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Family Planning and Contraception Among the Fulani Community in The North-West Region of Cameroon

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ABSTRACT: In a society where children are so highly valued, campaigns of family planning and contraception are easily dismissed as perceived to be culturally inappropriate, unwanted, or unnecessary. This study set out to investigate the knowledge, attitudes, and practices surrounding family planning and contraceptive use among the Fulani community in the Northwest Region of Cameroon, focusing specifically on the Bamenda area. Utilizing a qualitative research design, incorporating semi-structured interviews and focus group discussions with Fulani men and women across different age groups, the research explores the relationship of cultural, religious, and socio-economic factors influencing contraceptive uptake. Findings reveal a significant reliance on traditional methods alongside limited awareness and utilization of modern contraceptives, primarily due to misconceptions, fear of side effects, and the influence of patriarchal norms. The study highlighted the critical need for culturally sensitive interventions that address these barriers, promote open communication between partners, and improve access to comprehensive reproductive healthcare services. This research stresses the importance of engaging community leaders, religious figures, and healthcare providers in designing effective strategies to enhance family planning uptake and improve maternal and child health outcomes within this marginalized community.

KEYWORDS: Communication, Contraception, Culture, Family planning, Fulani

INTRODUCTION

At the International Conference on Population and Development (ICPD) in 1984 in Cairo forty years ago, it was acknowledged that every couples and individuals had the rights to decide freely and responsibly the number, spacing and timing of their children and to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice. There have been discussions and criticisms of Islamic and Muslim roots. In the Muslim communities in Cameroon in general and Bamenda in Particular, the majority of married women would prefer to avoid or postpone a pregnancy but are not using any form of family planning, resulting in an unmet need for family planning. Studies in Cameroon reveal that 30.6% of the Muslim population has not delivered the desired results of family planning programs, especially with the Fulani communities. The common perception is that it is due to their religion and sociocultural constraints, as well as limited access to contraceptive products. Mohamed Camara, Flavien Ndonko, Ismaila Baldé, Ralf Saying, and Yansane Camara (2018) have observed the same incomes in Guinea. World Health Organization (WHO, 2020) defines Reproductive health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its function and processes." This definition emphasizes that reproductive health is not just about being free from diseases, but also about having a fulfilling and safe sex life, being able to reproduce, and having the freedom to make choices about one's reproductive health. Family planning has been recognized as a basic human right that enables individuals and couples to determine the number, spacing, and timing of their children. World Health Organization (WHO, 2020). On the other hand, contraception, according to WHO, is "any method, medicine, or device used to prevent pregnancy." This enables individuals and couples to control their fertility and achieve their desired family size. How to understand the limited access to planning family and contraceptive methods among the Fulani Community?

1. BACKGROUND OF THE STUDY

In a society where children are so highly valued, campaigns of family planning and contraception are easily dismissed as perceived to be culturally inappropriate, unwanted, or unnecessary. However, from a standpoint of human rights, one cannot help but see these societal values as possible obstacles to men and women's reproductive autonomy, and even as an incentive to make contraceptives more available and accessible to those who desire it, Considering these realities, it can be speculated that Fulani community desired

needs of family planning and contraception are not always in line with those of the society, where cultural forces make family planning and contraception unacceptable. In the Fulani community, children are seen as a blessing from God and insurance against old age. Aged parents and extended family relations depend on their children for maintenance in old age. Reasons why they see family planning and contraception as obstacles to having many children.

Furthermore, the Fulani community is Patrilineal in nature, with strong male influence on most of the decision-making in the entire household and especially when it has to do with procreation. They have the final say to an extent that they determine whether their wives will use or will not use family planning, as well as how, when, and what type, and the wives, on the other hand, are bound to follow the opinions of their husbands. Reproductive autonomy is of utmost importance to women, not just in the world but around the world. A woman's right to control her reproductive life is inextricably connected to other rights in civil, political, economic, and societal areas. Reproductive outcomes have meaningful and unceasing effects on men and women of reproductive age, and control of fertility is an essential condition to control women's and children's well-being. Also, reproductive choices have long been considered a fundamental human right, first written in 1968, during the Proclamation of Tehran that declared "parents have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect". Since this proclamation, interventions and programs have been put in place to ensure that parents, especially women, hold this same right alone as well as couples do together. This has practically become an issue not only of human rights but also of development discourse, as officials, scholars alike recognize its importance in the web, including women's rights, overpopulation, food security, and climate change. According to WHO 2020, approximately 800 women die every day from preventable causes related to pregnancy and childbirth, and most of the maternal deaths occur in developing countries. These deaths could be preventable through quality healthcare, such as family planning and contraceptive services.

Family planning initiatives have done much to ensure that these services (family planning and contraception are available in Cameroon such as, Target 3.7 of the Sustainable Development Goals (SDGs), aims to ensure by 2030, universal access to sexual and reproductive health-care services, including purposes of family planning, information and education, and the integration of reproductive health into national strategies and programs. The Government of Cameroon, concerned with promoting the health of its population, has been committed since 2016, through the health sector strategy, to "reduce by at least 25%, family planning unmet needs by 2027, mainly among adolescents". The Government of Cameroon with the support of development partners including the United Nations Family Planning Action (UNFPA) are working to empower women and especially adolescent girls and young women, as well as facilitating their access to FP aimed at achieving by 2030 as stated by the National Development Plan of 2030, to transformative results namely, "Zero unmet FP need" and "Zero preventable maternal deaths". However, it seems the presence alone of family planning and contraceptives cannot increase uptake, especially among the Fulani Community, which is my main focus. Much depends upon societal circumstances and on cultural and religious influences, which can have more impact even than physical availability. Existing cultural and religious practices and beliefs have proven to be barriers to campaigns of reproductive choices in most of Africa, where societal norms are often in direct conflict with reproductive autonomy in contraceptive matters, especially women's autonomy. This study aims to understand the knowledge, attitudes, and practices of family planning and contraception among the Fulani community in the Northwest Region of Cameroon. Also, it aims to assess the level of knowledge, attitude, practice, and communication methods to increase family planning and contraception uptake among the Fulani community, and finally to identify the reasons for low uptake of family planning and contraception among the Fulani community.

2. RESEARCH DESIGNS

Two data collection techniques were employed to collect primary data. It was the combination of a multi-method design, that is, semi-structured interviews and focus group discussions (FGDs). Secondary data was gathered from relevant books, articles, the Koran, and journals. An interview involves asking questions directly to an informant in one-on-one conversations. Some individual informants were sorted out from the Focus group discussions because the researcher noted that they had information but were shy to speak amid others. Three FGDs were organized at mile 12, Santa, where the typical Fulani are settled. The FGS was made up of only women of three different age stages because women are the most affected population when it comes to family planning and contraception. There were groups of women aged 40-50, 31- 39, and adolescent young girls and women aged 18-30, respectively. The respondents to the FGDs were made up of housewives, nurses, and community leaders. The age group 18-30 was made up of 8 participants, among whom 4 were already married with at least 1 child and at most 4 children, and still hoping to have more in the future. Only those who were not married had no children. Also, among these participants, only 2 had occupations that were a nurse and a shop owner. The rest were purely housewives. For the group of 31-40, 8 participants were involved, and all were married with at least 4 children and at most 9 children, with some hoping to have more in the future, and only one among them had an occupation (seamstress), and the rest house wives. The group of 40-50 was made up of 10 participants, all married with at least 4 children and at most 8 children, with no occupation, and most of them at stopped delivering. As per the level of education of all the 26 participants, most of them had never gone to school, though a few had completed primary and secondary levels.

The Health Belief Model was selected to help analyze data. The health belief model (HBM) is a psychological framework used to understand and predict health-related behaviours. This is done by focusing on the attitudes and beliefs of individuals. First developed

in the 1950s by social psychologist Irwin Rosenstock and others working in the United States Public Health Services (Murph, 2003). The model was developed in response to the failure of a free tuberculosis (TB) health screening programme. Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviours.

3. FINDINGS

The study set out to explore Family Planning and Contraception in the Fulani Community This data reveals a complex relationship of knowledge, attitudes, practices, and barriers related to family planning and contraception within the Fulani community. The following themes capture the essence of these findings.

3.1. Knowledge and Awareness of family planning and contraception

Most participants demonstrated basic knowledge of family planning as a means to space births, limit family size, and prevent unwanted pregnancies. They could identify various methods, including both modern (pills, implants, IUDs, condoms) and traditional (withdrawal, breastfeeding, abstinence). While aware of methods, knowledge often lacked depth. The critical link between contraception and STI prevention was notably absent, suggesting a need for more comprehensive education. Misconceptions regarding side effects, effectiveness, and long-term health consequences were prevalent, hindering the adoption of modern methods. Stories of negative experiences shared within the community amplified these fears, as participants explained: *"I see family planning as a way to control my birth and maybe the number of children I want to have..."* (43-year-old married Aishatu Abdou). From the participants' responses, it shows that the majority of them have a great knowledge of contraception to prevent unwanted pregnancies as well as reducing births; they failed to mention using contraceptives to prevent sexually transmissible diseases such as STDs and HIV/AIDS.

3.2. Cultural and Religious Shaping Attitudes and Practices

Deeply ingrained cultural values emphasize large family sizes, as they view children as wealth and a source of social status. This traditional perspective often clashes with the concept of limiting births. Traditional gender roles and decision-making place the burden of childbearing on women, as men often hold significant decision-making power regarding family size and contraceptive use, with many women needing their husbands' approval. Religious beliefs, particularly within the Islamic faith, can influence attitudes toward family planning. Some participants viewed contraception as interfering with God's plan, while others believed it was permissible for spacing purposes or when a woman's health was at risk: *"We, Fulanis don't do it, we don't even hear it before... It's the number of children that each of us will give birth to. Our tradition and religion place so much value on large family sizes, and a woman's role is to give birth to many children."* (30-year-old married housewife Miamuna). Some participants recognized the benefits of family planning, including improved maternal and child health, reduced poverty, and enhanced family well-being. A few believed it promoted peace and love within the household, while concerns about promiscuity, infertility, and the fear of side effects fueled negative attitudes towards modern methods. Some men saw contraception as a threat to their authority or a sign of their wives' infidelity. Also, the use of contraception, particularly by unmarried individuals, was often stigmatized, leading to secrecy and reluctance to seek services.

3.3. Preferred Practices: Traditional versus Modern Methods

Traditional methods like withdrawal, prolonged breastfeeding, abstinence, and postpartum separation were widely practiced, often due to their accessibility, perceived safety, and alignment with cultural norms, while awareness of modern methods existed, their use was limited by fear of side effects, negative experiences shared within the community, and lack of spousal support. Healthcare access barriers were another hindrance, as distance to health facilities, costs, and negative experiences with healthcare providers further hindered the adoption of modern methods. *"We were told about Pills, injections, condoms, intra-uterine devices (IUDs), Diaphragms, implants in the hospital, and we have our natural methods like sault, prolonged breastfeeding, and agreement with husband that we use here in the community. Traditional methods like withdrawals, prolonged breastfeeding, agreement with spouse, sault, herps, abstinence, artefacts, polygamy, and menstruation were mentioned as to what people in the community used as preventive measures for birth control. "* (Hajara, 37 years old and a teacher)

3.4. Factors determining family planning uptake

A number of factors were identified during the FGDs and interviews which were grouped into three: Intrapersonal factors such as ignorance, fear of ineffectiveness and side effects of some contraceptive methods. Some women don't know anything about family planning, they are just hearing about it. So, ignorance also affects. *The reason is because there are some women that did it and still got pregnant. Some people are scared because of the report they are hearing, some will say they have collected it before and blood was rushing for some months, they will even add to it to make us fearful. So, it makes people scared. (20-year-old unmarried Balkisu). Some have one child and because they want to enjoy their lives, they did it and when they are ready, and they removed it they will not be able to give birth again. It will create fear. (33-year-old married Salamatu)* Interpersonal factors such as absence of communication between the couple on the decision to uptake family planning, need for husband's approval, lack of support from the husband and fear of committing sin and stigmatization by the society. *Another person participant said that her husband does not want her to do it. ... She has it in her mind but her husband will not allow her. Some who are smart will do it and cover it. (35-*

year-old married Aishatu). I did not know about family planning because whenever they NGOs come to talk about it, my husband will not allow me to participate in the talk and now that you have told me about it and the advantages, I will try to do it without my husband's knowledge because at my age I am already having nine children and my husband is planning for us to have more" (33 years old married Shubsatu mother of 9). It's not a sin but a grave sin if a woman comes home to say she did it without consent. It's on her feet that she will explain if she went to do it with her father, or her sibling. That day, problem has started in that house. (50-year-old married Biba). Lack of cooperation between a husband and his wife. We have seen instances where the wife wants to do it, but the husband will not accept it or even hear about it. Some will come secretly for implant and if her husband asked that what happened to her, she will lie that it's a tree that injured her. (45-year-old married Hajara)

3.5. Health system and economic barrier for family planning and contraception

Participants described instances of negative attitudes from healthcare providers, including a lack of thorough testing, poor communication, and disrespect. Such experiences eroded trust and deterred future visits. The perceived cost of family planning services, even when advertised as "free," created a financial barrier for many, particularly those in rural areas, as well as distance to health facilities and a lack of healthcare infrastructure in some communities further restricted access to family planning services: *"Those nurses, when you go to do a test, those people will not do the test you came to, but they will just do the one they know for the woman... they need adequate testing and training. In our community, Ntambang, we do not have any health center except we leave and go right to the Mile 4 health center, which, at times, many do not have the transport to go there, and this prevents the few people who want to use these methods..."* (33-year-old married Salamatu).

Some people will not do test and they will just do the one they know for the woman. So, they need adequate testing and training… it's those that know about it that they should put there. *(33-year-old married, Salamatu). There are different types of doctors outside. Some doctors because of the money they want to collect from them, he won't ask any question. He will just ask are you ready and she will say I am ready; he will just inject her. And ask her to go. (34-year-old married Balki). Every time they will say free drug but when you get there, they will say you should go and bring money. (23-year-old unmarried Halima)*

In Fulani community, the first barrier is the cultural belief which views large family sizes as a sign of prosperity and strength and so, this mindset can prevent people from accepting family planning and contraception. Also, in the Fulani community, a man has the final say in his home which can limit women form seeking family planning and contraception is the man has not approved of the wife taking. The fact that there is a distance to the health center where these facilities are available is far. Participant added " *in this our community Tabang, we do not have any health center except we leave and go right to mile 4 health center which at times, many do not have transport of going there and this really prevent the few people who want to use these methods and I pray we have our own health center in this community soon".* Many in the community prefer traditional methods due to their availability, lack of side effects, support of their husbands, and familiarity compared to modern contraceptive methods. A participant who was a community health worker said she has been collaborating with traditional birth attendant severally though just during emergencies. "*Some women usually have a short interval of contraction which as a result, they turn to give birth at home not deliberately. This is the time that I collaborate with the traditional birth attendant to assist the women give birth accompany them to the hospital but we don't use any traditional thing or incantations apart from what the hospital does*" (48 years old Adama, community health worker). Random response where gives here to support the fact that collaboration between these two is necessary. One participant, a community health provider explained that it is necessary because in as much as we are sensitizing on modern method of family planning and contraception, some people especially my culture Fulani will still prefer traditional methods to modern method and so, if they can take the traditional and it is effective, the collaboration is very necessary. One of the advantages of using contraception is to reduce population growth which is very important for public health and so any means that can be used to this should be encouraged so long as it is effective.

3.6. Traditional healers and prevention of pregnancy and spacing of children

Though there seems to be reluctance to consult traditional healers specifically for pregnancy prevention, some still visit the healer to consult as. Speaking with a traditional healer who recounted *"I started traditional medicines in the 90s and have been receiving patients on daily bases who come from far and near for different consultations like, for prevention of pregnancy, sexually transmissible diseases, (STDs) infertility cases, fungi, and hemorrhage. For prevention of pregnancy, I give them Canda stick to boil and drink two times a day each time they are on their safe period in order for them not to get pregnant and they pay five thousand France in return. (5000fr). So many of them have always come to appreciate me and testify about the effectiveness of the medicine while others come to introduce their friends to take their own medications. I have some medical practitioners (Dr X...) who usually referred patients to me especially those surfing from too much bleeding and those for infertility usually come back after three months to testify that they have conceive". (80 years old Habiba a traditional healer).*

Traditional methods such as Herps, menstrual cycle tracking, prolonged breastfeeding, withdrawal and salt as well as agreement with their spouses and abstinence are commonly practiced due to their accessibility and perceived effectiveness according to the Fulani. *I know of postpartum separation (sending the wife to her parents' home after childbirth or during 7th month of gestation) "she recounted that when I got married and was 7 months pregnant, my husband sent me back to my parents till I gave birth. When*

I gave birth, I remained there until my baby was 2 years before I came back to my matrimonial home. During my stay with my parents, I never had sex till I returned to my husband's house, that was when we started having sex again before I conceive my second child". Another method I know and have used after the second child was prolonged breastfeeding which delays ovulation. During this time, my husband and I agreed that we will not have sex till I stop breastfeeding when our child has reached two and a half years old. The third and method I have used is the withdrawal method and all these methods have been effective with no side effects. (recounted 27 years old married house wife Aishatou). Another participant said *"I have four children but don't use any methods be it traditional of modern because Allah (God) has been helping me and I always get pregnant when my child at hand has reached 3 years" (50 years old married Biba).*

3.7. Side Effects of Modern Contraceptive Methods

Pregnancy avoidance practices function as a lifestyle among both women and men. Among the Fulani in the Northwest Region of Cameroon, both women and men are familiar with family planning and contraceptive practices. This study has shown that some women are very reluctant to use these methods due to the irreversible consequences on their health. Indeed, taking contraceptive pills appears to alter the physiology and morphology of some women. The consequences of taking contraceptive pills are numerous: they can cause irregular and intermenstrual bleeding, weight gain, and infertility or the inability for some women to conceive when desired. Radiatou, 32, states: *"When I wanted to start my sexual life, I went to the hospital to get on the pill. I followed this practice for three years, renewing it each year. When I got married, I stopped taking the pills. For the past three years, I've been trying to conceive, without success. I went back to the hospital and was told to wait for my body to flush it out and that I would eventually conceive—but still, nothing. Not only did I gain weight, but my breasts became large, whereas they were small before; I wasn't like this before..."* This testimony suggests that the pill poses health risks, but it also raises the question of whether she was fertile before starting the pill. Further research into the causes of infertility deserves alternative diagnostic approaches. Mohamed Camera, Flavien Ndonko, et al. (2018:31), in a report on family planning and contraception, note that: "*some women complain of heavy and prolonged bleeding after using implants, which sometimes drives them back to health centers to request the removal of the method. It is common for women to turn to the informal sector (street vendors) to obtain contraception methods, though they go to hospitals when serious side effects or complications arise for proper medical care*".

Health personnel report that during educational talks, women often mention rumors about modern contraception methods. For example, they believe that when "the device" is inserted, it disappears inside the body; "it causes cancer"; "you can bleed for up to a month"; "you'll stop having your period"; "you won't be able to have children anymore"; "it shrinks the cervix"; "it punctures the uterus and travels up to the heart"; and that injections make breast milk "impure." Some young girls say they are afraid to use contraception, claiming "it causes diseases." Men have also reported that when women use modern contraceptive methods, they fall ill due to bloating and the cessation of menstruation. Some women fear that methods inserted for several years might disappear within the body. A few traditional healers have also admitted that family planning should not be used for too long.

3.8. Communication in the rescue of modern family planning methods

In this section, participants were asked questions on how they receive information about reproductive health issues like modern family planning and contraception. More than half of the participants said from non-governmental organizations (NGOs) and Civil Society Organizations (CSOs), who come to the community and talk to us about it, and from the hospital when we go for antenatal. Others said from friends, parents, and just about three participants said they heard about it in school, and read about family planning and contraception from social media and flyers. The primary issues faced by respondents can be categorized into three main areas: illiteracy, lack of Android phones, and internet connectivity. Illiteracy emerged as a major challenge. Several respondents highlighted that they are not versed in technology because they cannot read, as most of them are not educated. A few who can read complained about the lack of Android phones as well as the lack of good internet, particularly in rural areas. underscoring the digital divide between urban and rural areas.

Although the majority of the respondents held the view that contraception is meant for the married, men also hold the perception that contraception is a thing of women, and some believe that singles who use family planning are prostitutes, while a select few, especially men, believed that it promotes promiscuity among both the single and married. These community perceptions have made many willing persons shy away from the use of contraceptives. The idea about the preference for traditional methods of family planning and contraception by most participants, and that contraception promotes infidelity, was also described in previous studies. While some believe that family planning protects both the mother and the child, as it allows the mother to take care of their children and prevents untimely death, others believe that one can get ill from using family planning methods. There is a need to design behavioral change interventions to correct these misconceptions. A positive belief that was depicted from this study was that it fosters love and unity among couples, and it also prevents quarrels emanating from their sexual life. This is in tune with findings from a study conducted Abidi et al.(2020) in Ogun State, Nigeria, where some of the participants stated that their reason for choosing family planning was to satisfy their partners sexually.

Again, these studies showed the impact of culture and religion on family planning uptake among the Fulanis, as they said their culture does not support it. The Fulanis, a tribe majorly found in Northern Cameroon as well as in other regions in African countries

like Nigeria, Senegal, Guinea, and Mali, among others, who are also majorly of the Muslim faith, believe that the more children a woman bears, the more the number of worshippers. This is in contrast with that of a study conducted in Tanzania by Adzdini et al.(2020), where participants held views that family planning is against God's will, as women would not be able to give birth to the desired number of children that God has planned for them, and also that the number of their members will be reduced.

A large number of the participants aired the view that the husband's approval was essential and compulsory on the subject of family planning. Additionally, it was found that communication between couples is vital to improving family planning uptake among the participants. This is in consonance with a study done in Osun State, Nigeria, where the majority of the participants believed that husbands should be the ones to make family planning decisions. As described in previous studies, many respondents also noted in this present study that most husbands would not agree with their partners to do family planning. A study done in Ethiopia and Cameroon reinforces the domineering influence of men in family planning-related decisions. These further bring to bear the importance of creating awareness and engaging men in family planning activities.

4. DISCUSSION

While many participants demonstrated awareness of family planning and contraceptive methods (using the abbreviation "FPC"), knowledge gaps exist, especially among men and older women. Participants could identify various modern methods, such as "Injection type, pills type, "*They also call another one implant, they put it on the arm, then there is IUCD which they put in the vagina, then there is condom" (45-year-old housewife Amina)*. However, this awareness doesn't guarantee understanding or acceptance. Alongside knowledge of modern methods, there's a strong emphasis on traditional practices like "agreeing with your partner to absent from sex for something. Another one is sending your wife to her parents...Another method we use is withdrawal" (52-year-old, Sali Ousmane). This suggests a cultural preference for familiar methods and potential distrust of newer interventions, especially due to concerns about side effects (as later revealed). The fear of IUCDs is also highlighted. The case of a participant stating: "I heard of IUCD and that a woman used it when she and her husband had something together the thing went inside her, and she got pregnant, and the thing went to prevent the child from development, and it resulted to operation for the child to bring the child out. So, they believe it was the cause of the Cesarian Section delivery," reveals that despite being knowledgeable of its existence, they hold misconceptions and blame it for child health complications. Participants across all groups gave disadvantageous responses like, "Poor health for both mother and child", "Limited or no access to education due to lack of adequate resources", "Malnutrition on the children's side". Most participants were aware of maternal health challenges; therefore, there is a need to address the use of family planning for the health benefit to both the mother and child. Attitudes towards family planning are diverse. Some participants view it positively, emphasizing benefits like "reducing the untimely death of women" and promoting "peace, love, and unity between couples". However, some men expressed concerns about promoting promiscuity. "The disadvantage is that our wives should not go and do it on their own because some are doing it because of adultery". Cultural and religious beliefs strongly influence attitudes. While some participants felt their culture accepted family planning for spacing, others believed it was a sin to prevent children, highlighting the impact of individual interpretations of faith and cultural norms.

CONCLUSION

This study was aimed at understanding family planning and contraception among the Fulani Community in Bamenda, the Northwest region of Cameroon. The result reflected that despite the good knowledge of family planning methods among the participants, there were still misconceived opinions about the side effects, mixed reactions from the community's perception, belief system, and cultural impact. According to similar research conducted in the Adamawa region of Cameroon, (Djientcheu V. et al, 2020).it was found that the most common causes of low family planning uptake especially modern contraception were misconceptions about the side effects, religious beliefs, husband's disapproval and lack of women's autonomy in decision making regarding family planning and contraception uptake. Other factors highlighted among the participants included the skills and attitude of the healthcare workers, poor communication between healthcare workers and the clients, as well as the affordability of the family planning methods. There had been several moves by the government to make family planning more affordable to the communities. However, this has not yielded so much fruit as many clients still pay out of pocket for healthcare services, including family planning commodities. Literature has shown that young people have varied preferences and dissatisfaction with public hospitals due to a lack of privacy and the attitude of health workers. Similarly, in studies conducted in Kenya (Abidi et al, 2020), the availability and quality of family planning services in health facilities were implicated as part of the factors affecting uptake of family planning. Finally, the study provides valuable insights into the complex factors that influence FP/C uptake among the Fulani community in Bamenda. By understanding these factors and applying frameworks such as the Health Belief Model, we can design more effective interventions to improve reproductive health outcomes and empower individuals to make informed decisions about their families. What are the impacts of modern family planning and contraceptive methods on our culture and identity?

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