

The Influence of Self-Disclosure on the use of Contraceptives among Couples in Changamwe Constituency, Mombasa County

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Abstract

The purpose of the research was to study the influence of self-disclosure on contraceptive use among couples in Changamwe constituency. The study adopted descriptive survey design. Multi-stage sampling was used in arriving at the target population in Migadini Estate. A self-administered questionnaire was used to collect data from the 269 respondents. The study found out that self-disclosure influenced contraceptive use because there was a weak but positive significant correlation between self-disclosure and contraceptive use. Pearson's correlation showed that they were correlated, $r(269) = .32, p < .001$. Therefore, behaviour change communication programmes should focus on self-disclosure in order to convince married couples and romantic friends to disclose about their preferred contraceptives.

Keywords: self-disclosure, contraceptive use, correlation

1.0 Introduction

The study sought to find out the influence that self-disclosure had on contraceptive use in Changamwe constituency. This is because previous studies have shown a connection between self-disclosure and contraceptive use. The studies show that spouses who disclose to each other, are more likely to use contraceptives as compared to those who do not (Mona & Valente, 2002; Widman, 2006). Additionally, 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 (Ashraf & Becker, 1997; Widman, Welsh, McNulty, & Little, 2006). The correlation between self-disclosure and the issue of sensitive topics such as contraceptive use is of great concern considering the assessment of the benefits and costs.

However, 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). Another study by Njoki (2012) showed that Mombasa County has the lowest percentage of family planning use among the urban poor women -23% - and the urban rich women at 28% as compared to Kisumu, Nairobi and Machakos. In informal settlement of Mombasa a survey indicated that only 35% of married or in union women aged 15-49 years were using modern methods of contraceptives (KNBS, 2010b). It appears that there is low contraceptive usage in spite of the fact that Kenyans are reported to have high (98%) contraceptive knowledge (KNBS, 2011; Lasee & Becker, 1997; Oindo, 2002; Okech et al., 2011).

1.1 Problem Statement

As reported above, low usage of contraceptive can lead to unwanted pregnancies and unsafe abortions (APHRC, 2013; Guttmacher Institute, 2012b; KNBS & KEMRI, 2011; KNBS, 1998; Oindo, 2002). Given the seeming knowledge-behaviour gap in the usage of contraceptives among the couples in Mombasa, this study sought to find out the influence that self-disclosure might have on the couples' behaviour. Therefore, the study was carried out in Changamwe constituency of Mombasa County.

1.1.1 Objective of the study

To examine the extent to which self-disclosure influenced contraceptive use among couples in Changamwe constituency.

1.1.2 Statement of Hypotheses

H_0 : There is no significant correlation (at $\alpha = .05$) between self-disclosure and contraceptive use among couples in Changamwe constituency ($r = 0$).

H_a : There is a significant correlation (at $\alpha = .05$) between self-disclosure and contraceptive use among couples in Changamwe constituency ($r \neq 0$).

2.0 Review of Theoretical Literature

Self-disclosure is the act of revealing personal information about ourselves that others are unlikely to discover in other ways (Derlega, Winstead, & Greene, 2001; Steinberg, 2007; Tang et al., 2013; Wood, 2010). This information touches on sensitive topics that one would not even think about discussing with particular people (Wood, 2010). This study picked on the principle of self-disclosure under social penetration theory because

couples disclose as they develop their relationship from superficial stage to intimacy stage. As couples disclose, they consider what to say by weighing the rewards against the risks (Littlejohn & Foss, 2008).

2.1 Theories

The study used two theories: Social Penetration Theory that focuses on how relationships develop from superficial levels to intimacy in the process of self-disclosing. The second theory was Communication Privacy Management theory which explains how people regulate their privacy when disclosing information (Littlejohn & Foss, 2008; West & Turner, 2010). The two theories were used because they are both based on the principle of self-disclosure. Social Penetration Theory deals with the development of relationship through self-disclosure while Communication Privacy Management explains how disclosure is affected when people regulate their privacy boundaries in a relationship (Littlejohn & Foss, 2008; West & Turner, 2010). The theory addresses the tension between openness and privacy between the “public sphere” and the “private sphere” in relationships. As a result, individuals involved in relationships are constantly managing the boundaries between the private and the public.

2.1.1 Self-Disclosure and Relationships

At the beginning of a relationship, there is greater disclosure which gradually increases when couples move from superficial to intimate levels (Derlega et al., 2001). As the relationship develops, there is a gradual widening of information being shared, but self-disclosure gradually slows down as it moves to more private and intimate topics. Although self-disclosure is assumed to be linear, there are some topics that are perceived to be too personal and off limits therefore, they are closed (Derlega et al., 2001; Tang et al., 2013).

Therefore, these couples have to adjust their boundaries when self-disclosing since it determines how closed or open they want to be with one another. Consequently, couples are expected to avoid talking about certain topics or keep secrets from each other in order to maintain privacy or protect the relationship from dying (Derlega et al., 2001). With openness-closedness, it is assumed that self-disclosure declines in the same manner as a relationship deteriorates because there is a linear relationship between self-disclosure and personal relationship (Greene et al., 2006).

In marital relationships, couples who disclose a lot are likely to receive high disclosure as compared to those who disclose little and partners in a closed relationship might not reciprocate self-disclosure in a single episode (Tang et al., 2013).

2.2 Review of Empirical Literature

Ashraf and Becker (1997) used 1989 Kenya Demographic Household Survey for analyses to understand the husband-wife communication and family planning. The research based its analyses on 1,026 currently married couples in which the women were in their first union. Results showed that approval of family planning through communication of wife and husband explained contraceptive use. However, the study used secondary data and focused on married women in their first union.

Myo and Tippawan (2008) carried out a research in rural area of Myanmar. There were 444 respondents (222 couples) who were married youths. The study found out that higher use of contraceptives was as a result of wives having discussions with their spouses on contraception. The study focused on married youths in rural areas while this present study focused on urban population and married couples who were supposed to use contraceptives in family planning and not the married youths only.

In 2005 Maharaj and Cleland conducted a household survey in KwaZulu-Natal, South Africa. The survey interviewed 238 couples independently. The research concluded that despite high contraceptive knowledge, the level of contraceptive use was 8% among men and 11% among the women. The study did not consider the role of communication and contraceptive use.

Communication Privacy Management has been applied in various studies such as; the study that explored the link between individuals and organizations regarding privacy. Drawing on CPM theory, Xu, Tamara, Smith, and Hart's study of 2011 suggested that individual's privacy concerns form cognitive process involving perceived risk, privacy control and his or her value to privacy. The study found out that individuals in an organization are likely to disclose more if the privacy policies of the organization assures them of risk control (Xu et al., 2011).

McCarthy's study of 2009 on social networking, applied Social Penetration Theory while studying Facebook. It found out that users are able to determine their level and degree of self-disclosure by setting their privacy settings. People achieve breadth by sharing surface information while developing intimate relationship with great depth by sending private Facebook messages and creating closed group.

3.0 Research Methodology

The research adopted descriptive survey design that gathered quantitative data. Changanwe 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, 2012a; 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^{th} Swahili house and n^{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^{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 4th *Swahili* house and 4th gated community which ensured that the n^{th} 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^{th} and the rest of the sample is selected using the predetermined pattern. A self-administered questionnaire was used to collect data.

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 and coding exercise. SPSS version 21 was used in analyzing data and presenting it in table form. Pearson's correlation was run to determine the influence of self-disclosure on contraceptive use hence tested the hypotheses.

4.0 Findings and Interpretation of Data

4.1 Correlations between Self-Disclosure and Contraceptive Use

The section deals with correlation between self-disclosure and contraceptive use in relation to depth of disclosure, duration of disclosure, frequency of disclosure and sincerity of couple's disclosure.

4.1.1 Depth of Disclosure

Pearson's correlation was run to determine the relationship between contraceptive use and couples intimacy of disclosure about contraceptive. There was a weak positive correlation between intimacy of disclosure and contraceptive use. As shown in table 1, contraceptive use and couples' intimacy (depth of disclosure) were significantly correlated, $r(269) = .20, p = 0.001$. Couples should be encouraged to be intimate when disclosing about family planning methods because they were positively associated.

4.1.2 Duration of Self-Disclosure

Pearson's correlation was run to determine the association between duration of self-disclosure and contraceptive use. Table 2 shows that there was a weak positive correlation between the duration of self-disclosure and contraceptive use and it was very significant at $r = .32$. They were correlated, $r(269) = .32, p < .001$. This meant that when couples spent a lot of time disclosing about self and contraceptives, then they are likely to use contraceptives.

4.1.3 Frequency of Disclosure

According to table 3, Pearson's correlation was run to determine the frequency of disclosure on contraceptives and their use. There was a positive correlation; they were weakly correlated but significant, $r(269) = .14, p = .02$. It shows that couples should frequently disclose about the contraceptive to use for family planning. According to the table, there was a negative correlation between not disclosing frequently about contraceptives methods and preferred contraceptive, $r(269) = -.53, p < .001$. It was very significant. According to table 3 frequency of disclosure was important when disclosing about family planning methods because they were positively correlated.

4.1.4 Sincerity of Disclosure

As shown in table 4, Pearson's correlation was run to determine the association between contraceptive use and couple honesty when disclosing. They were positively correlated, $r(269) = .22, p < .001$.

However, many couples were not honest when disclosing hence it affected the contraceptive to use. Pearson's correlation showed that contraceptive use and couples sincere feelings when disclosing about birth control methods were weakly correlated but not significant, $r(269) = .043, p = .486$. The weak correlation however showed that couples should be encouraged to be honest when disclosing about family planning methods.

It can be concluded that there was a weak positive correlation between contraceptive use and self-disclosure and the relationship was significant therefore the null hypothesis was rejected after running the Pearson's correlation. Pearson's correlation showed that they were correlated, $r(269) = .32, p < .001$.

4.2 The Extent to Which Self-Disclosure Influences Contraceptive Use among Couples

The study found out that self-disclosure correlated with contraceptive use. Couples who reported to disclose about themselves and personal issues were more likely to use contraceptives for family planning. On this basis the null hypothesis was rejected after running Pearson's correlation. However, the study did not show causal relationship between self-disclosure and contraceptive use among the couples in Changamwe constituency. Other studies support the above finding that spouses who communicate with each other are more likely to use contraceptives as compared to those who communicate less often (Mona & Valente, 2002; Tang et al., 2013; Widman, 2006).

Irani et al.'s study (2014) found out that couples in which both partners reported disclosure about contraceptives had greater possibility of contraceptive use for family planning than couples that reported no spousal communication on contraceptives. Therefore, to understand contraceptive behavior in a union, it is important to examine the self-disclosure that goes on between the spouses (Irani et al., 2014; Lasee & Becker, 1997).

The study revealed that the duration of couples' self-disclosure determined contraceptive use. This was as a result of couples disclosing about themselves for long periods of time. For couples who did not disclose or

rarely talked about contraceptives, they were unlikely to use contraceptives for family planning. According to Tang et al. (2013) the duration of disclosure gives the couples the opportunity to be intimate hence they can discuss sensitive topics. In addition, social penetration theory explores the idea of breadth and depth. Couples in Changamwe should consider the breadth of their discussion and the depth of a particular topic (West & Turner, 2010). The breadth and depth allows partners in a relationship to disclose on one or more topics related to contraception (Derlega et al., 2001; West & Turner, 2010). Ochako and Mbondo (n.d) found out that barriers to contraceptive use among couples include lack of agreement on contraceptive use because both of them have their preferred methods of contraception therefore they are unable to disclose and agree because of lack of communication.

According to CPM theory, boundaries can be permeable by sharing or revealing more about self. The same is supported by social penetration theory that explains the concept of reciprocity (West & Turner, 2010). Reciprocity works on the principle of both partners being able to disclose to each other. If one partner discloses then the other partner reciprocates hence the process of negotiating and sharing information flows freely between the partners (Tang et al., 2013).

In relation to socio-demographic characteristics, the study found out that there was a weak negative correlation between partners' age difference and contraceptive use, $r(269) = -.072$, $p = .24$. This showed that when partners' age difference increased the likelihood of them using contraceptives for family planning reduced. According to Darroch, Landry, and Oslak's study (1999), having an older partner is associated with lower rates of contraceptive use, abortion and unintended pregnancy. Luke's study (2005) found out that age differences in a relationship were associated with unsafe sexual behaviour because of economic differences. Therefore as found out in this study age differences between partners in a relationship was associated with low contraceptive use for family planning.

Table 5 also shows that age of respondents and contraceptive use were negatively correlated and significant, $r(269) = -.18$, $p = .003$. This showed that when couples got older, the likelihood of using contraceptive reduced. The findings are supported by Ashraf and Becker (1997) who found out the desired number of children among older couples determines the use of contraceptives for family planning.

On the other hand, the number of children and preferred contraceptive were positively correlated but significant, $r(149) = .33$, $p < .001$. This showed that when the number of children increased, partners were more likely to use contraceptive for family planning and as supported by Oluwasanmi et al. (2011) study which concluded that the number of siblings in a relationship was a barrier to contraceptive use if they were fewer. This can be interpreted to mean that with an increase in the number of children; couples were more likely to use contraceptives. Ashraf and Becker (1997) found out that the couple's number of living children was significantly related to contraceptive use. The desire for children and ideal family size was associated with partners' approval of family planning (Ashraf & Becker, 1997).

According to table 5, the study revealed that education level of respondents was positively correlated to contraceptive use, $r(269) = .072$, $p = .24$ but not significant. This showed that respondents with high level of education were more likely to use contraceptives as compared to those with low level of education. According to Oluwasanmi et al. (2011) education level is positively associated with family planning. Ashraf and Becker (1997) found out that education level of both partners in a relationship is positively associated with contraceptive use. In addition, the study found out that when the female partner has high knowledge than the male partner then she is likely to have more control in use of contraceptive use (Ashraf & Becker, 1997).

Additionally, table 5 shows that monthly total income positively correlated with contraceptive use, $r(269) = .070$, $p = .39$ but not significant. Therefore, couples who had a higher income were more likely to use contraceptive for family planning than those who earned less. In a descriptive of study of 110 women by Ayoola, Zandee, Johnson, and Pennings (2014) it was found that many of the low-income women from medically underserved neighborhoods did not use contraceptives and of those who used contraceptives, the majority used the least effective methods. The above is supported by Kumar et al. (2010) found out that the low-income urban population is aware of the importance of limiting the family size and has family planning facilities yet has less contraceptive usage because of low level of education, increased rate of discontinuation, and lack of proper knowledge of the use of contraception (Kumar et al., 2010).

The table also shows that shows that duration of couples relationship and contraceptive use are not correlated, $r(269) = .044$, $p = .48$. This means that the length of the relationship did not influence contraceptive use for family planning between the partners. The Rubin, Hill, Peplau, and Dunkel-Schetter study (as cited in Tang et al., 2013) found out that there was very minimal correlation between duration of relationship and contraceptive use (.23 for men and .23 for women). This can be interpreted to mean that the duration of couple's relationship was not correlated to contraceptive use. Therefore, it can be concluded that length of the relationship did not determine contraceptive use for family planning.

4.3 Conclusions and Recommendations

It can be concluded that there was a weak positive correlation between contraceptive use and self-disclosure and the relationship was significant therefore the null hypothesis was rejected after running the Pearson's correlation. The study revealed that couples who disclosed about contraceptives were more likely to use their preferred contraceptive for family planning. This showed that couples should spend more time disclosing about birth control methods and conversations on contraceptives should be encouraged. In addition to the above, the depth of disclosure, the frequency of disclosure, the duration of disclosure and sincerity of disclosure were important because it improves intimacy. With increase in intimacy, the partners were likely to be sincere with sensitive topics because the breadth and depth of self-disclosure improved in the relationship.

Therefore, behaviour change communication programmes should focus on self-disclosure in order to convince married couples and romantic friends to disclose about their preferred contraceptives. Couples should be encouraged to spend more time disclosing about family planning methods

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Table 1: Depth of Self-Disclosure versus Contraceptive Use

		Contraceptive Use	Couples conversation determines use of birth control method
Contraceptive Use	Pearson Correlation	1	.187**
	Sig. (2-tailed)		.002
	N	269	269

Table 2: Duration of Self-Disclosure versus Contraceptive Use

		Couple's Preferred Contraceptive	Couples talk for long periods of time	Couples spend little time talking about birth control methods	Contraceptive Use
Couple's Preferred Contraceptive	Pearson Correlation	1	.107	-.339**	-.083
	Sig. (2-tailed)		.196	.000	.313
	N	149	149	149	149
Couples talk for long periods of time	Pearson Correlation	.107	1	.083	.332**
	Sig. (2-tailed)	.196		.177	.000
	N	149	269	269	269

Table 3: Frequency of Self-Disclosure versus Contraceptive Use

		Contraceptive Use	Couples often talk about birth control methods	Couples rarely talk about birth control methods
Contraceptive Use	Pearson Correlation	1	.142*	-.053
	Sig. (2-tailed)		.020	.389
	N	269	269	269
Couples often talk about birth control methods	Pearson Correlation	.142*	1	-.339**
	Sig. (2-tailed)	.020		.000
	N	269	269	269
Couples rarely talk about birth control methods	Pearson Correlation	-.053	-.339**	1
	Sig. (2-tailed)	.389	.000	
	N	269	269	269

Table 4: Sincerity of Self-Disclosure versus Contraceptive Use

		Contraceptive Use	Couples feeling always sincere when talking about birth control methods	Couples are honest about personal talk
Contraceptive Use	Pearson Correlation	1	.043	.223**
	Sig. (2-tailed)		.486	.000
	N	269	269	269
Couples feeling always sincere when talking about birth control methods	Pearson Correlation	.043	1	.034
	Sig. (2-tailed)	.486		.578
	N	269	269	269
Couples are honest about personal talk	Pearson Correlation	.223**	.034	1
	Sig. (2-tailed)	.000	.578	
	N	269	269	269

Table 5: Socio-Demographic Factors

	Couple's Contraceptive	Preferred	Contraceptive Use
		-.020	-.179
Age of Respondents	.812	.003	
	149	.269	
Number of children	.326	.053	
	.000	.390	
	149	.269	
Education level of respondents	.110	.072	
	.183	.241	
	149	.269	
Monthly total income	.070	.070	
	.396	.255	
	149	.269	
Duration of Relationship	.092	.044	
	.263	.471	
	149	.269	
Couples Age Difference	-.072	-.072	
	.382	.242	
	149	.269	

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