FAMILY PLANNING AS A REPRODUCTIVE RIGHT IN NIGERIA: A LEGAL PERSPECTIVE OF THE ROLE OF MEN

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Abstract

Family planning exists as a fundamental aspect of the right to bodily autonomy as recognized under reproductive health and rights. Embedded in the legal provisions concerning reproductive rights is the right to determine the number and spacing of one's children. Specifically, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) provides that it is the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so. This article examines the role of men in family planning and their acceptance and access to male contraceptives. This article typically adopts the doctrinal methodology and examines the legal frameworks in Nigeria governing family planning decisions vis-à-vis the rights and obligations arising therefrom. The article further identifies key legal gaps, particularly in the area of contraceptive rights and parental obligations, as it affects men, because this area of discourse has traditionally been women-centered. It finds that despite the evolution of reproductive health and rights law; significant disparities exist in the male and female application and reception of the realities of accessing information and reproductive health services in Nigeria. It concludes that a concise legal framework for family planning that encompasses both

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genders is key to the full realization of reproductive health and rights.

Keywords: Family Planning, Male Contraceptives, Male Reproductive rights, Male reproductive health, Parental Obligation

1.0 INTRODUCTION

The World Conference on Human Rights (the Vienna Conference) which was held in Vienna in 1993 signified an important era in the recognition of reproductive and sexual rights as human rights. The Vienna Conference inter alia advocated for an end to gender discrimination in all its ramifications. This is inclusive of gender-based violence, sexual harassment, and sexual exploitation. However, the International Conference on Population and Development held in Cairo in 1994 (the Cairo Conference) marked the turning point for the evolution of reproductive and sexual rights universally. However, since the International Conference on Population and Development (ICPD) in 1994, global policies have acknowledged that universal sexual and reproductive health and rights (SRHR) cannot be achieved without male inclusion. Despite this reality, the field of SRHR is still struggling to grapple how and in what ways to include men in research, programs, and policies.[1]

Reproductive rights include, *inter alia,* the right to legal and safe abortion, right to quality healthcare, right to birth control, freedom from coerced sterilization and contraception, freedom from female genital mutilation, right to receive education about sexually transmitted disease and right to protection from sexual offences. The traditional approach to family planning which is woman centered,

[1] Strong J. Coast E. "Locating Men in Sexual and Reproductive Health, Rights, and Justice: Past, Present, Futures" National Library of Medicine https://pmc.ncbi.nlm.nih.gov/articles/PMC12205726/[Accessed 27th May 2026.]

dominated the field of reproductive rights in the years before the ICPD at Cairo and in many aspects still does. This approach has focused on providing information and contraceptive methods to women in order to reduce fertility and population growth.[2] Nevertheless, the role of the man in reproduction cannot be over-emphasized.

Family planning is a personal decision and choice of couples. At the core of reproductive health and rights is the realization that couples should be able to freely decide the number and spacing of children, which is both an intimately personal matter and a subject of extensive legal regulation. From contraception to abortion, from assisted reproduction to adoption, the law shapes, constrains, and sometimes enables reproductive choices at every turn.

The legal framework governing family planning is constantly evolving. It varies across jurisdictions, and has developed significantly through the years as can be seen in various landmark court decisions, for example the case of *Griswold v. Connecticut,* where the *s*upreme court of the United States held that the Constitution protects the right of marital privacy, and proceeded to strike down the law banning the use of contraceptives.[3] The application of the rules differs fundamentally depending on whether one is examining the rights of women or of men. International human rights frameworks recognize reproductive autonomy as a fundamental right, notwithstanding the influence of domestic legal systems which constantly limit and regulate this right which inadvertently imposes heavy burdens on women. This article will examine the legal perspective of family planning from the male angle. For decades, family planning has been

[2] Greene M. Mehta M. "Involving men in reproductive health: Contributions to development"https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1608&context=departments_sbsr-hiv [Accessed 27th May 2026.]
[3] Griswold v. Connecticut, 381 U.S. 479 (1965).

viewed as a female centered ideology. However, with global evolution and advancement as well as the rise in cost of living, it becomes imperative that men be actual participants in planning the family by taking active steps to ensure the timing and spacing as well as size of the family. The subject matter will be discussed in five parts- Part one will introduce the topic of discourse, part two will contain conceptual clarifications , part three will examine contraceptives and family planning methods available to men, part four discusses the challenges to the reception and the legal implications of the use of contraception by men and part five concludes with proposed recommendations to address the gaps identified as well as the way forward for Nigerian men in the enjoyment of their reproductive rights.

2. CONCEPTUAL ANALYSIS

2.1 Reproductive Rights

Reproductive rights as it is known today, is closely linked but not limited to health rights.[4] It encompasses the right to reproductive healthcare which includes the right to regular access to safe, high-quality reproductive healthcare services and the right to reproductive self-determination.[5] This includes the right to plan one's family, freedom from interference in reproductive decision making and the right to be free from all forms of violence and discrimination which affect the reproductive life of a woman. In addition to health, reproductive rights promote the concept of autonomy, choice and freedom in matters of reproduction.[6]

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[4] Erhun M., "A Legal Framework for the Enhancement of Women's Reproductive Health as a Means of Attaining Sustainable Development in Nigeria*", Journal of Law, Policy and Globalization* vol. 40, 2015, Faculty of Law, Obafemi Awolowo University, Ile-Ife.

[5] ibid

[6] Ibid.

It is further defined as the rights of women to legal and safe abortion, right to quality healthcare, right to birth control, freedom from coerced sterilization and contraception, freedom from female genital mutilation, right to receive education about sexually transmitted disease and right to protection from sexual offenses. It includes the right to plan one's family, freedom from interference in reproductive decision making and the right to be free from all forms of violence and discrimination which affect the reproductive life of a woman.[7]

It therefore implies the right of couples to decide freely and responsibly on the number, timing and spacing of their children and have the information, education and means to do so; attain the highest standards of reproductive health and make decisions about reproduction free of discrimination, coercion and violence.[8]

Men's reproductive rights focus on bodily autonomy, family planning, and sexual health. Despite the continuous legal debates centered on female reproduction, men also have fundamental rights regarding healthcare, contraception, and fatherhood, although these significantly differ depending on the jurisdictions. Studies show that in reproductive health matters some adopt an approach that emphasizes men as "clients" thereby focusing on the need to provide reproductive health services to men in much the same fashion that women have received these benefits. In some other areas they adopt the approach addressing men as "partners" reflects the view that men can improve or impede a women's contraceptive use and reproductive health. These studies reveal that the men are viewed as allies in efforts to improve the use, accessibility and prevalence of contraceptive as well as other aspects

[7] Ogugua I., "Customary Perspective on Reproductive Health Rights" *Journal of Health Law and Reproductive Rights (JHLRR)*4-5 (2014) p.57.
[8] Ibid

of reproductive health.[9] It encourages the involvement of men in supporting women's health, for example teaching them the benefits of family planning for women's health and overall balance of the home.

2.2 Reproductive Health

The Constitution of the World Health Organization[10] defines Reproductive health in relation to the positive definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The right to health as a fundamental human right has since been declared by the Universal Declaration of Human Rights (UDHR). Consequently, the right to health as provided in Article 16 the African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act is equally applicable to men in Nigeria.

2.3 Reproductive Health and Rights of Men

The rights-based approach applied by the ICPD influenced the paradigm shift towards sexual and reproductive health and rights (SRHR). The Program of Action advocated the need for recognition of the significant role of men in reproductive decision making and use of contraceptives.[11] Recommended outcomes in the program of action were focused on engaging men to achieve equality for women, emphasizing men's key roles in family planning invariably affecting population control;

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[9] Greene M. Mehta M. "Involving men in reproductive health: Contributions to development" https://knowledgecommons.popcouncil.org/cgi/viewcontent.cgi?article=1608&context=departments_sbsr-hiv [Accessed 27th May 2026.]

[10] WHO/RHR/01.5, World Health Organization, 2001.

[11] United Nations Population Fund. 2004. "Programme of action adopted at the International Conference on Population and Development, Cairo, Sept 5–13, 1994." New York, NY: United Nations Population Fund.

> …. efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV and prevention of unwanted and high-risk pregnancies.[12]

This focus has been reflected in the development of SRHR-related research in demography and allied disciplines.[13] The inclusion of men (and boys) in ICPD was a significant step forward in the area of reproductive health and rights. The reality, however, is that over the years, policies, agendas, and legal frameworks on health have notably provided more cover for men. It has taken the global recognition of reproductive rights as human rights to awaken governments to take active steps in the protection and enforcement of women's rights. Despite this, the discourse around women's rights still evokes mixed feelings, especially in developing countries like Nigeria today.

2.4 The Legal Framework in Nigeria

i. International Framework

At the International level, the foundation on the right to family planning can be traced to a plethora of human rights instruments. For example, The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) protects the right of women to responsibly and freely decide the number, spacing, and timing of their children.[14] Additionally, the International Covenant on Civil and Political Rights (ICCPR) guarantees the right to privacy

[12] ibid
[13] Ibid.
[14]Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Art. 16(1)(e), Dec. 18, 1979, 1249 U.N.T.S. 13. CEDAW guarantees women the right to decide freely and responsibly the number, spacing, and timing of their children.

against contrary state interference, which is generally interpreted by international bodies to cover all reproductive decision making.[15]

ii. Domestic Framework

The starting point of the discourse on Reproductive health and rights in Nigeria, is the Constitution. The 1999 Constitution of the Federal Republic of Nigeria (as amended) provides the foundational legal basis for family planning. Section 37 guarantees the right to private and family life. This right is globally and locally interpreted to encompass the right of a woman or a couple to make private decisions about their family and reproductive lives without arbitrary intervention from the state or third-parties.[16]

The National Policy on Reproductive Health along with National Guidelines on Family Planning accentuate women's right to access safe, effective, and affordable methods of contraception. Pursuant to the provisions of the Violence Against Persons (Prohibition) Act (VAPP) 2015, certain forms of reproductive coercion, such as forcing a woman to conceive or preventing her from using contraception, are regarded as emotional or psychological violence which are enforceable.[17] The Criminal Code (applicable in Southern Nigeria) and Penal Code (applicable in Northern Nigeria) typically contain restrictive provisions regarding the distribution of information on "prevention of conception." Though these provisions no longer hold sway in the contemporary healthcare, their continued existence in codified form constitute some form of suppression of reproductive rights.[18] However, the enforcement of these rights in reality are met

[15] International Covenant on Civil and Political Rights (ICCPR), Art. 17, Dec. 16, 1966, 999 U.N.T.S. 171. Prohibits arbitrary interference with privacy; interpreted to include reproductive decision-making by the Human Rights Committee.
[16] Section 37, Constitution of the Federal Republic of Nigeria 1999 (as amended)
[17] Section 14, Violence Against Persons (Prohibition) Act, 2015.
[18] Section 232 of the Criminal Code Act (Southern States)

with stiff resistance such as socio-cultural beliefs influenced by deeply entrenched patriarchy and prioritize male dominance in reproductive decision making. Therefore, there is need for men to understand their key role as collaborative partners in family planning which will positively influence reproductive decision making.

3.0 FAMILY PLANNING AND CONTRACEPTIVES

The Convention on Elimination of all forms of Discrimination against Women (CEDAW) provides that it is the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, as well as to attain the highest standard of sexual and reproductive health.[19]

Similarly, the International Covenant on Civil and Political Rights 1966 stipulates the right to decide freely and responsibly the number and spacing of children to have.[20] Access to safe, voluntary family planning is a human right. As one of the countries that approved the historic Program of Action that emanated from the ICPD, Nigeria committed herself to the implementation of the Reproductive Health concept and the achievement of the ICPD targets in the interest of the health and development of her citizenry.[21] As noted earlier in this paper, reproductive rights refer to the rights of women to legal and safe abortion, right to quality healthcare, right to birth control, freedom from coerced sterilization and contraception, freedom from female genital mutilation, right to receive education about sexually transmitted disease and right to protection from sexual offences. It

[19] Article 16 (1) (e).
[20] Article 32.
[21] Anyaleye A.O., "Women and Reproductive Health Rights in Nigeria" Ontario Development Agency SSN 1923-6654.128 http://www.ssrn.com/link/OIDA-Intl-Journal-Sustainable-Dev.html [Accessed 31st March 2020.]

includes the right to plan one's family, freedom from interference in reproductive decision making and the right to be free from all forms of violence and discrimination which affect the reproductive life of a woman.[22]

Reproductive health rights therefore imply the right of couples to decide freely and responsibly on the number, timing and spacing of their children and have the information, education and means to do so; attain the highest standards of reproductive health and make decisions about reproduction free of discrimination, coercion and violence.[23]

From the foregoing we can ascertain that the right to family planning and contraceptives is a fundamental aspect of promoting and enforcing reproductive rights today as it is the means by which couples have effective control or determine the number, timing and spacing of their children and has been previously noted, the men play a vital role in this aspect of reproductive health and rights. Family planning is broadly divided into 2; The Natural family planning method and the Artificial family planning method. The various methods under this category which pertain to men will be discussed below.

3.1. Natural Family Planning Method

It is also called fertility awareness or the Rhythm method. This is a method of birth control that does not use any drug or devices. It relies on abstinence from sexual intercourse during the most fertile phase of a woman's menstrual cycle. It consists of the basal body temperature method, the calendar/rhythm method, standard day's method, and symptom thermal Method, Breastfeeding, lactation Amenorrhea method and the cervical mucus method. The Natural family planning is also approved by many faiths for instance, the Roman Catholics do

[22] Ibid

[23] Ogugua I., "Customary Perspective on Reproductive Health Rights" *Journal of Health Law and Reproductive Rights (JHLRR)*4-5 (2014) p.57.

not believe in artificial family planning methods and thus encourage natural methods.[24] The man's involvement in this method is in the area of abstinence, this involves self-control and a high level of discipline for both parties to abstain from intercourse during the woman's "unsafe period". It behooves on the man particularly to refrain from initiating intercourse or putting the woman under undue pressure to give in to his advances during this period. This article posits that an understanding of the role of the man that he is an equal participant in this method of family planning will go a long way in enforcing restraint to enable both parties enjoy the benefits of their reproductive right to number, time and spacing of children desired. This method also includes the "withdrawal method" also known as the "pull-out method". It is the practice of removing the male genitals from the female genitals before ejaculation. However, it is widely believed to be unreliable and carries a high risk of pregnancy.

3.2 Artificial Family Planning Method

This method involves the use of chemicals or barriers in killing or preventing sperm from entering the uterus, it induces hormones to trick the woman's body into believing fertilization shouldn't take place and also includes surgical prevention of eggs or sperm from being released. For men, there are 2 main types of artificial methods-condoms and vasectomy. This artificial method includes the following;

(i) Barrier Method
(ii) Hormonal Method
(iii)Permanent Method

(i) **Barrier Method**: This method prevents spermatozoa from entering the uterus either by chemical, such as spermicide, or mechanical/physical obstruction, for example, condoms for men.

[24] Anonymous Types of Family Planning and Their Side Effects - Medical World Update [Accessed 3rd February 2024.]

(ii) **Hormonal Method**: Hormonal male contraceptives work by suppressing testosterone and follicle-stimulating hormone (FSH) to inhibit sperm production. Formulations under investigation include injectable testosterone combined with progestin, implants, and topical gels. While clinical trials have demonstrated efficacy rates above 90%, concerns have been raised about side effects including mood changes, acne, and reduced libido.[25] Hormonal inducing drugs such as the new drug called "YCT-529" are still being laboratory tested to verify their safety and efficacy.[26] Another example is Dimethandrolone Undecanoate (DMAU) which is currently under investigation as both a potential oral and injectable male contraceptive. In vivo, the pro-drug, DMAU is converted to the active drug, dimethandrolone (DMA), which can bind to both androgen and progesterone receptors, making DMAU a potential single-agent hormonal male contraceptive.[27]

(iii) **Permanent Method**: Vasectomy falls under this category of permanent birth control method. It is a permanent surgical procedure that involves cutting, tying, or blocking the *vas deferens* which are the tubes that carry sperm from the testes. It is one of the most effective forms of contraception, with a failure rate of less than 0.1%. The procedure is minimally invasive, typically performed under local anesthesia in an outpatient setting, and involves a short recovery period of a few days. Vasectomy also called male sterilization, is a safe and effective permanent method of contraception for men.[28] Though medically regarded as a simple procedure, it must be carried out by trained medical experts to cut the supply of sperm to the semen. When properly done, sperm supply is cut or blocked off, so sperm

[25] Abbe C. Page S. et al "Male Contraception" https://pmc.ncbi.nlm.nih.gov/articles/PMC7513428/[Accessed 27th May 2026.]
[26] https//www.twin-cities.umn.edu [Accessed 20th May 2026.]
[27] Abbe C. Page S. et al "Male Contraception" https://pmc.ncbi.nlm.nih.gov/articles/PMC7513428/ [Accessed 27th May 2026.]
[28] https://my.clevelandclinic.org/health/procedures/4423-vasectomy [Accessed 27th May 2026.]

can't leave the body and cause pregnancy. However, unlike the condoms, Vasectomy does not protect against sexually transmitted infections.[29]

Notably despite the high effectiveness of vasectomy in pregnancy prevention, there is relatively low acceptance globally. Concerns raised include the fact that reversion is not guaranteed and many men view sterilization as tantamount to emasculation. One major advantage of this method however, is that vasectomy does not affect libido, sexual function, or hormone levels.[30]

4. CHALLENGES TO RECEPTION AND USE OF CONTRACEPTIVES BY MEN

The reception and use of contraceptives by men especially in developing countries like Nigeria are primarily impeded by deeply entrenched patriarchal norms, widespread misinformation about side effects, religious objections, and a strong preference for large family sizes. These barriers result in low acceptance rate of male-specific contraceptives and limited support for female partner in family planning.

i. Socio-Cultural Barriers

Across cultures, societal norms and gender stereotypes typically do not support male participation in reproductive health services. Masculinity is often viewed by the size of one's family with many African men marrying multiple wives and birthing numerous children whom they cannot even cater for. Traditionally discussions on fertility and family planning are seen as the exclusive preserve of women. Thus, the men are uninvolved with contraceptive responsibility. There is also the traditional belief that childlessness is the woman's fault and as such

[29] https://mariestopes.org.ng/services/mens-health/vasectomy-male-sterilisation/?gad_source= [Accessed 27th May 2026.]
[30] ibid

the men avoid seeking help with fertility issues and those brave enough to do so are heavily stigmatized. In Nigeria, Large families are seen as a sign of affluence, thus women bear the brunt of multiple child bearing to make the man look good in society. Men often exert dominance over women in making reproductive decisions and many women especially in rural areas find themselves giving birth to children back-to-back until their body eventually fails. Simultaneously, men in high-income communities typically view contraceptive responsibility as the women's responsibility, believing that modern day reproductive health care is women tailored. Countering these barriers requires systemic change: which will include health education in schools, male-friendly environments and attitude in healthcare centers, community-based awareness campaigns, and policy frameworks that deliberately involve men in family planning programs.[31]

ii. Fertility Knowledge and Awareness

Family planning for men requires a thorough understanding of reproductive biology and fertility. Studies have found that male infertility accounts for an estimated 40 to 50% of recorded infertility cases worldwide. Despite this data, men are rarely interested in seeking fertility evaluation or treatment. Men interested in beginning a family need to understand the factors that impair fertility, such as chronic stress, obesity, smoking and alcohol use, exposure to environmental toxins (such as pesticides and heavy metals), tight-fitting clothing that raises scrotal temperature, and the use of certain medications or steroids.[32] Women are often reminded and even

[31] Tekakwo A. Nabirye R.C Etal "Enablers and barriers of male involvement in the use of modern family planning methods in Eastern Uganda: a qualitative study" https://pubmed.ncbi.nlm.nih.gov/37845730/ [Accessed 27th May 2026.]

[32] https://healthy.kaiserpermanente.org/hawaii/health-wellness/healtharticle.birth-control-side-effects [Accessed 27th May 2026.]

threatened with the "ticking of their biological clock" whereas studies show that male fertility equally declines with age. Sperm quality including motility, morphology, and DNA integrity declines progressively after the age of forty, thereby increasing the risk of genetic mutations and pregnancy complications.[33] Men also raise concerns that some contraceptive methods like the condoms, disrupt sexual pleasure, or like vasectomy may lead to permanent infertility as it is may not be reversible in the long run. Considering that studies show that women have dealt with side effects of female contraceptives ranging from blood clot, hormonal imbalance, nausea, breast tenderness, headaches, mood swings, and irregular bleeding or spotting as well as the recent scare of cancer[34]. Therefore, the concerns and fears raised by the men pale in comparison to what women have endured for decades. Clearly there is a dearth of knowledge on the use, access and benefits of male contraception which invariably contributes to the low uptake of male contraception. There is however a higher rate of acceptance in more civilized countries for instance in the United States, records show that as much as 500,000 men opt for vasectomy in a year.[35] The disparity clearly demonstrates the need for education and awareness which is clearly lacking in developing countries. This implies that with proper dissemination of information, men could be willing to participate in the use of contraceptives and be open to explore other more reliable contraceptive methods like vasectomy besides the traditional use of condoms.

iii. Communication and Mutual Decision Making

As noted earlier, the role of male participation in reproductive decision making and activities cannot be overemphasized. Sadly, it is often

[33] ibid
[34] Ibid.
[35] https://pmc.ncbi.nlm.nih.gov/articles/PMC2784091/ [Accessed 28th May 2026.]

overlooked as reproductive decisions and family planning is generally believed to be the woman's responsibility especially in developing countries. It is therefore imperative that discussions and communication about family planning between partners is prioritized. Reproductive decisions should not be one sided as this significantly affects contraceptive choices, the timing of pregnancy and the size of the family. Ideally, before sexual commitment between couples, conversations about family planning and pregnancy should be had, topics of discussion should include: desired number of children, preferred spacing between pregnancies, contraceptive responsibilities and choices and long-term reproductive goals. Men should approach these conversations with empathy, kindness and a willingness for equal participation in contraceptive use. An acknowledgement and appreciation of the psychological and physical impact of contraceptives on women will go a long way toward achieving equitable partnership in relationships.

iv. Limited Options for Male Contraceptives

The limited contraceptive options currently available to men is also a challenge. Scientific research into male contraception has increased over the years, with several prospects in clinical trials. The most common option for men is condoms and is widely known to be unreliable. The more effective option of vasectomy raises concerns of being mostly irreversible and also the misguided belief that it is tantamount to castration and emasculation.

4.1 LEGAL IMPLICATIONS OF MALE USE OF CONTRACEPTIVES IN FAMILY PLANNING

In Nigeria, the major legal implications for men is on the concept of paternity and child support. Section 55 of the Child Rights Act provides that a man is legally obligated to provide for the maintenance

of his children.[36] Section 14(2) of the Child Rights Act explicitly guarantees the right of every child to maintenance by their parents. This is a non-negotiable right and can be enforced in any family court in Nigeria. Maintenance under this provision includes basic necessities like food, shelter, clothing and education. This right is not affected by whether or not the child was planned or wanted by the parents. In such matters the courts are more concerned with the best interest of the child. Consequently, family planning is a valuable mechanism for men to manage their financial responsibilities and avoid bearing children they cannot cater for.

Nigerian law is however silent on a man's right to approve a woman's decision to use contraception, though customary law in many regions grants the husband significant authority over the wife's reproductive choices. One of the most contentious legal issues for women in Nigeria is the requirement of spousal consent for certain family planning methods, particularly permanent ones like tubal ligation widely known as "tying the tubes". While there is no law expressly requiring the consent of the husband for a wife's access to contraceptives, many healthcare providers in Nigeria demand it as a matter of administrative policy to avoid litigation from aggrieved husbands.[37] Legally, such requirements are an infringement of a woman's right to bodily autonomy.

Conversely, the legal framework covering male family planning is significantly narrower in comparison with that of women- hence the widespread belief that contraception and family planning is generally women focused. Access to condoms or male sterilization such as vasectomy has no statutory provisions. Opting for a vasectomy is

[36] Section 55, Child Rights Act, 2003.
[37] Enabulele O.A., "Medical Ethics and the Law in Nigeria," Nigerian Journal of Clinical Practice (2018).

regarded as a private and personal choice and is accessible via a routine medical procedure subject however to general medical consent standards and professional licensing requirements.[38] Thus, the most significant legal implication of family planning for men arises from the statutory provision of parental obligations. The father of a child born, is legally obligated to cater for the child regardless of whether he wanted the child or not. These further buttresses the need for men to actively use contraception in prevention of unplanned pregnancies, a burden often unfairly borne alone by the women. Additionally, Courts have unanimously rejected the arguments that a man who did not consent to pregnancy should not be obligated to fund maintenance of the child. The courts have emphasized that the maintenance of the child is the child's right and not merely a prerogative of the parents.

5. CONCLUSION

This article finds that many men today are generally knowledgeable about the meaning and concept of family planning, and most of them have routinely adopted condoms as their method of family planning. However, the use of condoms has been seen to be mainly adopted for casual sexual relations to prevent the contraction or spread of sexually transmitted infections or diseases as against actual family planning. As earlier noted, it is apparent that with proper dissemination of information, men could be willing to participate in the use of contraceptives and be open to explore other more reliable contraceptive methods like vasectomy besides the traditional use of condoms. This article identified key legal gaps particularly in the area of contraceptive rights, and parental obligations as it affects men. It further finds that despite evolution of reproductive health and rights law; significant disparities exist in male and female application and reception of the realities of accessing information and reproductive

[38] Urofsky, M.I., 'Vasectomy and the Law,' 26 U. Rich. L. Rev. 63 (1991).

health services in Nigeria. It concludes that a concise legal framework for family planning which encompasses both genders is key to the full realization of reproductive health and rights especially for developing countries. Though education plays an important role in men's active participation in family planning, government participation especially in the area of provision of facilities and proper family planning methods especially to the indigent communities will inevitably increase male participation. The legal implications of family planning vary considerably across jurisdictions. Developed countries often view reproductive rights as fundamental and protected under constitutional provisions of human rights such as right to human dignity, equality, and personal autonomy. For example, The European Court of Human Rights addresses reproductive rights in Article 8 of the European Convention on Human Rights, which provides for the right to private life. Thereby recognizing that states are obligated to create legal frameworks enabling reproductive choices.[39] Similarly, in Nigeria the Constitution guarantees these rights in section 34 which provides for the right to dignity of human person and section 37 which guarantees the right to private and family life.

Over the years, some countries have called for mandatory population control measures but these are frowned at under international human rights law. The International human rights laws embrace a voluntary approach to family planning. Coerced sterilization programs as practiced in the past has constantly been condemned by governments as gross violation of bodily autonomy and a breach of the right to self-determination. As earlier noted, under the Violence Against Persons (Prohibition) Act (VAPP) 2015 of Nigeria, certain forms of reproductive coercion, such as forcing a woman to conceive or

[39]Global Health Law Consortium, "Comparative Reproductive Rights Law" (2023). Surveys constitutional and statutory protections for reproductive rights across 60 jurisdictions, noting significant divergence by region.

preventing her from using contraceptives, are regarded as emotional or psychological violence which are a violation of reproductive rights.[40] Conclusively, the participation of men in family planning through the use of contraceptives, should be a voluntary participation and not one of coercion. As noted in this article, increased knowledge and awareness of fertility rights is a key factor in achieving the voluntary participation of Nigerian men in reproductive decision-making.

6. RECOMMENDATIONS

- **i.** The paper recommends that the government should provide facilities and proper family planning methods to the communities to enhance the participation of men.
- **ii.** Legal reform efforts should focus on expanding access to reproductive services to men.
- **iii.** A gender-equitable legal framework for family planning is needed to address and ensure access to contraception and reproductive health services for all genders.
- **iv.** Dissemination of information and increased awareness about male contraception is a necessary tool to prevent widespread misinformation and to increase the acceptance and use of male contraceptives.

[40] Section 14, Violence Against Persons (Prohibition) Act, 2015.