

Appendix A for

### Predictors of modern contraceptive use among women and men in Uganda: A population-level analysis

Table A.1 lists the selected predictor variables used in this study. The original DHS categories for each of the variables is listed in the second column. The next column shows how these categories were grouped for use in this study.

Table A.1: Original DHS variable categories and groupings for predictor variables used in this study

Predictor variable	DHS variable categories	Groupings used in this study
Age	15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54 (for men only)	15-24, 25-34, $\geq 35$ years
Highest education level	No education, primary education, secondary education, higher	None, primary education, secondary education or higher
Wealth index*	Poorest, poorer, middle, richer, richest	Poor (poorest, poorer), middle, rich (richer, richest)
Parity	0,1,2,3,4,5,6,7,8,9,10,11,12,13,14	0, 1-3, 4 children or more
Region	Kampala, Central 1, Central 2, Busoga, Bukedi, Bugishu, Teso, Karamoja, Lango, Acholi, West Nile, Bunyoro, Tooro, Ankole, Kigezi	Central (Kampala, Central 1, Central 2), East (Busoga, Bukedi, Bugishu, Teso), North (Karamoja, Lango, Acholi, West Nile), West (Bunyoro, Tooro, Ankole, Kigezi)
Place of residence	Urban, rural	Urban, rural
Religion†	No religion, Anglican, Catholic, Muslim, Seventh Day Adventist, Orthodox, Pentecostal/Born Again/Evangelical, Baha'i, Baptist, Jewish, Presbyterian, Mammon, Hindu, Buddhist, Jehovah's Witness, Salvation army, Traditional, Other	Catholic, Other Christian (Anglican, Seventh Day Adventist, Orthodox, Pentecostal/Born Again/Evangelical, Baptist, Presbyterian, Salvation Army), Muslim, other (No religion, Baha'i, Jewish, Mammon, Hindu, Buddhist, Jehovah's Witness, Traditional, other)
Marital status	Never in union, married, living with partner, widowed, divorced, separated	Unmarried (never in union), married or living together, separated/divorced/widowed

Heard about family planning through the media (TV/radio/newspapers)	No, yes	No, yes
Discussed family planning with a health worker in the last few months	No, yes	No, yes
If distance to the health facility is a problem	No problem, big problem, not a big problem	No (no problem, not a big problem), yes
If getting money for treatment is a problem	No problem, big problem, not a big problem	No (no problem, not a big problem), yes
If getting permission for treatment is a problem	No problem, big problem, not a big problem	No (no problem, not a big problem), yes

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\*The DHS variable wealth index is used as a proxy for socio-economic status, and is a composite measure of a household's cumulative living standard. The wealth index is calculated using easy-to-collect data on a household's ownership of selected assets, such as televisions and bicycles; materials used for housing construction; and types of water access and sanitation facilities (1).

†Religion was grouped as Catholic, other Christian, Muslim, and other to account for the main religious groups (by population proportion) in Uganda (2). Historically, (Roman) Catholics have been considered a distinct group from other Christians (Anglican, Protestant, Presbyterian, etc.)(3) and have different beliefs, particularly around contraceptive use (4, 5).

Table A.2: Spearman's pairwise correlation between variables used in the women's predictive model.

	Age	Highest education level	Place of residence	Region	Religion	Wealth index	No. of children	Marital status	Heard about family planning through media	If distance to a health facility was a problem	If getting money for treatment was a problem	If getting permission for treatment was a problem	Discussed family planning with a health worker
Age	1.00												
Highest education level	-0.23	1.00											
Place of residence	0.03	-0.30	1.00										
Region	0.02	-0.23	0.23	1.00									
Religion	-0.00	0.07	-0.01	-0.05	1.00								
Wealth index	-0.01	0.42	-0.42	0.24	0.08	1.00							
No. of children	0.72	-0.30	0.13	0.04	-0.01	-0.14	1.00						
Marital status	0.49	-0.20	0.07	0.02	-0.01	-0.10	0.59	1.00					
Heard about family planning through media	0.03	0.19	-0.10	-0.10	0.02	0.21	0.00	0.02	1.00				
If distance to a health facility was a problem	0.04	-0.16	0.23	0.12	-0.01	-0.24	0.11	0.07	-0.10	1.00			
If getting money for treatment was a problem	0.09	-0.20	0.13	0.11	-0.05	-0.26	0.12	0.09	-0.11	0.42	1.00		
If getting permission for treatment was a problem	-0.05	-0.05	0.05	0.03	-0.02	-0.07	-0.03	-0.03	-0.06	0.14	0.15	1.00	
Discussed family planning with a health worker	-0.06	-0.02	0.00	0.06	0.02	0.01	-0.09	-0.12	-0.06	-0.00	-0.02	0.02	1.00

Table A.3: Spearman's pairwise correlation between variables used in the men's predictive model.

	Age	Highest education level	Wealth index	No. of children	Region	Place of residence	Religion	Marital status	Heard about family planning through media	Discussed family planning with a health worker
Age	1.00									
Highest education level	-0.07	1.00								
Wealth index	-0.01	0.33	1.00							
No. of children	0.80	-0.12	-0.08	1.00						
Region	-0.00	-0.11	-0.19	0.04	1.00					
Place of residence	0.01	-0.26	-0.39	0.08	0.19	1.00				
Religion	0.01	0.03	0.08	0.00	-0.02	0.02	1.00			
Marital status	0.69	-0.11	-0.09	0.77	0.02	0.06	0.01	1.00		
Heard about family planning through media	0.11	0.21	0.17	0.13	-0.07	-0.09	0.05	0.13	1.00	
Discussed family planning with a health worker	0.14	0.09	0.01	0.18	0.05	0.01	-0.02	0.17	0.15	1.00

**References:**

1. Rutstein S. The DHS Wealth Index: Approaches for Rural and Urban Areas. 2008.
2. Uganda Bureau of Statistics. The National Population and Housing Census 2014 – Main Report. Kampala, Uganda: UBOS; 2016.
3. Pirouet ML. Religion in Uganda under Amin. *Journal of Religion in Africa*. 1980;11(1):13-29.
4. Andi JR, Wamala R, Ocaya B, Kabagenyi A. Modern contraceptive use among women in Uganda: An analysis of trend and patterns (1995-2011). *African Population Studies*. 2014;28(2):1009-21.
5. Orach CG, Otim G, Aporomon JF, Amone R, Okello SA, Odongkara B, et al. Perceptions, attitude and use of family planning services in post conflict Gulu district, northern Uganda. *Conflict and health*. 2015;9(1):24.