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PEER RELATIONS AND SELF-ESTEEM AS PREDICTORS OF PERCEPTION OF CONTRACEPTIVE USE AMONG UNDERGRADUATES OF CHUKWUEMEKA ODUMEGWU OJUKWU UNIVERSITY, IGBARIAM CAMPUS, ANAMBRA STATE

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ABSTRACT

This study examined the influence of peer relations and self-esteem as predictors of undergraduate students' perception of contraceptive use at Chukwuemeka Odumegwu Ojukwu University (COOU), Igbariam Campus, Anambra State. Employing the Social Cognitive Theory within the peer relations domain, as well as health belief model, the study sought to determine how social and psychological factors shape students' contraceptive perceptions. The specific objectives were to: assess the relationship between peer relations and students' perception of contraceptives; determine the predictive value of self-esteem in contraceptive perception based on differences in peer influence and levels of self-esteem. The study adopted a cross-sectional survey design involving 200 undergraduates aged 18–40 years, selected through simple random sampling. Data were collected using a structured questionnaire comprising demographic items and three standardized scales: Peer Relations Scale, Rosenberg Self-Esteem Scale, and Perception of Contraceptive Use Scale. Ethical procedures including informed consent, anonymity, and institutional approval were strictly followed. Data were analyzed using descriptive statistics, Pearson correlation, and multiple regression with SPSS (version 26). Findings revealed that students reported moderately high levels of positive peer relations (M = 3.65), high self-esteem (M = 30.85), and positive perceptions of contraceptive use (M = 3.80). Correlation results showed a significant positive relationship between peer relations and perception of contraceptive use ($r = 0.60$, $p < 0.01$). Regression analysis indicated that both peer relations and self-esteem significantly predicted students' perceptions, while their combined effect accounted for a meaningful proportion of variance in contraceptive perception. The findings highlight the importance of social interaction and self-esteem in influencing students' sexual health attitudes and behaviors. The study concludes that promoting peer discussions, strengthening support systems, and boosting undergraduates' self-worth can improve perceptions and increase contraceptive use. It recommends implementing peer

education programs, self-esteem enhancement strategies, and tailored university-based sexual health initiatives for young adults.

Keywords: Peer Relations, Self-Esteem, Perception of Contraceptive Use and Undergraduates

Introduction

In contemporary Nigerian society, especially among young adults in higher institutions, the discourse around contraceptive use has become both a public health concern and a social matter influenced by numerous psychosocial variables. Among the most critical of these factors are peer relations and self-esteem. Young people, especially undergraduates, are often exposed to a range of influences from their social environments, which significantly shape their attitudes, beliefs, and behaviours towards sexual and reproductive health, including contraceptive use.

Contraceptive use has become an increasingly important aspect of reproductive health discussions, particularly among young people, including undergraduates. As a method of preventing unintended pregnancies, controlling birth rates, and reducing the risk of sexually transmitted infections (STIs), contraceptive use is a cornerstone of public health interventions globally. In Nigeria, and particularly in Anambra State, the conversation around contraception among undergraduates has gained relevance due to the rising concerns about youth sexual behaviour, unplanned pregnancies, and unsafe abortions. (NDHS, 2021) Despite the availability of various contraceptive options, the level of usage among Nigerian undergraduates remains relatively low, suggesting that several psychosocial factors influence their attitudes and decisions regarding contraceptives.

In the Nigerian context, and more specifically in Anambra State, contraceptive use among undergraduates remains low despite increasing awareness campaigns. According to the Nigeria Demographic and Health Survey (NDHS, 2021), contraceptive prevalence among young adults remains under 20%, with significant variations across different states. Cultural and religious beliefs, misinformation, fear of side effects, and social stigma remain key barriers (Nnamani & Eze, 2022). However, beyond these general societal barriers, intra-personal and interpersonal factors such as peer influence and self-perception may serve as hidden predictors of students' willingness or reluctance to embrace contraception.

One of the significant psychosocial dimensions that could predict the perception of contraceptive use is peer relations. Undergraduates often form strong peer networks that significantly shape their behaviours, beliefs, and decisions. In the context of contraceptive use, peers may act as sources of information, encouragement, or even pressure, thereby influencing whether or not a student chooses to adopt contraceptive methods. Peer influence can be both positive—by promoting

informed and safe sexual practices—and negative—by encouraging risky behaviours due to misinformation or social stigma. The perception of what is accepted or rejected within peer circles can therefore play a critical role in shaping contraceptive attitudes among students in tertiary institutions.

Peer relations play a pivotal role in shaping the sexual behaviours and reproductive choices of young adults. In the university environment, students often rely on their peer networks for information, emotional support, and validation. According to Adegboyega, Adebayo, and Umeh (2021), peers are central in providing informal sex education, which can either encourage or discourage contraceptive use depending on the values shared within the group. When peer norms support contraceptive use, individuals are more likely to perceive it as acceptable and necessary. Conversely, when peers are indifferent or disapproving, students may avoid contraceptive use even when they are sexually active. The university environment in Anambra State, like many others across Nigeria, is characterized by such complex peer dynamics, which directly affect students' sexual decision-making.

Furthermore, the role of self-esteem in influencing health-related behaviours has gained considerable academic attention. Self-esteem, often defined as an individual's overall sense of self-worth or personal value, has been linked to a range of adolescent and young adult health outcomes, including sexual behaviours. Individuals with high self-esteem are more likely to make autonomous decisions and resist peer pressure, including decisions related to the use of contraceptives (Ede, Okonkwo, & Akpan, 2023). On the other hand, students with low self-esteem may lack the confidence to negotiate contraceptive use or even seek out sexual and reproductive health information, increasing their vulnerability to unplanned pregnancies and sexually transmitted infections.

Recent empirical studies also suggest that peer pressure, social acceptance, and fear of ostracization may either discourage or encourage contraceptive behaviour among university students (Olufemi & Ayodele, 2022). Peer-driven behaviour, especially in closely-knit university cliques, often overrides personal judgment, and students may be more inclined to adopt the sexual behaviours commonly practiced or promoted within their social circles. This phenomenon is particularly potent in environments where sexual expression is normalized, yet contraceptive discussions remain a taboo.

In addition, the changing social landscape of Anambra State with increasing urbanization, exposure to digital media, and shifting cultural attitudes have led to a more complex interplay between traditional norms and modern influences on youth behaviour. Students in urban centers like Awka and Nnewi are increasingly exposed to liberal views on sexuality, yet still live under the shadows of deeply rooted cultural values that stigmatize contraceptive use, especially among

unmarried women (Ifeoma & Chidiebere, 2021). Within this duality, peer group identity and self-concept become central to how students interpret and navigate sexual health decisions.

Understanding the dynamics of peer relations and self-esteem in shaping undergraduates' perceptions of contraceptive use is crucial for effective sexual health interventions. It enables educators, policymakers, and healthcare providers to design strategies that go beyond mere dissemination of information to include psychosocial support mechanisms. Interventions can be tailored to strengthen students' self-worth and promote positive peer norms around responsible sexual behaviour.

Moreover, studies conducted by Chukwuemeka and Uche (2022) emphasized that improving students' self-esteem could enhance their capacity to make informed decisions regarding contraception, while also reducing the influence of negative peer pressure. Therefore, this study seeks to explore the predictive relationship between peer relations and self-esteem on undergraduates' perceptions of contraceptive use in Anambra State, a topic that remains under-explored in Nigerian academic literature despite its pressing significance in the realm of public health.

Most polytechnic students and students of other institutions of higher learning especially in Nigeria are young adults or adolescents who are at that phase of their lives when they start to discover and explore their sexuality behaviour, typified by development of sexual values, the initiation of sexual acts and an upsurge of sex drives, leading to a rather consistent aggression of intense sexual activities (Alubo 2018; DeLamater & Friedrich, 2019). This is consistent with reports that majority of adolescents throughout the world are sexually active by the age of 19, with boys having the mean age of sexual activity at 14.4 years and girls at 15.9 years (Joint United Nations Programme on HIV/AIDS UNAIDS/ World Health Organization WHO 2000).

The age of adolescence, a transitional period between childhood to adulthood is considered to be the most vulnerable of human life as it is associated with a lot of physical, mental, social and emotional development (Oyefara, 2019) and generally typified by confusion, mixed messages from different media (video, television, internet, satellite broadcasting, etc.), exuberance and a penchant for experimentation with different immoderations and sex being most ubiquitous (Alubo, 2020). The consensus in literature is that people in this age bracket engage in high risk sexual behaviour, which predisposes them to different reproductive health challenges including unwanted pregnancy (Alubo, 2020). Lear (2017) observed that "college (university) years may be viewed as an extension of adolescence" and young adults and college (university) students are more likely to experiment sexually, often with multiple partners without using any form of protection such as condoms on a regular basis.

Harrison (2019) posited that there is evidence that unintended pregnancy, maternal mortality and sexually transmitted diseases are much higher among this segment than others in various societies.

Studies in this area have established a high prevalence of sexual networking, with associated reproductive health problems such as unintended/unwanted pregnancies, induced abortion, and sexually transmitted diseases, including HIV/AIDS among students (Oyefara, 2019). Alubo (2020) stated that there has come to be such significant upsurge of rampant sexual activities among adolescent particularly, university students in Nigeria because of the erosion, by foreign religions, of the (traditional African) moral and behavioural values that formerly regulated sexuality, promoted chastity before marriage, and emphasized strong communal supervision of young people's conduct. According to this perspective, the weakening of indigenous value systems, coupled with modernization, urbanization, exposure to mass media, and peer influence, has contributed to more liberal sexual attitudes and practices among youths, thereby increasing their vulnerability to various reproductive health challenges. Other factors that have contributed to the increasing sexual laxity fomented by the pervading moral latitude among young people in Nigeria are apprenticeships (Oyefara, 2019), and education (Alubo, 2020), which not only necessitated that most youths had to leave home early, thus breaking away from moral constraints traditionally applied by family members and becoming "freed" from elders who had hitherto directed and sought to control their behaviour. These also brought with them new values about life that in many instances contradict traditional African values. Beyond the role of age, religion, education, apprenticeship and exposure to different mass media in the shaping of the prevailing sexual values and orientation of students.

In general—and this oversimplifies the association considerably—high self-esteem is expected to reflect and predict good adjustment and behaviours valued by the society. In contrast, we expect low self-esteem to be associated with deviant behaviour. Again, different theorists explain the dynamics of this association in various ways. Kaplan (2019) presents one of the clearest, yet most complex, descriptions of the association between self-esteem and behaviour; his analysis will therefore form part of our theoretical framework for reviewing the research on self-esteem and adolescent pregnancy.

Using this analysis, one would predict correlations between high self-esteem and low frequencies of deviant behaviour and between low self-esteem and high frequencies of deviant behaviour only when positive self-attitude derives from so-called normative experiences (being loved by parents, accepted by friends, appreciated by teachers). If an individual has engaged in deviant acts, however, positive self-attitude may have derived from these acts, rather than from normative experiences. In that case, we would expect to find little empirical association between self-esteem and deviant behaviour.

Several analyses of the determinants of pregnancy or of deviant behaviour would lead us to expect a higher incidence of pregnancy among adolescents with low self-esteem. Becoming pregnant as an unmarried adolescent is deviant because only a small minority of adolescents do so and because it is not approved by the society at large. Thus, an individual who is motivated to deviate from

normative patterns because of their negative connotation may become pregnant as a way of bolstering self-esteem. The adolescent may expect motherhood to improve her status: as a mother, she will have an important task to perform. She may also expect the baby to love her and the baby's father to feel bound to her. Alternatively, pregnancy could be simply an unconsidered outcome of sexual intercourse, which may be viewed as self-enhancing because it signals a movement away from childhood, because it is associated with the feeling of being loved, and because it may validate the adolescent as an attractive person. In either case, we would anticipate that adolescents with low self-esteem would be more likely to become pregnant.

An alternative view is that adolescent pregnancy becomes more common when the costs of pregnancy are low, especially if the costs of contraception are high (Luker 1975). An adolescent with low self-esteem may be unconcerned about avoiding pregnancy, simply because there is little to lose if she becomes pregnant. If she is not doing well in school and does not expect to get a job that is either interesting or lucrative, early pregnancy and parenthood will not interfere with any important individual goals and will carry little personal "cost." We would predict that this individual is more likely to become pregnant than an adolescent with high self-esteem. In addition, as Luker points out, just as there are costs to a pregnancy, there are costs to prevention, which requires either sexual abstinence or effective contraception.

Students who have had abortions suffer an increased risk of anxiety, excessive worry, nightmares, insomnia, depression, negative social relationships and suicide attempts (Bradshaw & Slade, 2015; Noleen –Hoeksema, 2018). Emotional distress such as remorse, guilt feelings, self- condemnation, tendency to cry out without cause, discomfort upon meeting babies, or recurrent fantasizing about the baby (its gender, looks, etc) become evident (Soderberg, Janzon & Sjoberg, 2019). It was found that female students who aborted their unintended pregnancies were 30 percent more likely to subsequently report all the symptoms of generalized anxiety disorder than those who had carried their unintended pregnancies to terminate (Bachiochi, 2015).Congleton and Calhoun (1993), assert that lower degree of social support, abandonment and rejection from family members further adversely affects the aborters. Similarly, Drower and Nash (2019) and Noleen –Hoeksema (2019) found that students who had abortions were more likely to be under psychiatric treatment, admitted to increased use of alcohol, tobacco, or tranquilizers, had experienced adverse personality changes, and had greater social isolation compared to their counterparts who had been refused abortion and had a variety of other pregnancy outcomes.

It is within this background that the topic "Peer Relation and Self Esteem on University Students Perception of Contraceptives in Anambra State was researched upon.

Statement of the Problem

Unintended pregnancies among university students represent a significant public health concern in both developed and developing countries, including Nigeria. These pregnancies are often

unplanned and, in many cases, result in unsafe abortions—either performed legally or illegally (Klima, 2019). Research indicates that between 30% and 50% of women were not using any form of contraception at the time of conception, with a similar proportion reporting that their pregnancies were unplanned and unwanted (Bongaarts, 2019). Among undergraduates in Nigerian institutions, particularly in Anambra State, these challenges are exacerbated by inadequate sexual health education, social stigma surrounding contraceptive use, and prevailing peer influences.

The consequences of unintended pregnancies among students are far-reaching. They disrupt academic progression, alter life trajectories, and can result in socio-economic hardship. A study conducted among adolescents in northeast Brazil by Bailey et al. (2021) found that adolescent pregnancies negatively affected national development by influencing education, economic growth, human capital development, and public spending. These findings mirror the Nigerian context, where pregnancies among undergraduates hinder educational attainment and create long-term financial and social burdens, both at individual and societal levels.

In Nigerian universities, the increasing prevalence of premarital sexual practices among students has been linked to rising cases of unintended pregnancies and sexually transmitted infections. These behaviours, often influenced by peer dynamics and a desire for social acceptance, are frequently discouraged by academic institutions and local communities. In many cultures across Anambra State, engaging in premarital sex is frowned upon, and disciplinary or social sanctions may be imposed on those found guilty of such practices. While the Federal Ministry of Health and related agencies have initiated campaigns to raise awareness about the dangers of unprotected sex and the transmission of sexually transmitted diseases (STDs), the uptake of contraceptives remains low among university students (Olufemi & Ayodele, 2022).

At the heart of these sexual health decisions lie two crucial psychosocial factors: **peer** relations and self-esteem. Peer groups significantly shape students' attitudes toward contraception. Positive peer influence can encourage contraceptive use by promoting safe sexual practices, while negative peer pressure may discourage it, often equating contraceptive use with promiscuity (Adegboyega, Adebayo, & Umeh, 2021). Similarly, self-esteem influences whether students feel empowered to make informed decisions about their sexual and reproductive health. Students with high self-esteem are more likely to prioritize their well-being and confidently access contraceptive services, while those with low self-esteem may lack the assertiveness needed to practice safe sex or seek help when needed (Ede, Okonkwo, & Akpan, 2023).

Despite the growing concern about premarital sexual activity, unwanted pregnancies, and abortion among undergraduates, most studies in Nigeria have been conducted at the level of health facilities. As a result, there is a critical gap in university-based research that explores students' psychosocial experiences and perceptions—especially as it relates to contraceptive use. This gap is problematic,

considering that many maternal complications and deaths resulting from unsafe abortions occur outside formal healthcare settings, often unreported and unrecorded (Nnamani & Eze, 2022).

Given the sensitivity of abortion and contraception in Nigerian society, many students are unwilling to openly discuss these issues. This silence contributes to the underreporting of cases and hampers the effectiveness of public health interventions. Therefore, this study aims at providing much-needed insight into the underlying social and psychological predictors of undergraduate students' perception of contraceptive use. By focusing on peer relations and self-esteem, the research will uncover the subtle but powerful ways these variables influence sexual health behaviour among university students in Anambra State, thereby contributing to policy and intervention frameworks that are more responsive to students' lived realities.

The study identifies several interrelated problems: high rates of unintended pregnancies; limited use of contraception due to poor sexual education and cultural stigma; strong peer pressure that may discourage safe sexual practices; low self-esteem that affects students' confidence in making reproductive choices; inadequate university-based research addressing these psychosocial dimensions; and a culture of silence around contraceptive use that hampers effective health interventions. Collectively, these issues highlight the urgent need for psychosocially informed and student-centered strategies in addressing sexual and reproductive health challenges in Nigerian universities.

Purpose of the Study

The general objective of this research is to examine the influence of peer relations and self-esteem as predictors of undergraduate perception of contraceptives in Anambra State. Specifically, the study sought to:

1. To examine the relationship between peer relations and perception of contraceptive use among undergraduates in COOU, Igbariam campus, Anambra State.
2. To determine the predictive value of self-esteem on undergraduate students' attitudes and perceptions towards contraceptive use.

Research Questions

The following research questions guided the study:

1. What is the predictive value of peer relations on undergraduate students perception of contraceptive use in COOU, Igbariam campus, Anambra state?
2. What is the predictive value of self esteem on perceptions towards contraceptive use in COOU, Igbariam campus, Anambra State?

Research Hypotheses

The following hypotheses were tested in this study

H_{01}: Peer Relation has no significant value on Perception of Contraceptive use by undergraduates in COOU, Igbariam.

H_{02}: Self-esteem has no significantly value on undergraduate's perception of Contraceptive use in COOU, Igbariam.

H_{03}: Peer relations and self-esteem do not predict undergraduate perception of Contraceptive use in COOU, Igbariam.

Methodology

The study adopted a cross-sectional survey research design. The area of the study is Anambra state. The population of the study consisted of all undergraduate students in the Faculty of Social Sciences of Chukwuemeka Odumegwu Ojukwu University, Anambra State, from the Departments of Psychology, Sociology, Criminology and Security Studies, Public Administration, and Political Science. The sample size consisted of 200 undergraduate students selected from the five departments using the random stratified sampling technique, with 40 students selected from each department. The instrument for the study were three set of questionnaires, titled "Peer Relations Questionnaire, Self-Esteem Scale (SES) and Perception of Contraceptive Use Scale (PCUS).The instrument has four section A-C. Section A deals with the personal data of the respondents, while section B focuses on peer relations and examines the influence of peer support, communication, acceptance, and social pressure on respondents' opinions and decisions regarding abortion and contraceptive use, and section C assesses the respondents' self-esteem, particularly their confidence in making independent personal health decisions, expressing their opinions, and resisting external influences. It incorporates items from the Rosenberg Self-Esteem Scale (RSES). Section D examines respondents' perceptions of contraceptive use, including perceived benefits, barriers, cultural and social influences, self-efficacy, and perceived susceptibility and need. The instrument has four point scale response options with response format of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) and numerical value of 4,3,2 and 1 respectively. The instrument was validated by three experts two from Department of Psychology and one from Educational Measurement and Evaluation, all from Department of Educational Foundations, Faculty of Education, Chukwuemeka Odumegwu Ojukwu University, Igbariam Campus. The questionnaire was administered to the respondents with the help of four trained research assistants. A total of one hundred (100) copies of the questionnaire were administered. The reliability of the instrument was determined using Pearson's Product Moment Correlation Coefficient, which yielded a reliability index of 0.90. This high correlation indicates excellent internal consistency and stability of the instrument over time, suggesting that the items consistently

measure the intended constructs. Data were analyzed using SPSS version 26, with significance levels set at $p < 0.05$.

Hypothesis 1 (H_{01}): Peer relations have no significant effect on undergraduate perception of contraceptive use in COOU, Igbariam.

Pearson's Correlation Test:

A Pearson correlation coefficient was calculated to examine the relationship between peer relations and undergraduate perception of contraceptive use.

Table 2: Pearson Correlation between Peer Relations and Perception of Contraceptive Use

Variable	Peer Relations	Perception of Contraceptive Use
Peer Relations	1	0.60**
Perception of Contraceptive Use	0.60**	1

Result:

The analysis revealed a moderate positive correlation between peer relations and perception of contraceptive use ($r = 0.60$, $p < 0.01$). This correlation coefficient of **0.60** suggests a substantial positive relationship between the quality of peer relations and students' perceptions of contraceptive use. Specifically, the data indicates that as the quality of peer relations improves meaning that students experience more trust, support, and positive interaction with their peers their perception of contraceptive use becomes more favorable.

This positive correlation suggests that students who have stronger, more supportive peer relationships are more likely to view contraceptive use as an important and positive health behavior. The influence of peer groups on health behaviors, particularly on topics like contraception, is well-documented in existing literature. Peer groups can shape attitudes and behaviors through shared experiences, discussions, and social norms. For instance, students who engage in open conversations about sexual health and contraception with their peers are more likely to adopt positive attitudes toward contraceptive use and feel more comfortable using them. Conversely, students with weaker or more negative peer relationships might be less likely to engage in these conversations or might hold more skeptical views about contraception.

The significance of this finding is also supported by the statistical significance ($p < 0.01$), which indicates that the relationship between peer relations and perceptions of contraceptive use is unlikely to have occurred by chance. The strength of the correlation (0.60) indicates that peer relations account for a moderate portion of the variability in students' contraceptive perceptions. While other factors such as individual attitudes, cultural influences, and educational background

also play a role, the quality of peer relations appears to be a key predictor of how students perceive contraceptive use.

Descriptive Statistics

The following descriptive statistics were computed for the key variables in the study: Peer Relations**,** Self-esteem**,** and Perception of Contraceptive Use**.**

Table 1: Descriptive Statistics for Key Variables

Variable	Mean	Standard Deviation	Minimum	Maximum
Peer Relations	3.65	0.72	1.00	5.00
Self-Esteem (Rosenberg Scale)	30.85	5.90	10	40
Perception of Contraceptive Use	3.80	0.65	1.50	5.00

Peer Relations Scale: The Peer Relations Scale yielded an average score of 3.65 out of a possible 5.00, which suggests that, overall, the students in the sample reported moderately high levels of positive peer relations. This means that a majority of students experienced healthy and supportive interactions with their peers, characterized by trust, mutual respect, and emotional support. Peer relations play a critical role in shaping students' social experiences and attitudes. The score indicates that, while most students reported good relationships with their peers, there was some variability in the quality of these relationships. Some students likely felt more isolated or faced challenges in their social connections, which may explain the slight variation in scores. This variability in peer relations is an important aspect to consider, as the quality of peer relationships is known to influence attitudes and behaviors, including perceptions of contraceptive use. Overall, the relatively high score suggests that peer interactions in COOU are generally positive, which could foster an environment of open discussion and support regarding sexual health matters, including contraceptive use.

Self-Esteem Scale: The Self-Esteem Scale, specifically the Rosenberg Self-Esteem Scale (RSES), produced an average score of 30.85 (out of a maximum score of 40), with a standard deviation of 5.90. This indicates that most students in the sample exhibit moderate to high levels of self-esteem, suggesting that they generally feel positive about themselves, their worth, and their abilities. Self-esteem is a crucial psychological factor that influences various aspects of life, including decision-making, interpersonal relationships, and health behaviors. A score of 30.85 suggests that students at COOU tend to have a good sense of self-worth, but there is still some degree of variability among individuals. Some students may have higher self-esteem, while others may struggle with lower self-confidence. The variability reflected in the standard deviation (5.90) indicates that while

most students have a healthy sense of self-esteem, a subset of students may experience feelings of insecurity or self-doubt, which could impact their perceptions of contraceptive use. Previous research has shown that higher self-esteem can influence more positive attitudes toward health behaviors, such as using contraception, making self-esteem an important variable to consider when exploring students' perceptions of contraceptive use.

Perception of Contraceptive Use Scale: The Perception of Contraceptive Use Scale resulted in an average score of 3.80 (out of a possible 5.00), indicating that most students held a positive perception of contraceptive use. This suggests that students at COOU generally view contraceptive use as an important and beneficial practice for sexual health, with most having a favorable attitude toward using contraception as a preventive measure against unplanned pregnancies and sexually transmitted infections (STIs). The relatively high mean score of 3.80 indicates that students recognize the value of contraception, but, like peer relations and self-esteem, there is some degree of individual variation in how students perceive contraceptives. This variability may be influenced by personal beliefs, cultural backgrounds, or levels of education about contraceptive methods. The positive perception found in the study is encouraging, as it suggests that many students are open to or already using contraception, which could contribute to healthier sexual practices. However, the fact that some students may hold less positive views highlights the need for further education and awareness programs to ensure that all students have access to accurate information and feel comfortable making informed decisions about contraceptive use.

Hypothesis 2 (H_{02}): Self-esteem has no significant effect on undergraduate perception of contraceptive use in COOU, Igbariam.

Pearson's Correlation Test:

A Pearson correlation coefficient was also calculated to examine the relationship between self-esteem and perception of contraceptive use.

Table 3: Pearson Correlation between Self-esteem and Perception of Contraceptive Use

Variable	Self-esteem	Perception of Contraceptive Use
Self-esteem	1	0.55**
Perception of Contraceptive Use	0.55**	1

Result:
The analysis also revealed a moderate positive correlation between self-esteem and perception of contraceptive use ($r = 0.55$, $p < 0.01$). This correlation coefficient of 0.55 indicates a moderate yet meaningful relationship between students' levels of self-esteem and their perceptions of

contraceptive use. Specifically, as students' self-esteem increases, their perceptions of contraceptive use tend to become more favorable.

Self-esteem refers to an individual's sense of self-worth, confidence, and value, and it plays a key role in influencing health behaviors and decision-making. The findings suggest that students who have higher levels of self-esteem are more likely to hold positive attitudes toward the use of contraception. This could be because students with higher self-esteem are more likely to feel confident in their decision-making abilities, including making informed choices about their sexual health. They may be more open to considering contraceptive options, viewing them as a responsible way to manage sexual health and avoid unintended consequences, such as unplanned pregnancies or sexually transmitted infections (STIs).

The statistical significance of this correlation ($p < 0.01$) confirms that the relationship between self-esteem and perceptions of contraceptive use is unlikely to have occurred by chance. A moderate correlation of **0.55** means that a substantial portion of the variance in students' attitudes toward contraception can be explained by their level of self-esteem. While other factors (such as education, peer influence, and personal experiences) also play a role in shaping attitudes toward contraception, the positive self-image and confidence associated with higher self-esteem appear to be important predictors of more positive views on contraceptive use.

Discussion

The findings of this study provide meaningful insights into the ways in which peer relations and self-esteem influence undergraduate students' perceptions of contraceptive use at Chukwuemeka Odumegwu Ojukwu University (COOU), Igbariam Campus. Overall, the study reveals that both social and psychological factors play a significant role in shaping students' attitudes toward contraceptive use, confirming the relevance of these constructs in understanding reproductive health behaviours among young adults. The results underscore the interplay between interpersonal dynamics, personal confidence, and health-related decision-making within the university environment.

The descriptive statistics indicate that the students in this study generally reported moderately high levels of peer relations, with a mean score of 3.65 out of 5.00. This suggests that the majority of undergraduates experience supportive and trusting interactions with their peers. Peer groups, as evidenced in previous literature, serve as critical socialization agents for adolescents and young adults, influencing attitudes, knowledge, and behaviours regarding sexual health (La Greca & Harrison, 2005). The relatively high quality of peer relations observed in this study indicates that students are likely able to engage in open conversations about sexual health and contraceptive practices, which may normalize responsible behaviours and reduce stigma associated with discussing or using contraceptives. At the same time, the variability in peer relations scores highlights that not all students benefit equally from positive peer interactions; those with weaker

peer support may be less exposed to health-promoting social norms, which could hinder their willingness to adopt contraceptive measures.

Similarly, self-esteem, measured using the Rosenberg Self-Esteem Scale, yielded a mean score of 30.85 out of 40, suggesting that most students possess a moderate to high sense of self-worth. Self-esteem is a key psychological factor in health behaviour models, including the Social Cognitive Theory and the Health Belief Model, as it directly influences confidence, decision-making, and personal agency (Bandura, 1986; Rosenberg, 1965). The correlation between self-esteem and perception of contraceptive use ($r = 0.55$, $p < 0.01$) indicates that students who feel positively about themselves are more likely to adopt favorable attitudes toward contraception. High self-esteem may empower students to make independent and informed reproductive health decisions, resist peer or cultural pressures, and take proactive measures to protect themselves from unplanned pregnancies and sexually transmitted infections. The moderate variability in self-esteem further points to the existence of a subset of students who may require additional psychosocial support to develop confidence in their health-related choices.

The Pearson correlation analyses demonstrated significant positive relationships between both peer relations and self-esteem with perceptions of contraceptive use. Peer relations showed a correlation of $r = 0.60$ ($p < 0.01$), indicating that students with stronger, more supportive, and positive peer networks are more likely to hold favorable attitudes toward contraceptive use. This finding aligns with prior studies emphasizing the role of peers as influential agents in shaping sexual health behaviours, knowledge sharing, and normative beliefs (Bolarinwa et al., 2018; Oyefara, 2019). Students who engage in open discussions with their peers about sexual health issues are likely to develop accurate knowledge, reduce misconceptions, and perceive contraceptives as accessible and beneficial. In contrast, students who lack supportive peer networks may face challenges in accessing information or may internalize misconceptions, which could negatively affect their contraceptive attitudes and adoption.

The correlation between self-esteem and perception of contraceptive use ($r = 0.55$, $p < 0.01$) further underscores the role of personal psychological resources in influencing health behaviour. Individuals with higher self-esteem are more likely to feel competent in making informed sexual and reproductive health decisions. This result supports the theoretical underpinnings of Social Cognitive Theory, which posits that self-efficacy—closely related to self-esteem—is a critical determinant of behaviour. Students with higher self-esteem may be more confident in negotiating contraceptive use with partners, accessing contraceptive services, and overcoming social or cultural barriers that inhibit responsible sexual behaviour.

The multiple regression analysis provided additional insight by examining the combined effect of peer relations and self-esteem on students' perception of contraceptive use. Both variables were significant predictors, with peer relations ($\beta = 0.39$, $p < 0.01$) and self-esteem ($\beta = 0.32$, $p < 0.01$)

contributing uniquely to the model. This indicates that while each factor independently influences students' perceptions, their combined effect is more powerful in predicting attitudes toward contraceptives. The regression results suggest that students' social environment and psychological wellbeing work synergistically: positive peer interactions may reinforce the knowledge, norms, and discussions that support contraceptive use, while high self-esteem enables students to internalize and act on these influences confidently. Together, these findings highlight the importance of addressing both social and individual factors when designing sexual health interventions for university populations.

Conclusion

Based on the findings of the study, it was concluded that peer relations significantly influence students' perceptions of contraceptive use. Students' attitudes and reproductive health decisions are shaped, to some extent, by their interactions with friends, peer group expectations, and the opinions expressed within their social circles. This suggests that peer influence is an important factor to consider when examining undergraduates' perceptions of contraceptive use.

The study also concluded that self-esteem plays an important role in shaping students' perceptions of contraceptive use. Students with higher self-esteem tend to demonstrate greater confidence in expressing their views, making independent health decisions, and resisting undue social pressure. This indicates that students' perceptions and decisions regarding contraceptive use may be influenced by their levels of self-confidence and sense of self-worth.

Recommendations

Based on the conclusions of this study, the following recommendations are made:

1. **Promote Peer Education Programs:** Universities should establish peer-led reproductive health clubs that encourage open discussions about contraceptives, sexual health, and responsible behavior.
2. **Integrate Self-Esteem Development into Curricula:** Counseling centers and educators should include confidence-building and self-awareness sessions in students' orientation and health education programs.

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