



Background

- **Social Norms** are the unwritten rules for acceptable and appropriate actions within a given group or community, they could potentially exert a profound influence on the contraceptive decisions made by young women.¹
- **The Theory of Planned Behavior** suggests that an individual's behavioral intentions and subsequent actions are guided by their attitudes, subjective norms, and perceived behavioral control. Hence, this theory suggests that social norms could potentially influence behaviors.²
- Statistics show that contraceptive use among women who were sexually active and not seeking pregnancy was lowest among 15–24-year-olds (83%) and highest among 25–34-year-olds (91%), which demonstrates a gap in contraceptive use.^{3,5}
- Research has shown that for female college students, social norms and intentions for contraceptive use were high but only a limited number of women used contraception.⁴

Objectives

- To explore and determine how social norms influence contraceptive use behaviors among female UCSD students aged 18-24.

Methods

- **Exposure:** Social Norms
- **Outcome:** Contraceptive use
- A cross-sectional study was conducted in April 2024 (n=95, N=119, 95 valid participant responses).
- The survey was distributed to female UC San Diego college students, ages 18-24, via social media (i.e. Reddit/Instagram, emails, and word-of-mouth).
- The survey was broken into three sections:
 1. **Personal demographic questions** (i.e. grade level, race/ethnicity, age, parent's highest education level, religious affiliation, and sexual activity)
 2. **Contraceptive use method** (i.e. form of contraceptive and frequency)
 3. **Influence of Social Circles and Partner Opinions on Contraceptive Use** (i.e. peer views, partner views, and important people to participant views)
- Chi-square tests were used to examine the relationship between contraceptive use and social norms.

Results

- After running chi-square tests to compare groups that use contraceptives to social norm question responses, results showed no significant effect of friends using contraceptives (p=1.00), or important people viewing contraception positively (p=1.00). The influence of friends thinking a participant should use contraceptives was notable but not significant (p=0.27). "I follow my partner's opinion on contraceptive use" had no significance (p=0.56), and the "partner's refused or stopped my contraceptive use" was also non-significant (p=0.77).

Results: Tables

Table 1: Demographics

Variable	Contraceptive use status		
	Yes	No	Total (n)
Average age (years)	20.68	20.19	20.46
Grade level			
Freshman	4 (4.2)	4 (4.2)	8 (8.4)
Sophomore	7 (7.4)	9 (9.5)	16 (16.8)
Junior	13 (13.7)	15 (15.8)	28 (29.5)
Senior	25 (26.3)	13 (13.7)	38 (40.0)
Graduate	4 (4.2)	1 (1.1)	5 (5.3)
Parent's highest education level			
Less than high school	10 (10.5)	8 (8.4)	18 (19.0)
High school graduate or equivalent (GED)	8 (8.4)	7 (7.4)	15 (15.8)
Some college, but no degree	9 (9.5)	4 (4.2)	13 (13.7)
Associate's degree or certificate	2 (2.1)	4 (4.2)	6 (6.3)
Bachelor's degree	11 (11.6)	12 (12.6)	23 (24.2)
Master's degree	8 (8.4)	5 (5.3)	13 (13.7)
Doctorate or professional degree	5 (5.3)	2 (2.1)	7 (7.4)
Religious affiliation			
Buddhism	4 (4.2)	3 (3.2)	7 (7.4)
Catholic	10 (10.5)	11 (11.6)	21 (22.1)
Christianity	6 (6.3)	10 (10.5)	16 (16.8)
Islam	0	3 (3.2)	3 (3.2)
Judaism	1 (1.1)	0	1 (1.0)
No religious affiliation	31 (32.6)	15 (16.8)	46 (48.4)
Other	1 (1.0)	0	1 (1.0)
Sexually active			
Yes	43 (45.3)	16 (16.8)	59 (62.1)
No	10 (10.5)	26 (27.4)	36 (37.9)
Race/Ethnicity			
African American	2 (2.1)	3 (3.2)	5 (5.3)
American Indian or Alaska Native	0	1 (1.2)	1 (1.2)
Asian	26 (27.4)	19 (20.0)	45 (47.4)
Hispanic/Latino	15 (15.8)	13 (13.7)	28 (29.5)
Middle Eastern or North African	1 (1.1)	1 (1.1)	2 (2.1)
White	9 (9.5)	5 (5.3)	14 (14.7)

Table 2: Chi-Square Model

Variable	Contraceptive use status			p-value
	Yes	No	Total (n)	
Friends use contraceptives:				1.00
Agree	48 (51.1)	37 (39.4)	85 (90.4)	
Disagree	5 (5.3)	4 (4.3)	9 (9.6)	
Friends think I should use contraceptives:				0.27
Agree	49 (52.1)	34 (36.2)	83 (88.3)	
Disagree	4 (4.3)	7 (7.5)	11 (11.7)	
Important people to me view contraception positively:				1.00
Agree	49 (52.1)	38 (40.4)	87 (92.6)	
Disagree	4 (4.3)	3 (3.2)	7 (7.5)	
I follow partner's opinion on contraceptive use:				0.56
Agree	17 (18.1)	10 (10.6)	27 (28.7)	
Disagree	36 (38.3)	31 (33.0)	67 (71.3)	
Partner refused or stopped my contraceptive use:				0.77
Yes	2 (2.1)	3 (3.2)	5 (5.3)	
No	51 (54.3)	38 (40.4)	89 (94.7)	

Conclusion

- The data suggests a trend of increased contraceptive use among individuals whose social circles—both friends and important others—support or use contraception. However, these trends are not statistically significant, indicating that while social norms may have some influence, they are not definitive factors in contraceptive use decisions.
- The influence of partner opinions, particularly negative ones, could be a promising factor to look into with further research, though the correlations are not statistically strong given the data. Thus, while social norms and partner opinions do seem to play a role, they are not dominant factors.
- We only fail to reject the null hypothesis (H0) that social norms influence contraceptive use behaviors.

Study Limitations

1. **Limited Generalizability:** Focusing solely on female UCSD students aged 18-24 may restrict the study's applicability to broader populations.
2. **Self-Report Bias:** Reliance on survey responses could introduce bias or inaccuracies in reporting.
3. **Sampling Methodology:** Convenience sampling methods may lead to selection bias, potentially skewing the representativeness of the study sample.

Policy Implications

1. **Educational Initiatives:** Implementing targeted educational campaigns within UC San Diego to raise awareness about the influence of social norms on contraceptive behaviors among female students aged 18-24.
2. **Enhanced Access to Resources:** Improving access to contraceptive resources and services on campus, making sure they are both affordable and convenient for all students.
3. **Supportive Campus Environment:** Cultivating a warm and inviting campus atmosphere where everyone feels comfortable discussing contraception, debunking myths, and promoting informed decision-making. Promoting positive peer support and challenging restrictive gender norms to promote reproductive health and empower young women in their contraceptive decisions.

References

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