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FAMILY, PEER GROUPS, AND SOCIAL MEDIA MISINFORMATION IN SEXUAL AND REPRODUCTIVE HEALTH CHOICES AMONG NIGERIAN WOMEN: A CONCEPTUAL REVIEW

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Abstract

This paper examines the converging influences of family structures, peer networks, and social media misinformation on Nigerian women's sexual and reproductive health (SRH) choices. Drawing on foundational theories—including Patriarchy Theory, Social Cognitive Theory, Diffusion of Innovations, the Biopsychosocial Model, and the Health Belief Model—the analysis highlights how cultural expectations, peer norms, and digital echo chambers perpetuate myths about contraception, fertility, and marriage. These myths constrain women's autonomy, delay medical care, and increase risks of unintended pregnancies and sexually transmitted infections. Scholarly consensus shows that misinformation is socially embedded, transmitted through intergenerational family narratives, reinforced by peer pressure, and amplified by the viral nature of social media. The paper further explores counter-narratives and interventions, emphasising culturally sensitive digital campaigns, peer-led initiatives, and community-based dialogues as effective strategies for disrupting misinformation cycles and empowering women to make informed SRH decisions. By integrating theoretical insights with empirical studies, this work underscores the need for multidimensional interventions that challenge patriarchal myths, reframe health beliefs, and foster resilience against misinformation in Nigeria's reproductive health landscape.

Keywords: Sexual and reproductive health (SRH), Family influence, Peer group dynamics, Social media misinformation, Digital literacy campaigns

INTRODUCTION

From a medical science perspective, every human being who has attained puberty has crucial decisions to make regarding reproductive health. Reproductive health means keeping the body safe and well when it comes to sex, pregnancy, and having children. A good grasp of reproductive health knowledge is required to make informed choices. According to the World Health Organization (WHO, 2026), Sexual and reproductive health refers to a broad range of services that cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships

Historically in Nigeria, families have played a central yet complex role in shaping young adults' reproductive health choices. Traditionally, parents were the gatekeepers of reproductive health knowledge. Mothers often guided daughters on menstruation and fertility, while fathers influenced sons on marriage readiness and family responsibilities. However, in many communities, discussions about sexuality are skewed toward abstinence, early marriage, and childbearing, while sex, contraception, and birth control are avoided. This traditional counselling, according to Sanni et al. (2025) and Omoluabi et al. (2026), ended up producing more young adults with warped knowledge of sexual and reproductive health. It ultimately led to misinformation about contraception, fertility, and sexuality, thus limiting informed choices

Before the digital era, women accessed reproductive health services to make informed decisions through institutionalised health facilities such as Primary Healthcare Centres, Family Planning Centres, antenatal and postnatal clinics, and private hospitals, among others. However, according to John et al. (2024), the advancement in the use of the internet, through social media platforms, brought the widespread dissemination of unverified information on reproductive health choices, which has brought dire

consequences to maternal health**.** J. N. John et al. Journal of General Internal Medicine (2024).

Scholars consistently argue that families in Africa, including Nigeria, have historically transmitted distorted reproductive health knowledge to young adults through silence, myths, and pro-natalist traditions. This misinformation, according to Ankomah (2024) has discouraged contraceptive use, reinforced stigma, and limited informed decision-making**.** Family influence, according to the Frontier Scoping Review (2024), has often been decisive, but not always in ways that promote informed or autonomous decision-making.

Families often passed down myths such as the desirability of pro-natalist tradition, that contraceptives cause infertility or permanent harm, that menstruation should not be openly discussed, and that fertility is guaranteed after marriage. According to Chynyere et.al. (2021), cultural disinformation about condoms and contraceptives from families and other members of society exposes adolescents to unwanted pregnancies and sexually transmitted Infections (STIs). Families often perpetuate beliefs that contraceptives are unsafe or immoral, thereby discouraging their use. Corroborating this view, Alarape (2025) found that cultural beliefs and limited autonomy strongly shaped reproductive health practices. The study concludes that culturally tailored, community-based interventions are critical to bridging the gap between awareness and safe practices.

The inadequacy of family-based sexual and reproductive health (SRH) education and the limited involvement of young people in discussions concerning reproductive health have led many adolescents and young adults to seek information from alternative sources, particularly peers, the internet, and social media. Research shows that adolescents commonly rely on friends, family, school, and online platforms for sexual health information, with the internet and social media becoming increasingly attractive because of their accessibility, anonymity, and convenience (Silva et al., 2024). Furthermore, social media has emerged as a prominent source of sexual health information among young people, enabling them to explore sensitive topics that may not be adequately addressed within the family or school environment (Allsop, 2024). However, this reliance on social media is not without challenges. While social media can improve access to sexual and reproductive health information, it also facilitates the spread of misinformation and misleading reproductive health content, which may negatively influence health decisions and outcomes (John et al., 2024; Dong et al., 2024). Consequently, social media presents both opportunities and risks for sexual and reproductive health promotion among adolescents and young adults.

The rapid growth of internet and social media use in Nigeria has important implications for women's sexual and reproductive health (SRH) choices. With approximately 107 million internet users and 38.7 million social media users in Nigeria as of early 2025, digital platforms have become significant sources of health information and social interaction (DataReportal, 2025). Women, particularly those aged 18 to 34 years, represent a substantial proportion of this online population, making social media an increasingly important channel through which reproductive health information is disseminated and consumed (DataReportal, 2025).

The increasing use of social media among Nigerian women is particularly relevant because these platforms provide access to information on contraception, pregnancy prevention, maternal health, sexually transmitted infections (STIs), and family planning. Research suggests that exposure to family planning information through mobile phones and social media can positively influence contraceptive awareness and reproductive decision-making among Nigerian women (Ayodeji et al., 2025). Social media also creates opportunities for women to discuss sensitive reproductive health issues anonymously, thereby overcoming some of the cultural and social barriers that often restrict access to SRH information in traditional settings.

In Nigeria, this digital landscape has facilitated the spread of harmful medical misconceptions, particularly during public health crises, which often culminate in delayed clinical interventions and the adoption of unsafe reproductive health practices (Shuaibu et al., 2024). Platforms such as Facebook, WhatsApp, and TikTok become primary sources for maternal health information (Abdullahi et al., 2026). The absence of rigorous content moderation exacerbates the risk of women adopting unproven medical advice. Consequently, underlying behavioural factors and deeply entrenched gendered power dynamics increasingly complicate the adoption of digital health tools, shaping how reproductive health information is interpreted and internalised (Ehiemere et al., 2026).

Furthermore, the unchecked dissemination of contradictory narratives often hinders the effectiveness of formal healthcare interventions, as digital platforms frequently prioritise sensationalism over clinical accuracy (Pandey et al., 2024; Purnat et al., 2025). The resulting infodemic environment fosters widespread confusion and mistrust in health authorities, effectively obstructing public health objectives related to maternal and reproductive care. According to Pagoto et al. (2023, p. 1) and Pawar and Kakade

(2024), social media platforms have increasingly become important sources of health information and influence users' health-related decisions.

The focus of this paper is the influence of misinformation, from the perspectives of family, peer groups, and social media, on the sexual and reproductive health choices among Nigerian women. Adeniran (2025) and Agu (2025) affirm that social media misinformation significantly shapes reproductive health choices among Nigerian women by exposing them to information that enables them to circumvent traditional stigma. Sometimes, the information might not be wholesome, often leading to delayed medical care, reliance on myths, and increased risks of unintended pregnancies and sexually transmitted infections. The harmful effects of reproductive health misinformation are evident in the experiences of women living with Polycystic Ovary Syndrome (PCOS). Agu (2025) found that 62.5% of women with PCOS who relied on social media for health information reported experiencing confusion, while 56.25% engaged in self-diagnosis and 68.75% experimented with unverified treatments. These findings suggest that exposure to inaccurate or misleading online information can undermine informed health decision-making, encourage potentially unsafe health practices, and delay access to appropriate medical care.

The consensus among scholars is that the rapid expansion of digital platforms in Nigeria has transformed how women access reproductive health information. Yet, the prevalence of unregulated and inaccurate content frequently compromises medical trust and health-seeking behaviours (Ofei et al., 2026a, 2026b). While these platforms serve as critical conduits for health awareness and advocacy, the unchecked circulation of misleading narratives often exacerbates sociocultural barriers and distorts reproductive decision-making (Adekunle, 2025; John et al., 2024).

Global social media statistics research summary (2025) says there are now approximately 5.6 billion active social media users, which equates to roughly 68.7% of the global population, out of which Nigerian social media users are estimated to be roughly 38.7 million (DataReportal, 2025). Social media platforms that were created to enable connections between friends have become important platforms for the production and exchange of information and news, as many adults across the globe now receive their news from social media (Tandoc, Lim, & Ling, 2018). Specifically, as of early 2025, Nigeria had about 107 million internet users (45.4% penetration), with women making up roughly 49.4% of the population. In Nigeria, female internet usage is highest among young adults aged 18–34, with over half of women in this age group online, while teenage girls (13–17) show rapid growth in social media adoption. Older women (45+) remain significantly underrepresented due to cultural, economic, and infrastructural barriers. (DataReporal 2025). Cultural barriers distort reproductive decision-making (Adekunle, 2025; John et al., 2024).

STATEMENT OF THE PROBLEM

Despite increased access to digital platforms and peer networks, Nigerian women's sexual and reproductive health (SRH) choices remain heavily influenced by misinformation. Family norms, peer group pressures, and unregulated social media narratives often perpetuate myths about contraception, fertility, and sexually transmitted infections (Ankomah et al., 2011; Ayodeji et al., 2025; Mandal et al., 2022). This misinformation leads to delayed medical care, reliance on unsafe practices, and heightened risks of unintended pregnancies and reproductive health complications. The persistence of this misinformation underscores a critical gap in evidence-based health communication and highlights the urgent need to investigate how family, peer groups, and social media collectively shape women's SRH decisions in Nigeria.

Scholars have consistently noted that family structures in Nigeria, often patriarchal and conservative, exert significant influence on women's health decisions, particularly regarding contraception, fertility, and access to reproductive services (Adebayo and Ojo, 2021). In many cases, cultural and religious norms transmitted through family networks discourage open dialogue about SRH, thereby limiting women's autonomy and reinforcing stigma around contraceptive use and sexual health education. (Mandal et al., 2022; Rossouw & Oyenubi, 2024).

Myths and misconceptions about contraception, including fears of infertility and cancer, have been identified as barriers to contraceptive uptake in Nigeria (Federal Ministry of Health, 2020). According to the 2018 Nigeria Demographic and Health Survey, 12.2% of women used modern contraceptive methods, while a larger proportion relied on traditional methods or no contraception. Evidence further suggests that decision-making dynamics within couples and households significantly influence modern contraceptive use (National Population Commission [NPC] and ICF, 2019; Abubakar and Abubakar, 2024).

Fear of modern contraceptives and trust in information passed through family and community

networks, according to Nigeria Health Watch (2026), have contributed to the continued use of traditional pregnancy-prevention practices among some Nigerian women (Nigeria Health Watch, 2026). Peer groups further complicate this landscape. Studies highlight that young women often rely on peers for information about sexual and reproductive health (Okonofua, 2020; Agu et al., 2023; Mbachu et al., 2024), yet peer-shared knowledge is frequently inaccurate or incomplete. Peer influence can normalise misconceptions—such as exaggerated fears about side effects of contraceptives or myths surrounding fertility—leading to poor health choices and reduced uptake of medically sound interventions.

The magnitude of SRH misinformation among young people is reflected in large-scale evidence from Nigeria. Blanc et al. (2016) analysed over 300,000 messages submitted to the MyQuestion reproductive health platform and found extensive misunderstanding and misinformation concerning contraception, fertility, pregnancy prevention, and sexual health. The volume and nature of these inquiries suggest that gaps in accurate SRH knowledge remain pervasive, reinforcing concerns about the capacity of young people to make informed reproductive health decisions.

The rise of social media has amplified these challenges. Grey literature reports from organisations such as Nigeria Health Watch (2023) and the Centre for Democracy and Development (2022) reveal that platforms like Facebook, WhatsApp, and Twitter have become major conduits for reproductive health misinformation. False claims about contraceptives causing infertility, vaccines affecting reproductive capacity, or culturally embedded myths about menstruation circulate widely, often outpacing corrective messaging from health authorities. The viral nature of such misinformation erodes trust in medical institutions and discourages women from engaging with formal health services. Scholars argue that this digital misinformation environment exacerbates existing socio-cultural barriers, creating a "double burden" of offline stigma and online disinformation (Chukwuma and Eze, 2023).

False information circulating on social media has been found to cause many individuals to delay or avoid seeking professional medical care, resulting in emotional distress, financial burdens, and increased health risks (Adeniran, 2025). Misinformation regarding the HPV vaccine, including claims that it causes infertility, cancer, or death, contributed substantially to vaccine hesitancy, with 45% of HPV-related online conversations reflecting mistrust and fear (Nigeria Health Watch, 2025).

Exposure to inaccurate sexual and reproductive health information on digital platforms contributes to misconceptions and confusion among Nigerian adolescents, particularly regarding contraception and reproductive health issues (Gyihya, 2025). The problem, therefore, is not merely one of information scarcity but of information distortion within trusted networks—family, peers, and digital communities. While Nigeria has made strides in expanding reproductive health services, the effectiveness of these interventions is undermined by entrenched cultural influences and the unchecked spread of misinformation online. Without targeted strategies to counter misinformation and strengthen trust in credible health communication, Nigerian women's sexual and reproductive health choices will continue to be shaped by inaccurate, stigmatising, and potentially harmful narratives.

OBJECTIVES OF THE STUDY

1. To examine the existing body of literature on the influence of family beliefs and cultural norms on women's reproductive health decision-making in Nigeria.
2. To analyze findings from previous studies regarding the role of peer influence in shaping perceptions and behaviours related to contraception, fertility, and sexual health.
3. To review evidence on the impact of social media misinformation on women's sexual and reproductive health knowledge, attitudes, and practices.
4. To synthesise empirical evidence on the reproductive health consequences associated with misinformation disseminated through family networks, peer groups, and social media platforms.
5. To identify and evaluate strategies proposed in the literature for addressing misinformation and improving access to accurate, evidence-based sexual and reproductive health information among Nigerian women.

LITERATURE REVIEW

Sexual and reproductive health (SRH) choices among Nigerian women are shaped by a complex interplay of cultural traditions, family influences, peer group dynamics, and the rapidly expanding digital ecosystem. In a country where over 60% of the population actively uses social media platforms, the spread of

misinformation has become a powerful determinant of health behavior. Myths about contraception, fertility, and sexually transmitted infections circulate widely online, often clashing with entrenched family values and peer group pressures.

Family remains the first source of socialization, transmitting cultural norms and expectations that can either empower or restrict women's reproductive choices. Peer groups, particularly among adolescents and young adults, reinforce attitudes through shared experiences, sometimes perpetuating misconceptions about sexuality and contraceptive use. Social media adds a new layer of influence, amplifying both accurate information and dangerous myths at unprecedented speed.

The convergence of these three forces—family, peers, and social media—according to scholarly research, creates a fertile ground for misinformation to thrive. Women navigating reproductive decisions often find themselves caught between traditional expectations, peer-driven narratives, and digital misinformation. This dynamic not only delays medical care but also increases vulnerability to unintended pregnancies, unsafe abortions, and sexually transmitted infections.

Understanding how these influences intersect is critical for designing effective interventions. A literature review of existing scholarship reveals that, while family and peer groups have long been recognized as key determinants of reproductive health behavior, the rise of misinformation on social media introduces new challenges that demand urgent scholarly attention. This paper situates Nigerian women's Sexual and Reproductive Health (SRH) choices within this triad of influences, highlighting the need for evidence-based communication strategies that counter myths and promote informed decision-making. This study examines scholarly discourse on the influence of family, peer groups, and social media misinformation on sexual and reproductive health, and synthesize existing perspectives in the context of established themes.

THEORETICAL FRAMEWORK

This study is anchored in four complementary theories—Social Cognitive Theory, the Health Belief Model, the Theory of Planned Behaviour, and the Diffusion of Innovation Theory—which together provide a multidimensional lens for understanding how family, peer groups, and social media misinformation shape sexual and reproductive health choices among Nigerian women

Social Cognitive Theory

Bandura (1977) emphasises that behaviour is learned through observation, imitation, and modelling within social contexts. Nigerian women often look to family members, peers, and online communities as role models. When misinformation about contraception or reproductive health circulates within these networks, it becomes normalised and reinforced, influencing women's choices. The concept of self-efficacy is particularly relevant: misinformation can undermine women's confidence in their ability to make informed health decisions.

The Health Belief Model

Rosenstock (1966) and Becker (1974) posit that perceptions of susceptibility, severity, benefits, and barriers shape health behaviours. In the Nigerian context, misinformation from peers and social media may reduce perceived susceptibility to sexually transmitted infections or unintended pregnancy, minimise perceived severity of consequences, or exaggerate barriers to contraceptive use (e.g., myths about infertility). Family influence often acts as a cue to action, either encouraging preventive behaviour or reinforcing misinformation.

The Theory of Planned Behaviour

Ajzen (1991) highlights the role of intention in shaping behaviour, which is determined by attitudes, subjective norms, and perceived behavioural control. Family expectations and peer group pressures strongly influence subjective norms, while misinformation on social media shapes attitudes toward sexual health practices. If women perceive limited control over their choices—due to stigma, cultural taboos, or conflicting information—their intentions to adopt safe practices weaken, even when they recognise potential benefits.

Diffusion of Innovation Theory

Rogers (1962) explains how new ideas and practices spread through social systems. Accurate sexual health information competes with misinformation in Nigerian communities. Innovations such as modern

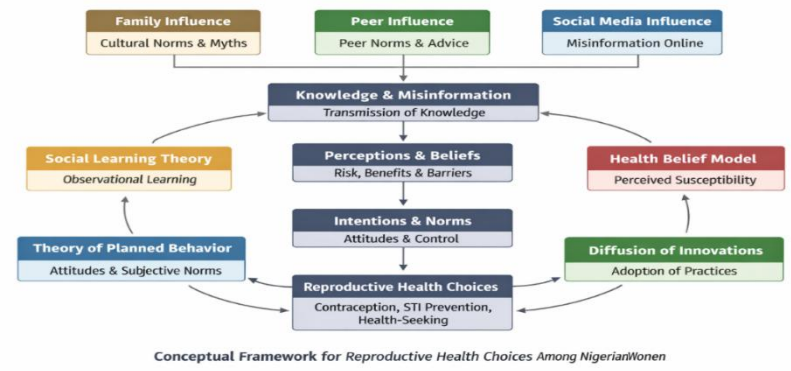
contraceptive methods may be perceived as incompatible with cultural norms, complex to understand, or difficult to access, slowing their adoption. Conversely, misinformation often diffuses rapidly through social media because it appears more compatible with prevailing beliefs and is easily observable in peer discussions. Also, social media algorithms prioritise engagement over factual.

Theoretical Synthesis and Relevance to the Study

While each theory offers a distinct perspective, together they provide a comprehensive framework for understanding how family influence, peer interactions, and social media misinformation shape sexual and reproductive health decisions among Nigerian women. At the social level, Social Cognitive Theory explains how women are exposed to and learn reproductive health beliefs through observation and interaction with significant others, including family members, peers, and online communities. Through repeated exposure, misinformation becomes normalised and may influence individual perceptions and behaviours. The Health Belief Model complements this perspective by explaining how such information influences health beliefs. Information received from family members, peers, and social media affects women's perceptions of susceptibility to reproductive health risks; the severity of those risks, the benefits of preventive practices, and the barriers associated with adopting them. For example, myths that contraceptives cause infertility may increase perceived barriers and discourage contraceptive use.

The Theory of Planned Behaviour extends the explanation by demonstrating how these beliefs translate into behavioural intentions. Family expectations, peer approval, and prevailing social media narratives shape subjective norms and attitudes toward reproductive health practices. These factors, together with perceived behavioural control, influence women's intentions to seek accurate information, use contraceptives, or adopt other preventive health behaviours. Finally, Diffusion of Innovation Theory explains the broader social process through which both accurate information and misinformation spread within communities. Family networks, peer groups, and social media platforms serve as channels through which ideas about contraception, fertility, and sexual health are disseminated. Because misinformation is often emotionally appealing and culturally resonant, it may spread rapidly and compete with evidence-based health information.

Collectively, the four theories suggest that reproductive health behaviour is shaped through a sequential process: women are first exposed to information through social networks (Social Cognitive Theory); this information influences their health beliefs (Health Belief Model); these beliefs shape intentions and decision-making (Theory of Planned Behaviour); and the information itself spreads through interpersonal and digital communication channels (Diffusion of Innovation Theory). This integrated framework is therefore appropriate for examining how family influence, peer group interactions, and social media misinformation affect sexual and reproductive health choices among Nigerian women.



Conceptual Framework for *Reproductive Health Choices Among NigerianWonen*

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METHODOLOGY

This paper is a library-based research inquiry. It relies on secondary data, that is, existing scholarship rather than new field data. It is a qualitative and interpretive research design, focusing on integrating diverse strands of literature into a coherent framework. It is not empirical but conceptual, relying on systematic collection, evaluation, and synthesis of existing scholarship to construct a coherent framework for

understanding the influence of family and peer groups and social media misinformation on sexual and reproductive health choices among women in Nigeria.

Search Strategy

A comprehensive literature search was conducted to identify relevant studies and reports on the influence of family, peers, and social media misinformation on women's sexual and reproductive health (SRH) in Nigeria. Electronic databases including Google Scholar, PubMed, Scopus, ScienceDirect, and ResearchGate were searched. In addition, relevant publications from government agencies and international organisations such as the Federal Ministry of Health (FMOH), National Population Commission (NPC), World Health Organisation (WHO), United Nations Population Fund (UNFPA), FP2030, and Nigeria Health Watch were reviewed.

Included in the search were studies focusing on sexual and reproductive health issues, particularly on how misinformation impacts SHR knowledge, attitudes, and practices in Nigeria. To ensure the quality and credibility of the evidence, all selected sources were critically appraised before inclusion in the review. The appraisal considered the credibility and reputation of the publishing journal, relevance of the studies to the research objectives, and the consistency of the findings with other studies included in the review. Peer-reviewed journal articles and reports from recognised institutions such as WHO, UNFPA, FMOH, and NPC were given greater weight due to their methodological rigour and authoritative nature.

The extracted data were analysed using a thematic synthesis approach. Findings were organised according to the major themes of the study:

1. Family beliefs and cultural norms influencing SRH decisions.
2. Peer influence on reproductive health attitudes and behaviours.
3. Social media misinformation and SRH knowledge.
4. Consequences of misinformation on reproductive health outcomes.
5. Strategies for improving access to accurate SRH information.

The synthesised findings were then compared and integrated to identify recurring patterns, areas of agreement, and gaps in the existing literature.

FINDINGS AND DISCUSSION

Family Influence

Traditional family structures in Nigeria continue to exert a profound influence on women's sexual and reproductive health choices. Isiugo-Abanihe (1994), drawing on *Patriarchy Theory* and the *Gender Power Relations Framework*, demonstrated how male dominance and lineage continuity shape fertility preferences and often limit women's autonomy. Parents, elders, and extended kin transmit reproductive knowledge that is frequently infused with myths—such as the belief that contraceptives cause infertility or that large families ensure social security. These narratives reinforce patriarchal expectations around marriage and fertility.

Corroborating this argument, Hawkes & Buse (2013) contend that reproductive health decisions are not made by women alone but are shaped by gender norms, family structures, and community power relations. They upheld the view that older family members often influence reproductive choices by reinforcing cultural expectations.

Furthermore, Upadhyay et al. (2014) explained how family authority can either support or constrain women's contraceptive use and fertility decisions. They posited that women's reproductive behaviour is strongly influenced by their level of empowerment and decision-making autonomy within families. This invariably makes it difficult for women to autonomously subscribe to any form of family planning method, as they are deeply controlled by parents or elders in the family.

Aliyu and Aransiola (2023) also argue, consistent with previous scholars, that parental influence has a significant impact on younger women's reproductive health knowledge through communication, but cultural and religious beliefs frequently limit openness, resulting in misinformation or incomplete knowledge. Examining the discourse from a Patriarchy lens, Osamor and Grady (2017), using Nigerian data, confirmed that women's healthcare decisions are heavily influenced by husbands and wider social structures, including cultural expectations upheld by family members. They agreed that women's autonomy varies according to education, residence, and prevailing family norms. Bass & Okuwa (2026) note that women's contraceptive use increases when they participate in household decision-making. When partners or family members make health decisions alone, women's reproductive autonomy declines.

Social Media Misinformation

The viral nature of social media amplifies reproductive health myths, creating echo chambers where misinformation is normalised. Okigbo et al. (2017), applying *Diffusion of Innovations Theory* and *Social Network Theory*, highlighted how myths spread rapidly across peer networks online. Adeniran (2025), grounded in the *Health Belief Model*, found that misinformation about contraception and fertility delays medical care, increases reliance on unverified remedies, and heightens risks of unintended pregnancies and sexually transmitted infections.

Blanc et al. (2016), in their analysis of over 300,000 text messages sent by Nigerian youths to the MyQuestion sexual and reproductive health platform, found that many young people relied on myths, misinformation, and inaccurate online or peer-shared information about contraception, pregnancy, abortion, and STIs. They concluded that misinformation creates confusion, delays appropriate healthcare-seeking, and encourages unsafe self-treatment and unverified remedies.

Chima-Oduko & Odeyemi (2025), from their study among university students in Lagos, established that social media and digital platforms can either spread misinformation or improve knowledge. Where misinformation dominates, young people engage in risky sexual behaviours and underuse reproductive health services. They upheld that digital health education significantly improved knowledge and increased health-service utilisation. Kreps (2021) also argues that digital misinformation undermines informed decision-making and delays appropriate healthcare.

Owing to their overindulgence on social media, Ayodeji et al. (2025) observed that Nigerian women increasingly obtain family-planning information through mobile phones and social media. However, they found that false online narratives often discourage contraceptive use by exaggerating side effects, leading some women to rely on ineffective traditional remedies and increasing the risk of unintended pregnancies.

Akande et al. (2024), from their randomised controlled trial, demonstrated that providing adolescents with accurate digital reproductive health education significantly improved knowledge and reduced risky sexual practices. The study argues that evidence-based digital communication is essential to counter online myths that expose adolescents to STIs and unintended pregnancies. These findings converge to show that social media is both a powerful amplifier of myths and a barrier to informed health decisions.

Peer Group Influence

Peer groups and youth social networks act as informal educators, shaping reproductive health choices through mechanisms explained by *Social Learning Theory* (Bandura, 1977). Chima and Alawode (2020) demonstrated how peer norms, magnified by social media, reinforce myths such as “contraceptives cause infertility.” Yet peers also occasionally promote accurate information, challenging family and social media narratives. This dual role underscores the importance of peer-led interventions. Counter-narratives that leverage peer ambassadors, youth clubs, and campus-based SRH initiatives can redirect peer influence toward accurate, empowering information. By harnessing the same dynamics that spread myths, these interventions transform peer networks into vehicles for positive change.

Olumide et al. (2020) found that peers are one of the strongest influencers of adolescents' contraceptive decisions. Friends often share stories about contraceptive side effects—including the belief that contraceptives can cause infertility—which discourages use. At the same time, supportive peer networks can encourage adolescents to seek accurate information and access family planning services. Akinsulie et al. (2018) demonstrated that misconceptions such as "contraceptives cause infertility," "contraceptives damage the womb," and "family planning causes permanent sterility" circulate widely through social networks, including friends and peers. These myths significantly reduce contraceptive uptake among Nigerian women. Taiwo (2023) and his colleagues further argue from both sides of the issue, as they validated that peer groups reinforce prevailing social norms about sexuality and contraception. They asserted that adolescents frequently obtain reproductive health information from friends, but those discussions often contain myths and misconceptions. Conversely, they also observed that informed peer networks can promote healthier sexual behaviours and increase the use of reproductive health services.

Fagbamigbe et al**.** (2018), in their work "*Demand and unmet needs of contraception among sexually active in-union women in Nigeria: Distribution, associated characteristics, barriers, and program implications"*, although their study focused on contraceptive demand, their investigation revealed that women's perceptions of contraceptive use among friends and relatives strongly influence their own decisions. Peer approval encourages uptake, while misinformation circulating within friendship networks contributes to unmet contraceptive needs. Common findings across these Nigerian studies show consistency **in** the view that peers are major informal educators on sexual and reproductive health, especially among adolescents and young adults.

Counter-Narratives & Interventions

Across family, peer, and social media domains, misinformation converges to undermine Nigerian women's reproductive autonomy. Yet interventions grounded in culturally sensitive approaches demonstrate effectiveness in countering these narratives. The *Biopsychosocial Model* (Engel, 1977) highlights the emotional distress and stigma caused by misinformation, as seen in Agu's (2025) study on women with PCOS. Addressing these psychosocial dimensions requires counselling services, support groups, and destigmatization campaigns. Meanwhile, the *Health Belief Model* provides a framework for designing interventions that reframe contraceptive benefits, reduce perceived barriers, and provide cues to action.

Similarly, Akinfaderin-Agarau (2016) argues that Nigerian youths continue to experience significant reproductive health information gaps because they are exposed to myths, misconceptions, and inaccurate information. Drawing on more than 300,000 text messages submitted to the MyQuestion platform, she contends that culturally appropriate digital platforms where trained counsellors respond to users' concerns are effective in correcting misinformation and improving reproductive health knowledge. She further maintains that digital interventions should provide confidential, culturally sensitive, and interactive communication rather than merely disseminating health messages.

In the same vein, Ofomata-Aderemi (2016) contends that confidential digital reproductive health services provide young Nigerians with opportunities to seek clarification about culturally sensitive issues that they may be unwilling to discuss publicly. She observes that expert responses delivered through mobile technology help dispel misconceptions regarding contraception, pregnancy and sexually transmitted infections, thereby supporting informed reproductive health decisions.

Akaba (2016) further posited a counter-narrative and suggested an applicable intervention, asserting that community-based reproductive health programmes become more effective when they involve men and encourage spousal communication. He maintains that misconceptions about family planning can be reduced through community dialogue, resulting in improved acceptance of modern contraceptive methods. His findings suggest that community participation enhances reproductive health outcomes more effectively than health campaigns implemented without local involvement. Digital literacy campaigns, community dialogues, and peer-led initiatives converge as multidimensional strategies that empower women to make informed SRH choices.

Convergence

The persistence of myths in the review indicates a defining feature of sexual and reproductive health (SRH) misinformation. Rather than existing solely within one sphere of influence, myths are embedded within family relationships, peer networks, and social media environments, where they mutually reinforce one another. Contemporary scholarship suggests that misinformation about contraception, fertility, menstruation, pregnancy, and other reproductive health issues is sustained through a dynamic exchange between interpersonal and digital information sources rather than originating from a single domain. John et.al. (2025), Newton (2024).

Taken together, the scholars' views in this study reveal that misinformation is not simply a distortion of facts but a socially embedded phenomenon reinforced by family hierarchies, peer dynamics, and digital networks. Theories of patriarchy, social learning, diffusion of innovations, the biopsychosocial model, and the health belief model converge to explain how misinformation shapes reproductive health choices. Counter-narratives and interventions must therefore be multidimensional. These include challenging patriarchal myths, leveraging peer influence, disrupting echo chambers, addressing psychological distress, and reframing health beliefs. This integrated approach ensures that Nigerian women are empowered to resist misinformation and make autonomous, informed reproductive health decisions.

The theoretical frameworks show that reproductive health behaviour is shaped through a sequential

process: Women are first exposed to information through social networks (Social Cognitive Theory); this information influences their health beliefs (Health Belief Model); these beliefs shape intentions and decision-making (Theory of Planned Behaviour); and the information itself spreads through interpersonal and digital communication channels (Diffusion of Innovation Theory). This integrated framework is therefore appropriate for examining how family influence, peer group interactions, and social media misinformation affect sexual and reproductive health choices among Nigerian women.

CONCLUSION

The convergences across family structures, peer networks, and social media reveal that misinformation about sexual and reproductive health in Nigeria is deeply embedded in cultural norms, social dynamics, and digital ecosystems. Grounded in theories of patriarchy, social learning, diffusion of innovations, and the health belief model, scholars consistently show how myths and false narratives constrain women's autonomy, delay medical care, and heighten reproductive risks. Yet these same frameworks also illuminate pathways for resistance: counter-narratives that challenge patriarchal myths, peer-led initiatives that reframe youth influence, and culturally sensitive digital campaigns that disrupt echo chambers. By integrating family-based dialogues, peer ambassador programs, and digital literacy interventions, a multidimensional strategy emerges—one that empowers Nigerian women to make informed reproductive health choices and transforms misinformation into an opportunity for collective resilience and social change.

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