared to their counterparts, the odds of substance use were higher among ever-married men who had a sexual incompatibility with their wives. This could be explained by the fact that when there is sexual satisfaction between two partners, there is a chance that men will use substances to cope with the stress. On the other hand, ever-married men who had

ever tested for HIV had a higher risk of substance use. The respondents tested for HIV, might be due to they suspect themselves regarding risky sexual practice with others sexual partners may exist after using substances. Similarly, ever-married males who watched television at least once a week had a higher risk of substance use than those who did not watch TV at all. This result was in line with a previous study [20]. This could be because some substances, such as alcohol, are heavily promoted in the media (television). Substance use was more common among ever-married men who lived in metropolises (city) regions than among those who lived in agrarian regions. Furthermore, ever-married men living in the pastoralist zone had lower odds of substance usage than those living in the agrarian regions. This finding was in line with earlier Ethiopian research [40, 54]. Disparities in substance usage by geographical region may be attributable to differences in substance distribution, accessibility, production, marketing, and other cultural elements of Ethiopian men [55, 56].

310 Conclusion

Despite the limitations mentioned above, the overall magnitude of substance use among Ethiopian ever-married men was found to be substantial. Alcohol was by far the most often used substance. There was a disparity in the magnitude of substance usage by geographic region, with Amhara and Oromiya having the greatest percentages. Individual and community-level determinants such as current age, secondary and higher education, employment, number of living children, HIV testing history, sexual incompatibility with their wife, frequent television watching; living in metropolises, and pastoralist regions were found to have a statistically significant relationship with substance use. Given these findings, it is critical to lessen the problem by improving modifiable individual-level variables such as educational status, reducing sexual incompatibility with their wife, and reducing substance advertising through mass media.

Contributors: DZ and MM- Study design, Data analyses and interpretation; AY and AA -Drafting the manuscript; DZ and MM -Critical revision of manuscript. Finally, all authors approved the revised manuscript.

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- 55 327 None declared.

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328 Patient consent for publication

329 Not applicable.

330 Ethical considerations and data set access

Demographic and Health Surveys in Ethiopia were done after obtaining ethical clearance from Ethiopia Health and Nutrition Research Institute Review Board, the Ministry of Science and Technology, the Institutional Review Board of ICF International, and the CDC [28]. The entire procedure of the survey, with the organization of actions, questionnaire design, data collectors training, supervisors, and all people involved in the procedure and report writing, were strictly followed. Data were collected after taking informed consent, and all information was kept confidential. For these detailed research activities, consent was given by the Demographic and Health Surveys Program project to access 2016 EDHS data after evaluation of the submitted summary of the planned study. All the ethical concerns, including informed consent, anonymous are followed [28].

 $\frac{1}{26}$ 340 Availability of data and materials

The manuscript contains all of the important findings, and all data used for the statistical analysis is publicly available (www. dhsprogram.com). "Because we used 2016 EDHS data, we are not authorized to share the data with a third party." Furthermore, the 'Dataset Terms of Use' prohibit us from distributing this data following data access rules (http://dhs.gov). BMJ Open: first published as 10.1136/bmjopen-2022-062060 on 23 September 2022. Downloaded from http://bmjopen.bmj.com/ on April 20, 2024 by guest. Protected by copyright

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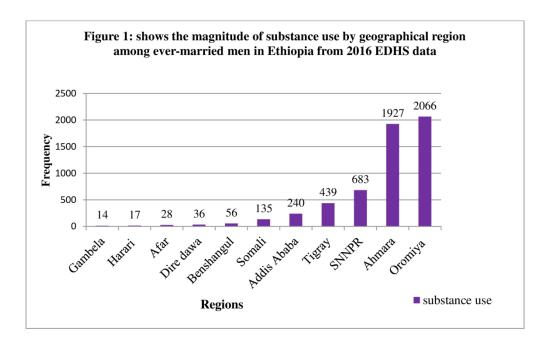
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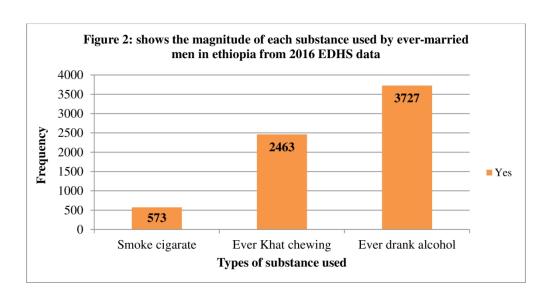
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Geographical variation and correlates of substance use among married men in Ethiopia: Spatial and multilevel analysis

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Primary Subject Heading :	Smoking and tobacco
Secondary Subject Heading:	Addiction, General practice / Family practice, Health economics, Health policy, Public health
Keywords:	Substance misuse < PSYCHIATRY, PRIMARY CARE, Health economics < HEALTH SERVICES ADMINISTRATION & MANAGEMENT





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2 3	1	Geographical variation and correlates of substance use among married men in
4 5 6	2	Ethiopia: Spatial and multilevel analysis
7 8 9	3	Demisu Zenbaba*1, Ahmed Yassin1, Adem Abdulkadir1, Mohammadaman Mama2
9 10 11	4	
12 13	5	¹ Madda Walabu University Goba Referral Hospital, Public Health Department Bale-
14 15	6	Goba
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18 19 20	8	² Madda Walabu University Goba Referral Hospital, Medical laboratory department
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Abstract **Objective:** The use of substances has become one of the world's most serious public health and socioeconomic issues. Most nations in Sub-Saharan Africa, including Ethiopia, are currently undergoing significant economic and cultural transitions, which have created a favorable environment for socially destructive substance use. The objective of this study was to determine the prevalence and correlates of substance use among ever-married men in Ethiopia.

Design: A community-based cross-sectional survey was undertaken from January 18 to June 27, 2016.

Data source: Data was used from the 2016 Ethiopian demographic and health survey (EDHS).

Data extraction and Analysis: Data from the 2016 EDHS was used and a total of 7793 ever-married men were involved in the analysis. The spatial autocorrelation statistic (Global Moran's I) was used to determine whether substance use was dispersed, clustered, or randomly distributed. A multi-level logistic regression model was used to identify the correlates with substance use, and statistical significance was declared at p-value < 0.05 and 95% CI.

Results: Of all ever-married men, 72.5% (95% CI 71.5, 73.4%) of them were currently used at least one of the three substances (alcohol, cigarettes, and Chat). The highest hotspot areas of substance use were observed in Harari and Dire Dawa regions. The age (AOR = 1.81; 95% CI: 1.33, 2.47), educational status (AOR = 0.63; 95%CI: 0.49, 0.80), occupation (AOR = 1.34; 95%CI: 1.04, 1.74), watching television (AOR = 1.49; 95%CI 1.24, 1.79), and living in the city (AOR = 2.30; 95%CI: 1.38, 3.82) were individual and community-level correlates found to have a statistically significant association with substance use.

Conclusion: In this study, nearly three-fourths of married men used one of the three substances. Given these findings, it is critical to reduce the problem by improving modifiable individual-level variables such as educational status and reducing substance advertising.

Keywords; Ever-married men, Substance use, EDHS, Multilevel, Ethiopia

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50 Strength and limitations of the study

- > This study used a nationally representative large sample size.
- \succ The frequency and dose of substances consumed were not considered in the study.
- > The clinical characteristics and the effects of addiction to these substances were not measured.
- > The extent of substance usage was determined through self-reported.
- > The study considered the most frequently used substances like alcohol, cigarettes, and chat.

56 Introduction

The continued use of alcohol, tobacco, chat, caffeine, illegal narcotics, and inhalants with negative consequences is referred to as substance use. Problematic substance use is defined as having a strong desire to use the substance, having difficulty controlling how much or how frequently the substance is used, having urges to use the substance, and continuing to use the substance despite negative consequences [1, 2]. Substance abuse disorder can be caused by genes, drug action, peer pressure, emotional distress, anxiety, depression, and environmental stress [3, 4].

Globally, there are 2 billion alcohol users, 1.3 billion smokers, and 185million drug users [5, 6]. Alcohol and tobacco (cigarettes) are the most commonly used substances across all age groups and constitute a significant contributor to the worldwide burden of diseases [7-10]. Most nations in Sub-Saharan Africa are currently undergoing significant economic, social, and cultural transitions, which have created a favorable environment for increased and socially destructive substance use [11]. Nearly 42% of people in Sub-Saharan Africa used "any substance," with the highest percentage (55.5%) in Central Africa. Males are more likely than females to engage in substance use behavior [7, 12]. Substance uses among young adults, is associated with physical and psychosocial problems like fighting, damage, robbery, engaging in unguarded sex, personal injury, medical problems, and impaired relationships with family and friends [13-15].

The substances use has become one of the world's most serious public health, disastrous health, socioeconomic issues and environmental consequences [5].⁵ The substance abuse accounts for 5.4% of the global disease burden and estimated to cost the world 28 million lost years of healthy living (disability-adjusted life years) [16, 17]. Alcohol and tobacco use have also been linked to an increased risk of chronic diseases such as cancer, chronic pulmonary disease, diabetes, accidents, violence, cancer, and liver cirrhosis. On the other hand, Regular chat use causes gingivitis, tooth loss,

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gastrointestinal problems, cardiac complications, male impotence, insomnia, and a variety of mental health issues [16-20]. Prior research conducted in Ethiopia on a small and large scale found that substance use ranged from 23.86 to 62.50% [21-25]. On the other hand, social mobility, accessibility, low wealth, low level of education, lower socioeconomic groupings, increasing age, employment, and stressful life events were

- factors of substance use (chat, cigarettes, and alcohol). Other motivations for substance use have been
 discovered, such as improved well-being, euphoria, excitement, social participation, increased
 alertness, stress reduction, increased capacity to focus, and addiction [22-28].
- Substance abuse endangers people's health as well as their social and economic well-being [5, 29, 30]. To counteract these dangers; Ethiopia's government implemented a mandatory policy and raised taxes on regularly used substances. Alcohol advertising is now forbidden in Ethiopia, according to proclamation No. 759/2012, when the alcoholic content exceeds 12% [31]. Even though we have a proclamation to manage substance use, there is still significant difficulty with its execution, as well as limited evidence about the extent of substance use and its correlates. To the best of our knowledge there is no study on substance usage among Ethiopian ever-married men. Thus, this study was designed to determine the magnitude and correlates of substance use among ever-married men in Ethiopia using the 2016 EDHS.

Review questions

- > What is the magnitude of substance use among ever-married men in Ethiopia?
- > What are the significant correlates of substance use among ever-married men in Ethiopia?

40 99 Methods

- ⁴¹⁴² 100 Patient and public involvement
- This study had no direct patient or public engagement.
- 46 102 Study setting and design

Ethiopia is Africa's second-most populated country, with 117.7 million people and divided into three metropolitan (city) and nine non-metropolitan regions [32, 33]. According to the 2016 EDHS report, roughly 61.4 % of the men in the study have ever-married. A community-based cross-sectional survey was undertaken from January 18 to June 27, 2016 [33].

107 Data source and population

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³ 108 In this study, data from the 2016 EDHS were used, specifically male dataset.

5 109 Sample size and sampling methods

The entire demographic and health survey sample was designed to represent all of the country's regions and administrative cities. In Ethiopian health and demographic survey (2016), two-phase sample procedures were used, with clusters being picked in the first phase and households being selected in the second [34]. Every region was divided into two stratum: urban and rural. The sample size was then allocated using a probability proportional allocation method. The survey included around 645 clusters, with 200 from the urban and 443 from the rural. As a result, the study included a total of 7793 ever-married men, with 1,262 from the urban and 6,531 from the rural.

19 117 Data collection tool and quality assurance

The fundamental three data collection tools for the DHS were adopted from the demography and health survey project. These data collection tools include questions for the household, women, and men [33]. The data for this study came from the survey's men's questionnaire. The data questionnaire was first written in English and then translated into the three main local languages: Amharic, Afan Oromo, and Tigrigna. A pretest was conducted before data collection, and all data collectors, supervisors, and quality controllers who took part in the surveys received training.

31 124 **Operational definition**

An ever-married man; is a man who has been married at least once in their life or on the date of data
 collection.

Substance use is defined as a self-report of exposure to at least one of the three substances (alcohol,
 chat, tobacco) before the interview irrespective of its dose and frequency (yes/no) [35].

³⁹ 129 **Study variable and measurements**

41 130 Outcome variable 42

Substance use is the outcome variable with two category (yes = 1 when a substance is used and no = 0if no substance is used). Substance use was determined to depend on the ever-married men's self-report using a single item for each substance. 'Do you currently smoke or use any other type of tobacco every day, some days, or not at all?' As a result, anyone who reported every day or some days was taken as a current smoker. Chat chewing and alcohol use behaviors were also determined using: 'During the last 30 days, how many days did you chew chat?' and 'During the last 30 days, how many days did you have a drink that contains alcohol?' In both issues, anybody who described at least one day of use in the former 30 days was taken as current chat and alcohol users', respectively [33]. The magnitude of

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substance use was calculated by dividing the total number of substance users (obtained from acomposite score of three substances) by the total number of ever-married men from the 2016 EDHS.

8 141 Independent variables

The individual and community-level independent variables were included. Individual-level variables involve men's current age (15-24, 25-34, 35-44, >=45 years), educational status (no formal education, primary, secondary, and above), religion (Christian, Muslim, and others), Occupation (employed, not employed), a number of living children $(0, 1-2, 3-5, \geq 6)$, wealth index (poor, middle and rich), land ownership (yes, no), housing ownership (yes, no), wife refusing sexual intercourse/sexual incompatibility (yes, no), had any STI (yes, no), ever tested for HIV (yes, no), Frequently watching television(not at all, at least once a week), have a bank account(yes, no). Community-level variables include place of residence (urban, rural) and regions recoded into agrarian, pastoralist, and metropolises (city). The agrarian region is obtained by recoding the Tigray, Amhara, Oromiya, and South Nation Nationality People's Republic (SNNPR) regions; the pastoralist region involves Afar, Somali, Benishangul, and Gambella regions. The metropolises (city) administration regions include Harari, Addis Ababa, and Dire Dawa. Residents' living stability and social change index were used to combine these regions. The regions considered a city (metropolis) have a greater social change index than other regions. The pastoral regions originated in the lowland areas of Ethiopia, mostly traveling from place to place with their cattle to find grass and water. The agrarian regions originated in the highland area of the country, in which agriculture is the principal work.

37
38 158 Data extraction and analysis

STATA software version 14 was used to analyze the data. The weighted samples were employed in data analysis to ensure that the survey results were representative of national and regional findings. To ensure the survey's representativeness by region and account for non-response, data were weighted using the men's data weighting variable (mv005/10⁶) as recommended by the DHS. Using STATA 'svy' function, the analysis was also employed to describe the complex survey design and resilient standard errors (stratification and clustering). Tables and graphs were used to generate and organize descriptive statistics such as frequency and percentage. Individual and community-level variable frequencies were calculated in relation to the outcome variable. The correlates of substance use were identified using a multi-level logistic regression model. At the same time, four models were fitted to estimate the fixed influence of both individual and community level correlates as well as the random effect of cluster

fluctuations. First, the null model was run without any correlates. The effect of individual-level correlates on substance use was estimated using the second model. The third model was used to examine the effect of community-level correlates with substance use. Finally, the fourth model was run to estimate the combined effects of individual and community level correlates. The proportional change in variance (PCV) was computed using the community-level variance in the null model as the denominator, which is the proportion of total community-level variance explained by individual and community-level variables. The Intra-Cluster Correlation (ICC) was determined to indicate random effects within a model [36, 37]. Akaike's Information Criterion (AIC) and Bayesian information criteria (BIC) were used for model selection. Each value of AIC and BIC in all models with the lowest value was considered [38, 39]. The median odds ratio (MOR) was calculated to indicate mysterious cluster heterogeneity [36]. Variables having *P*-value up to 0.25 in the bivariable logistic regression analysis were considered to fit multivariable logistic regression analysis. Variance inflation factor was used to notice multicollinearity within individual-level correlates. The fixed effects of individual and community level correlates on substance use were stated using an adjusted odds ratio (AOR) with 95% confidence intervals (CI). Accordingly, the final (4th model) was used to designate the combined effect of individual and community-level correlates on substance use among ever-married men. A P-value < 0.05 and an adjusted odds ratio with 95% confidence intervals were considered to declare statistical significance. The moderation analysis was performed to determine whether community-level variables moderated individual-level variables.

37 188 Spatial autocorrelation analysis

The spatial statistics tool was used to perform the spatial analysis in this study (ArcGIS Version 10.3; Redlands, California, United States). The spatial autocorrelation statistic (Global Moran's I) was used to determine whether substance use was dispersed, clustered, or randomly distributed. The cluster and outlier analysis were used to examine the spatial heterogeneity of substance use enumeration areas as high and low. The cold and hotspot areas of substance use was indicated using the Getis-Ord Gi* statistics and related Z-scores. Furthermore, the spatial interpolation analysis was used to predict the not sampled or unmeasured value from sampled measurements using the kriging ordinary interpolation.

1 2					
3 4	198				
5	199	Results			
7 8 9	200	Socio-demographic characteristics of ever-married men			
	201	The analysis included a total of 7793 ever-married men from the 2016 demographic and health survey.			
10		The men's mean age (standard deviation) was $37.3 (\pm 9.7)$, and 42% of ever-married men had never			
11 12	202				
3	203	attended formal education. The Oromiya region had about 38% of ever-married men, and 83.8% of			
4 5	204	them lived in rural areas. The majority of men who had ever married had three to five living children			
16	205	and 96.1% of ever-married men were actively employed. (Table 1)			
7	205	and your your even married men were a	(Table 1)		
8	206	6 Table 1: Socio-demographic characteristics of ever-married men in Ethiopia using 2010			
20				·	
21	207	(n=7,793)			
22 23		Variables	Weighted frequency	%	
24		Age of the respondents	weighted frequency		
25		15-24	566	7.3	
26 27		25-34	2745	35	
28		35-44	2484	32	
9		>=45	1998	25	
0		Educational status			
81		No formal education	3284	42	
2 3		Primary education	3179	40	
4		Secondary and above education	1329	17	
5		Religion	9		
6		Christian	5076	65	
7		Muslim	2610	34	
8 9		Others*	106	1	
0		Occupation			
1		Employed	7492	96.1	
2		Not employed	300	3.9	
3		Number of living children			
		No children	827	10.6	
5		One to two children	2247	28.8	
5 6		One to two children Three to five children	<u> </u>	28.8 35.6	
5 6 7 8					
5 7 8 9		Three to five children	2771	35.6	
5 7 8 9		Three to five children Six and above	2771	35.6	
5 6 7 8 9 0		Three to five children Six and above Wealth index	2771 1948	35.6 25.0	
4 5 6 7 8 9 0 1 2 3		Three to five children Six and above Wealth index Poorest	2771 1948 1366	35.6 25.0 17.5	
5 6 7 8 9 0 1 2		Three to five childrenSix and aboveWealth indexPoorestPoorer	2771 1948 1366 1617	35.6 25.0 17.5 20.8	

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8

59 60

Place of residence		
Urban	1262	16.2
Rural	6530	83.8
Region		
Harari	19	0.25
Gambella	21	0.3
Dire Dawa	41	0.5
Afar	59	0.8
Benishangul Gumuz	84	1.1
Somali	208	2.7
Addis Ababa	278	3.6
Tigray	461	5.9
SNNPR	1570	20.1
Amhara	2090	26.8
Oromiya	2961	38.0

The magnitude of substance use

In this study, one of the three substances namely alcohol, cigarette, and Chat was currently used by 72.5% (95% CI 71.5, 73.4%) of the ever-married men. About 59.6%, 11.8%, and 1.1% of ever-married men used one, two, and all of the three substances, respectively. Alcohol (48.4%) and chat (31.9%) were the most commonly used substance by ever-married men. Almost two-thirds (73%) of ever-married men aged 25-34 years were found to be using one of the three substances. Married men with no formal education were found to use one of the three substances at a higher rate (78.3%). In contrast, 72.8% of employed married men used one of the three substances. Besides, married men living in rural and agrarian regions used one of the three substances at a similar rate (72%). (Table 2)

Spatial distribution of substance use in Ethiopia

The spatial autocorrelation analysis revealed that the spatial distribution of substance use in Ethiopia was clustered. The Global Moran's I value of 0.403 (p-value < 0.001) indicated that substance use was significantly clustered in Ethiopia (Supplementary file 1 and 2 figures). Clusters with high proportion of substance use were from Tigray and Amhara regions whereas clusters with low proportion of substance use were observed in Sidama (North, West, and East), and Oromiya (Southwest), Addis Ababa, Gambella and Benishangul Gumuz (Fig 1).

In this study, ordinary kriging interpolation analysis was used to predict the magnitude of substance use. Accordingly, the high levels of substance use were observed in Amhara, Oromiya, Addis Ababa

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and Somali regions. On the other hand, the low substance use areas were predicted in the SNNP,Sidama, and Somali regions (Fig 2).

229 Hotspot detection of substance use

The highest proportions of substance use among ever-married men were reported from Tigray and
Ahmara regions, similarly the highest hotspot areas of substance use were observed in Tigray, Ahmara,
Addis Ababa, Harari and Dire Dawa regions. On the other hand, the cold spot area of substance use
was seen in Benishangul Gumuz, Gambella, SNNPR, Sidama and southwest people of Ethiopia regions
(Fig.3).

¹⁹ 20 235 Correlates of substance use

We have conducted a multilevel logistic regression analysis using the 2016 EDHS to identify the individual and community-level correlates with substance use. The interclass-correlation in the empty model showed 52.2% variability in the magnitude of substance use among ever-married men recognized to the difference between clusters in the community. Additionally, the variability among clusters in Model II was 50.1%, 48.1% in Model III, and 47.2% in Model IV. The proportion of change in the variance was 41.8% for Model II (individual-level correlates), 45.4% for Model III (community-level correlates), and 56.8% for Model IV (combined individual-and community-level correlates) in which addition of the correlates to empty model well explained within three models, particularly in the final model. In moderation analysis, only the occupation of respondents was significantly moderated by region (Supplementary file 3-6 tables).

Individual-level correlates: The odds of substance use were 61 and 81% higher among ever-married men who were in the age category of 25-34 (AOR = 1.61; 95% CI: 1.22, 2.12) and 35-44 (AOR = 1.81; 95% CI: 1.33, 2.47) in relation to men within the age category of 15-24 years old. The ever-married men who had attended secondary and above education were 37% less likely to use substances compared to men who had no formal education (AOR = 0.63; 95% CI: 0.49, 0.80). The odds of substance use were 24% higher among ever-married men who had 3 to 5 living children in relation to their counterparts (AOR = 1.24; 95% CI: 1.03, 1.50). The odds of substance use among employed ever-married men were 34% higher with unemployed men (AOR = 1.34; 95% CI: 1.04, 1.74). The odds of substance use were 66% higher among ever-married men who had a sexual incompatibility with their wives compared to their counterparts (AOR = 1.66; 95% CI 1.10, 2.52). On the other hand, ever-

married men who had ever tested for HIV were obtained to have 38% higher odds of substance use than their counterparts (AOR = 1.38; 95% CI 1.18, 1.63). Similarly, the ever-married men who were watching television at least once a week had 49% higher odds of substance use compared to their counterparts (AOR = 1.49; 95% CI 1.24, 1.79). Community-level correlates: The odds of substance use among ever-married men who were living in the metropolises (city) regions were 2.3 times more likely than those who were living in the agrarian

regions (AOR = 2.30; 95% CI: 1.38, 3.82). Besides, there were 64% lower odds of substance use among ever-married men living in the pastoralist region compared to those living in the agrarian regions (AOR = 0.36; 95% CI: 0.25, 0.52). (Table 3)

Table 2: Multilevel bivariable logistic regression analysis of substance use among married men in Ethiopia using the 2016 EDHS (n = 7793)

Variables	Substance use			
	Yes n (%)	No n (%)		
			COR 95% CI	P-value
Age of the respondents				
15-24	383(67.7)	183(32.3)	1	
25-34	1998(72.8)	748(27.2)	1.62(1.25, 2.10)	< 0.001
35-44	1818(73.2)	666(26.8)	1.81(1.39, 2.35)	< 0.001
>=45	1447(72.4)	551(27.6)	1.61(1.23, 2.12)	0.001
Educational status				
No formal education	2571(78.3)	713(21.7)	1	
Primary education	2186(68.8)	994(31.2)	1.13(0.96, 1.33)	0.157
Secondary and above education	889(66.9)	440(33.1)	0.89(0.73, 1.10)	0.290
Religion				
Christian	3548(69.9)	1528(30.1)	1.12(0.91, 1.38)	0.290
Muslim	2043(78.3)	568(21.8)	1.26(1.04, 1.54)	0.020
Others	55(51.8)	51(48.2)	1	
Occupation				
Employed	5454(72.8)	2039(27.2)	1.42(1.10, 1.84)	0.007
Not Employed	192(64)	108(36)	1	
Number of living children				
No children	671(81.1)	157(18.9)	0.99(0.77, 1.27)	0.947
One to two children	1607(71.5)	640(28.5)	1.04(0.86, 1.25)	0.696
Three to five children	2038(73.5)	734(26.5)	1.23(1.03, 1.47)	0.021
Six and above	1331(68.3)	617(31.7)	1	
Wife refusing sexual				
intercourse				
Yes	738(75.5)	240(24.5)	1.52(1.25, 1.84)	< 0.001
No	4909(72)	1907(28)	0.79(0.51, 1.23)	0.304
Have any STI				
Yes	125(71.0)	51(29)	0.13(0.01, 2.05)	0.147

No	5518(72.5)	2096(27.5)	0.12(0.01, 1.93)	0.133
I don't know	4(100)	0	1	
Ever tested for HIV				
Yes	3111(75.5)	1007(24.5)	1.47(1.26, 1.70)	< 0.00
No	2535(69)	1140(31)	1	
Frequently watching television				
Not at all	2906(67.6)	1395(32.4)	1	
At least once a week	2741(78.5)	752(21.5)	1.59(1.34, 1.88)	< 0.00
Have a bank account				
Yes	1783(78)	504(22)	1.29(1.10, 1.55)	0.004
No	3863(70.2)	1643(29.8)	1	
Wealth index				
Poor	2207(74)	778(26)	1	
Middle	1128(72.7)	423(27.3)	0.96(0.77, 1.19)	0.694
Rich	2312(70.9)	947(29.1)	1.20(0.98, 1.46)	0.073
Place of residence	5			
Urban	946(74.9)	317(25.1)	1	
Rural	4700(72)	1830(28)	0.54(0.38, 0.78)	0.001
Region				
Agrarian	5117(72.2)	1966(27.8)	1	
Pastoralist	235(63.2)	137(36.8)	0.30(0.21, 0.43)	< 0.00
Metropolises	294(87)	44(13)	2.12(1.38, 3.26)	0.001

HIV-Human immunodeficiency virus; STI-Sexually transmitted infection

Table 3: Multilevel multivariable logistic regression analysis of substance use among ever-married men by individual and community level correlates from 2016 EDHS data (n = 7793)

Variables	Model I (null	Model II	Model III	Model IV
	model)	Individual-level	Community-level	Individual and
		variables	variables	community-level
				variables
Age of the				
respondents				
15-24		1		1
25-34		1.65(1.25, 2.17)**		1.61(1.22, 2.12)**
35-44		1.90(1.39, 2.59)**		1.81(1.33, 2.47)*
>=45		1.87(1.34, 2.61)**		1.74(1.24, 2.43)
Educational status				
No formal education		1		1
Primary education		0.98(0.82, 1.17)		0.96(0.80, 1.15)
Secondary and above		0.64(0.50, 0.81)**		0.63(0.49, 0.80)*
education				
Religion				
Christian		1		1
Muslim		0.93(0.74, 1.16)		1.03(0.82, 1.30)
Others		1.52(0.81, 2.87)		1.52(0.81, 2.85)

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Occupation				
Employed		1.40(1.10, 1.81)*		1.34(1.04, 1.74)
Not employed		1		1
Number of living children				
No children		1.33(0.98, 1.81)		1.24(0.91, 1.69)
One to two children		1.20(0.94, 1.51)		1.12(0.88, 1.41)
Three to five children		1.29(1.10, 1.56)*		1.24(1.03, 1.50)
Six and above		1		1
Wife refusing sexual				
intercourse				
Yes		1.92(1.15, 2.84)*		1.85(1.13, 2.67)
No		1		1
Have any STI				
Yes		0.86(0.49, 1.54)		0.83(0.47, 1.48)
No		9.30(0.66, 25.68)		9.16(0.63, 24.79
I don't know		1		1
Ever tested for HIV				
Yes		1.40(1.18, 1.63)**		1.38(1.18, 1.63)
No		1		1
Frequently watching television				
Not at all		1		1
At least once a week		1.55(1.30, 1.87)**		1.49(1.24, 1.79)
Have a bank account				
Yes		1.13(0.93, 1.38)		1.10(0.91, 1.35)
No		1		1
Wealth index				
Poor		1		1
Middle		0.91(0.73, 1.13)		0.84(0.67, 1.04)
Rich		1.01(0.81, 1.26)		0.88(0.70, 1.10)
Place of residence				
Urban			1	1
Rural			0.93(0.62, 1.40)	1.12(0.72, 1.75)
Region				
Agrarian			1	
Pastoralist			0.30(0.21, 0.43)**	0.36(0.25, 0.52)
Metropolises			2.02(1.22, 3.35)*	2.30(1.38, 3.82)
Measure of variation	2 (1(0,004)*	2 10(0 002)**	1 07 (0 070) **	1 5 ((0, 070) 44
Community level variance (Se)	3.61(0.084)* *	2.10(0.083)**	1.97 (0.078)**	1.56(0.079)**
ICC % (95% CI)	52.2(47.9, 56.6)	50.1(45.7, 54.6)	48.1(43.6, 52.5)	47.2(42.7, 51.7)
PCV (%)	Reference	41.8	45.4	56.8
MOR	3.44	2.00	1.88	1.49

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Model selection				
Log-likelihood	-3501.14	-3440.65	-3459.51	-3408.09
AIC	7006.27	6925.31	6929.03	6866.18
BIC	7020.14	7077.85	6963.70	7039.52
				1 .:

70 AIC- Akaike's Information Criterion, BIC- Bayesian Information Criterion, ICC- Intra-Cluster Correlation, PCV-Proportional Change in Variance, SE Standard Error, MOR, median odds ratio; AOR-Adjusted Odds 71 Ratio; *p-value< 0.05, **p-value < 0.001 72

Discussions 74

75 Using the 2016 EDHS, this study was done to investigate the magnitude and correlates of substance use among ever-married men in Ethiopia. In this study, the overall one of the three substance use was 76 72.5%, with 59.6 % using only one substance. This study finding was slightly higher than the previous 77 78 study conducted in Ethiopia [25] and sub-Saharan Africa [7]. This might be due to the difference in the 79 age of participants, duration of the study, and sample size. Around 12.9% of the respondents were two and above substance user, which is lower than a previous study conducted in Ethiopia [40] and studies 80 conducted in the USA [41], Scotland [42], and United Arab Emirates [43]. The discrepancy in the 81 magnitude of substance use can be explained by the characteristics of the respondents, socio-economic 82 status, accessibility of the substances, and social desirability bias. Cigarettes (7.4%), chat (31.6%), and 83 alcohol (47.8 %) were the most often utilized substances in ascending order. In terms of chat use, the 84 results were lower than the findings in prior studies conducted in Ethiopia [44-46], Yemen [47], and 85 Uganda [48]. This wide range of results could be attributable to differences in sample size, study 86 duration, and study participant characteristics. On the other hand, the DHS was conducted among a 87 88 large population and described as an amalgamation of the country's most remote and urbanized locations. Alcohol was one of the most commonly utilized substances in this survey. This finding was 89 in line with research conducted in Ethiopia [23, 49], but it was at odds with findings from Morocco 90 [50], Bangladesh [51], and the United States [52], where the cigarette was widely used. The variation 91 92 could be due to the method employed to measure alcohol use and media advertising, as well as socioeconomic differences. In Ethiopia, there is a wide difference of substance use by regions. The 93 Amhara and Tigray regions had a greater percentage of substance users (92% vs. 95%, respectively) 94 which was consistent with earlier findings in Ethiopia [25, 53]. On the other hand, the spatial 95 autocorrelation analysis of at least one of the three substance use across the regions was observed as a 96 clustering pattern (Global Moran's I = 0.403, p-value< 0.0001). This indicates that one of the three 97 substance use in Ethiopia was aggregated in specific areas. Accordingly, the highest hot-spot areas 98

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were found in Tigray (central and west), Amhara (central and east), Addis Ababa (central), Harari (west), Dire Dawa (west), and some parts of northwest Benishangul Gumuz region. Differences in substance usage by geographic region could be attributable to socioeconomic level, culture, and accessibility of substances.

Individual and community-level correlates such as current age of ever-married men, attending secondary and higher education, being employed, the number of living children, sexual incompatibility with their wife, ever tested for HIV, frequently watching television, living in metropolises (city), and pastoralist region was found to have a statically significant correlates based on the multilevel logistic regression analysis. In comparison to men between the ages of 15 to 24, the odds of substance use were higher among ever-married men between the ages of 25 to 34. This finding was in line with a previous study conducted in Ethiopia [25, 44, 53, 54]. This could be because the likelihood of substance abuse rises as people live longer and have more life experiences [55, 56]. Secondly, young individuals may be reliant on their family, which lessens the pre-arranged condition to using substances, such as the ability to purchase them. Ever-married men with a secondary or higher education had a lower risk of substance use when compared to men who had no formal education. This finding is comparable with a study finding in Saudi Arabia [57]. The possible explanation of this finding might be due to illiterate men would have a lack of information on the negative consequences of substance use on their health. The probabilities of substance use were higher among employed ever-married males than among jobless men, which are consistent with prior Ethiopian study findings [28, 44]. This may be related to the fact that unemployed people can't afford to buy substances. When compared to their counterparts, the odds of substance use were higher among ever-married men who had a sexual incompatibility with their wives. This could be explained by the fact that when there is sexual incompatibility between two partners, there is a chance that men will use substances to cope with the stress. Similarly, ever-married males who watched television (TV) at least once a week had a higher risk of substance use than those who did not watch TV at all. This result was in line with a previous study conducted elsewhere.²⁵ This could be because some substances, such as alcohol, are heavily promoted in the media (television). Substance use was more common among ever-married men who lived in metropolises (city) regions than among those who lived in agrarian regions. Furthermore, ever-married men living in the pastoralist zone had lower odds of substance use than those living in the agrarian regions. This finding was in line with earlier Ethiopian research [44, 58]. Disparities in substance usage by geographical region may be

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attributable to differences in substance distribution, accessibility, production, marketing, and other cultural elements of Ethiopian men [59, 60]. Conclusion Despite the limitations mentioned above, nearly three-fourths of ever-married men used one of the three substances. Alcohol was by far the most often used substance. There was a disparity in the magnitude of substance use by geographic region, with Amhara and Tigray having the highest percentages. Individual and community-level correlates such as current age, secondary and higher education, employment, number of living children, HIV testing history, sexual incompatibility with their wife, frequent television watching; living in metropolises(city), and pastoralist regions were found to have a statistically significant relationship with one of the tree substance use. Given these findings, it is critical to lessen the problem by improving modifiable individual-level variables such as educational status, reducing sexual incompatibility with their wife, and reducing substance advertising through mass media.

342 Contributors: DZ and MM- Study design, Data analyses, and interpretation; AY and AA -Drafting the
 343 manuscript; DZ and MM -Critical revision of the manuscript. Finally, all authors approved the revised
 344 manuscript.

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37 347 Competing interests

³⁹₄₀ 348 None declared.

42 349 Patient consent for publication

⁴⁴₄₅ 350 Not applicable.

47 351 Ethical considerations and data set access
48

Demographic and Health Surveys in Ethiopia were done after obtaining ethical clearance from Ethiopia Health and Nutrition Research Institute Review Board, the Ministry of Science and Technology, the Institutional Review Board of ICF International, and the CDC [28]. The entire procedure of the survey, with the organization of actions, questionnaire design, data collectors training, supervisors, and all people involved in the procedure and report writing, were strictly followed. Data were collected after

1 2		
- 3 4	357	taking informed consent, and all information was kept confidential. For these detailed research
5	358	activities, consent was given by the Demographic and Health Surveys Program project to access 2016
6 7	359	EDHS data after evaluation of the submitted summary of the planned study. All the ethical concerns,
8 9	360	including informed consent, anonymous are followed [28].
10 11	361	Availability of data and materials
12	362	The manuscript contains all of the important findings, and all data used for the statistical analysis is
13 14	363	publicly available (www. dhsprogram.com). "Because we used 2016 EDHS data, we are not authorized
15 16	364	to share the data with a third party." Furthermore, the 'Dataset Terms of Use' prohibit us from
17	365	distributing this data following data access rules (<u>http://dhs.gov</u>).
18 19	366	Supplementary Files
20 21	367	Supplementary file 1 figure: Global Moran's I Summary and dataset information of substance use
22 23	368	among married women in Ethiopia, 2016 EDHS.
24 25	369	Supplementary file 2 figure: Autocorrelation report of substance use among married women in
26 27	370	Ethiopia, 2016 EDHS.
28	371	Supplementary file 3-6 Tables: Moderator Analysis (PDF)
29 30	372	Figure Legends
31 32	373	Figure 1: Cluster and outlier analysis (Anselin Local Moran's) of substance use among married men in
33 34	374	Ethiopia, EDHS 2016. Source shape file of the map was freely available from
35	375	https://africaopendata.org/dataset/ethiopia-shapefiles.
36 37		
38 39	376	Figure 2: Ordinary interpolation of substance use among married men in Ethiopia, EDHS 2016. Source
40 41	377	shape file of the map was freely available from <u>https://africaopendata.org/dataset/ethiopia-shapefiles</u> .
42	378	Figure 1: Cold and hotspot analysis of substance use among married men in Ethiopia, EDHS 2016.
43 44	379 380	Source shape file of the map was freely available from <u>https://africaopendata.org/dataset/ethiopia-shapefiles.</u>
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Legend:

mali

1,140

1,520

Kilometers

cluster & Outlier

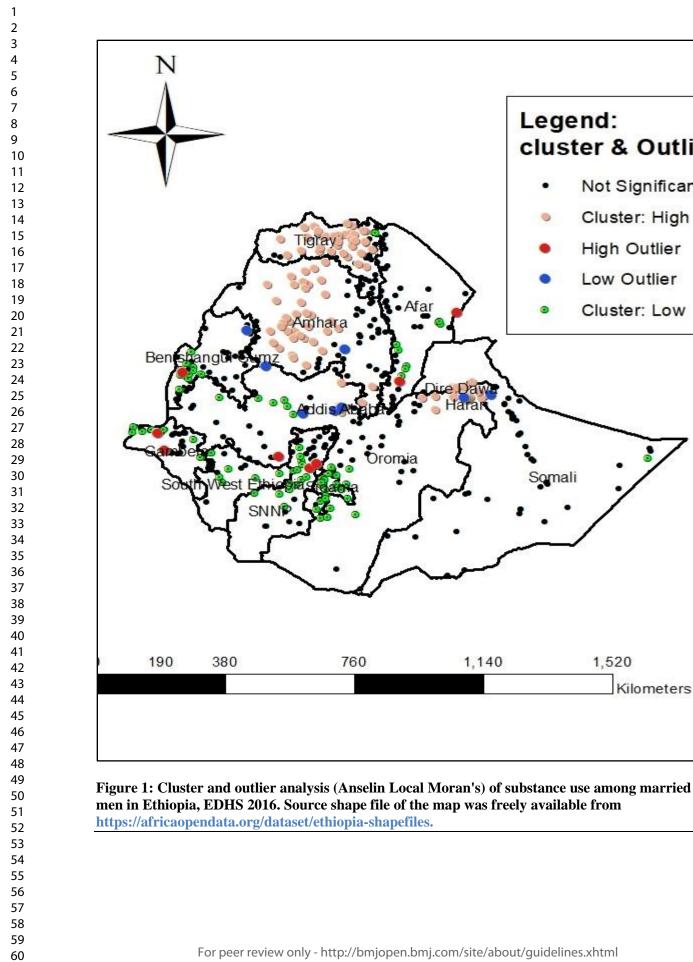
Not Significant

Cluster: High

High Outlier

Low Outlier

Cluster: Low





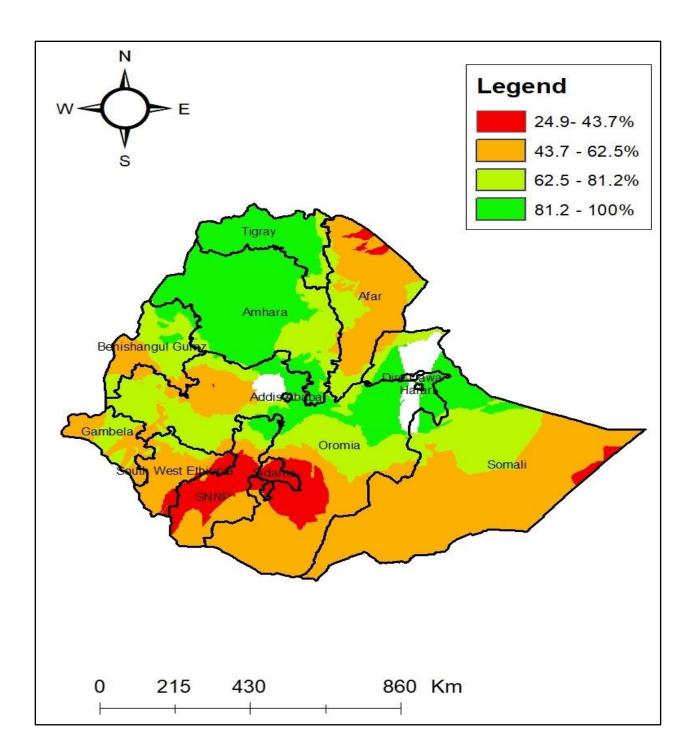


Figure 1: Predictive prevalence of substance use among married men in Ethiopia, EDHS 2016. Source shape file of the map was freely available from https://africaopendata.org/dataset/ethiopia-shapefiles.

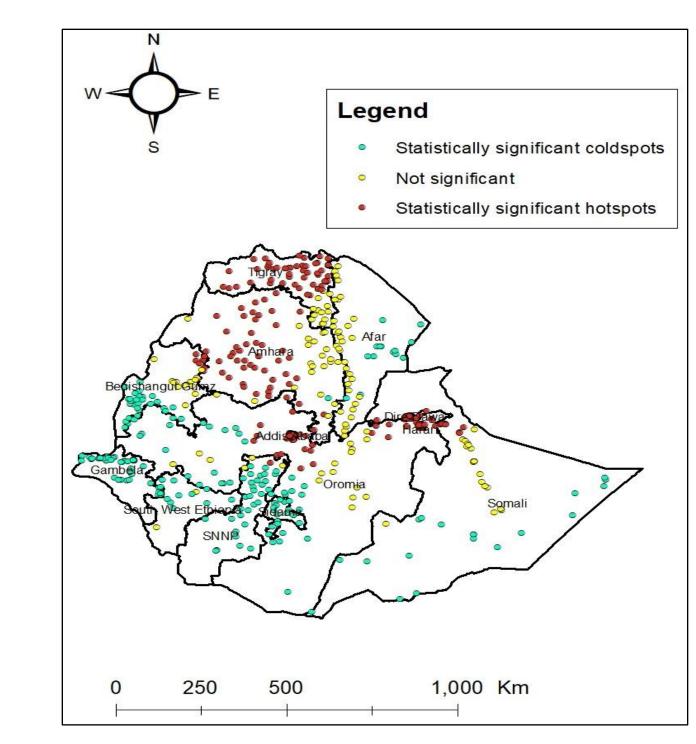
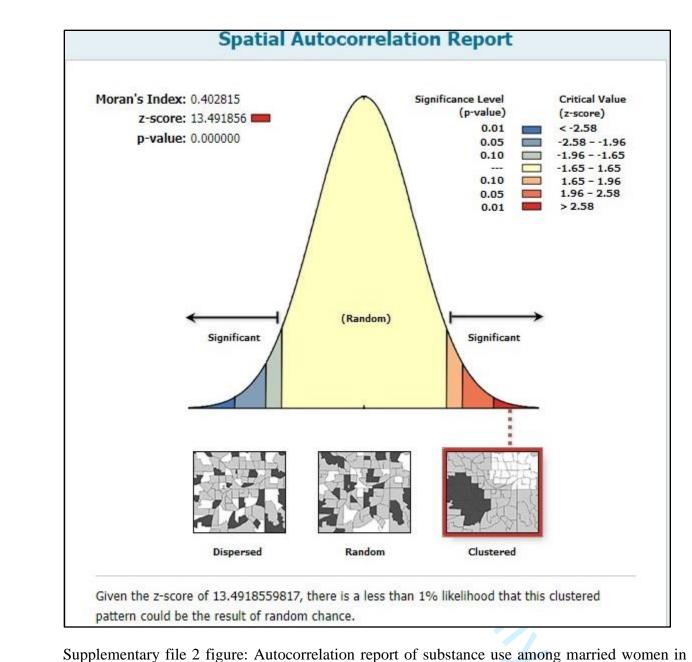


Figure 1: Cold and hotspot analysis of substance use among married men in Ethiopia, EDHS 2016. Source shape file of the map was freely available from https://africaopendata.org/dataset/ethiopia-shapefiles.

	and the second
Moran's Index:	0.402815
Expected Index:	-0.001637
Variance:	0.000899
z-score:	13.491856
p-value:	0.000000
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Supplementary file 1 figure: Global Moran's I Summary and dataset information of substance use among married women in Ethiopia, 2016 EDHS.



Ethiopia, 2016 EDHS.

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		Numb	er of a	live chilo	d with Re	gion
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
NOchil_alive						
have 1-2						
children	1.05	0.13	0.38	0.70	0.83	1.32
have 3-5						
children	1.24	0.15	1.81	0.07	0.98	1.57
6 and above						
children	1.01	0.13	0.07	0.95	0.79	1.29
cons	4.36	0.57	11.27	0.00	3.37	5.63
			Δftor	region	is added	1
		standard				A
Variables	odds ratio		z	P-value	95%	CI
NOchil alive		enor	2	r-value	93/0	CI
have 1-2						
children	1.04	0.12	0.34	0.74	0.82	1.32
have 3-5	1.04	0.12	0.34	0.74	0.62	1.5/
	1 27	0.15	1.00	0.05	1 00	1 6
children	1.27	0.15	1.99	0.05	1.00	1.60
6 and above	1.00	0.12	0.40		0.02	1 2/
children	1.06	0.13	0.46	0.65	0.83	1.30
Now region						
New_region Pastoralist	0.20	0.00		0.00	0.21	0.4
	0.30				0.21	0.43
Metropolis	2.16	0.48	3.49	0.00	1.40	3.33
	F 40	0.00	10.57	0.00	2.00	7 4
_cons	5.46	0.88		0.00	3.98	7.47
			Intera	action		
		standard				
Variables	odds ratio	error	Z	P-value	95%	CI
NOchil_alive						
have 1-2						
children	1.05	0.13	0.37	0.71	0.83	1.32
have 3-5						
children	0.94	0.21	-0.26	0.79	0.61	1.4
have 6 and						
above						
children	1.08	0.14	0.61	0.55	0.84	1.3
New_region						
Pastoralist	0.31			0.00	0.21	0.4
Metropolis	2.42	0.56	3.79	0.00	1.53	3.82
childNO1 *						
region 1				0.11	0.92	2.28

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childNo1 *						
region 2	1.38	0.32	1.37	0.17	0.87	2.18
childregion3	1.00	(omitted)				
_cons	5.29	0.86	10.20	0.00	3.84	7.29
	Number	of clidre	n alive	and pla	ce of resi	sdenc
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
NOchil_alive						
have 1-2						
children	1.05	0.13	0.40	0.69	0.83	1.33
have 3-5						
children	1.27	0.15	2.00	0.05	1.00	1.61
have 6 and						
above						
children	1.05	0.13	0.36	0.72	0.82	1.34
			Intera	action		
Residence						
rural	0.53	0.10	-3.38	0.00	0.37	0.77
_cons	6.63	1.21	10.40	0.00	4.64	9.48
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
NOchil_alive						
have 1-2 childr	1.05	0.13	0.41	0.68	0.83	1.33
have 3-5 childr	1.31	0.17	2.13	0.03	1.02	1.69
have 6 and abo	1.06	0.14	0.44	0.66	0.82	1.36
Residence						
rural	0.51	0.10	-3.45	0.00	0.35	0.75
Nochil_alive *						
residence1	0.88	0.16	-0.74	0.46	0.62	1.24
Nochild_alive						
* Residence 2	1.00	(omitted)				
cons	6.81	1.26	10.34	0.00	4.73	9.79

	Age with	communi	ity level v	ariables		
		standard				
Variables	odds ratio	error	z	P-value	95	% CI
Age categorized	1.09	0.04	2.37	0.02	1.02	1.18
_cons	3.72	0.51	9.65	0.00	2.85	4.86
	Age	with reg	gions			
		standard	[I	
Variables	odds ratio	error	z	P-value	95	% CI
Age categorized						
25-34	2.11	0.49	3.21	0.00	1.34	3.33
35-44	1.77	0.24	4.27	0.00	1.36	2.31
>=45	1.58	0.22	3.3	0.00	1.20	2.07
New_region						
Pastoralist	0.31	0.06	-6.16	0	0.21	0.45
Metropolis	1.91	0.44	2.79	0.005	1.21	3.01
Products of age and re	gion					
Agecat1 * Pastoralist	0.75	0.17	-1.27	0.20	0.48	1.17
Agecat2 * Metropolis	0.70	0.16	-1.52	0.13	0.45	1.11
Ageregio3	1	(omitted)				
_cons	3.851302	0.667324	7.78	0	2.742319	5.408755
		Place o	f resider	nce with	age	
		standard	h		0	
Variables	odds ratio	error	z	P-value	95	% CI
Age categorized						
25-34	1.58	0.23	3.11	0.00	1.18	2.10
35-44	1.68	0.25	3.54	0.00	1.26	2.25
>=45	1.51	0.23	2.74	0.01	1.12	2.03
		Interact	ion of age	with pal	ce of resi	dence
Palce of residence						
rural	0.50	0.10	-3.43	0.00	0.34	0.75
agecat1 * residence1	0.74	0.25	-0.89	0.37	0.39	1.43
agecat 2 * residence2	0.83	0.14	-1.09	0.27	0.59	1.16
resiage3		(omitted)		4		
_cons	5.08	1.12	7.36	0	3.30	7.83

Educa	ational status	with region	1			
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
primary education	1.13	0.10	1.42	0.157	0.95	1.33
secondary and						
above	0.89	0.09	-1.06	0.29	0.73	1.10
cons	4.71	0.48	15.07	0	3.85	5.76
_	After region ad	ded				
Variables	odds ratio	standard error	Z	P-value	95%	CI
primary education	1.13	0.10	1.42	0.157	0.95	1.33
secondary and	1.15	0.10	1.42	0.157	0.95	1.5.
above	0.89	0.09	-1.06	0.29	0.73	1.10
_cons	4.71	0.48		0	3.85	5.76
primary education	1.06	0.09	0.73	0.47	0.90	1.20
secondary and						
above	0.80	0.09	-2.09	0.04	0.65	0.99
New_region						
Pastoralist	0.31	0.06		0.00	0.22	0.44
Metropolis	2.32			0.00	1.50	3.5
_cons	6.16	0.83	13.44	0.00	4.73	8.0
		standard				
Variables	odds ratios	error	Z	P-value	95%	CI
secondary and						
above	0.67	0.15	-1.85	0.06	0.43	1.02
New_region						
Pastoralist	0.29	0.05	-6.62	0.00	0.20	0.4
Metropolis	2.52	0.64	3.66	0.00	1.54	4.14
edu1 * region1	1.08	0.28	0.31	0.76	0.65	1.8
Edu1 * region2	1.42				0.86	2.34
eduregio3		(omitted)				
_cons	6.28		13.43	0.00	4.80	8.2
	0.20	Educational				
	a dala sa Ca					
Variables	odds ratio	standard	Z	P-value	95%	
primary education	1.10			0.27	0.93	1.3
secondary and above	0.81	0.09	-1.95	0.05	0.65	1.00
Place of residence						
rural	0.48	0.09	-3.78	0.00	0.33	0.7
cons	8.05			0.00	5.69	11.3
primary education	1.10				0.93	1.3
secondary and	1.10	0.05	<u> </u>	0.20	0.00	1.5
above	0.79	0.10	-1.82	0.07	0.60	1.0
	Educatinal stat				0.00	1.0.
	odds ratio	standard error	•	P-value	95%	<u> </u>
Variables	odde rotio		17		0.00/	CI

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Place of residence						
rural	0.50	0.10	-3.32	0.00	0.33	0.75
Edu1 * residence 1	1.08	0.21	0.37	0.71	0.73	1.58
Edu1 * residence 2	1.00	(omitted)				
_cons	7.82	1.51	10.68	0.00	5.36	11.41

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		Occupation	with Re	gion		
Variables	odds ratio	standard error	z	P-value	95%	CI
Occupation	1	1				
Employed	1.42	0.19	2.7	0.007	1.10	1.84
_cons	3.46	0.51	8.44	0	2.59	4.6
	After region	is added				
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
Occupation						
Employed	1.34	0.18	2.25	0.025	1.04	1.74
Region						
Pastoralist	0.31	0.06	-6.36	0	0.22	0.4
Metropolis	2.17	0.48		0	1.41	3.3
		0.10	0.02			0.0
cons	4.58	0.82	8.51	0	3.23	6.5
		Interaction				
		standard	•			
Veriables			7	Dualua	050/	CI
 Variables	odds ratio	error	Z	P-value	95%	CI
New_occup	0.53		1.60	0.000	0.05	
yes	0.53	0.20	-1.68	0.093	0.25	1.1
New_region						
Pastoralist	0.32				0.22	0.4
 Metropolis	1.96	0.44	3.04	0.002	1.27	3.0
Employed * agrarian	0.34	0.16	-2.27	0.023	0.13	0.8
Employed * pastoralist	0.33		-2.66	0.008	0.15	0.7
occuregio3		(omitted)		4		
_cons	11.76	4.74	6.11	0	5.34	25.9
	Occupation	n and place	of resid	dence		
	-	standard				
Variables	odds ratio	error	z	P-value	95%	CI
occupation						
Employed	1.45	0.19	2.83	0.01	1.12	1.8
 1 1 1						
Place of residence						
rural	0.53	0.10	-3.42	0.00	0.37	0.7
_cons	5.26		8.57		3.60	7.7
	5.20	Interaction		0.00	0.00	7.7
			1			
		standard				
Variables	odds ratio	error	Z	P-value	95%	CI
occupation						

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	I	1		г			
	Employed	1.73	0.28	3.35	0.00	1.26	2.38
	Place of residance						
	rural	0.34	0.11	-3.49	0.00	0.19	0.63
	rural * Employed	0.61	0.17	-1.80	0.07	0.36	1.05
	resioccu2	1	(omitted)				11.00
	_cons	6.93	1.73	7.74	0.00	4.24	11.32



Geographical variation and correlates of substance use among married men in Ethiopia: Spatial and multilevel analysis from Ethiopian Demographic and Health Survey 2016

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4 5	2	Ethiopia: Spatial and multilevel analysis from Ethiopian Demographic and Health
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10 11	4	Demisu Zenbaba ^{*1} , Ahmed Yassin ¹ , Adem Abdulkadir ¹ , Mohammedaman Mama ²
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Abstract **Objective:** The use of substances has become one of the world's most serious public health and socioeconomic issues. Most nations in Sub-Saharan Africa, including Ethiopia, are undergoing significant economic transitions, creating a favorable environment for socially destructive substance use. This study aimed to determine the geographical variation, prevalence, and correlates of substance use among ever-married men in Ethiopia. **Design**: A community-based cross-sectional survey was undertaken from January 18 to June 27, 2016. **Data source**: Data was used from the 2016 Ethiopian demographic and health survey (EDHS). Data extraction and Analysis: Data from the 2016 EDHS was used, and a total of 7793 ever-married men were involved in the analysis. The spatial autocorrelation statistic (Global Moran's I) was used to determine whether substance use was dispersed, clustered, or randomly distributed. A multi-level logistic regression model was used to identify the correlates with substance use, and statistical significance was declared at p-value < 0.05 and 95% CI. **Results:** Of all ever-married men, 72.5% (95% CI 71.5, 73.4%) were currently using at least one of the three substances (alcohol, cigarettes, and chat). The highest hotspot areas of substance use were observed in Ahmara and Tigray regions. The age (AOR = 1.80; 95% CI: 1.32, 2.45), educational status (AOR = 0.64; 95% CI: 0.51, 0.82), occupation (AOR = 1.36; 95% CI: 1.05, 1.76), watching television (AOR = 1.50; 95% CI 1.25, 1.81), and living in the city (AOR = 2.25; 95% CI : 1.36, 3.74) were individual and community-level correlates found to have a statistically significant association with substance use. **Conclusion:** In this study, nearly three-fourths of married men used one of the three substances. Given these findings, it is critical to reducing the problem by improving modifiable individual-level variables such as educational status and reducing substance advertising. Keywords; Ever-married men, Substance use, EDHS, Multilevel, Ethiopia

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50 Strength and limitations of the study

- > This study used a nationally representative large sample size.
- > The study considered the most frequently used substances like alcohol, cigarettes, and chat.
- \blacktriangleright The frequency and dose of substances consumed were not considered in the study.
- > The clinical characteristics and the effects of addiction to these substances were not measured.
- > The extent of substance usage was determined through self-reported.

56 Introduction

The continued use of alcohol, tobacco, chat, caffeine, illegal narcotics, and inhalants with negative consequences is referred to as substance use. Problematic substance use is defined as having a strong desire to use the substance, having difficulty controlling how much or how frequently the substance is used, having urges to use the substance, and continuing to use the substance despite negative consequences [1, 2]. Substance abuse disorder can be caused by genes, drug action, peer pressure, emotional distress, anxiety, depression, and environmental stress [3, 4].

Globally, there are 2 billion alcohol users, 1.3 billion smokers, and 185million drug users [5, 6]. Alcohol and tobacco (cigarettes) are the most commonly used substances across all age groups and contribute significantly to the worldwide burden of diseases [7-10]. Most nations in Sub-Saharan Africa are undergoing significant economic, social, and cultural transitions, creating a favorable environment for increased and socially destructive substance use [11]. Nearly 42% of people in Sub-Saharan Africa used "any substance," with the highest percentage (55.5%) in Central Africa. Males are more likely than females to engage in substance use behavior [7, 12]. Substance uses among young adults is associated with physical and psychosocial problems like fighting, damage, robbery, engaging in unguarded sex, personal injury, medical problems, and impaired relationships with family and friends [13-15].

Substance use has become one of the world's most serious public health problems, with devastating health, socioeconomic, and environmental consequences [5]. Substance use accounts for 5.4% of the global disease burden and is estimated to cost the world 28 million lost years of healthy living (disability-adjusted life years) [16, 17]. Alcohol and tobacco use have also been linked to an increased risk of chronic diseases such as cancer, chronic pulmonary disease, diabetes, accidents, violence, cancer, and liver cirrhosis. On the other hand, Regular chat use causes gingivitis, tooth loss,

gastrointestinal problems, cardiac complications, male impotence, insomnia, and various mental healthissues [16-20].

Prior research conducted in Ethiopia on a small and large scale found that substance use ranged from 23.86 to 62.50% [21-25]. On the other hand, social mobility, accessibility, low wealth, low level of education, lower socioeconomic groupings, increasing age, employment, and stressful life events were factors of substance use (chat, cigarettes, and alcohol). Other motivations for substance use have been discovered, such as improved well-being, excitement, social participation, increased alertness, stress reduction, increased capacity to focus, and addiction [22-28].

Substance abuse endangers people's health and their social and economic well-being [5, 29, 30]. Ethiopia's government implemented a mandatory policy to counteract these dangers and raised taxes on regularly used substances. Alcohol advertising is now forbidden in Ethiopia, according to proclamation No. 759/2012, when the alcohol content exceeds 12% [31]. Even though we have a proclamation to manage substance use, there is still significant difficulty with its execution and limited evidence about the extent of substance use and its correlates. To the best of our knowledge, there is no study on substance usage among Ethiopian ever-married men. Thus, this study was designed to determine the geographical variation, prevalence, and correlates of substance use among ever-married men in Ethiopia using the 2016 EDHS.

96 Methods

36 97 Study setting and design

Bethiopia is Africa's second-most populated country, with 117.7 million people, and is divided into three
metropolitan (city) and nine non-metropolitan regions [32, 33]. According to the 2016 EDHS report,
roughly 61.4 % of the men in the study have ever-married. A community-based cross-sectional survey
was undertaken from January 18 to June 27, 2016 [33].

45 102 Data source and population

This study used data from the 2016 EDHS, specifically the male dataset.

48 104 Sample size and sampling methods
 49

The entire demographic and health survey sample was designed to represent all of the country's regions and administrative cities. In the Ethiopian health and demographic survey (2016), two-phase sample procedures were used, with clusters picked in the first phase and households selected in the second [34]. Every region was divided into two strata: urban and rural. The sample size was then allocated

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using a probability proportional allocation method. The survey included around 645 clusters, with 200 from the urban and 443 from the rural. As a result, the study included a total of 7793 ever-married men, with 1,262 from the urban and 6,531 from the rural. Data collection tool and quality assurance The fundamental three data collection tools for the DHS were adopted from the demography and health survey project. These data collection tools include questions for the household, women, and men [33]. The data for this study came from the men's questionnaire. The data questionnaire was written in

English and then translated into the three main local languages: Amharic, Afan Oromo, and Tigrigna. A
 pretest was conducted before data collection, and all data collectors, supervisors, and quality controllers
 who participated in the surveys received training.

²⁰21 119 **Operational definition**

An ever-married man; is a man who has been married at least once in their life or on the data
 collection date.

- Substance use is defined as a self-report of exposure to at least one of the three substances (alcohol, chat, tobacco) before the interview, irrespective of its dose and frequency (yes/no) [35].
- ²⁹ 124 Study variable and measurements
 ³⁰
- 31 125 Outcome variable

Substance use is the outcome variable with two categories (yes = 1 when a substance is used and no = 0if no substance is used). Substance use was determined to depend on the ever-married men's self-report using a single item for each substance. 'Do you currently smoke or use any other type of tobacco every day, some days, or not at all?' As a result, anyone who reported every day or some days was taken as a current smoker. Chat chewing and alcohol use behaviors were also determined using: 'During the last 30 days, how many days did you chew chat?' and 'During the last 30 days, how many days did you have a drink that contains alcohol?' In both issues, anybody who described at least one day of use in the former 30 days was taken as current chat and alcohol users, respectively [33]. The prevalence of substance use was calculated by dividing the total number of substance users (obtained from a composite score of three substances) by the total number of ever-married men from the 2016 EDHS.

5051 136 Independent variables

The individual and community-level independent variables were included. Individual-level variables
 involve men's current age (15-24, 25-34, 35-44, >=45 years), educational status (no formal education,
 primary, secondary, and above), religion (Christian, Muslim, and others), occupation (employed, not

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employed), a number of living children $(0, 1-2, 3-5, \geq=6)$, wealth index (poor, middle and rich), land ownership (yes, no), housing ownership (yes, no), wife refusing sexual intercourse/sexual incompatibility (yes, no), had any STI (yes, no), ever tested for HIV (yes, no), frequently watching television (not at all, at least once a week), have a bank account (yes, no). Community-level variables include place of residence (urban, rural) and regions recoded into agrarian, pastoralist, and metropolises (city). The agrarian region is obtained by re-coding the Tigray, Amhara, Oromia, and South Nation Nationality People's Republic regions (SNNPR); the pastoralist region involves Afar, Somali, Benishangul, and Gambella regions. The metropolises (city) administration regions include Harari, Addis Ababa, and Dire Dawa. Residents' living stability and social change index were used to combine these regions. The regions considered a city (metropolis) have a greater social change index than other regions. The pastoral regions originated in the lowland areas of Ethiopia, mostly traveling from place to place with their cattle to find grass and water. The agrarian regions originated in the highland area of the country, in which agriculture is the principal work.

²⁶ ²⁷ 153 Data extraction and analysis

STATA software version 14 was used to analyze the data. The weighted samples were employed in data analysis to ensure that the survey results represented national and regional findings. In order to ensure the survey's representativeness by region and account for non-response, data were weighted using the men's data weighting variable (mv005/10⁶) as recommended by the DHS. Using STATA 'svy' function, the analysis was also employed to describe the complex survey design and resilient standard errors (stratification and clustering). Tables and graphs were used to generate and organize descriptive statistics such as frequency and percentage. Individual and community-level variable frequencies were calculated in relation to the outcome variable. The correlates of substance use were identified using a multi-level logistic regression model. At the same time, four models were fitted to estimate the fixed influence of individual and community level correlates and the random effect of cluster fluctuations. First, the null model was run without any correlates. The effect of individual-level correlates on substance use was estimated using the second model. The third model was used to examine the effect of community-level correlates with substance use. Finally, the fourth model was run to estimate the combined effects of individual and community level correlates. The proportional change in variance (PCV) was computed using the community-level variance in the null model as the denominator, which is the proportion of total community-level variance explained by individual and community-level variables. The Intra-Cluster Correlation (ICC) was determined to indicate random effects within a

model [36, 37]. Akaike's Information Criterion (AIC) and Bayesian information criteria (BIC) were used for model selection. Each value of AIC and BIC in all models with the lowest value was considered [38, 39]. The median odds ratio (MOR) was calculated to indicate mysterious cluster heterogeneity [36]. Variables having *P*-value up to 0.25 in the bivariable logistic regression analysis were considered to fit multivariable logistic regression analysis. Variance inflation factor was used to notice multicollinearity within individual-level correlates. The fixed effects of individual and community level correlates on substance use were stated using an adjusted odds ratio (AOR) with 95% confidence intervals (CI). Accordingly, the final model (4th model) was used to designate the combined effect of individual and community-level correlates on substance use among ever-married men. A P-value < 0.05 and an adjusted odds ratio with 95% confidence intervals were considered to declare statistical significance. The moderation analysis was performed to determine whether community-level variables moderated individual-level variables.

Spatial autocorrelation analysis

In this study, the spatial statistics tool used to perform the spatial analysis was ArcGIS Version 10.3; Redlands, California, United States. The spatial autocorrelation statistic (Global Moran's I) was used to determine whether substance use was dispersed, clustered, or randomly distributed. The cluster and outlier analyses were used to examine the spatial heterogeneity of substance use in enumeration areas as high and low. The cold and hotspot areas of substance use were indicated using the Getis-Ord Gi* statistics and related Z-scores. Furthermore, the spatial interpolation analysis, which employs the Kriging ordinary interpolation, was used to forecast the prevalence of substance use for not sampled or unmeasured values from sampled measurements.

- Patient and public involvement
- None.

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8											
9	Results										
0	Socio-demographic characteristics of ev	er-married men									
	The analysis included a total of 7793 ever-married men from the 2016 demographic and health survey										
)2											
13	attended formal education. The Oromia region had about 38% of ever-married men, and 83.8% of them										
)4	lived in rural areas. Most men who had	ever married had three to f	ive living children, and 96.1%								
)5	ever-married men were actively employed	. (Table 1)									
6	Table 1: Socio-demographic character	istics of ever-married me	en in Ethiopia using 2016 D								
,,	(1-7,795)										
[Variables	Weighted frequency	%								
	15-24	566	7.3								
			35								
			32								
			25								
		3284	42								
			40								
	2		17								
		1527	17								
		5076	65								
			34								
		100	1								
		7402	96.1								
	* *		3.9								
		300	3.9								
	0	827	10.6								
			28.8								
			35.6								
		1948	23.0								
		12((17.5								
			17.5								
·			20.8								
ŀ			19.9								
	Richer	1584	20.3								
))))))))))))))))))))))))))))))))))))))	9 0 1 2 3 4 5	 9 Results 9 Socio-demographic characteristics of event The analysis included a total of 7793 event The men's mean age (standard deviation) attended formal education. The Oromia related in rural areas. Most men who had ever-married men were actively employed 6 Table 1: Socio-demographic character (n=7,793) Variables Age of the respondents 	9 Results 0 Socio-demographic characteristics of ever-married men 1 The analysis included a total of 7793 ever-married men from the 201 2 The men's mean age (standard deviation) was 37.3 (\pm 9.7), and 429 3 attended formal education. The Oromia region had about 38% of even 4 lived in rural areas. Most men who had ever married had three to f 5 ever-married men were actively employed. (Table 1) 6 Table 1: Socio-demographic characteristics of ever-married med 7 (n= 7,793) Variables Weighted frequency Age of the respondents 15-24 15-24 566 25-34 2745 35-44 2484 >=45 1998 Educational status 0 No formal education 3179 Secondary and above education 1329 Religion 106 Occupation 106 Decouped 7492 Not employed 7492 Not children 827 One to two children 2247 Three to five children 2771 Six								

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Urban	1262	16.2
Rural	6530	83.8
Region		
Harari	19	0.25
Gambella	21	0.3
Dire Dawa	41	0.5
Afar	59	0.8
Benishangul Gumuz	84	1.1
Somali	208	2.7
Addis Ababa	278	3.6
Tigray	461	5.9
SNNPR	1570	20.1
Amhara	2090	26.8
Oromia	2961	38.0

**traditional religion, "wakefata"*

209 The prevalence of substance use

In this study, one of the three substances, alcohol, cigarette, and chat, was used by 72.5% (95% CI 71.5, 73.4%) of the ever-married men. About 59.6%, 11.8%, and 1.1% of ever-married men used one, two, and all three substances, respectively. Alcohol (48.4%) and chat (31.9%) were the most commonly used substance by ever-married men. Almost two-thirds (73%) of ever-married men aged 25-34 years were using one of the three substances. Married men with no formal education were found to use one of the three substances at a higher rate (78.3%). In contrast, 72.8% of employed married men used one of the three substances. Besides, married men living in rural and agrarian regions used one of the three substances at a similar rate (72%). (Table 2)

38 39 218 Spatial distribution of substance use in Ethiopia 40

The spatial autocorrelation analysis revealed that Ethiopia's spatial distribution of substance use was clustered. The Global Moran's I value of 0.403 (p-value < 0.001) indicated that substance use was significantly clustered in Ethiopia (Supplementary file figures 1 and 2). Clusters with a high proportion of substance use were from Tigray and Amhara regions, whereas clusters with a low proportion of substance use were observed in Sidama (North, West, and East) and Oromia (Southwest), Addis Ababa, Gambella, and Benishangul Gumuz (Fig 1).

In this study, ordinary kriging interpolation analysis was used to predict the prevalence of substance use. Accordingly, high levels of substance use were observed in Amhara, Oromia, Addis Ababa, and

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Somali regions. On the other hand, the low substance use areas were predicted in the SNNP, Sidama,and Somali regions (Fig 2).

229 Hotspot detection of substance use

The highest proportions of substance use among ever-married men were reported from Tigray and Ahmara regions. Similarly, the highest hotspot areas of substance use were observed in Tigray, Ahmara, Addis Ababa, Harari, and Dire Dawa regions. On the other hand, the cold spot area of substance use was seen in Benishangul Gumuz, Gambella, SNNPR, Sidama, and southwest people of Ethiopia regions (Fig 3).

¹⁹ 20 235 Correlates of substance use

We have conducted a multilevel logistic regression analysis using the 2016 EDHS to identify the individual and community-level correlates with substance use. The interclass-correlation in the empty model showed 52.2% variability in the prevalence of substance use among ever-married men recognized to the difference between clusters in the community. Additionally, the variability among clusters in Model II was 50.1%, 48.1% in Model III, and 47.2% in Model IV. The proportion of change in the variance was 41.8% for Model II (individual-level correlates), 45.4% for Model III (community-level correlates), and 56.8% for Model IV (combined individual-and community-level correlates), in which addition of the correlates to empty model well explained within three models, particularly in the final model. In moderation analysis, only the occupation of respondents was significantly moderated by region (Supplementary file 3-6 tables).

Individual level correlates: The odds of substance use were 59 and 80% higher among ever-married men who were in the age category of 25-34 (AOR = 1.59; 95% CI: 1.21, 2.10) and 35-44 (AOR = 1.80; 95% CI: 1.32, 2.45) in relation to men within the age category of 15-24 years old. The ever-married men who had attended secondary and above education were 36% less likely to use substances than men who had no formal education (AOR = 0.64; 95% CI: 0.51, 0.82). The odds of substance use were 34% higher among ever-married men with 3 to 5 living children compared to their counterparts (AOR = 1.34; 95% CI: 1.04, 1.53). The odds of substance use among employed ever-married men were 36% higher than in unemployed men (AOR = 1.36; 95% CI: 1.05, 1.76). The odds of substance use were 76% higher among ever-married men who had a sexual incompatibility with their wives compared to their counterparts (AOR = 1.76; 95% CI 1.43, 2.86). On the other hand, ever-married men who had

ever tested for HIV were obtained to have 43% higher odds of substance use than their counterparts (AOR = 1.43; 95% CI 1.22, 1.68). Similarly, the ever-married men who watched television at least once a week had 50% higher odds of substance use than their counterparts (AOR = 1.50; 95% CI 1.25, 1.81).

Community-level correlates: The odds of substance use among ever-married men living in the metropolises (city) regions were 2.25 times more likely than those living in the agrarian regions (AOR = 2.25; 95% CI: 1.36, 3.74). Besides, there were 65% lower odds of substance use among ever-married men living in the pastoralist region compared to those living in the agrarian regions (AOR = 0.35; 95% CI: 0.24, 0.51). (Table 2 and 3)

 Table 2: Multilevel bivariable logistic regression analysis of substance use among married men in
 Ethiopia using the 2016 EDHS (n = 7793)

Variables	Substanc	e use		P-value	
	Yes, n (%)	No n (%)	COR 95% CI		
Age of the respondents					
15-24	383(67.7)	183(32.3)	1		
25-34	1998(72.8)	748(27.2)	1.62(1.25, 2.10)	< 0.001	
35-44	1818(73.2)	666(26.8)	1.81(1.39, 2.35)	< 0.001	
>=45	1447(72.4)	551(27.6)	1.61(1.23, 2.12)	0.001	
Educational status					
No formal education	2571(78.3)	713(21.7)	1		
Primary education	2186(68.8)	994(31.2)	1.13(0.96, 1.33)	0.157	
Secondary and above education	889(66.9)	440(33.1)	0.89(0.73, 1.10)	0.290	
Religion					
Christian	3548(69.9)	1528(30.1)	1.12(0.91, 1.38)	0.290	
Muslim	2043(78.3)	568(21.8)	1.26(1.04, 1.54)	0.020	
Others	55(51.8)	51(48.2)	1		
Occupation					
Employed	5454(72.8)	2039(27.2)	1.42(1.10, 1.84)	0.007	
Not Employed	192(64)	108(36)	1		
Number of living children					
No children	671(81.1)	157(18.9)	0.99(0.77, 1.27)	0.947	
One to two children	1607(71.5)	640(28.5)	1.04(0.86, 1.25)	0.696	
Three to five children	2038(73.5)	734(26.5)	1.23(1.03, 1.47)	0.021	
Six and above	1331(68.3)	617(31.7)	1		
Wife refusing sexual					
intercourse					
Yes	738(75.5)	240(24.5)	1.64(1.10, 2.04)	< 0.001	
No	4909(72)	1907(28)	1		

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Have any STI					
Yes	125(71.0)	51(29)	0.88(0.50, 1.57)	0.086	
No	5520(72.5)	2096(27.5)	1		
Ever tested for HIV					
Yes	3111(75.5)	1007(24.5)	1.47(1.26, 1.70)	< 0.00	
No	2535(69)	1140(31)	1		
Frequently watching televi	sion				
Not at all	2906(67.6)	1395(32.4)	1		
At least once a week	2741(78.5)	752(21.5)	1.59(1.34, 1.88)	< 0.00	
Have a bank account					
Yes	1783(78)	504(22)	1.29(1.10, 1.55)	0.004	
No	3863(70.2)	1643(29.8)	1		
Wealth index					
Poor	2207(74)	778(26)	1		
Middle	1128(72.7)	423(27.3)	0.96(0.77, 1.19)	0.694	
Rich	2312(70.9)	947(29.1)	1.20(0.98, 1.46)	0.073	
Place of residence					
Urban	946(74.9)	317(25.1)	1		
Rural	4700(72)	1830(28)	0.54(0.38, 0.78)	0.001	
Region					
Agrarian	5117(72.2)	1966(27.8)	1		
Pastoralist	235(63.2)	137(36.8)	0.30(0.21, 0.43)	< 0.00	
Metropolises	294(87)	44(13)	2.12(1.38, 3.26)	0.001	
HIV-Human immunodeficiency virus; STI-Sexually transmitted infection					

Table 3: Multilevel multivariable logistic regression analysis of substance use among ever-

Individual-level

1.63(1.24, 2.15)**

1.89(1.38, 2.57)**

1.84(1.32, 2.57)**

0.99(0.83, 1.18)

0.92(0.74, 1.15)

0.65(0.51, 0.83)**

Model II

variables

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Model I

(null model)

married men by individual and community level correlates from 2016 EDHS data (n = 7793)

Model III

variables

Community-level

Model IV

variables

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Individual and

community-level

1.59(1.21, 2.10)**

1.80(1.32, 2.45)**

1.71(1.22, 2.39)

0.98(0.82, 1.17)

1.02(0.82, 1.29)

0.64(0.51, 0.82)**

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Variables

Age of the

15-24

25-34

35-44

>=45

education

Religion

Christian

Muslim

respondents

Educational status

No formal education

Secondary and above

Primary education

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Others		1.50(0.80, 2.82)		1.50(0.80, 2.82)
Occupation				
Employed		1.42(1.10, 1.84)*		1.36(1.05, 1.76)
Not employed		1		1
Number of living children				
No children		1.54(0.78, 2.85)		1.25(0.90, 1.74)
One to two children		1.35(0.57, 2.56)		1.14(0.86, 1.39)
Three to five children		1.59(1.34, 2.78)*		1.34(1.04, 1.53)
Six and above		1		1
Wife refusing sexual intercourse	\checkmark			
Yes		1.85(1.49, 2.91)*		1.76(1.43, 2.86)
No		1		1
Have any STI				
Yes		0.86(0.48, 1.54)		0.83(0.46, 1.47)
No		1		1
Ever tested for HIV				
Yes		1.44(1.23, 1.70)**		1.43(1.22, 1.68)
No		1		1
Frequently watching television				
Not at all		1		1
At least once a week		1.57(1.31, 1.89)**		1.50(1.25, 1.81)
Have a bank account				
Yes		1.15(0.94, 1.40)		1.12(0.93, 1.37)
No		1	7	1
Wealth index				
Poor		1		1
Middle		0.92(0.73, 1.15)		0.84(0.68, 1.10)
Rich		1.03(0.83, 1.28)		0.89(0.71, 1.11)
Place of residence				
Urban			1	1
Rural			0.93(0.62, 1.40)	1.10(0.70, 1.70)
Region			1	
Agrarian			1	
Pastoralist			0.30(0.21, 0.43)**	0.35(0.24, 0.51)
Metropolises			2.02(1.22, 3.35)*	2.25(1.36, 3.74)
Measure of variation		2 21/0 002	1.07 (0.070) **	1.5((0.070)++
Community level variance (Se)	3.61(0.084) **	3.31(0.083)**	1.97 (0.078)**	1.56(0.079)**
ICC % (95% CI)	52.2(47.9, 56.6)	50.1(45.7, 54.6)	48.1(43.6, 52.5)	47.2(42.7, 51.7)
PCV (%)	Reference	41.8	45.4	56.8
MOR	3.44	2.00	1.88	1.49

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Model selection				
Log-likelihood	-3501.14	-3440.65	-3459.51	-3416.06
AIC	7006.27	6925.31	6929.03	6878.11
BIC	7020.14	7077.85	6963.70	7037.56

271 AIC- Akaike's Information Criterion, BIC- Bayesian Information Criterion, ICC- Intra-Cluster Correlation, 72 PCV -Proportional Change in Variance, SE Standard Error, MOR, median odds ratio; AOR-Adjusted Odds Ratio; *p-value< 0.05, **p-value < 0.001 73

.75 Discussion

76 This study was done to investigate the prevalence and correlates of substance use among ever-married .77 men in Ethiopia using the 2016 EDHS. In this study, the overall one of the three substance use was 72.5%, with 59.6 % using only one substance. This study's finding was slightly higher than those 78 .79 studies conducted in Ethiopia [25] and sub-Saharan Africa [7]. This might be due to the difference in 80 the age of participants, duration of the study, and sample size. Around 12.9% of the respondents were two and above substance users, which is lower than a previous study conducted in Ethiopia [40] and 81 studies conducted in the USA [41], Scotland [42], and United Arab Emirates [43]. The discrepancy in 82 the prevalence of substance use can be explained by the characteristics of the respondents, socio-83 economic status, accessibility of the substances, and social desirability bias. Cigarettes (7.4%), chat 84 (31.6%), and alcohol (47.8%) were the most often utilized substances in ascending order. In terms of 85 chat use, the results were lower than the findings in prior studies conducted in Ethiopia [44-46], Yemen 86 [47], and Uganda [48]. This wide range of results could be attributable to differences in sample size, 87 study duration, and study participant characteristics. 88

.89 On the other hand, the DHS was conducted among a large population and described as an amalgamation of the country's most remote and urbanized locations. Alcohol was one of the most 90 commonly utilized substances in this survey. This finding was in line with research conducted in 91 Ethiopia [23, 49], but it was at odds with findings from Morocco [50], Bangladesh [51], and the United 92 93 States [52], where the cigarette was widely used. The variation could be due to the method employed to measure alcohol use and media advertising, as well as socioeconomic differences. In Ethiopia, there is a 94 95 wide difference in substance use by region. The Amhara and Tigray regions had a greater percentage of substance users (92% vs. 95%, respectively), consistent with earlier findings in Ethiopia [25, 53]. 96

97 On the other hand, the spatial autocorrelation analysis of at least one of the three substance use across the regions was observed as a clustering pattern (Global Moran's I = 0.403, p-value< 0.0001). This 98

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indicates that one of the three substances used in Ethiopia was aggregated in specific areas. Accordingly, the highest hot-spot areas were found in Tigray (central and west), Amhara (central and east), Addis Ababa (central), Harari (west), Dire Dawa (west), and some parts of the northwest Benishangul Gumuz region. Differences in substance usage by geographic region could be attributable to socioeconomic level, culture, and accessibility of substances.

Individual and community-level correlates such as current age of ever-married men, attending secondary and higher education, being employed, the number of living children, sexual incompatibility with their wife, ever tested for HIV, frequently watching television, living in metropolises (city), and pastoralist region was found to have a statically significant correlates based on the multilevel logistic regression analysis. Compared to men between the ages of 15 to 24, the odds of substance use were higher among ever-married men between the ages of 25 to 34. This finding was in line with a previous study conducted in Ethiopia [25, 44, 53, 54]. This could be because the likelihood of substance abuse rises as people live longer and have more life experiences [55, 56]. Secondly, young individuals may be reliant on their families, which lessen the pre-arranged condition for using substances, such as the ability to purchase them. Ever-married men with a secondary or higher education had a lower risk of substance use when compared to men who had no formal education. This finding is comparable to a study in Saudi Arabia [57]. The possible explanation for this finding might be that illiterate men would have a lack of information on the negative consequences of substance use on their health. The probabilities of substance use were higher among employed ever-married males than among jobless men, which is consistent with prior Ethiopian study findings [28, 44]. This may be related to the fact that unemployed people can't afford to buy substances. In the moderation analysis, the occupation was significantly moderated by the community level correlate, which is the region. The extent of association between occupation and substance use was increased due to community level moderator (region). When compared to their counterparts, the odds of substance use were higher among ever-married men who had a sexual incompatibility with their wives. This could be explained by the fact that when there is a sexual incompatibility between two partners, there is a chance that men will use substances to cope with the stress.

Similarly, ever-married males who watched television (TV) at least once a week had a higher risk of substance use than those who did not watch TV at all. This result was in line with a previous study conducted elsewhere.²⁵ This could be because some substances, such as alcohol, are heavily promoted

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in the media (television). Substance use was more common among ever-married men who lived in metropolises (city) regions than those who lived in agrarian regions. Furthermore, ever-married men living in the pastoralist zone had lower odds of substance use than those living in the agrarian regions. This finding was in line with earlier Ethiopian research [44, 58]. Disparities in substance usage by geographical region may be attributable to differences in substance distribution, accessibility, production, marketing, and other cultural elements of Ethiopian men [59, 60].

Despite using a sizable, nationally representative sample, the study has some limitations related to respondents and secondary data. Firstly, as the study is cross-sectional, it is impossible to conclude a causal relationship between the determinants and the outcome variables. Secondly, the study did not consider the frequency, dosage, clinical characteristics and effects of addiction to these substances. Thirdly, the outcome variable was established by asking questions that might have influenced the level of substance use rather than validating blood samples. Besides, substance use could be rejected as the substance use response was based on self-reporting. Thus, our study did not look at all substances; instead, it concentrated on alcohol, cigarettes, and Chat.

343 Conclusion

Despite the aforementioned limitations, nearly three-fourths of ever-married men used one of the three substances. Alcohol was by far the most often used substance. There was a disparity in the prevalence of substance use by geographic region, with Amhara and Tigray having the highest percentages. Individual and community-level correlates such as current age, secondary and higher education, employment, number of living children, HIV testing history, sexual incompatibility with their wife, frequent television watching; living in metropolises(city), and pastoralist regions were found to have a statistically significant relationship with one of the tree substance use. Given these findings, it is critical to lessen the problem by improving modifiable individual-level variables such as educational status, reducing sexual incompatibility with their wife, and reducing substance advertising through mass media.

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362	Not applicable.							
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364	Demographic and Health Surveys in Ethiopia were done after obtaining ethical clearance from Ethiopia							
365	Health and Nutrition Research Institute Review Board, the Ministry of Science and Technology, the							
366	Institutional Review Board of ICF International, and the CDC [28]. The entire procedure of the survey,							
367	with the organization of actions, questionnaire design, data collectors training, supervisors, and all							
368	people involved in the procedure and report writing, were strictly followed. Data were collected after							
369	taking informed consent, and all information was kept confidential. For these detailed research							
370	activities, consent was given by the Demographic and Health Surveys Program project to access 20							
371	EDHS data after evaluation of the submitted summary of the planned study. All the ethical concer							
372	including informed consent, anonymous are followed [28].							
373	Availability of data and materials							
374	The manuscript contains all of the important findings, and all data used for the statistical analysis is							
375	publicly available (www. dhsprogram.com). "Because we used 2016 EDHS data, we are not authorized							
376	to share the data with a third party." Furthermore, the 'Dataset Terms of Use' prohibit us from							
377	distributing this data following data access rules (<u>http://dhs.gov</u>).							
378	Supplementary Files							
379 380	<i>Supplementary file 1 figure</i> : Global Moran's I Summary and dataset information of substance use among married women in Ethiopia, 2016 EDHS.							
381 382	<i>Supplementary file 2 figure</i> : Autocorrelation report of substance use among married women in Ethiopia, 2016 EDHS.							
383	Supplementary file 3-6 Tables: Moderator Analysis (PDF)							
384	Figure Legends							
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3 4	385	Figur	e 1: Cluster and	outlier anal	ysis (Anseli	n Local	l Mor	an's)	of subs	stance	use amoi	ng married r	nen in
5	386	Ethiop	oia, EDHS 20	016. Sour	rce shape	file	of	the	map	was	freely	available	from
6 7 8	387	<u>https:/</u>	https://africaopendata.org/dataset/ethiopia-shapefiles.										
9 10	388	Figure 2: Ordinary interpolation of substance use among married men in Ethiopia, EDHS 2016. Source											
11 12 13	389	shape file of the map was freely available from <u>https://africaopendata.org/dataset/ethiopia-shapefiles</u> .											
14	390	Figure 1: Cold and hotspot analysis of substance use among married men in Ethiopia, EDHS 2016.											
15 16	391 392	Source shape file of the map was freely available from <u>https://africaopendata.org/dataset/ethiopia-</u>											
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Legend:

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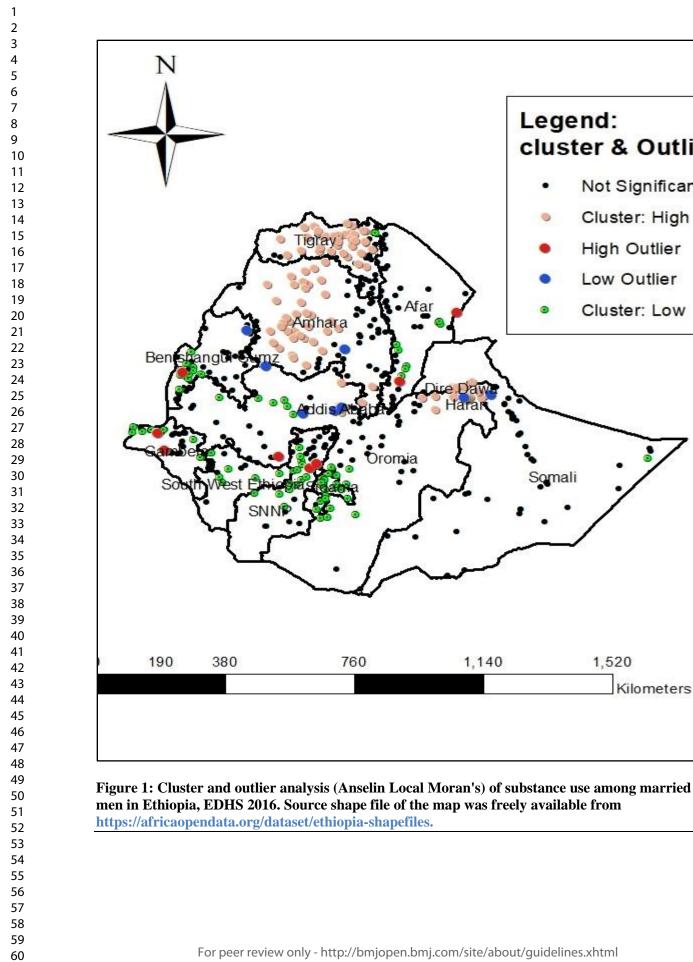
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Cluster: Low





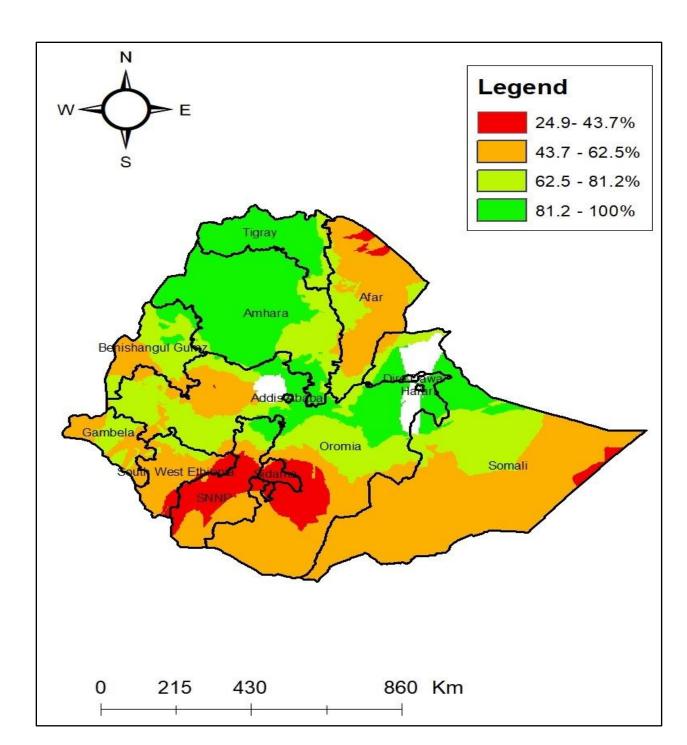


Figure 2: Predictive prevalence of substance use among married men in Ethiopia, EDHS 2016. Source shape file of the map was freely available from https://africaopendata.org/dataset/ethiopia-shapefiles.

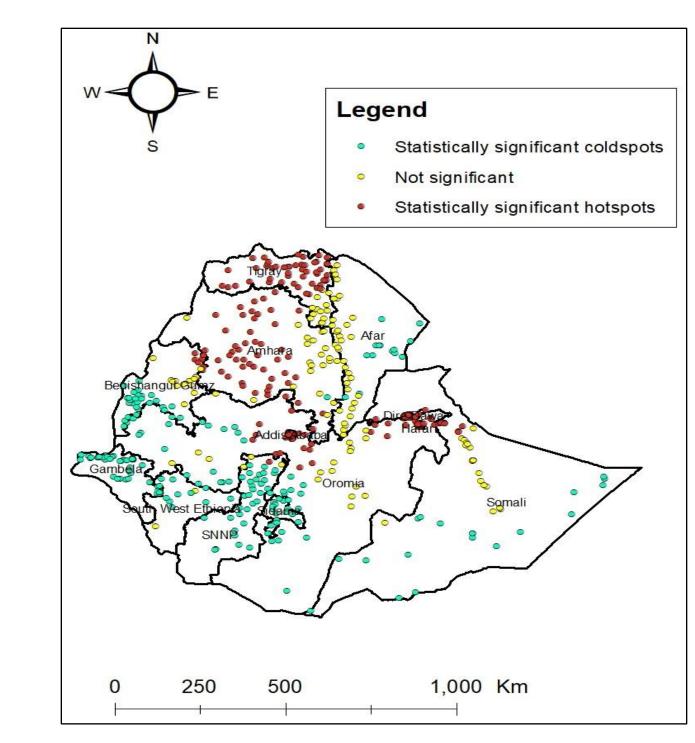
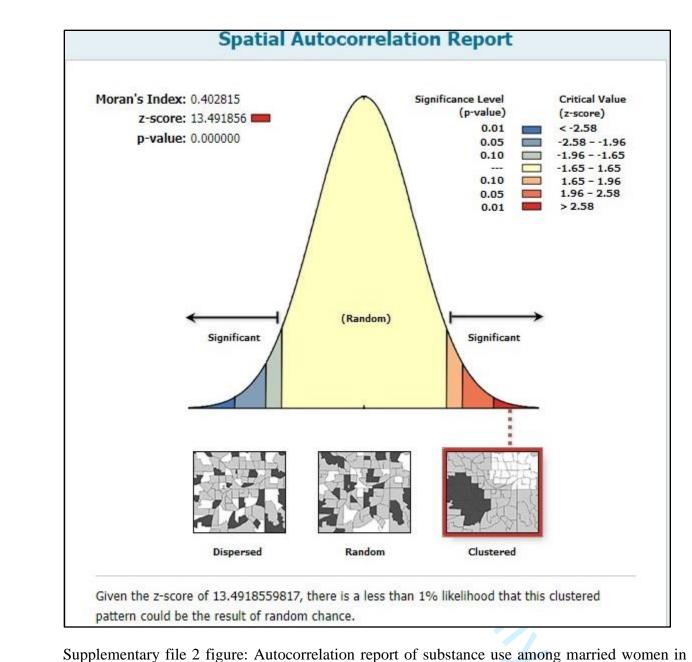


Figure 3: Cold and hotspot analysis of substance use among married men in Ethiopia, EDHS 2016. Source shape file of the map was freely available from https://africaopendata.org/dataset/ethiopia-shapefiles.

	's I Summary
Moran's Index:	0.402815
Expected Index:	-0.001637
Variance:	0.000899
z-score:	13.491856
p-value:	0.000000
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Input Feature Class:	combineddataCopyFeatures
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Supplementary file 1 figure: Global Moran's I Summary and dataset information of substance use among married women in Ethiopia, 2016 EDHS.



Ethiopia, 2016 EDHS.

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	Number of alive child with Region					
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
NOchil_alive						
have 1-2						
children	1.05	0.13	0.38	0.70	0.83	1.32
have 3-5						
children	1.24	0.15	1.81	0.07	0.98	1.57
6 and above						
children	1.01	0.13	0.07	0.95	0.79	1.29
cons	4.36	0.57	11.27	0.00	3.37	5.63
_						
			Δftor	region	is added	1
		standard				A
Variables	odds ratio		z	P-value	95%	CI
NOchil alive		enor	2	r-value	95/0	CI
have 1-2						
children	1.04	0.12	0.34	0.74	0.82	1.32
have 3-5	1.04	0.12	0.54	0.74	0.62	1.54
	1 27	0.15	1.00	0.05	1.00	1.00
children	1.27	0.15	1.99	0.05	1.00	1.60
6 and above	1.00	0.40	0.46		0.00	4.24
children	1.06	0.13	0.46	0.65	0.83	1.36
New_region	0.20	0.00	6.56	0.00	0.24	0.47
Pastoralist	0.30				0.21	0.43
Metropolis	2.16	0.48	3.49	0.00	1.40	3.33
	5.46	0.00	10.57	0.00	2.00	
_cons	5.46	0.88		0.00	3.98	7.47
			Intera	action		
		standard				
Variables	odds ratio	error	Z	P-value	95%	CI
NOchil_alive						
have 1-2						
children	1.05	0.13	0.37	0.71	0.83	1.32
have 3-5						
children	0.94	0.21	-0.26	0.79	0.61	1.40
have 6 and						
above						
children	1.08	0.14	0.61	0.55	0.84	1.3
New_region						
Pastoralist	0.31	0.06	-6.23	0.00	0.21	0.44
	2.42	0.56	3.79	0.00	1.53	3.82
Metropolis						
childNO1 *						

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childNo1 *						
region 2	1.38	0.32	1.37	0.17	0.87	2.18
childregion3	1.00	(omitted)				
_cons	5.29	0.86	10.20	0.00	3.84	7.29
	Number	of clidre	n alive	and pla	ce of resi	sdenc
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
NOchil_alive						
have 1-2						
children	1.05	0.13	0.40	0.69	0.83	1.33
have 3-5						
children	1.27	0.15	2.00	0.05	1.00	1.61
have 6 and						
above						
children	1.05	0.13	0.36	0.72	0.82	1.34
			Intera	action		
Residence						
rural	0.53	0.10	-3.38	0.00	0.37	0.77
_cons	6.63	1.21	10.40	0.00	4.64	9.48
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
NOchil_alive						
have 1-2 childr	1.05	0.13	0.41	0.68	0.83	1.33
have 3-5 childr	1.31	0.17	2.13	0.03	1.02	1.69
have 6 and abo	1.06	0.14	0.44	0.66	0.82	1.36
Residence						
rural	0.51	0.10	-3.45	0.00	0.35	0.75
Nochil_alive *						
residence1	0.88	0.16	-0.74	0.46	0.62	1.24
Nochild_alive						
* Residence 2	1.00	(omitted)				
cons	6.81	1.26	10.34	0.00	4.73	9.79

	Age with	communi	ity level v	ariables		
		standard				
Variables	odds ratio	error	Z	P-value	95	% CI
Age categorized	1.09	0.04	2.37	0.02	1.02	1.18
_cons	3.72	0.51	9.65	0.00	2.85	4.86
	Age	with reg	gions			
	y	standard	[I	
Variables	odds ratio	error	z	P-value	95	% CI
Age categorized						
25-34	2.11	0.49	3.21	0.00	1.34	3.33
35-44	1.77	0.24	4.27	0.00	1.36	2.31
>=45	1.58	0.22	3.3	0.00	1.20	2.07
New_region						
Pastoralist	0.31	0.06	-6.16	0	0.21	0.45
Metropolis	1.91	0.44	2.79	0.005	1.21	3.01
Products of age and re	gion					
Agecat1 * Pastoralist	0.75	0.17	-1.27	0.20	0.48	1.17
Agecat2 * Metropolis	0.70	0.16	-1.52	0.13	0.45	1.11
Ageregio3	1	(omitted)				
_cons	3.851302	0.667324	7.78	0	2.742319	5.408755
		Place o	f resider	nce with		
		standard	h		0	
Variables	odds ratio	error	z	P-value	95	% CI
Age categorized			· ·			
25-34	1.58	0.23	3.11	0.00	1.18	2.10
35-44	1.68	0.25	3.54	0.00	1.26	2.25
>=45	1.51	0.23	2.74	0.01	1.12	2.03
		Interact	ion of age	with pal	ce of resi	dence
Palce of residence						
rural	0.50	0.10	-3.43	0.00	0.34	0.75
agecat1 * residence1	0.74	0.25	-0.89	0.37	0.39	1.43
agecat 2 * residence2	0.83	0.14			0.59	1.16
resiage3		(omitted)		4		
_cons	5.08	1.12	7.36	0	3.30	7.83

Educa	ational status	with region)			
		standard				
Variables	odds ratio	error	z	P-value	95%	CI
primary education	1.13	0.10	1.42	0.157	0.95	1.33
secondary and						
above	0.89	0.09	-1.06	0.29	0.73	1.10
cons	4.71	0.48	15.07	0	3.85	5.76
_	After region ad	ded				
Variables	odds ratio	standard error	Z	P-value	95%	CI
primary education	1.13	0.10	1.42	0.157	0.95	1.33
secondary and	1.15	0.10	1.42	0.157	0.95	1.5.
above	0.89	0.09	1.06	0.29	0.72	1 10
					0.73	1.10
_cons	4.71	0.48		0	3.85	5.76
primary education	1.06	0.09	0.73	0.47	0.90	1.20
secondary and						
above	0.80	0.09	-2.09	0.04	0.65	0.99
New_region						
Pastoralist	0.31	0.06		0.00	0.22	0.44
Metropolis	2.32			0.00	1.50	3.59
_cons	6.16	0.83	13.44	0.00	4.73	8.03
		standard				
Variables	odds ratios	error	Z	P-value	95%	CI
secondary and						
above	0.67	0.15	-1.85	0.06	0.43	1.02
New_region						
Pastoralist	0.29	0.05	-6.62	0.00	0.20	0.42
Metropolis	2.52	0.64	3.66	0.00	1.54	4.14
edu1 * region1	1.08	0.28	0.31	0.76	0.65	1.8
Edu1 * region2	1.42				0.86	2.34
eduregio3		(omitted)				
_cons	6.28		13.43	0.00	4.80	8.2
	0.20	Educational				
Verieblee	odds ratio		Z		95%	
Variables	1.10	standard 0.09		P-value 0.27	0.93	1.30
primary education						
secondary and above	0.81	0.09	-1.95	0.05	0.65	1.00
Place of residence						
rural	0.48	0.09	-3.78	0.00	0.33	0.7
cons	8.05			0.00	5.69	11.3
primary education	1.10			0.26	0.93	1.3
secondary and	1.10	0.09	1.15	0.20	0.93	1.50
	0.79	0.10	1 0 1	0.07	0.60	1.0
above					0.60	1.02
	Educatinal stat		•			
Variables	odds ratio	standard error	17	P-value	95%	

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Place of residence						
rural	0.50	0.10	-3.32	0.00	0.33	0.75
Edu1 * residence 1	1.08	0.21	0.37	0.71	0.73	1.58
Edu1 * residence 2	1.00	(omitted)				
_cons	7.82	1.51	10.68	0.00	5.36	11.41

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		Occupation	with Re	gion		
Variables	odds ratio	standard error	7	P-value	95%	CI
 Occupation	1		2	i value	55/0	<u>.</u>
 Employed	1.42	0.19	2.7	0.007	1.10	1.84
cons	3.46		8.44	0.007	2.59	4.61
			0.44	0	2.39	4.01
 	After region	1				
Variables	odds ratio	standard error	z	P-value	95%	CI
Occupation						
Employed	1.34	0.18	2.25	0.025	1.04	1.74
Region						
Pastoralist	0.31	0.06	-6.36	0	0.22	0.45
Metropolis	2.17	0.48	3.52	0	1.41	3.34
cons	4.58	0.82	8.51	0	3.23	6.50
		Interaction	, n			
		standard				
 Variables	odds ratio	error	Z	P-value	95%	CI
 New_occup						
 yes	0.53	0.20	-1.68	0.093	0.25	1.11
 New_region						
 Pastoralist	0.32	0.06	-6.18		0.22	0.40
 Metropolis	1.96	0.44	3.04	0.002	1.27	3.04
Employed * agrarian	0.34	0.16	-2.27	0.023	0.13	0.8
 Employed * pastoralist	0.33		-2.66	0.008	0.15	0.75
 occuregio3		(omitted)		6		
_cons	11.76	4.74	6.11	0	5.34	25.93
	Occupation	n and place	of resid	dence		
	•	standard				
Variables	odds ratio	error	z	P-value	95%	CI
occupation			L	I -value	<u> </u>	
 Employed	1.45	0.19	2.83	0.01	1.12	1.87
	1.45	0.19	2.05	0.01	1.12	1.0
 Place of residence				┟───┠		
 rural	0.53	0.10	-3.42	0.00	0.27	0.74
					0.37	0.76
_cons	5.26			0.00	3.60	7.70
		Interaction	1			
		standard				
Variables	odds ratio	standard error	z	P-value	95%	CI

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Employed	1.73	0.28	3.35	0.00	1.26	2.38
 Place of residance						
 rural	0.34		-3.49	0.00	0.19	0.63
 rural * Employed	0.61	0.17	-1.80	0.07	0.36	1.05
 resioccu2	1	(omitted)				44.00
 _cons	6.93	1.73	7.74	0.00	4.24	11.32

