

# The Level of Self-Disclosure and Contraceptive Use among Couples in Changamwe Constituency, Mombasa County

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## Abstract

The problem of this study was the high rate of unwanted pregnancies and unsafe abortions despite high contraceptive knowledge and family planning awareness in Kenya. The purpose of the research was to study the level of self-disclosure and contraceptives used by couples in Changamwe constituency. Descriptive survey design was used and a self-administered questionnaire was used to collect data from 269 respondents. It found out that self-disclosure among the couples was average - 52%. The study found out that 55.4% of the respondents used contraceptives while 44.6% did not. On the other hand, 72.9% reported to know of at least one contraceptive method. The common contraceptives used were birth control pills, birth control implants, injectable birth control and the male condom. The study concluded that there was still a wide gap between contraceptive awareness and its use because of the level of self-disclosure.

Keywords: Contraceptive, Self-disclosure, family planning, couples

## 1.0 Introduction

Sharing of personal information increases closeness and positively affects interpersonal relationships and with self-disclosure, couples are likely to bridge the information gap and share more (Tang, Bensman, & Hatfield, 2013). Classic studies of self-disclosure reveal that disclosure of personal information makes people feel closer to each other and it makes a healthy relationship reciprocal as it increases intimacy (Greene, Derlega & Mathews, 2006; Steinberg, 2007; Tang et al., 2013).

However, it is noted that one of the reasons as to why people do not use contraceptives is the fact that they find it embarrassing to talk about it with an intimate partner as well as asking direct questions concerning sex (Wood, 2010). The embarrassment can be eased through self-disclosure (Greene et al., 2006; Lasee & Becker, 1997; Wood, 2010).

Mombasa County has been reported to have a low contraceptive prevalence rate of 29% (KNBS & KEMRI, 2011). For example, a study among women aged 15-19 years indicated lowest contraceptive use of 7.6% as compared to Nairobi, Kisumu, Nakuru and Kakamega (KNBS & KEMRI, 2011; KNBS, 1998; Oindo, 2002).

### 1.1 Problem Statement

As a result of low contraceptive usage, unwanted or unintended pregnancies have continued to be a major reproductive health problem in Kenya despite ((98%) high knowledge of family planning methods (Oindo, 2002; Okech et al., 2011). Given the seeming knowledge -behaviour gap in the usage of contraceptives among the couples in Mombasa County, the study sought to find out the level of self-disclosure among the couples in Changamwe constituency and the types of contraceptive used by the couples.

#### 1.1.2 Objectives of the Study

1. To identify types of contraceptives used by couples in Changamwe constituency
2. To determine the level of self-disclosure among couples in Changamwe constituency

## 2.0 Review of Theoretical Literature

Research on the link between disclosure and health often focuses on the possible health benefits of self-disclosure in coping with negative health problems (Lasee & Becker, 1997). These benefits of self-disclosure on health matters can be linked to the effective use of contraceptives in couples (Derlega et al., 2001). Other studies have also reported that low levels of self-disclosure between spouses reduces the chances of family planning and women with low levels of contraceptive use have reported little spousal disclosure (Lasee & Becker, 1997; Widman, Welsh, McNulty, & Little, 2006).

Despite these benefits, many couples seem unwilling to disclose because of the risks associated with sensitive topics such as contraceptive use (Greene et al., 2006; Littlejohn & Foss, 2008).

### 2.1.1 Social Penetration theory and Communication Privacy Management theory

Social Penetration Theory focuses on the self-disclosure principle because couples have interpersonal communication that allows a relationship to develop from superficial to intimacy or romance before sexual intercourse (Littlejohn & Foss, 2008; West & Turner, 2010).

Communication Privacy Management focuses on the conceptual idea of self-disclosure. The theory explains why people regulate their privacy when disclosing private information (Littlejohn & Foss, 2008). The CPM theory addresses the tension between openness and privacy. Privacy boundaries can range from thin and porous filters to thick, impenetrable barrier that shield deep, dark secrets (Littlejohn & Foss, 2008).

Under Social Penetration Theory, the research focused on costs, rewards, intimacy, openness and reciprocity in relationships while under Communication Privacy Management the study focused on risk control, privacy boundaries, personal vulnerability, independence and closedness as intervening variables. The study focused on the above variables because they all affect disclosure when the costs or rewards are considered.

### 2.1.2 Conceptual Framework

The (figure1) conceptual framework summarizes the relationship between the variables. Based on rewards and costs, couples assess whether to disclose or not. When the cost of disclosing information is higher; based on loss of privacy, increased personal vulnerability, loss of independence and closedness then there will be very little or no disclosure which consequently affects contraceptive use. However, moderating variables (age gap, contraceptive awareness, age of couples, education level, length of the relationship, number of children and marital status) modifies disclosure.

As illustrated in figure 1, self-disclosure takes place when rewards such as reciprocity, prevention of unintended pregnancy, greater openness and increased intimacy are considered by the couples. This leads to the use of contraceptives. However, moderating variables such as age-gap between the couples, age of couples, contraceptive awareness, education level, length of the relationship, number of children and marital status affects self-disclosure.

## 2.1 Review of Empirical Literature

Myo and Tippawan (2008) carried out a research in rural area of Myanmar. There were 444 respondents (222 couples) who were married youths. They found out that higher use of contraceptives was as a result of wives having discussions with their spouses on contraception.

Miller et al. (2009) carried out research on couple's communication on sexual relational issues among the Akamba in Kenya. The research found out that couple freely shared thoughts about family planning and sexuality. The mentioning of topics during sex, monitoring spouse's mood, gradual or indirect revelation raised communication on sensitive topics to be discussed. The research however focused on one community- the Akamba.

Mona and Valente (2002) research in Nepal concurs with the above findings. Data from 1442 women were collected after their exposure to a radio drama. The research found out that spousal communication was associated with family planning.

Lasee and Becker (1997) used 1989 Kenya Demographic Household Survey for analyses to understand the husband-wife communication and family planning. Results showed that approval of family planning depended on communication between wife and husband.

### 3.0 Research Methodology

The research adopted descriptive survey design that gathered quantitative data. Changamwe constituency had a population of 147,613 and the proportion of children below 15 years was 42.5% while 10% of the population was 50 years or older (KNBS, 2010a; Population Reference Bureau, 2011). The respondents were couples in a romantic relationship or married aged 15-49 years. The age bracket was selected because they are sexually active and they are in the childbearing age bracket (Gutmacher, 2012; Population Reference Bureau, 2011). It was not possible to get statistical data of couples aged between 15-49 years therefore; the target population was calculated based on available statistics by KNBS (2010a) and Population Reference Bureau (2011).

To get the target population aged 15-49 years, the researcher had to minus the proportion of children below 15 years (42.5% i.e. 62,735) and the population above 50 years (10% i.e. 14,761) from the population in Changamwe Constituency. The target population was calculated by adding 62,735 to 14,761 and subtracting the sum from the population in Changamwe (147,613).

$$\frac{42.5}{100} \times 147,613 = 62,735 \text{ (population below 15 years)}$$

$$\frac{10}{100} \times 147,613 = 14,761 \text{ (population aged 50 years and above)}$$

$$62,735 + 14,761 = 77,496 \text{ (total population below 15 years and 50+)}$$

$$147,613 - 77,496 = 70,265 \text{ (population aged between 15 to 49 years old).}$$

Sample size formula borrowed from Mugenda & Mugenda (2003) and Kothari (2004).

$$n = \frac{z^2 pq}{d^2}$$

n = the desired sample (if the target population is greater than 10,000)

z = the standard deviate at the required confidence level and it is 1.96 for 95% confidence level (Kothari, 2004).

p = the proportion in the target population estimated to have characteristics being measured

q = 1 - p

d = the level of statistical significance set or confidence level

$$n = \frac{(1.96)^2 \{0.47(0.53)\}}{(0.05)^2}$$

$$\frac{3.8416 \times 0.2491}{0.0025}$$

$$\frac{0.9569}{0.0025}$$

$$n = 382 \text{ respondents}$$

Changamwe constituency had five wards – Airport (1), Port Reitz (2), Chaani (3), Kipevu (4) and Changamwe ward (5). Simple random sampling was used in selecting one ward as the area to provide the respondents for the required sample size. Simple random sampling was then used to select one estate among the four found in Chaani ward - Magongo Kwa Hola (1), Migadini (2) Chaani (3) and Migadini Mwisho (4). Migadini estate was selected and it provided 382 respondents for the study.

Systematic random sampling was then used to select the *Swahili* houses and the gated communities to be included in the study. Systematic random sampling gave everyone an equal chance of being selected for the study thus ensuring representativeness of entire population (Kothari, 2004; Mugenda & Mugenda, 2003; Plooy, 2009). A starting point was identified and every  $n^{\text{th}}$  Swahili house and  $n^{\text{th}}$  gated community was sampled for the study. Every gated community had several house units and each *Swahili* house had homes which ranged from 6-8 homes. All the homes were eligible for inclusion in the study based on convenience sampling. To get the  $n^{\text{th}}$ , a sampling interval should be determined by using the formula below (Plooy, 2009).

$$\frac{\text{Population size}}{\text{Desired sample size}} = \text{sampling interval}$$

However, the above formula was not used because the population of gated communities and *Swahili* houses in Migadini estate could not be determined for the sampling interval to be calculated. This was because a sampling frame of the gated communities and *Swahili* houses was not available. Therefore, the researcher made a decision to select every 4<sup>th</sup> *Swahili* house and 4<sup>th</sup> gated community which ensured that the n<sup>th</sup> was systematically selected as supported by Saifuddin (2009). According to Saifuddin (2009), when no list of population exists or sampling frame is missing, then the researcher makes a decision on the n<sup>th</sup> and the rest of the sample is selected using the predetermined pattern.

A self-administered questionnaire was used to collect data. The questionnaire was pre-tested with 20 respondents (10 couples who comprised of 10 male respondents and 10 female respondents) which represented 5% of the target population ((Mugenda & Mugenda, 2003).

### 3.1 Data Analysis

Classification of data was followed by data entry to allow for the process of summarizing data by using statistical measures through tabulation. A total of 269 valid questionnaires were used in data analysis because a total of 309 questionnaires were returned but only 269 were valid after data cleaning exercise. SPSS version 21 was used in analyzing data and presenting it in table form.

## 4.0 Findings

### 4.1.1 Types of Contraceptives Used by Couples in Changamwe

The study found out that birth control pills, birth control implants and injectable birth control were the most common contraceptives used by the respondents in Changamwe constituency. The respondents also reported to use the male condom and the morning after pill. A very low percentage of the respondents reported to be using the vaginal ring, Intrauterine Contraceptive Device, female sterilization, male sterilization and withdrawal method. However, the research found out that the least widely known methods were emergency contraception, the female condom, and male sterilization.

The research found out that a very high percent (72.9%) of the respondents reported to know at least one modern family planning method. Therefore, contraceptive knowledge and awareness was high among the couples.

### 4.1.2 The Level of Self-Disclosure among Couples in Changamwe

The level of self-disclosure among the couples was above 52%. Self-disclosure was an important factor in this study because several studies have confirmed the importance of communication and adoption of family planning methods in intimate relationships (Greene et al, 2006). This was a reciprocal process where the more one partner disclosed to the other, the more the other partner was willing to do the same as explained under social penetration theory and communication privacy management theory (West & Turner, 2010).

The topic of contraceptives seemed to be sensitive therefore some of the partners were reluctant to let others know of their feelings towards contraception as supported by hidden pane (figure 2). It could also be because of cultural factors such religion and taboos that prevent open dialogue about contraceptives (Kamau, et al., 1996; Wangui, 2013). Average disclosure might be due to fear such as fear of exposure, fear of abandonment, fear of angry attacks, fear of loss of control, and fear of losing one's individuality (Tang et al., 2013). Given these fears and the percentage (22.5%) of the respondents who remained neutral, it was likely that some couples were unwilling to disclose about contraceptives.

Furthermore, the study revealed many couples in Changamwe Constituency disclose. Above 52% of the respondents reported to disclose about themselves as well as the contraceptive use. The level of self-disclosure among the couples (above 52%) can be closely compared to the respondents who reported to use contraceptives at 55.4%. However a low percentage of respondents (40%) disclosed about contraceptives and spent very little time talking about birth control methods. The low percentage of those who spent very little time disclosing about contraceptives to use (44.7%) can be compared to the percentage of those who did not use contraceptives (44.6%).

The study revealed that couples disclosed on personal issues as well as talked about contraceptives. However, the study revealed that very low percentage of couples was honest (39.4%) when disclosing about themselves as well as when disclosing about contraceptives. Apart from not being fully honest, the study revealed that couples spent very little time disclosing about contraceptives (64.3%). With reference to variables in the conceptual framework (loss of privacy boundaries or independence, closedness and increased vulnerability) used in this study, it was evident that couples manage their privacy boundaries based on rewards and costs of disclosing (Littlejohn & Foss, 2008).

The management of privacy boundaries and the need to remain closed as presented in the conceptual framework and CPM might be reasons as to why some couples in Changamwe constituency spent little time disclosing about contraceptives. They do not want to be vulnerable by disclosing information for long periods of time (Wood, 2004).

The above is supported by West and Turner (2010) who said that as intimacy develops, relational couples not only assess the rewards and costs of the relationship at a given moment but also use the information they have gathered to predict the rewards and costs in the future. That is why some couples in Changamwe constituency spent little time talking about contraceptives because they assessed the rewards against the costs of disclosing much about contraceptives, as supported by Social penetration and Communication Privacy Management theories.

The couples were careful about the topic because it was very sensitive and they preferred to avoid it rather than losing independence to their partner (West & Turner, 2010). Tang et al. (2013) posit that when rewards exceed costs in a relationship, couples will be motivated to disclose their attitudes, feelings and behaviours. When the costs of a relationship exceed rewards, couples will cease to disclose and therefore avoid certain topics such as contraceptives (Derlega et al., 2001; Steinberg, 2007).

The study also revealed that a significant number of couples (46.1%) rarely disclosed who they were. With reference to the conceptual framework, some of the partners in Changamwe weigh the cost of increased vulnerability and the aspect of losing independence to the partner. Couples in Changamwe constituency were unwilling to be vulnerable by disclosing particular details such as contraceptive preference and as such their privacy boundaries were impermeable as posited by Communication Privacy Management theory.

However, self-disclosure ensures reciprocity between the partners and as posited by social penetration theory, couples move through various stages (Littlejohn & Foss, 2008). The stable exchange stage allows partners to fully disclose who they are (Littlejohn & Foss, 2008). When couples reach the stable exchange stage, they share highly personal thoughts, beliefs and values thereby increasing the depth and breadth of sensitive topics such as contraceptive use (Irani et al., 2014).

As supported by Tang et al. (2013), who stated that the sensitive information touches on topics that couples would not even think about disclosing and therefore, withhold their inner thoughts and feelings (Derlega et al., 2006; Steinberg 2007; Tang et al., 2013; Wood, 2010). According to Tang et al. (2013) when couples fully disclose who they are, it allows for relationship satisfaction and enables couples to inform each other of their contraceptive needs and preferences instead of keeping it hidden (Widman, 2006).

The revelation that very few couples in Changamwe constituency were honest (39.4%) about self-disclosure is supported by the CPM theory that addresses the tension between openness and privacy between the “public sphere” and the “private sphere” in relationships (Widman, 2006). As a result, couples involved in relationships constantly manage the boundaries between the private and the public, between those feelings they are willing to share and those that they are not (Littlejohn & Foss, 2008).

The study also found out that couples fear talking about contraceptives (58% ) and they also spend very little time talking about contraceptives which is supported by social penetration theory that identified several aspects of self-disclosure that are associated with the development of close relationship (West & Turner, 2010). These include; the number of topics disclosed –topic breadth, how much information is disclosed about a particular topic - topic frequency, how much time is spent talking about a particular topic- topic time, and how intimate the level of disclosure is – topic depth (Derlega et al., 2001; West & Turner, 2010). According to Irani et al. (2014) communication between couples about contraception is positively associated with contraceptive use and negatively associated with large family size. This was because couples do not fear communicating about

contraceptives and issues related to family planning such as ideal family size, fertility and number of children desired (Irani et al., 2014).

Some partners in Changamwe constituency balance between being open or closed with each other in relation to particular topics. Openness-closedness is an important when managing relationships because it brings out the notion of privacy boundaries as explained under CPM (Littlejohn & Foss, 2008). Therefore, partners have to adjust their boundaries when disclosing since it determines how closed or open they want to be with one another.

As a result, couples avoid talking about certain topics such as preferred contraceptives or keep secrets from each other in order to maintain privacy, protect the relationship from dying or lead to disagreement on contraceptive to use as supported by the conceptual framework adopted in this study. The lack of greater openness and closedness under the conceptual framework explains the reasons as to why some partners in a relationship protect their privacy boundaries (Littlejohn & Foss, 2008).

Additionally, sexual communication has been shown to be difficult for couples in part because they fear their partners will react negatively to these discussions (Coleman & Ingham as cited in Widman, 2006). It was perhaps not surprising that partners avoid conflict by not disclosing about contraceptives in Changamwe (Steinberg, 2007; Widman, 2006).

In addition, the study revealed that an average of 22.4% of the respondents remained neutral in relation to self-disclosure and contraceptive use questions. This showed that they were careful about what they disclosed or the topic of contraceptive was an embarrassing or sensitive topic (Steinberg 2007). Alternatively as supported by Derlega et al. (2001) individual differences influence when partners disclose in interpersonal relationship.

Individual traits such as culture, level of education, age, age gap and contraceptive awareness as captured in the conceptual framework might have modified their self-disclosure. In addition, the CPM theory expounds on the management of privacy boundaries as people feel that certain information is supposed to remain private (Steinberg, 2007).

#### 4.1 Conclusions and Recommendations

The study can conclude that the common contraceptives used in Changamwe Constituency were birth control pills, birth control implants and injectable birth control.

The study concluded that self-disclosure among the couples was average. Couples in Changamwe disclosed about personal issues as well as birth control methods (56.9%) However, couples in Changamwe reported to spend little time disclosing about birth control methods. As earlier reported, 64.3% of the couples in Changamwe spend very little time talking about contraceptives although they talked for long periods of time on other issues. The study also found out that 39.4% of the couples were not honest when disclosing.

Couples should be encouraged to disclose and be honest through behavior change campaigns. The campaigns should also encourage couples to be sincere when disclosing about self and preferred contraceptive. Reproductive health communication campaigners should target married couples and romantic friends with messages that encourage them to use particular contraceptives for family planning.

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### APPENDIX A – CONCEPTUAL FRAMEWORK

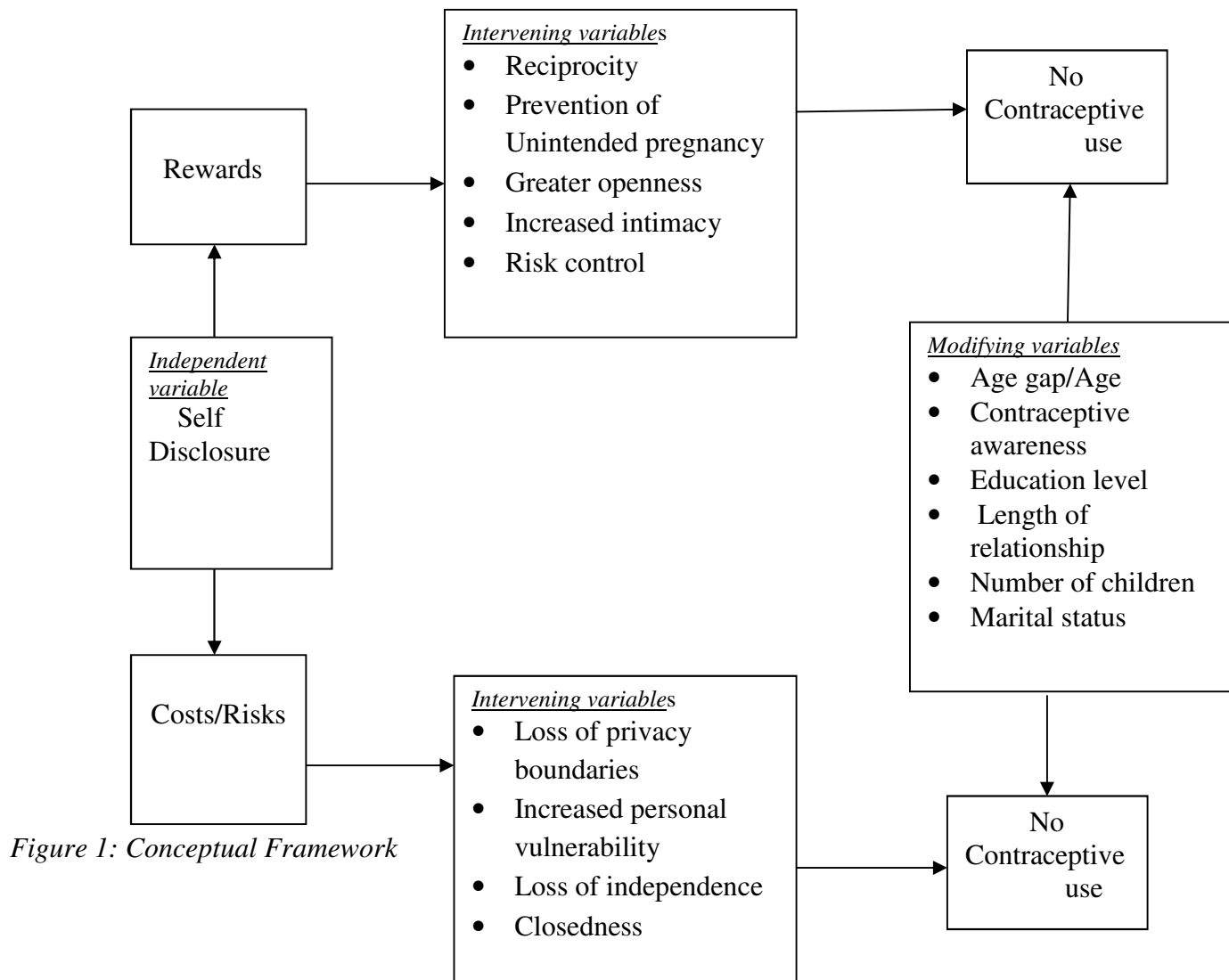


Figure 1: Conceptual Framework

### APPENDIX B JOHARI WINDOW PANE

Open pane	Blind pane
Hidden pane	Unknown pane



## APPENDIX C

*Table 1: Common contraceptive methods used by couples in Changamwe Constituency*

	Frequency	Percent	Valid Percent
Abstinence	23	8.6	8.6
Birth Control pills	173	64.3	64.3
Male condom	196	72.9	72.9
IUD	21	7.8	7.8
Injectable Birth Control	109	40.5	40.5
Female Condom	49	18.2	18.2
Vaginal Ring	5	1.9	1.9
Contraceptive Jelly	1	0.4	0.4
Birth control implants	148	55	55
Female Sterilization	12	4.5	4.5
Withdrawal	28	10.4	10.4
Male sterilization	16	5.9	5.9
Morning after Pill	138	51.3	51.3

*Table 2: Respondents using Contraceptive*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	149	55.4	55.4	55.4
	No	120	44.6	44.6	100.0
	Total	269	100.0	100.0	

## APPENDIX D: LEVEL OF SELF-DISCLOSURE

*Table 3: Couples talk for long periods of time*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Avoided	4	1.5	1.5	1.5
	Strongly agree	88	32.7	32.7	34.2
	Agree	65	24.2	24.2	58.4
	Neutral	57	21.2	21.2	79.6
	Disagree	18	6.7	6.7	86.2
	Strongly disagree	37	13.8	13.8	100.0
	Total	269	100.0	100.0	

*Table 4: Couples talk about personal issues without fear*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	80	29.7	29.7	29.7
	Agree	69	25.7	25.7	55.4
	Neutral	72	26.8	26.8	82.2
	Disagree	41	15.2	15.2	97.4
	Strongly disagree	7	2.6	2.6	100.0
	Total	269	100.0	100.0	

*Table 5: Couples are honest about personal talk*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	43	16.0	16.0	16.0
	Agree	63	23.4	23.4	39.4
	Neutral	96	35.7	35.7	75.1
	Disagree	60	22.3	22.3	97.4
	Strongly disagree	7	2.6	2.6	100.0
	Total	269	100.0	100.0	

*Table 6: Partners rarely talk much about themselves*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Avoided	2	.7	.7	.7
	Strongly agree	59	21.9	21.9	22.7
	Agree	65	24.2	24.2	46.8
	Neutral	76	28.3	28.3	75.1
	Disagree	51	19.0	19.0	94.1
	Strongly disagree	16	5.9	5.9	100.0
	Total	269	100.0	100.0	

*Table 7: Couples talk about the contraceptive to use*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Avoided	2	.7	.7	.7
	Strongly agree	37	13.8	13.8	14.5
	Agree	83	30.9	30.9	45.4
	Neutral	84	31.2	31.2	76.6
	Disagree	44	16.4	16.4	92.9
	Strongly disagree	19	7.1	7.1	100.0
	Total	269	100.0	100.0	

*Table 8: Couples Rarely Talk About Birth Control Methods*

		Frequency	Percent	Valid	Percent
Cumulative					
Percent					
Valid	Strongly agree	84	31.2	31.2	31.2
	Agree	72	26.8	26.8	58.0
	Neutral	77	28.6	28.6	86.6
	Disagree	25	9.3	9.3	95.9
	Strongly disagree	11	4.1	4.1	100.0

*Table 9: Couples feelings are always sincere when talking about birth control methods*

		Frequency	Percent	Valid Percent	Cumulative
					Percent
	Strongly agree	39	14.5	14.5	14.5
	Agree	114	42.4	42.4	56.9
Valid	Neutral	49	18.2	18.2	75.1
	Disagree	36	13.4	13.4	88.5
	Strongly disagree	31	11.5	11.5	100.0
	Total	269	100.0	100.0	

*Table 10: Couples spend little time talking about birth control methods*

		Frequency	Percent	Valid Percent	Cumulative
					Percent
Valid	Strongly agree	55	20.4	20.4	20.4
	Agree	118	43.9	43.9	64.3
	Neutral	55	20.4	20.4	84.8
	Disagree	25	9.3	9.3	94.1
	Strongly disagree	16	5.9	5.9	100.0
	Total	269	100.0	100.0	

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