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CULTURAL AND PERSONALITY INFLUENCES ON ATTITUDES TOWARD THE 'BABY MAMA' SYNDROME AMONG YOUTHS IN NIGERIA

OMONIGHO SIMON UMUKORO
Department of Industrial and Organizational Psychology,
College of Economic and Management Sciences,
University of South Africa (UNISA)

Abstract

This study examined the role of cultural and personality dimensions on attitudes towards the baby mama syndrome among final year students at the University of Lagos (UNILAG). A purposive sampling technique was used to select 383 participants (147 males and 236 females) from nine faculties. The instruments employed included the Multidimensional Scale of Perceived Social Support, the Big Five Inventory, and the Attitude Towards Baby Mama Syndrome Scale. Utilizing a cross-sectional survey design, the data were analyzed using Analysis of Variance (ANOVA), T-tests, and multiple regression through the Statistical Package for Social Sciences (SPSS). The results indicated that family background significantly predicted attitudes towards the baby mama syndrome [$F_{(4, 378)}=16.57$; $p<.01$]. Specifically, the family support dimension of social support was a significant predictor of baby mama syndrome anxiety ($\beta=-.29$, $p<.01$). Additionally, the personality dimensions of extraversion ($\beta=.13$, $p<.05$), conscientiousness ($\beta=-.13$, $p<.05$), and neuroticism ($\beta=.31$, $p<.01$) significantly predicted attitudes towards the baby mama syndrome. The study also found that males reported more positive attitudes towards the baby mama syndrome compared to females. The findings were discussed in relation to existing literature, with limitations acknowledged and suggestions for future research provided. Implications were drawn for research, societal understanding, academic discourse, and family dynamics.

Keywords: *Baby Mama Syndrome, Social Support, Personality, Family Background*

1. INTRODUCTION

1.1 Background

In traditional African societies, the idea of having children outside marriage is frowned upon and individuals who find themselves in that situation are often stigmatized because women are expected to attain a certain age and become married before having sex (Budu et al., 2023). However, in Nigeria, the decisions taken by young adults in sexuality might be said to be changing. Many are likely now disassociating from getting into long tied marital union and this may be a result from the enculturation of a diffused western culture

Corresponding author: Omonigho Simon Umukoro
E-mail address: sumukoro@unilag.edu.ng

(Umukoro, 2025). Rather than the regrets, teenagers now take pleasure having children out of wedlock as long as it raises prestige and status to stardom; not the companionship but the financial gains for having children for men with a high standard of living (Ifeagwazi et al, 2014). Concerns may be tailored in this direction to understand the reasons behind this change in the pattern of sexuality. Research studies (Clark & Hamplova, 2013) have shown that approximately 50% of women from Sub-Saharan Africa have a high possibility of becoming single mothers following divorce or spousal death. There also seems to be an increasing trend of unwed young mothers popularly known as baby mamas.

Like other nations in sub-Saharan Africa, Nigeria is witnessing continuous increase in motherhood outside marriage due to marital breakdowns, widowhood, or by choice. These have created a vast number of single mothers providing for their families all over the nation. This is further worsened by the fact that numerous celebrities such as Innocent Idibia popularly known as 2Baba, Ayomide Balogun popularly known as Wizkid, and David Adeleke popularly known as Davido all boast of numerous baby mamas. This has made the phenomenon of baby mama seem acceptable and even appealing to young females. It is in this light that Adeojo, et al. (2022) opined that today many young people are getting pregnant out of wedlock and it is even celebrated by the media. According to Adejoh et al. (2019), the idea of having children outside marriage is seen by some ladies as a way to gain financial support, publicity, and a way to being a parent without dealing with marital commitment. Adeojo et al. (2022) also observed that a lot of young people have been caught in this web with the belief that a woman or man's "independence" is derived from having babies without any marital attachment.

The problem of being or having a baby mama is characterized by a variety of psychological, economical, social and legal factors which may in turn affect the baby mama, the baby daddy, the child or children as well as the society as a whole. According to National Vital Statistics Reports (Martin et al., 2009), the birth rate among unmarried women is mostly seen in the age group of 20-24 years followed by women who are between the ages of 25-29 years and finally 18-19 years with more than 50% of the births taking place among unmarried women aged in their early twenties. According to UN Population Fund (2013), in the case of developing nations alone, there are approximately 7.3 million young girls below 18 years of age giving birth annually, of which 2 million are under the age of 15 years. As stated during the World Population day held in 2013, 44.5 million female Nigerian within the age group 10-24 years had become pregnant (Onwumere, 2019).

1.2 The Baby Mama Syndrome

The 'baby mama' syndrome is a combination of several factors including individuals, relations, actions, and negative outcomes in any manner connected to two individuals who conceive a child without being married to one another (Adeojo et al., 2022). As reported by Donogaga (2016), baby mama syndrome from an African perspective is a combination of a baby mama, a baby daddy, their respective biological families, in-laws, other baby mamas and baby daddies who have 'ties' to the baby mama or baby daddy, friends, the police, the courts, society, taxpayers, and most importantly, the child. This is because marital relations within typical African societies extends beyond the couple and includes their immediate and

extended families. The baby mama syndrome also encompasses any actions performed by these individuals and organizations which will not occur if the child had not come into existence (Donogaga, 2016). The baby mama syndrome begins when two unmarried individuals conceive a child, and can involve housing, employment, and lifestyle issues (Donogaga, 2016); this highlights the involvement of family in baby mama issues.

The cultural dimension of the family in relation to the baby mama syndrome is therefore of interest to this study; with specific interest in the family background from which individuals are raised. For the purpose of this study, only the family types will be taken into consideration and they include; the single parent family, dual parent family, polygamous family, extended family and foster family. Indeed, the family dynamic does affect the thought process of the child. The values of the family, the family interactions, and the coping mechanisms practiced by the family do influence how the child thinks about himself and his surroundings (Umukoro & Okurame, 2017). Often, being a single parent comes hand in hand with struggling financially. Financial stress in the household has been shown to affect parents psychologically, thus making them less empathic towards their children (Dearing, McCartney & Taylor, 2006). In a study conducted by Azuka-Obieke (2013), he noted that single-parent families are most likely to belong to the lower socioeconomic group. In a study conducted by Sigle-Rushton and McLanahan (2002), where the concern was the welfare of the child in a household without one parent, they concluded that children who grow up with only one parent fare poorly in many ways compared to those growing up with both parents.

One other cultural component to consider in the current study is social support. Social support refers to the perceived and/or real sense that someone cares, can provide help in times of need, and that they have some form of support network among other people around them. It is defined by the act where an individual receives aid from someone else or through their network and results in an immediate or delayed positive response to the aid (Umukoro & Akinade, 2018). Though the definitions may differ across the literature on social support, it appears that everyone agrees that social support includes tangible and intangible resources; the former includes financial and physical support while the latter includes guidance and encouragement in times of crisis (Cohen, Underwood & Gottlieb, 2000). Perceived social support, which is based on the idea that individuals will receive help, find it helpful and fulfilling if they were to need it, is known to act as a protector of cognitive, emotional, and behavioral functioning during times of distress (Lakey & Orehek, 2011). According to Fergus and Zimmerman (2005), more and more research suggests that social support acts as a resilient factor in significant events in life such as teenage pregnancy. For example, social support appeared to buffer the impact of trauma exposure in sexual abuse victims (Schumm, Briggs-Phillips, & Hobfoll, 2006).

Could personality also be implicated in the baby mama syndrome? Personality is and has been a well-defined concept in the field of psychology. Cote et al. (2008) defines personality as the characteristic way of thinking, feeling, and behaving that makes a person different from another person. According to Costa and McCrae (1992), personality can be grouped into five clusters; conscientiousness (reliability, conventionality, industriousness), neuroticism (emotional stability), extraversion, openness (intellectual curiosity, appreciation for art, imagination) and agreeableness. From logical perspectives, personality can indeed play a role in how individuals perceive and potentially engage with the concept of the baby

mama syndrome. Personality traits such as openness to experience, conscientiousness, and neuroticism can influence one's attitudes towards unconventional family structures like the baby mama syndrome. For instance, individuals high in openness may be more accepting of non-traditional family arrangements, while those high in conscientiousness might prioritize stability and conventional family structures. Personality traits may also influence behavior related to relationships and family dynamics. Traits like extraversion may impact how individuals form and maintain relationships, potentially influencing their likelihood of becoming involved in situations related to the baby mama syndrome. Personality traits may further affect how individuals cope with the challenges and responsibilities associated with the baby mama syndrome.

2. LITERATURE REVIEW AND HYPOTHESES

2.1 Theoretical Framework

It is necessary to note that the principles of social norms theory play a critical role in defining the changing linkages in the study under discussion. A social norm or norm refers to a commonly held standard defining appropriate behavior in the group. Social norms may refer to either a common understanding that dictates behavior among the members of society or may be codified in rules and laws (Cialdini & Trost, 1998). Social normative influences or social norms, are considered to be very effective motivational factors in driving the behavior of people and systematically developed and incorporated into key theories of human behavior. The Social Norms Theory has been formulated in the 1980s-1990s by Perkins and Berkowitz (1986). Social Norms Theory is behavioral in nature and provides a framework explaining the relationship between individual actions and perceptions regarding other people's actions and approvals. In order to incorporate Social Norms Theory into this research, it is useful to conceptualize attitudes toward the "baby mama syndrome" as socially constructed perspectives influenced by the perceptions of others' thoughts and actions about the topic under investigation. In this case, social support, family dynamics, and personality will not remain separate phenomena since they interact in the process of learning and implementing certain norms.

Based on the above assumptions, Social Norms Theory will offer an integrated approach to the investigation of relationships between social support, family dynamics, and personality as determinants of attitudes toward the "baby mama syndrome." Social support groups (specifically friends, members of religious organizations, significant others) are viewed as primary referent groups responsible for communicating and reinforcing descriptive and injunctive norms; thus, individuals tend to share perspectives typical for their social network members (Berkowitz, 2004; Lapinski & Rimal, 2005). Concurrently, family interactions form the core setting for the process of internalizing social norms as far as beliefs regarding sex, marriage, and child bearing are concerned, thus exerting an influence on their future behaviors (Kincaid, 2004; Rimal & Real, 2005). Yet, whether or not social norms will be accepted will greatly depend upon the personality of the individual since personal characteristics will play a role in determining his/her responsiveness to social approval, peer pressure and willingness to conform to other forms of life (McCrae & Costa, 2003). In light of this, within the scope of social norms, attitudes towards "baby mama syndrome" can be

conceptualized as the interaction among three key factors: social norms established in families, social support that influences beliefs, and personality traits.

2.2 Empirical Review

Adeojo et al. (2022) examined Nigerian youths' knowledge of the 'baby mama' concept and their views on its acceptability. Using a qualitative approach, 40 participants aged 16 to 40 from educational institutions in Oyo State were involved. Findings showed that knowledge and perceptions stemmed from celebrity gossip on social media and personal or familial experiences. Many youths opposed the 'baby mama' family system due to reasons like religion, socialization, and its impact on child development. Akanbi et al. (2021) investigated the relationship between family background and teenage pregnancy in Nigeria, using data from 8448 pregnant teenage females aged 15 to 19, extracted from the 2018 Nigeria Demographic and Health Survey. Analysis revealed that the poorest family background significantly predicted teenage pregnancy. Azuka-Obieke (2013) studied single-parenting's impact on adolescents' psychological well-being and academic performance in Lagos. Using a sample of 100 participants from five secondary schools, the study found that adolescents benefitted psychologically and academically from an orderly and nurturing home provided by both parents.

Bałanda-Bałdyga, Pilewska-Kozak, and Dobrowolska (2022) explored the relationship between social support and attitudes towards pregnancy and childbirth among 308 adolescent mothers in Poland. Using convenience sampling, the study found no significant relationship between overall social support and attitudes towards pregnancy and childbirth. Begun et al. (2020) examined the relationship between social support and pro-pregnancy attitudes among 1003 homeless youths in the USA. Findings showed that youths receiving instrumental support from serious partners were more likely to endorse pro-pregnancy attitudes. Cairney et al. (2003) analyzed the effect of stress and social support on the relationship between single parent status and depression, using secondary data from the 1994–95 National Population Health Survey. The study found that single mothers reported lower levels of perceived social support and social involvement than married mothers. Muarifah et al. (2019) investigated social support's effect on single mothers' subjective well-being in Indonesia. Using a correlational research method with 150 single mothers, findings revealed that social support significantly affected their subjective well-being.

Ghani et al. (2014) examined the relationship between parenting style and adolescents' personality profiles in single-mother families. The study found that authoritative parenting was the most practiced style, and agreeableness was the most dominant personality trait. Harville, Madkour, and Xie (2014) explored the relationship between personality and adolescent pregnancy outcomes in the USA, involving 6529 girls. Findings indicated that agreeableness and intellect/imagination reduced the likelihood of teenage pregnancy, while neuroticism, conscientiousness, and extraversion increased it. Shrestha et al. (2021) examined the attitudes of adolescent girls towards teenage pregnancy in Nepal, involving 334 students. The study found that 58.1% had a favorable attitude, believing teenage pregnancy was wrong. Awopetu et al. (2013) studied gender differences in attitudes towards teenage pregnancy among 286 adolescents in Makurdi. Findings showed significant differences between male and female attitudes and perceptions of teenage pregnancy. DeJean et al. (2012) investigated

attitudes towards never-married single fathers and mothers, finding that participants viewed single fathers more positively than single mothers

The meta-analysis of 194 studies revealed that Conscientiousness correlated with a decreased probability of engaging in risky sex (Bogg & Roberts 2004); Neuroticism was also positively associated with unhealthy behaviors, such as risky sexual practices and exercise (Hoyle et al. 2000, Rhodes & Smith 2006); and agreeableness was positively associated with healthy behavior, including low-risk sex (Hoyle et al. 2000). With regard to the relationship between personality traits and unintended pregnancies, some studies (e.g. Bouchard 2005, Berg et al. 2013) indicate that unintended pregnancy was associated with high neuroticism and low agreeableness and conscientiousness. In addition, Harville, Madkour and Xie (2014), in their study, discovered that agreeableness and intellect/imagination had negative correlation with the probability of becoming pregnant during adolescence, whereas neuroticism, conscientiousness and extraversion positively correlated with the same probability.

2.3 Hypotheses

In line with the study's objectives, and drawing on established theoretical propositions and empirical patterns, the following hypotheses are proposed to guide the direction of the analysis.

H_1: Family background will significantly influence attitude towards ‘baby mama’ syndrome among finalists in University of Lagos.

H_2: Social support will significantly influence attitude towards ‘baby mama’ syndrome among finalists in University of Lagos.

H_3: Personality dimensions will significantly influence attitude towards ‘baby mama’ syndrome among finalists in University of Lagos

H_4: Females will show a more positive attitude towards ‘baby mama’ syndrome among finalists in University of Lagos.

3. METHOD

3.1 Study Design

The target population for this study comprised final year undergraduate students at the University of Lagos. This population is of specific interest because of the generally known and factual assumption that they are transitioning from school into the real world, and as such, coupled with the differences in their personalities, experiences and cultural backgrounds, they are able to form opinions resulting in varying attitudes towards the baby mama phenomenon. A descriptive survey research design was employed for this study as it ensures that the data collected represented the target population and can be generalized to a larger population. The sample size used consisted of final year students in the university comprising both male and female ranging from adolescents to emerging adults who were randomly selected. Based on the cost, time and convenience of collecting data, this research study adopted the Taro Yamane method in obtaining a sample size of 383 participants for the

study. Purposive sampling process was used to select the study participants from a cohort of final year students at the University of Lagos.

3.2 Measures

A standardized questionnaire was used to obtain data from the study participants. The questionnaire was structured into 4 sections; the first section contained the demographic information of the respondents which included gender, age, level of education, religion, faculty and family type. The other sections are described below:

- *Big Five Inventory (BFI:* The Big Five Inventory (BFI) was formulated by John, Donahue, and Kentle in 1991. BFI refers to self-report questionnaire tool designed to assess individual differences on five broad personality traits such as: Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism. BFI contains 44 items that are answered based on a scale of 5-point Likert scale ranging from 1(Strongly agree)to 5 (strongly disagree).

- *Multidimensional Scale of Perceived Social Support (MSPSS):* This scale was formulated by Zimet, Dahlem, Zimet and Farley (1988) in adult sample population. The test is widely used across cultures to evaluate perceptions of social support (Canty-Mitchell & Zimet, 2000; Chou, 2000). Studies have shown MSPSS test is less prone to social desirability biases (Dahlem, Zimet & Walker, 1991). There are 12-items in the MSPSS scale measuring social support from family members, friends, and significant other groups. Sample items on the scale include, "I get the emotional help and support I need from my family", "I can count on my Friends when things go wrong", "There is a special person who is around when am in need''. Zimet, Dahlem, Zimet and Farley (1988) reported a Cronbach's alpha of .82 while Ifeagwazi, et al. (2014) obtained a Cronbach's alpha of .67 for the MSPSS.

- *Baby Mama Syndrome Attitude Scale (BMSAS):*Due to the apparent lack of an existing standardized scale for the measurement of the attitude towards baby mama syndrome, the baby mama syndrome attitude scale was developed by the researcher. The development of the Baby Mama Syndrome Attitude Scale (BMSAS) followed a systematic and multi-stage process grounded in established psychometric principles for scale construction.

3.3 Scale Development of the BMSAS

Conceptualization and Item Generation

Stage one consisted of operationalizing the construct of interest (attitude toward baby mama syndrome). This step was facilitated by using the tri-partite theory, where attitudes are seen as constructs made up of three components: cognitive (knowledge), affective (emotions) and behavioral (intentions). From the literature review on family structure, non-marital childbirth, celebrity culture, and society's perception about baby mamas, the researcher defined the construct by specifying the domains that would be covered by the scale. Having specified the conceptual domain of the attitude towards the baby mama syndrome, a list of potential items was created. This step entailed listing the possible items that would measure the cognitive, affective and behavioral components of attitude as described above. The selected items took into account all dimensions, from society norms and knowledge to

emotions and intentions regarding the baby mamas. The total number of items generated at this stage was higher than the intended number for the final scale.

Scale Validation and Structure

To further improve the quality and relevance of the items, the initial draft was validated through face validation. A sample of people in the general population was selected to validate the test in terms of readability and comprehensibility of the items. On this basis, some changes were introduced in terms of wording and phrasing. Next, the test went under content validation by an expert group. These experts provided their assessment of each item in terms of its relevance to the construct domains, the representativeness of the construct domains and overall sufficiency of the item to cover all aspects of the construct domain. The result of this phase was some revision and elimination of some items. In this way, all the dimensions of the construct were appropriately represented. As a result, the final questionnaire included 13 items in total: five in the cognitive component of attitude, four in the affective component, and four in the behavioral component. Responses were obtained on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree." This format was selected to allow for gradation in responses and to capture the intensity of participants' attitudes.

Pilot Testing

The pilot study was performed to determine initial psychometric properties of the scale. The pilot study consisted of 40 final year students enrolled at the faculty of Social Sciences, who were excluded from further participation in the main study. This procedure was important for highlighting any possible problems associated with clarity of the questions, reliability of the scale, as well as administration process itself. Data collected in the pilot study were analyzed to estimate internal consistency reliability through Cronbach's alpha test. The resulting reliability coefficient was calculated at 0.712, meaning that the new scale possessed an adequate level of internal consistency. This indicated that items within the scale were highly correlated, measuring one construct effectively. After the scale was revised according to results of the pilot study, the final version of the BMSAS was administered among the participants of the main study. In order to prove construct validity of the scale, the researcher checked the correlation between the measure under investigation and other constructs theoretically linked to the concept under study. The final version of the measurement scale was administered to the study participants.

Final Items for Baby Mama Syndrome Attitude Scale (BMSAS)

S/N	Items
1.	The thought of being (or having) a baby mama is offensive.
2.	The Baby Mama syndrome should be encouraged by our society.
3.	Being (or having) a baby mama adds value to the status of celebrities in our society.
4.	Having a baby out of wedlock is a stain on one's reputation.
5.	As long as there is financial stability, the baby mama status is acceptable.
6.	I would not mind being (or having) a baby mama.
7.	I have an admiration for celebrity baby mamas in our society.

8.	I feel that having a child is more important than being married.
9.	I feel the baby mama relationship is ideal for our society.
10.	I would never want to be/have a baby mama.
11.	I would rather be/have a baby mama than endure a toxic marriage.
12.	If I have my way, I would be/have a baby mama.
13	I have plans to be/have a baby mama.

3.4 Data Collection and Analysis

An ethical approval for the study was obtained from the University of Lagos Ethical Review Board (UNILAGREC). The questionnaires were distributed among final-year students across ten different faculties within the University. Prior to distribution, respondents were thoroughly briefed on the purpose of the study and the importance of their cooperation. It was emphasized that the research was purely for academic purposes and that their responses would be kept confidential. Respondents were allotted 10-15 minutes to complete the questionnaire. This time frame was intended to provide respondents with adequate time to thoughtfully consider the questionnaire items, thereby facilitating valid, reliable, and honest responses. The researcher administered the questionnaires and remained on-site to collect them on the same day from each faculty until the process was complete. This approach ensured a high response rate and the immediate retrieval of completed questionnaires. The data collected from this study were analyzed using both inferential and descriptive statistics. Specifically, Analysis of Variance (ANOVA) was employed to test Hypothesis 1, multiple regression analyses were utilized for Hypotheses 2 and 3, and a T-test was applied to test Hypothesis 4. All hypotheses were tested at a significance level of 0.05.

4. RESULTS

Hypothesis One: Family background will significantly influence attitude towards 'baby mama' syndrome among finalists in University of Lagos. This was tested using One-Way Analysis of Variance (ANOVA) and the result is presented in Table 1a

Table 1a: One-Way ANOVA summary table showing results on the influence of family background on attitude towards baby mama syndrome

Source	SS	Df	MS	F	p	η^2
Between Groups	3800.31	4	950.08	16.57	< .01	.15
Within Groups	21678.98	378	57.35			
Total	25479.29	382				

DV: Attitude towards Baby Mama Syndrome

Table 1a presents results on the influence of family background on attitude to baby mama syndrome. It is shown that family background had a significant influence on attitude towards baby mama syndrome among University students [$F_{(4,378)} = 16.57$; $p < .01$, $\eta^2 = .15$]. In addition to statistical significance, the effect size was examined to determine the practical importance of this finding. The eta-squared ($\eta^2 = .15$) indicates that family background accounted for approximately 15% of the variance in attitude towards the baby mama

syndrome. Based on Cohen's (1988) conventions for interpreting effect sizes (small = .01, medium = .06, large = .14), this represents a large effect, suggesting that family background is not only a statistically significant but also a practically meaningful predictor of attitude towards the baby mama syndrome among the study participants. Further post hoc analyses are presented on Table 1b;

Table 1b: Post-Hoc and descriptive analysis of family background on attitude towards baby mama syndrome

SN	Family background	1	2	3	4	5	Mean	SD
1	Single parent	-					40.79	7.41
2	Dual family parent	5.46*	-				35.33	7.82
3	Polygamous family	2.47	7.93*	-			43.26	6.91
4	Extended family	2.12	3.34	4.60	-		38.67	8.26
5	Foster family	1.29	4.17	3.76	.83	-	39.50	17.68

Table 1b presents the post-hoc and descriptive analysis of family background on attitudes towards the 'baby mama' syndrome, showing the means and standard deviations (SD) for attitudes based on different family backgrounds. The table also includes the results of post-hoc comparisons, indicating statistically significant differences (marked with *) between specific groups. Results shows that the highest significant mean difference in attitude towards baby mama syndrome was observed between polygamous and dual family parents (MD = 7.93; $p < .05$). The highest positive attitude towards baby mama syndrome was observed among students from polygamous family (Mean = 43.26; SD = 6.91), and single parent homes (Mean = 40.79; SD = 7.41), while the least positive attitude towards baby mama syndrome was observed among students from dual family (Mean = 35.33; SD = 7.82). The results imply that individuals from single-parent families have a significantly more favorable attitude towards the 'baby mama' syndrome compared to those from dual-family parent backgrounds; while individuals from polygamous families have a significantly more favorable attitude towards the 'baby mama' syndrome compared to those from dual-family parent backgrounds. The hypothesis stated is therefore accepted.

Hypothesis Two: Social support will significantly influence attitude towards ‘baby mama’ syndrome among finalists in University of Lagos. This was tested using multiple regression analysis and the result is presented on Table 2.

Table 2 presents results on the joint and independent influence of the dimensions of social support (support from significant others, family support and friends support) on attitude towards baby mama syndrome among university students. It is shown that the dimensions of social support (support from significant others, family support and friends support) had significant joint influence on attitude towards baby mama syndrome [$R = .23$; $R^2 = .05$; $F (3, 379) = 6.71$; $p < .01$]. Collectively, the dimensions of social support accounted for about 5% variance in the attitude towards baby mama syndrome. However, only family support ($\beta = -.29$; $t = -4.30$; $p < .01$) had an independent influence on attitude towards baby mama syndrome. Direction of the beta value shows that the higher the family support (β = -

.29), the lower the positive attitude towards baby mama syndrome. The hypothesis stated is therefore accepted.

Table 2: Multiple regression summary table showing results on the influence of social support on attitude towards baby mama syndrome

Predictors	B	T	P	R	R^2	F	p
Significant others	.09	1.39	> .05				
Family support	-.29	-4.30	< .01	.23	.05	6.71	< .01
Friends support	.09	1.52	> .05				

Hypothesis Three: Personality dimensions will significantly influence attitude towards 'baby mama' syndrome among finalists in University of Lagos. This was tested using multiple regression analysis and the result is presented on Table 3.

Table 3: Multiple regression summary table showing results on the influence of personality traits on attitude towards baby mama syndrome

Predictors	β	T	p	R	R^2	F	p
Openness	-.11	-1.54	> .05				
Agreeableness	-.09	-1.36	> .05				
Extraversion	.13	2.58	< .05	.49	.24	23.58	< .01
Conscientiousness	-.13	-2.06	< .05				
Neuroticism	.31	4.96	< .01				

Table 3 presents results on the joint and independent influence of the personality traits (openness to experience, agreeableness, extraversion, conscientiousness and neuroticism) on attitude towards baby mama syndrome among university students. It is shown that personality traits (openness to experience, agreeableness, extraversion, conscientiousness and neuroticism) had significant joint influence on attitude towards baby mama syndrome [R=.49; R^2=.24; $F_{(5,\ 375)}$=23.58; p<.01]. Collectively, personality traits (openness to experience, agreeableness, extraversion, conscientiousness and neuroticism) accounted for about 24% variance in the attitude towards baby mama syndrome. However, only extraversion (β=.13; t=2.58; p< .05), conscientiousness (β=-.13; t=2.06; p<.05) and neuroticism (β=.31; t=4.96; p<.01) had independent influence on attitude towards baby mama syndrome. Direction of the beta value shows that the higher the extraversion (β= .13) and neuroticism (β = .31), the higher the positive attitude towards baby mama syndrome, while the higher the conscientiousness (β=-.13), the lower the positive attitude towards baby mama syndrome.

Hypothesis Four: Females will show a more positive attitude towards 'baby mama' syndrome among finalists in University of Lagos. This was tested using t-test for independent samples and the result is presented on Table 4 below.

Table 4: T-test for independent samples summary table showing results on gender differences in attitude towards baby mama syndrome

Gender	N	Mean	SD	T	df	p
Male	147	40.17	7.64			
				2.53	381	< .05
Female	236	38.01	8.39			

Table 4 presents results on gender differences in attitude towards baby mama syndrome among University students. It is shown that there exists significant gender differences in attitude towards baby mama syndrome [t (381) = 2.53; p < .05]. Further, males reported more favorable attitudes towards baby mama syndrome ($\overline{x}$= 40.17; SD = 7.64) than their female counterparts ($\overline{x}$=38.01; SD = 8.39). The hypothesis stated is therefore accepted.

5. CONCLUSIONS

5.1 DISCUSSION

The study revealed that family background had a significant influence on attitude towards baby mama syndrome. Thus, the first hypothesis which stated that family background will significantly influence attitude towards baby mama syndrome was accepted. This finding is supported by previous findings such as Akanbi et al. (2021) which found a positive relationship between family background and being a baby mama. This finding is in consonance with the study by Adeojo et al. (2022) who found that family background did have an influence on the attitude towards 'baby mama' phenomenon among the youths. Adeojo et al. (2022) also found that experience through personal and/or family members did have an influence on the knowledge and perception of the 'baby mama' phenomenon among the youths. The finding from this study is not inconsistent to any study according to the knowledge of the researcher.

Specifically, the study revealed that respondents from polygamous homes held the most positive attitudes toward the baby mama syndrome. This finding can be explained through contemporary perspectives on socialization and family diversity, which emphasize that individuals' attitudes are shaped by the relational contexts in which they are raised. Children growing up in polygamous households are often exposed to multiple maternal figures and extended kinship systems, which may normalize non-traditional family arrangements and broaden their understanding of family structure. Recent empirical evidence from sub-Saharan Africa shows that polygynous family systems are deeply embedded within socio-cultural contexts and influence how individuals perceive family roles and relationships (Anjorin et al., 2020). More recent work by Mulenga et al. (2025) further demonstrates that adolescents raised in polygamous households develop distinct perceptions of family dynamics, shaped by shared parenting, distributed caregiving, and exposure to multiple parental figures . Such exposure may foster familiarity and acceptance of plural relationship structures, thereby contributing to more positive attitudes toward phenomena such as the baby mama syndrome.

Conversely, the study found that individuals from dual-parent families exhibited the least positive attitudes toward the baby mama syndrome. This aligns with scholarship emphasizing that family stability and structure play a key role in shaping normative beliefs about relationships. Evidence suggests that individuals raised in stable, two-parent households are more likely to internalize conventional norms regarding exclusivity, cohesion, and structured parenting (Nahkur & Kutsar, 2022). Contemporary family research highlights that while diverse family forms are increasingly recognized, societal expectations still tend to privilege stable, cohesive family arrangements as the ideal, which in turn shapes individual attitudes toward alternative structures (Kato, 2025). Thus, individuals from dual-parent families may be less inclined to endorse non-traditional arrangements, perceiving them as inconsistent with the values of stability, commitment, and clearly defined parental roles that characterize their upbringing.

Findings also suggested that social support had a significant influence on attitude toward baby mama syndrome. Thus, the second hypothesis which stated that social support will significantly predict attitude towards baby mama syndrome was accepted. This finding is in consonance with the study by Muarifah et al. (2019) who found that social support influenced single mothers' subjective well-being. This finding is inconsistent with findings of no study according to the knowledge of the researcher. The study further found that family support had an independent influence on attitude towards baby mama syndrome. The result showed that the higher the family support, the lower the positive attitude towards baby mama syndrome and this could be because of the fact that Children who receive high levels of family support usually have a stronger sense of security and belonging within their immediate family unit. This experience of a close-knit family could lead to a preference for more traditional family structures and a less positive attitude towards the baby mama phenomenon.

The study further revealed that personality traits of the five factor model jointly influenced attitudes toward the baby mama syndrome, leading to the acceptance of the third hypothesis. This finding is consistent with recent literature which emphasizes that personality traits play a significant role in shaping social attitudes and perceptions of non-traditional behaviors. Contemporary studies grounded in the Five-Factor Model indicate that personality dimensions are strong predictors of attitudes toward social issues and relationship norms (e.g., DeYoung et al., 2007; Bleidorn et al., 2018). Specifically, the study found that extraversion and neuroticism had positive influences on attitudes toward the baby mama syndrome, while conscientiousness had a negative influence. The positive influence of extraversion may be attributed to the tendency of extroverted individuals to be more sociable, open to interpersonal experiences, and receptive to diverse viewpoints.

Research suggests that extraversion is associated with greater social tolerance and openness to non-conventional lifestyles, as extroverts are more likely to engage with diverse social networks and perspectives (Bleidorn et al., 2018; Sun et al., 2018). This may explain their relatively non-judgmental stance and willingness to accept alternative family arrangements. Similarly, the positive association with neuroticism may be linked to heightened emotional sensitivity. Individuals high in neuroticism tend to be more emotionally reactive and empathetic toward the experiences of others. Emerging evidence indicates that emotional reactivity can enhance empathetic concern, particularly in contexts involving social vulnerability and non-normative life circumstances (Shanahan et al., 2014). This

emotional attunement may foster understanding and acceptance of individuals involved in complex family structures such as the baby mama phenomenon.

In contrast, conscientiousness was found to negatively influence attitudes toward the baby mama syndrome. This aligns with recent findings that individuals high in conscientiousness are more likely to adhere to established norms, rules, and socially sanctioned behaviors (Roberts et al., 2017). Conscientious individuals tend to value order, responsibility, and traditional structures, including conventional family systems. As such, they may perceive non-traditional arrangements like the baby mama phenomenon as deviant from societal expectations, thereby fostering less favorable attitudes. This position is supported by recent studies linking conscientiousness with conservative value orientation and resistance to social change (Vecchione et al., 2012).

Finally. males showed more positive attitude towards baby mama syndrome than females. Thus, the fourth hypothesis which stated that females will show more positive attitude towards baby mama syndrome was rejected. Although this finding seems surprising as one would expect that females would show more positive attitude towards Babymam Syndrome than males, it is supported by previous findings such as Awopetu, Ihuoma and Newton (2013) which found that males had more positive attitudes towards teenage pregnancy. A possible reason why this result was obtained in this study may be due to the prestige attached to having a baby mama among Gen-Z models, influencers, and artistes in contemporary eras.

5.2 RECOMMENDATIONS AND LIMITATIONS

Understanding attitudes towards the 'baby mama' syndrome is essential, particularly for final-year university students who are at a critical stage in forming long-term personal and social views. This knowledge equips them with the insights needed to make informed decisions about family structures and relationships. Furthermore, parents play a crucial role in shaping their children's attitudes towards such social phenomena. By recognizing the impact of family background on these attitudes, parents can better guide their children. School counselors also need to be aware of the predictive factors associated with the 'baby mama' syndrome. This awareness allows them to provide more effective counseling and support to students who may be influenced by these factors. Additionally, it is imperative for society, relevant agencies, and organizations to enhance their efforts in educating the public about the 'baby mama' syndrome. Through intensified sensitization campaigns, Nigerians can gain a better understanding of the syndrome and learn how to navigate its implications effectively.

This study faced several limitations that should be acknowledged. Firstly, the sensitive nature of the variables may have resulted in social desirability bias among respondents, potentially skewing the data. Secondly, the retrospective nature of the assessment method could have led to underreporting by respondents. Additionally, the cross-sectional and correlational design of the research precludes any conclusions about causal relationships between variables. While the sample size was relatively large by conventional standards, it may not be sufficient for making generalizations about the entire Nigerian population. Consequently, the findings should be interpreted with caution and not generalized to other samples within or outside Nigeria. Moreover, the participants were undergraduate

students from a single university in Lagos, which is not representative of the broader student population in Lagos or Nigeria as a whole. Finally, the lack of funding for this research limited the spread and geographical scope of data collection, further restricting the study's generalizability.

Data Availability Statement

The data that supports the findings of this study can provided upon request from the corresponding author

Conflict of Interest

The author declares that there are no known competing financial or personal interests that could have appeared to influence the work reported in this paper

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