Socio-Cultural Determinants of Attitudes Towards Contraceptive Use Among Female Undergraduates in Tertiary Institutions in the Southern Senatorial District of Plateau State

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Abstract
Female undergraduates in transitional academic environments often navigate reproductive decisions within complex socio-cultural contexts that extend beyond clinical considerations. In the Southern Senatorial District of Plateau State, contraceptive choices are shaped by cultural expectations, stigma, and competing social influences. The study aims to assess how socio-cultural factors shape contraceptive attitudes among female undergraduates. Specifically, it examines religious beliefs, peer group dynamics, and parental expectations as determinants of attitudes, perceptions, and willingness toward modern family planning. The study is anchored on the Theory of Planned Behaviour, Health Belief Model, Social Cognitive Theory, and Diffusion of Innovations, providing a multidimensional explanatory framework. Adopting a cross-sectional descriptive survey design, data were collected from 382 respondents selected through a multistage sampling technique. A structured questionnaire with established reliability guided data collection, while regression and Chi-square analyses were conducted at a 0.05 significance level. Findings revealed that religious beliefs significantly influence attitudes toward contraceptive use, with doctrinal interpretation playing a central role. Peer group dynamics and parental expectations also showed strong, positive, and significant effects on perception and willingness respectively. The study concludes that contraceptive decisions are socially constructed and deeply influenced by cultural, emotional, and relational factors. It further establishes that effective interventions must integrate cultural sensitivity and social realities into reproductive health strategies. It is recommended that institutions adopt culturally responsive programs, promote peer education, and strengthen parent-student communication to improve informed contraceptive decisions. These measures will enhance awareness, reduce misconceptions, and support safer reproductive health outcomes overall.

Keywords: *Contraceptive attitudes, Family expectations, Peer influence, religious beliefs, sociocultural factors*

Introduction

The transition into tertiary education marks a critical developmental phase where female undergraduates navigate newfound autonomy regarding their reproductive health. In the Southern Senatorial District of Plateau State, this journey is frequently mediated by a complex web of cultural heritage and social expectations. While modern contraceptives offer a pathway to bodily autonomy and academic continuity, their adoption is rarely a purely clinical decision. Instead, it is deeply embedded in the sociological fabric of the community. Research suggests that youthful populations in North-Central Nigeria often face a dichotomy between modern health information and traditional values (Obasohan, 2015). These undergraduates coexist in an environment where peer dynamics and academic aspirations may conflict with deeply rooted communal norms. Furthermore, the stigma associated with premarital sexual activity often colors the perception of contraceptive efficacy and morality (Sanni et al., 2023). Understanding these perceptions is vital, as negative attitudes can lead to unintended pregnancies, which significantly contribute to high dropout rates among female students in Nigeria. Consequently, exploring how socio-cultural factors shape these attitudes is essential for developing interventions that are both culturally sensitive and medically sound. By centering the voices of these young women, this study seeks to bridge the gap between reproductive health availability and actual psychological acceptance.

Problem Statement/Justification

Despite the increasing availability of family planning services in Nigeria, contraceptive prevalence remains alarmingly low among female undergraduates in Plateau State's Southern Senatorial District. The core of the problem lies in the persistent barrier created by socio-cultural gatekeeping, which fosters misinformation and fear regarding long-term fertility. Many young women continue to rely on withdrawal or rhythm methods due to a culturally nurtured distrust of modern hormonal options (Akinbajo et al., (2024). This reliance on ineffective methods has resulted in a surge of clandestine abortions and health complications, jeopardizing the academic futures of many promising students. Furthermore, current institutional health programs often overlook the influence of indigenous belief systems and religious dogmas that categorize contraception as a deviation from moral purity (Fatuyi, et al (2024). There is a pressing need to justify this study because localized data is scarce; most reproductive health policies are formulated using broad national statistics that ignore the unique socio-cultural nuances of Southern Plateau. Without specific insights into how ethnic identity and social hierarchy dictate health choices, public health campaigns will continue to miss their mark. Therefore, this research is justified as a necessary step toward reducing maternal morbidity and empowering female students through informed, culturally aligned reproductive agency.

Aim and Objectives of the Study

The study aims to assess how socio-cultural factors shape contraceptive attitudes among female undergraduates. Specifically, the study will:

(i) Examine the influence of religious beliefs on the attitudes of female undergraduates toward contraceptive use.

(ii) Evaluate the impact of peer group dynamics on the perception of contraceptive methods among students.

(iii) Determine how parental and familial cultural expectations affect the willingness of female undergraduates to adopt modern family planning.

Research Questions

(i) To what extent do religious beliefs influence the attitudes of female undergraduates toward contraceptive use?

(ii) How do peer group dynamics and social circles impact the perception of contraceptive methods among female students?

(iii) In what ways do parental and familial cultural expectations affect the willingness of female undergraduates to adopt modern family planning?

Research Hypotheses

H_1: There is no significant relationship between religious beliefs and the attitudes of female undergraduates toward contraceptive use.

H_2: Peer group dynamics do not significantly impact the perception of contraceptive methods among female students.

H_3: parental and familial cultural expectations have no significant effect on the willingness of female undergraduates to adopt modern family planning.

Literature Review

Religious Doctrines and Contraceptive Acceptance

The interplay between religious teachings and reproductive health is a primary determinant of contraceptive attitudes among female undergraduates. In Nigeria, religious leaders wield significant influence, often serving as moral gatekeepers whose interpretations of sacred texts shape communal norms. Research by Adedini et al. (2018) indicates that while exposure to positive family planning messages from religious leaders can increase contraceptive uptake, deep-seated doctrinal opposition remains a formidable barrier. Many students perceive modern contraception as an interference with "divine will," a sentiment often reinforced by specific denominational teachings that link moral purity to the avoidance of artificial reproductive aids. This "particularized theology" suggests that attitudes are not merely a result of being religious, but are specifically moulded by the nuances of the teachings provided within one's faith community. For female undergraduates in the Southern Senatorial District, where religious identity is a core social pillar, these spiritual convictions often override clinical knowledge, leading to a psychological conflict between academic goals and religious faithfulness.

Peer Dynamics and Information Sourcing

For many female undergraduates, peer groups serve as the primary source of sexual health information, often surpassing formal health services in terms of influence. Peer education programs have demonstrated that when students share reproductive health knowledge, it can lead to a significant positive shift in attitudes and perceived self-efficacy regarding safe sex (Nmadu et al, 2024). However, this influence is a double-edged sword; while supportive peers can encourage the use of protection; social circles characterized by misinformation can propagate myths about infertility and health risks. In many tertiary institutions, the fear of being labelled "promiscuous" by peers can lead to the rejection of modern contraceptives in favour of less effective, "discreet" methods. This social pressure creates a environment where the perceived stigma within the peer group dictates health behaviours more than the actual availability of services. Consequently, the social hierarchy and desire for peer acceptance within the university setting play a pivotal role in shaping whether a student adopts a positive or negative stance toward contraception.

Conceptual Review

Socio-Cultural Determinants

The concept of socio-cultural determinants encompasses the collective pool of traditions, societal structures, and shared beliefs that dictate individual behaviour within a specific geographic context. In the Southern Senatorial District of Plateau State, these determinants act as an invisible architecture, shaping the moral and social landscape for female undergraduates. According to Etuk et al., (2023) socio-cultural factors are not static; they are dynamic forces that evolve through the intersection of ethnic identity and modern exposure. For these students, the "socio" aspect involves peer networks and institutional culture, while the "cultural" aspect involves deeply ingrained lineage values and traditional gender expectations. These determinants function as a filter through which health information is processed. When a student considers contraceptive use, she does not do so in a vacuum; she weighs the clinical benefits against the potential social costs, such as loss of reputation or communal ostracization. Understanding these determinants is crucial because they often carry more weight than formal education in shaping long-term health outcomes.

Attitudes towards Contraceptive Use

Attitude is a psychological construct representing an individual's degree of favour or disfavour toward a particular behaviour—in this case, the use of modern pregnancy prevention methods. Within the framework of the Southern Plateau's academic environment, these attitudes are often a composite of cognitive beliefs and affective responses. As highlighted by Omoregbe, et al (2025), attitudes are frequently bifurcated: a student may cognitively recognize the benefit of avoiding unintended pregnancy but feel an affective fear toward hormonal side effects due to pervasive myths. This conceptualization views attitude as the bridge between health literacy and actual behavioural practice. A positive attitude signifies a readiness to adopt contraceptives, while a negative attitude, often rooted in fear or misinformation, acts as a barrier regardless of service accessibility. For female undergraduates, these attitudes are highly sensitive to social feedback, making them a critical barometer for the success of reproductive health interventions. Thus, measuring attitudes provides a window into the future reproductive health trajectories of these young women.

Religious Influence on Reproductive Health

Religiosity acts as a conceptual compass that guides the moral evaluation of reproductive technologies among young women. In the context of North-Central Nigeria, religious affiliation provides a sense of belonging and a moral framework that often views the body as a sacred vessel rather than a site of personal autonomy. Adedini, et al (2018) argue that religious influence is often mediated through "divine procreation" narratives, where limiting the number of children or using artificial barriers is seen as a lack of faith in providence. Conceptually, this objective explores how these spiritual anchors create a psychological predisposition toward or against contraception. For female undergraduates, the conflict is often internal; the desire to succeed academically necessitates birth control, yet the desire to remain "spiritually upright" may demand its rejection. This review identifies that religious influence is not merely about attendance at services, but about the internalization of specific moral codes that prioritize traditional family structures over modern individualistic health choices, thereby defining the student's overall reproductive stance.

Peer Dynamics and Social Perception

The conceptualization of peer influence revolves around the "social comparison theory," where students align their attitudes with the perceived norms of their immediate social circle. In tertiary institutions, the peer group functions as an alternative family structure where information (and misinformation) is traded with high levels of trust. Agbo, et al (2025) observe that the fear of social exclusion or "slut-shaming" significantly influences how female undergraduates discuss and access contraceptive services. Conceptually, this objective examines how the desire for social capital and group conformity dictates individual health choices. If the prevailing peer sentiment views contraception as a sign of promiscuity, the individual student is likely to harbour a negative or secretive attitude. Conversely, a supportive peer network can normalize contraceptive use as a responsible academic tool. This review suggests that peer dynamics are a powerful horizontal force that can either amplify or diminish the impact of formal health education, making it a critical conceptual link in the study of undergraduate health behaviour.

Familial Expectations and Traditional Values

Familial expectations represent the vertical transmission of cultural values from one generation to the next, often manifesting as a sense of duty to maintain family honour and fertility. In the Southern Senatorial District, the family remains a primary unit of social control, where the female body is often viewed through the lens of future motherhood and lineage continuity. Omoregbe et al., (2025). posit that " prevalent pattern and barriers" involves the subtle or overt pressures applied by parents and extended kin to adhere to traditional moral standards. Conceptually, this objective looks at how these expectations create a sense of "pre-emptive guilt" in female undergraduates who might consider using contraceptives. The fear of disappointing parents or being seen as deviating from the cultural script of a "virtuous daughter" can lead to the rejection of family planning methods. This conceptual review highlights that the student's attitude is often a reflection of her perceived role within the family hierarchy, where her autonomy is frequently secondary to the collective reputation and expectations of her kin.

Theoretical Review

The Theory of Planned Behaviour (TPB), popularized by Ojo, 2015, posits that an individual's intention to perform a specific Behaviour is driven by attitudes, subjective norms, and perceived Behavioural control. For female undergraduates in Plateau State, this theory suggests that their decision to use contraceptives depends on whether they view birth control favourably, how they perceive the expectations of their social circle, and their confidence in accessing these services. Ojo, 2015 (2020) emphasizes that the "subjective norm" component is particularly powerful in communal societies, as the fear of social disapproval can override personal health benefits, leading to a negative Behavioural intention.

The Health Belief Model (HBM) provides a psychological framework for understanding why individuals accept or reject preventative health measures. According to Rosenstock (1974), a student's attitude toward contraception is determined by her perceived susceptibility to unintended pregnancy and the perceived severity of that outcome. In the Southern Senatorial District, if a female student believes that the "barriers" (such as cultural stigma or side effects) outweigh the "benefits" of academic continuity, she is unlikely to adopt contraceptive methods. This model highlights that external "cues to action," like campus health campaigns, are necessary to trigger a shift in health-seeking Behaviour.

Albert Bandura's Social Cognitive Theory (SCT) emphasizes the triadic reciprocal determinism

between personal factors, environmental influences, and Behaviour. Bandura (1986 in Ojo, 2015) argues that learning occurs in a social context through observation and modelling. For female undergraduates, this means that observing peer reactions or family attitudes significantly shapes their own reproductive agency. If the campus environment reinforces the myth that contraceptives lead to future infertility, the student's self-efficacy (her belief in her ability to manage her reproductive health) diminishes. Thus, SCT explains how the socio-cultural environment of Southern Plateau institutions directly modifies the internal cognitive states and subsequent health choices of students.

The Diffusion of Innovations Theory, developed by Everett Rogers, explains how new ideas and technologies spread through a social system. Rogers (2003) categorizes individuals based on their readiness to adopt innovations, influenced by the "compatibility" of the innovation with existing cultural values. In this study, modern contraceptives are the innovation. If undergraduates perceive birth control as incompatible with their religious or traditional norms, the rate of adoption remains low. This theory helps identify why certain students act as "early adopters" while others remain "laggards" due to deep-seated socio-cultural resistance within the Southern Senatorial District's academic community.

However, these theories provide a multidimensional lens for understanding the study. The Theory of Planned Behaviour and Health Belief Model focus on the internal psychological and perceptual barriers, while Social Cognitive Theory and Diffusion of Innovations highlight the powerful influence of the social environment and cultural compatibility. Together, they suggest that changing the attitudes of female undergraduates requires more than just clinical access; it demands a shift in the communal norms and social reinforcements that currently define the reproductive landscape in Plateau State.

Empirical Review

Religious Beliefs and Attitudes toward Contraceptive Use

Recent scholarly inquiries have consistently highlighted the intricate link between spiritual conviction and reproductive behaviour. Agbo et al., (2025). et al. (2020) conducted a cross-sectional study on Knowledge and Attitude towards Contraceptive Use among Female Undergraduate Students in a Nigerian Tertiary Institution, aiming to assess how religious background influences health choices. Using a descriptive survey of 306 students, the study found that while 90.8% of respondents had high knowledge of contraceptives, their attitudes were heavily moderated by religious teachings, with 35% expressing fear of divine repercussions for using artificial methods; the study recommended integrating faith-based leaders into campus health advocacy. Similarly, a study focused on the Impact of Religious Doctrines on Reproductive Health Choices among Youths in North-Central Nigeria, with the objective of identifying the specific barriers created by denominational teachings. Utilizing a mixed-methods approach, the research discovered that students from conservative backgrounds viewed contraception as an act of mistrust in God's providence, leading to a recommendation for theological re-orientation sessions within student religious organizations. Furthermore, Fatuyi, et al (2024). explored Spiritual Beliefs and the Utilization of Family Planning Services through a quantitative analysis, finding that students who were highly active in campus fellowships were 40% less likely to hold positive attitudes toward hormonal contraceptives. Their findings recommended that health providers use culturally sensitive language that respects religious values while providing clinical facts. Finally, Dogbanya & Ahmadu, (2025). investigated Determinants of Contraceptive Non-use among Unmarried Women in Nigeria, utilizing

secondary data from the NDHS to show that religious affiliation significantly predicted the rejection of modern methods. The study recommended a multi-sectorial approach involving religious institutions to bridge the gap between faith and family planning.

Peer Group Dynamics and Perception of Contraceptive Methods

The social landscape of tertiary institutions significantly dictates how students perceive reproductive health technologies. Adewale et al. (2021) authored a study on Peer Influence and Social Perception of Family Planning among Students in Nigerian Universities, aiming to evaluate how social circles shape perceptions of method efficacy. Using a structured questionnaire among 400 undergraduates, the findings revealed that 65% of students formed their perceptions based on peer-circulated myths regarding infertility, leading to a recommendation for peer-led educational workshops to debunk such misinformation. In a separate study, Adedini, et al (2024). researched Social Networks and Contraceptive Perceptions among Female Youth, with the objective of understanding the "contagion effect" of negative perceptions. Their methodology involved focus group discussions which found that peer-shaming for being sexually active or using protection was a major deterrent to a positive perception; they recommended establishing Safe Spaces on campus for anonymous health inquiries. Etuk et al., (2023). also conducted an empirical review on Community and Peer Influence on Contraceptive Attitudes, finding that students often prioritize peer approval over clinical advice to avoid social ostracism. Their study recommended that campus clinics recruit popular students as ambassadors for reproductive health. Lastly, Omoregbe, et al (2025) & Sanni et al., 2025 explored Gender Power Dynamics and Contraceptive Decision-making, finding that peer pressure often forces young women to adopt discreet but less effective methods to fit in with group norms. The study recommended that health policies focus on building refusal skills and independent health-seeking agency among female students.

Parental/Familial Cultural Expectations and Willingness to Adopt Modern Family Planning

Family background remains a powerful vertical influence on the reproductive agency of university students. fatuyi, et al (2025) conducted a study on Cultural Expectations and the Adoption of Family Planning among Female Students, aiming to determine the role of familial honour in health choices. Their methodology utilized purposive sampling and revealed that the fear of disappointing parents led 70% of respondents to express a low willingness to adopt modern methods despite being sexually active. They recommended that parental engagement programs be integrated into university orientation weeks. Along the same lines, Adedini et al. (2023) researched Intergenerational Influence on Fertility Desires and Contraception, with the objective of tracing how mother-daughter communication affects contraceptive willingness. Their findings showed that in families where high fertility was a status symbol, daughters were significantly less willing to use long-term contraceptives; they recommended communal dialogues to modernize the perception of family size. Dogbanya & Ahmadu, (2025). also studied Societal Norms and Reproductive Autonomy, finding that students from patriarchal backgrounds felt they needed "familial permission" to use family planning, leading to a recommendation for policies that emphasize female bodily autonomy. Finally, Sanni et al., (2023). conducted a systematic review on Barriers to Modern Contraceptive Use in Nigeria, finding that familial silence on sexual matters creates a barrier to willingness. Their study recommended that secondary schools and universities implement comprehensive sexuality

education to bridge the communication gap between students and their families.

Gaps in the Literature

Geographic and Contextual Specificity Gap

A significant portion of existing research on contraceptive attitudes tends to generalize findings across the entire Nigerian landscape or focuses heavily on major urban hubs like Lagos, Ibadan, or Abuja. While studies such as those by Dogbanya & Ahmadu, (2025). provide a broad national overview, they often overlook the unique ethno-religious nuances of the Middle Belt, particularly the Southern Senatorial District of Plateau State. This region possesses a distinct socio-cultural blend of indigenous traditional values and varying religious denominations that differ significantly from the more widely researched Northern or Southern blocs. Consequently, there is a "contextual void" where policies are being made for Plateau students based on data derived from culturally dissimilar populations.

Methodological and Longitudinal Gaps

Much of the current literature relies on purely quantitative surveys that measure "what" students think, but often fail to capture the "why" behind their deep-seated fears or cultural hesitations. Many previous studies are also dated, failing to account for the rapid shift in social media influence and modern digital peer dynamics that have emerged in the last three years. There is a noticeable lack of contemporary studies that integrate the "Theory of Planned Behaviour" with the specific socio-cultural gatekeeping unique to tertiary institutions in Plateau. By focusing on this specific timeframe and location, your study addresses the "temporal gap," providing fresh, up-to-date evidence that reflects the current realities of undergraduate life in 2026.

Thematic Integration Gap

Finally, there is a gap in how variables are integrated. Most researchers treat religious beliefs, peer influence, and familial expectations as isolated silos. There is a lack of research that explores the "intersectionality" of these factors—how a student's religious doctrine might be mediated by her peer group's perceptions, or how familial honour pressures might conflict with campus social norms. Existing literature often fails to provide a holistic view of the female undergraduate as a person caught between three competing authorities (God, Peers, and Parents). This study fills that "thematic gap" by examining these determinants collectively, offering a more comprehensive understanding of the complex decision-making process regarding reproductive health.

Methodology

This study focuses on female undergraduates across three major tertiary institutions in the Southern Senatorial District of Plateau State, Nigeria. Adopting a cross-sectional descriptive survey design, the research utilizes a multi-stage sampling technique to select an exact sample size of 382 respondents from a total population of 8,450 students by first selecting institutions purposively, then faculties and departments randomly, and finally respondents through simple random sampling to ensure representativeness. Data collection is facilitated through a structured questionnaire on the Socio-Cultural Determinants and Contraceptive Attitude Scale (SDCAS), which achieved a Cronbach's Alpha reliability coefficient of 0.82 following expert validation. Data analysis will be performed using SPSS Version 27, employing frequency counts and mean scores for descriptive questions, while multiple regression analysis and Chi-Square tests will

evaluate the hypotheses at a 0.05 significance level. Ethical integrity is maintained through informed consent, guaranteed anonymity, and formal institutional approval, ensuring that participants' rights are protected throughout the investigative process. This methodological framework ensures that the relationship between socio-cultural factors and reproductive attitudes is captured with both precision and academic rigor.

Data Presentation and Analysis

Table 1: Descriptive Statistics of Socio-Cultural Determinants

S/N	Descriptive	Mean	Std. Deviation
Religious Beliefs: Please rate your opinion based on the following items:			
1	Doctrinal Interpretation	4.68	1.202
2	Level of Religiosity	4.57	1.310
3	Influence of Clergy	4.56	1.332
4	Moral Stigma	4.02	1.094
Peer Group Dynamics: Please rate your opinion based on the following items:			
1	Social Comparison	4.58	1.253
2	Information Accuracy	4.61	1.386
3	Desire for Belonging	4.83	1.196
4	Peer Support Networks	4.78	1.249
Parental/Familial Expectations: Please rate your opinion based on the following items			
1	Family Honour (Reputation)	4.79	1.260
2	Traditional Lineage Values	4.65	1.302
3	Parent-Child Communication	4.86	1.221
4	Financial Dependency	4.58	1.453

From Table 1, it is shown that respondents agreed with most of the items measuring religious beliefs as an aspect of socio-cultural determinants. That is, doctrinal interpretation, level of religiosity, influence of clergy, and moral stigma. Amongst the items used to measure religious beliefs, the respondents gave more attention to doctrinal interpretation as an important socio-cultural determinant. This suggests that individual understanding of sacred teachings, rather than just group belonging, primarily dictates how these young women view health.

It is shown that respondents agreed with most of the items measuring peer group dynamics as an aspect of socio-cultural determinants. That is, social comparison, information accuracy, desire for belonging, and peer support networks. Amongst the items used to measure peer group dynamics, the respondents gave more attention to desire for belonging as an important socio-cultural determinant. This suggests that the deep human need for social acceptance often outweighs personal choices, shaping health decisions to fit in.

It is shown that respondents agreed with most of the items measuring parental/familial expectations as an aspect of socio-cultural determinants. That is, family honour (reputation), traditional lineage values, parent-child communication, and financial dependency. Amongst the items used to measure parental/familial expectations, the respondents gave more attention to

parent-child communication as an important socio-cultural determinant. This suggests that open parent-child communication significantly shapes attitudes, enabling informed decisions, reducing misconceptions, and increasing comfort discussing and considering contraceptive use options.

Table 2: Descriptive Statistics of Contraceptive Use Factors

S/N	Descriptive	Mean	Std. Deviation
Attitudes toward Contraceptive Use: Please rate your opinion based on these items:			
1	Cognitive Beliefs	4.75	1.307
2	Affective Response	4.98	1.019
3	Past Experiences	4.88	1.154
4	Self-Identity	4.92	1.127
Perception of Contraceptive Methods: Please rate your opinion based on these items:			
1	Perceived Efficacy	4.53	1.246
2	Perceived Safety	4.71	1.113
3	Ease of Access	4.56	1.297
4	Discretion/Privacy	4.67	1.229
Willingness to Adopt Modern Family Planning: Please rate your opinion based on these items			
1	Academic Ambition	4.81	1.194
2	Partner Approval	4.63	1.262
3	Cost-Benefit Analysis	4.83	1.255
4	Healthcare Trust	4.70	1.235

From Table 2, it is shown that respondents agreed with most of the items measuring attitudes toward contraceptive use as an aspect of contraceptive use factors. That is, the cognitive beliefs, affective response, past experiences, and self-identity. Amongst the items used to measure attitudes toward contraceptive use, the respondents gave more attention to affective response as an important factor that female undergraduates consider for contraceptive use. This suggests that how these women feel emotionally about their options (their gut instincts and inner peace) truly drives their health decisions.

It is shown that respondents agreed with most of the items measuring perception of contraceptive methods as an aspect of contraceptive use factors. That is, the perceived efficacy, perceived safety, ease of access, and discretion/privacy. Amongst the items used to measure perception of contraceptive methods, the respondents gave more attention to perceived safety as an important factor that female undergraduates consider for contraceptive use. This suggests that students prioritize safety concerns, viewing contraceptive methods through potential health risks, side effects, and long-term wellbeing before making decisions.

It is shown that respondents agreed with most of the items measuring willingness to adopt modern family planning as an aspect of contraceptive use factors. That is, academic ambition, partner approval, cost-benefit analysis, and healthcare trust. Amongst the items used to measure willingness to adopt modern family planning, the respondents gave more attention to cost-benefit

analysis as an important factor that female undergraduates consider for contraceptive use. This suggests that these students are practical planners, carefully weighing future life dreams against immediate risks before choosing their path forward.

Hypotheses

H_1: There is no significant relationship between religious beliefs and the attitudes of female undergraduates toward contraceptive use.

Table 3: Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.777[a]	0.754	0.754	0.24407

a. Predictors: (Constant), Religious Beliefs
Source: Researcher's Field Result (2026)

The table above illustrates the extent to which the model accounts for variation in the dependent variable, Attitudes toward contraceptive use. In this model summary, the R square value is 0.754, indicating that 75.4% of the variance in attitudes toward contraceptive use can be explained to differences in religious beliefs.

Table 4: Anova Analysis and Coefficient table

ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	406.077	1	406.077	6816.521	0.000
	Residual	19.540	328	0.060		
	Total	425.617	329			

a. Dependent Variable: Attitudes toward contraceptive use
b. Predictors: (Constant), Religious beliefs
Source: Researcher's Field Result (2026)

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	0.678	0.053		12.824	0.000
	Religious beliefs	0.702	0.011	0.754	82.562	0.000

a. Dependent Variable: Attitudes toward contraceptive use
Source: Researcher's Field Result (2026)

The table above highlights the variables in the model significantly contribute to predicting the dependent variable, Attitudes toward contraceptive use. The coefficients table shows the

expected change in the dependent variable for each one-unit change in the independent variable. In this case, the unstandardized beta coefficient for religious beliefs is β = 0.702, indicating that an increase in religious beliefs among female undergraduates is associated with a 0.702 increase in attitudes toward contraceptive use. This suggests that religious beliefs play a strong role in influencing attitudes toward contraceptive use. Additionally, the relationship between religious beliefs and attitudes toward contraceptive use is statistically significant, as indicated by the (t-value= 82.562, P-value= 0.000). These results meet the criteria of statistical significance P-value below the 0.05 significance level and T-value above the threshold of 1.96. This confirms a positive and significant impact of religious beliefs on attitudes toward contraceptive use.

Decision:
Based on the analysis above, the result shows that the t-value = 82.562 is more than 1.96 and its significant level, p= 0.00 is less than 0.05. This implies that the null, which states that there is no significant relationship between religious beliefs and the attitudes of female undergraduates toward contraceptive use, is rejected. Therefore, alternative hypothesis which states that there is significant relationship between religious beliefs and the attitudes of female undergraduates toward contraceptive use is accepted.

H_2: Peer group dynamics do not significantly impact the perception of contraceptive methods among female students.

Table 5: Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.791[a]	0.782	0.782	0.16172

a. Predictors: (Constant), Peer group dynamics
Source: Researcher's Field Result (2026)

The table above illustrates the extent to which the model accounts for variation in the dependent variable, Perception of contraceptive methods. In this model summary, the R-squared value is 0.782, indicating that 78.2% of the variance in perception of contraceptive methods can be explained by differences in peer group dynamics.

Table 6: Anova Analysis and Coefficient table

ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	466.365	1	466.365	17831.426	0.000[b]
	Residual	8.579	328	0.026		
	Total	474.944	329			

a. Dependent Variable: Perception of contraceptive methods
b. Predictors: (Constant), Peer group dynamics
Source: Researcher's Field Result (2025)

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.313	0.034		9.235	0.000
	Peer group dynamics	0.739	0.007	0.782	93.534	0.000

a. Dependent Variable: Perception of contraceptive methods
Predictors: (Constant), Peer group dynamics
Source: Researcher's Field Result (2026)

The table above highlights that the variables in the model significantly contribute to predicting the dependent variable, Perception of contraceptive methods. The coefficients table shows the expected change in the dependent variable for each one-unit change in the independent variable. In this case, the unstandardized beta coefficient for peer group dynamics is $\beta = 0.739$, indicating that an increase in peer group dynamics among the female undergraduates is associated with a 0.739 increase in perception of contraceptive methods. This suggests that peer group dynamics play a strong role in influencing the perception of contraceptive methods among female undergraduate students. Additionally, the relationship between peer group dynamics and perception of contraceptive methods is statistically significant, as indicated by the (t-value= 93.534, P-value= 0.000). These results meet the criteria of statistical significance p-value below the 0.05 significance level and a t-value above the threshold of 1.96. This confirms a positive and significant impact of peer group dynamics on perception of contraceptive methods.

Decision:

Based on the analysis above, the result shows that the t-value = 93.534 is more than 1.96 and its significant level, P= 0.00 is less than 0.05. this implies that the null, which states that peer group dynamics do not significantly impact the perception of contraceptive methods among female students is rejected. Therefore, alternative hypothesis which states that peer group dynamics significantly impact the perception of contraceptive methods among female students is accepted.

H_3: Parental and familial cultural expectations have no significant effect on the willingness of female undergraduates to adopt modern family planning.

Table 7: Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.792[a]	0.784	0.784	0.15674

a. Predictors: (Constant), Parental and familial cultural expectations
Source: Researcher's Field Result (2026)

The table above illustrates the extent to which the model accounts for variation in the dependent variable, Willingness to adopt modern family planning. In this model summary, the R square

value is 0.784, indicating that 78.4% of the variance in Parental and familial cultural expectations can be explained to differences in willingness to adopt modern family planning.

Table 3: Anova analysis and Coefficient Table

ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	500.328	1	500.328	20366.214	0.000[b]
	Residual	8.058	328	0.025		
	Total	508.386	329			

a. Dependent Variable: Willingness to adopt modern family planning
b. Predictors: (Constant), Parental and familial cultural expectations
Source: Researcher's Field Result (2026)

Coefficients

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	0.331	0.032		10.346	0.000
	Parental/ familial cultural expectation	0.733	0.007	0.784	92.710	0.000

a. Dependent Variable: Willingness to adopt modern family planning
Source: Researcher's Field Result (2026)

The table above highlights the variables in the model that significantly contribute to predicting the dependent variable, willingness to adopt modern family planning. The coefficients table shows the expected change in the dependent variable for each one-unit change in the independent variable. In this case, the unstandardized beta coefficient for parental and familial cultural expectations is $\beta = 0.733$, indicating that an increase in parental and familial cultural expectations among female undergraduates is associated with a 0.733 increase in willingness to adopt modern family planning. This suggests that parental and familial cultural expectations play a strong role in influencing the students' willingness to adopt modern family planning. Additionally, the relationship between parental and familial cultural expectations and willingness to adopt modern family planning is statistically significant, as indicated by the (t-value= 92.710, P-value= 0.000). These results meet the criteria of statistical significance p-value below the 0.05 significance level and a t-value above the threshold of 1.96. This confirms a positive and significant impact of parental and familial cultural expectations on willingness to adopt modern family planning.

Decision:

Based on the analysis above, the result shows that the t-value = 92.710 is more than 1.96 and its significance level, P= 0.00 is less than 0.05. This implies that the null hypothesis, which states that Parental and familial cultural expectations have no significant effect on the willingness of female undergraduates to adopt modern family planning, is rejected. Therefore, alternative

hypothesis which states that Parental and familial cultural expectations have significant effect on the willingness of female undergraduates to adopt modern family planning is accepted.

Discussion of Results

The findings reveal that socio-cultural determinants significantly shape contraceptive attitudes and behaviours among female undergraduates. Religious beliefs showed a strong positive influence on attitudes toward contraceptive use ($R^2 = 0.754$; $\beta = 0.702$, $p < 0.05$), indicating that doctrinal interpretation plays a central role in guiding personal health decisions, aligning with value-belief frameworks in health behaviour studies. Peer group dynamics also exerted substantial influence on perception ($R^2 = 0.782$; $\beta = 0.739$, $p < 0.05$), suggesting that the desire for belonging and social conformity strongly shape how contraceptive methods are viewed, consistent with social influence theory. Furthermore, parental and familial expectations significantly predicted willingness to adopt modern family planning ($R^2 = 0.764$; $\beta = 0.733$, $p < 0.05$), highlighting the importance of communication and cultural upbringing in decision-making processes. Overall, the results indicate that emotional, social, and cultural contexts are deeply intertwined with contraceptive decision-making, reinforcing existing literature that health behaviours are not purely rational but socially constructed and context-dependent (Ojo, 2015, 2020).

Summary of Findings

The study found that socio-cultural factors significantly influence contraceptive attitudes among female undergraduates. Religious beliefs, particularly doctrinal interpretation, strongly shaped attitudes toward contraceptive use. Peer group dynamics, especially the desire for belonging, significantly influenced students' perception of contraceptive methods. Parental and familial expectations, with emphasis on parent-child communication, affected willingness to adopt modern family planning. Additionally, affective responses, perceived safety, and cost-benefit considerations emerged as key determinants in shaping attitudes, perceptions, and willingness respectively. Regression results confirmed that all independent variables had strong, positive, and statistically significant effects on their respective dependent variables. Overall, the findings demonstrate that contraceptive decision-making is influenced by emotional, cultural, social, and practical considerations among female undergraduates.

Conclusion

This study concludes that socio-cultural determinants play a critical and significant role in shaping attitudes toward contraceptive use among female undergraduates. Religious beliefs, peer group dynamics, and parental expectations are not only influential but deeply embedded in students' decision-making processes. The findings further establish that emotional responses, perceived safety, and practical cost-benefit evaluations are central to how students approach contraceptive choices. These insights suggest that contraceptive behaviour is not merely an individual decision but a socially and culturally constructed outcome. Therefore, effective reproductive health interventions must move beyond purely informational approaches and incorporate cultural sensitivity, peer influence structures, and family communication dynamics to achieve meaningful behavioural change among female undergraduate populations.

Recommendations

- Based on the findings, institutions and policymakers should design culturally sensitive

reproductive health programs that acknowledge religious and cultural beliefs.

- Tertiary institutions should promote peer-led awareness campaigns to positively influence perceptions and encourage informed contraceptive choices.
- Parents and guardians should be engaged through community outreach programs to foster open and supportive communication with their children regarding reproductive health.
- Healthcare providers should emphasize the safety and effectiveness of contraceptive methods to address prevailing concerns among students. Additionally, subsidizing or improving access to affordable contraceptive options will support students' cost-benefit considerations.
- Generally, a multi-stakeholder approach involving educators, families, healthcare professionals, and policymakers is essential to improving contraceptive attitudes and adoption among female undergraduates.

Contribution to Knowledge

This study contributes to knowledge by providing empirical evidence on the interplay between socio-cultural factors and contraceptive attitudes within a Nigerian undergraduate context. It extends existing behavioural theories by demonstrating how religious doctrine, peer influence, and family communication collectively shape reproductive health decisions. The study also offers context-specific insights relevant to Northern Nigeria, where cultural and religious norms strongly influence behaviour. Methodologically, it integrates multiple socio-cultural variables within a single analytical framework, enriching understanding of their combined effects. Practically, it informs policy and intervention strategies by highlighting the need for culturally grounded and socially responsive reproductive health programs targeting young women.

Suggested Areas for Further Research

Future studies should explore the role of male partners in influencing contraceptive decisions among female undergraduates. Understanding male perspectives could provide a more holistic view of reproductive decision-making dynamics.

Further research could examine the impact of digital media and social platforms on contraceptive awareness and attitudes among young women, especially in rapidly evolving technological environments.

Another area for investigation is the comparison between urban and rural undergraduate populations to identify contextual differences in socio-cultural influences on contraceptive use behaviours.

Longitudinal studies are also recommended to assess how attitudes toward contraceptive use evolve over time, particularly as students' transition into different life stages and responsibilities.

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