TOWARDS BALANCING CHILD PROTECTION WITH AUTONOMY ON CONSENT TO MEDICAL TREATMENT IN NIGERIA

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Abstract

In this study, the complex interplay between parental rights and child autonomy in medical consent for minors in Nigeria is examined. In Nigeria, children's rights to health and bodily integrity are constitutionally and legally protected under the Constitution and Child Rights Act 2003. While parents or guardians traditionally consent to medical treatment on behalf of their children due to the latter's presumed immaturity. Nigerian law recognises the evolving capacity of minors typically from age 13 to make informed medical decisions independently. Judicial decisions, such as in Esabunor v Faweya, affirm that a child's best interests take precedence over parental objections, including those based on religious beliefs, especially in life-threatening scenarios. This approach reflects a careful balance between respecting parental authority and safeguarding the child's right to life and health. Nonetheless, challenges persist due to the lack of explicit statutory guidelines clearly defining the scope and limits of parental control versus minor consent, leading to potential conflicts in medical practice. The study finds that Nigerian courts prioritize protecting vulnerable children from harm, even if this requires overriding parental refusals of treatment. To enhance the protection of minors' health rights, the study recommends legislative reforms to clarify the legal standards for medical consent by minors, taking into account their maturity and understanding. It also advocates increased public education to raise awareness among parents, guardians, and healthcare providers about children's evolving autonomy and rights in healthcare decisions, ultimately promoting a child-centered approach that balances protection with respect for emerging autonomy.

Key-Words: Medical Consent; Child Autonomy; Parental Rights; Nigerian Law; Child Health Rights; Best Interests of the Child

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1.**Introduction**

A child in Nigeria is entitled to several rights across multiple aspects of life. These rights include freedom from forced or harmful labour, such as underground or night working; the right to a healthy life and unhindered growth; and the right to basic essentials of life, such as clothing, food, and shelter.[1] Among these rights are the fundamental rights guaranteed by Chapter IV of the 1999 Constitution of the Federal Republic of Nigeria (as amended).

Patients have the right to autonomy and bodily integrity. This means that physical integrity is linked to the integration of the self with the outside world.[2] Therefore, breaking it differs significantly from interfering with bodily autonomy. This explains why compromising bodily integrity requires a stronger case than compromising autonomy.[3]

Moreover, children are entirely dependent on adults to exercise and uphold their right to health care. The right to health is regarded as a human right that applies to everyone. Children are more vulnerable to negative health outcomes, poor diet, poor sanitation, and an environment over which they typically have no control.[4] As the child's primary caregivers, parents have the major responsibility for ensuring the child's health. In cases where the interests of the child and their parent conflict, the State invokes the court's power to mediate the matter. This is done while maintaining the child's best interests as the top priority.[5]

It is essential to note that different factors come into play when making medical decisions for children. Since a child's health has a significant impact on the child's quality of life, future, and general well-being, it is crucial that they have access to medical care.[6] Access to medical care for children is made possible by established provisions included ininternational legal documents. The Child Rights Act 2003 (CRA) is a model for safeguarding children's rights in Nigeria. This Act fully

[1] David Tarh-Akong Eyongndi & Samuel A Adeniji, 'Judicial Balancing of Parental Objection to Medical Treatment on the Basis of Religious Beliefs and Children Right to Life in Nigeria' *The Age of Human Rights Journal*, (2022) 523-544.
[2] Jonathan Herring & Jesse Wall, 'The Nature and Significance of the Right to Bodily Integrity' *The Cambridge Law Journal,* (2017) 76(3) 566-588.
[3]*Ibid.*
[4] Linda Amarachi Oti-Onyema, 'Parental Responsibility Over Child's Health: Dispensing with Court Proceedings in Emergency Situations' *Nnamdi Azikiwe University Journal of International Law and Jurisprudence,* (2020) 11(1) 170–180.
[5]*Ibid.*
[6]The United Nations Convention on the Rights of the Child (UNCRC), Art.24(1); African Charter on the Rights and Welfare of the Child, Art.14(1-2).

incorporates the provisions of various international legal instruments.[7] Every child has a right to the best possible health under the CRA.[8] Thus, everyone involved, parents, guardians, institutions, and governments has a duty to provide for the child's needs and to uphold their rights.[9]

Due to their immaturity and young age, children are dependent on proxies (parents or guardians) to either consent to or deny treatments on their behalf. Without explicit legal guidelines, parents could make irrational choices that benefit them or other people, such as the child's siblings.[10] A child may be denied access to health care services if parents or medical professionals fail to consider the potential harm of any recommended therapy. Therefore, in the best interests of children, it is crucial to provide a framework tp govern how these medical decisions are made on their behalf.[11]

However, children's capacity for autonomy increases as they get older, and they develop stronger reasoning and comprehension skills.[12] As a result, there is less parental supervision. This is because, at that age, children are typically able to recognise their preferences and comprehend the repercussions of their choices. Children who are able to do so should voice their opinions on any issue pertaining to them in accordance with their age and maturity. This is expressly stated in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC). They should also have the opportunity to be heard directly or through a representative in administrative and judicial processes.[13] The *Gillick v. West Norfolk and Wisbech AH*[14] case upholds the idea that a minor who is 'of sufficient age and understanding is prima facie entitled to make her own decisions and give valid consent concerning medical treatment.' In that instance, the court determined that 16-year-olds are mature enough to be able to give informed consent. If it turns out that a 16-year-old who

[7] CRA Act, 2003, Cap C50 Laws of the Federation of Nigeria 2004.
[8] CRA, Sec. 13(1).
[9] *Ibid,* Sec. 13(2).
[10] Hadiza O Okunrobo & Olaitan O Olusegun, 'Balancing Parental Rights and Child Welfare: The Best Interests Threshold in Healthcare Decisions in *Tega Esabunor & Anor v. Tunde Faweya & Ors.* In focus' *ABUAD Law Journal* (2024) 12 (1) 65–83 <https://doi.org/10.53982/alj.2024.1201.04-j> accessed 29th May 2025.
[11] *Ibid.*
[12] Claire Breen, *Age Discrimination and Children's Rights: Ensuring Equality and Acknowledging Difference* (Brill, 2002); *Okekearu v. Tanko* [2002] 15 NWLR (Pt. 791) 657.
[13] UNCRC, Article 12(2); See also Nigeria CRA, Sec. 217. This section permits hearing children's voices during proceedings.
[14] 1985 3 All ER 402.

is considered to be competent is incapable of understanding pertinent facts, the court has the authority to reject the medical decision.

In Nigeria, it is presumed that a 13-year-old child with a "clear mind and can grasp the benefits and consequences of accepting or rejecting a proposed treatment" can give legal consent to a medical procedure or treatment. This is even in the face of disapproval from parents. When parents refuse to provide life-saving medical care for a kid under the age of 13, the court may issue an injunction to safeguard the child.[15]
In *Esabunor and Anor v Faweya and Ors,*[16] the Supreme Court acknowledged the child's vulnerability and inability to make decisions regarding his health when it stated as follows:

> All adults have the inalienable right to make any choice they may decide to make and to assume the consequences. When it involves a child different considerations apply and this is so because a child is incapable of making decisions for himself and the law is duty bound to protect such a person from abuse of his rights as he may grow up and disregard those religious beliefs.

Therefore, the Court must intervene when a parent refuses to give their child a blood transfusion on religious grounds. This even if the parents claim that these rights are guaranteed under their constitutional right by the provisions of sections 37 and 38 of the 1999 Constitution of the Federal Republic of Nigeria. Hence, the child's welfare must be the primary consideration, not the parent's imposed religious belief or dogma.

Though, Nigerian courts acknowledge that everyone is entitled to the Constitutionally guaranteed rights to freedom of religion and conscience, there are certain questions still arise. The question is whether the court should grant an adult's right to refuse medical treatment because of their religious beliefs to a child who is a minor and unable to make their own decision in life-threatening situations? This is in view of the fact that the child may have a different opinion from the parent or guardian once they reach majority. In terms of medical care, to what extent can a child be

[15]Code of Medical Ethics, Rule 39(c)(iii). See further, the case of *Tanko's*, where the Supreme Court (Apex court in Nigeria) held that a child of 14 years who can understand the questions asked and give rational answers under cross examination, can as well give consent to a medical procedure.
[16] [2019] LPELR 46961 (SC).

constrained by the religious convictions and customs of their parent or guardian?

2.Clarifications of Key Terms

2.1 Medical Consent

"Consent" implies agreement or acquiescence.[17] Consent in medical parlance means that a person must give permission before they receive any type of medical treatment or intervention, test or examination. This must be done on the basis of an explanation by a clinician. Consent from a patient is required notwithstanding the nature of the procedure to be performed. The three ingredients for a valid consent are: it must be voluntary, informed and the person consenting must have mental capacity to do so.[18] According to the Medical Dictionary, consent means a voluntary agreement with an action proposed by another. Consent is an act of reason, the person giving consent must be of sufficient mental capacity and be in possession of all essential information in order to give valid consent. A person who is an infant, is mentally incompetent, or is under the influence of drugs is incapable of giving consent. Consent must also be free from coercion, fraud and financial enticement. According to Gillon:[19]

> consent means a voluntary uncoerced decision, made by a sufficiently competent or autonomous person on the basis of adequate information and deliberation, to accept rather than reject some proper course of action that will affect him or her.

It can be gleaned from the foregoing that consent to organ donation for example, entails explaining to the donor the pros and cons of organ donation and getting the approval of the said donor before embarking on organ harvest, otherwise the procedure will ultimately amount to the tort of assault and battery.Medical Consent refers to the process by which a patient voluntarily agrees to undergo a specific medical treatment or procedure after being informed of all the relevant facts, risks, benefits, and alternatives. It is a fundamental principle in medical ethics and law,

[17]Emeka O C Obidimma & Chukwudi N Onuigbo, 'Assessing the Legal Framework for Consent in Human Organ Donation and Transplantation in England (UK): Lessons for Nigeria' *Journal of Commercial and Property Law* (2023) 10(1) 158 <https://Journals .unizik.edu.ng/jcpl/article/view/2234> accessed 29th May 2025.
[18]*Ibid.*
[19]*Ibid* .

rooted in the right to bodily autonomy and integrity. In *Schloendorff v. Society of New York Hospital*,[20] Cardozo J held thus:

> Every human being of adult years and sound mind has a right to determine what shall be done with his own body, and a surgeon who performs an operation without the patient's consent commits an assault.[21]

There are two types of consent recognisable in medical law, viz: presumed consent and informed consent. Informed consent is a process which a patient is educated by a health care provider about the risks, benefits, and alternatives of a given procedure or intervention.[22] The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention.[23] Informed consent is a process of communication between a clinician and a patient, which results in the patient's agreement to undergo a medical procedure.[24] Informed consent is a foundational principle in both healthcare and research, rooted in the ethical obligation to respect patient autonomy and the right to self-determination. Thus, it requires that individuals are fully informed about and understand the nature of the medical treatment or research participation, including its risks, benefits, and alternatives, enabling them to make a voluntary and informed decision about their care or participation.

In *Medical and Dental Disciplinary Tribunal v. Okonkwo*,[25] the Nigerian Supreme Court delivered a landmark judgment on informed consent. Dr. Okonkwo was charged with professional misconduct after he honoured a Jehovah's Witness patient's written and verbal refusal of a blood transfusion, which led to the patient's death. The Court upheld his appeal, affirming that competent adult Nigerians have the constitutional right to refuse life-saving medical treatment, including blood transfusions. This right was rooted in the constitutional guarantees of freedom of speech, conscience, religion, and privacy. The ruling set a

[20] 105 NE.92 (NY, 1914).
[21] *Ibid.*
[22] Parth Shah and others, 'Informed Consent', *StatPearls* (November 2024) <https://www.ncbi.nlm.nih.gov/books/NBK430827/> accessed accessed 29th May 2025.
[23] *Ibid.*
[24] T Ietrzykowski & K Smilowska, 'The Reality of Informed Consent: Empirical Studies on Patient Comprehension—Systematic Review' *Trials* (2021) 22 (57) <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-020-04969-w>accessed accessed 29th May 2025.
[25] [2001] 4 SCN 78. NWLR 2001; Part 711: 205–255.

clear legal boundary, emphasising that medical treatment must respect patient autonomy.

Despite the vital role informed consent plays in medical practice, Nigerian law currently does not contain detailed legislation specifying the various types of consent.[26] Nevertheless, in practice, healthcare professionals recognise several forms of consent, which are discussed below:

2.2 Express Consent

Express consent occurs when a patient explicitly agrees either verbally or in writing to undergo a specific medical treatment or procedure. This type of consent is essential for procedures that involve a certain level of risk, such as: Comprehensive gynaecological examinations, surgeries requiring anaesthesia, and major diagnostic procedures.[27] In such cases, written consent is preferable, as it provides clear evidence of the patient's agreement. However, it is equally important that the doctor provides the patient with adequate information about the procedure, including its nature, purpose, risks, and alternatives. This ensures the patient makes an informed decision. To further strengthen the process, the consent should be witnessed either by a hospital staff member or a family member.

2.3 Implied Consent

Implied consent arises from a patient's actions or conduct, which indicate agreement to receive treatment, even if nothing is said verbally. It is most commonly used in general or routine medical practice[28]. For example, a patient who enters a hospital and extends their arm for a blood test or injection is considered to have given implied consent. However, this form of consent is limited to minor procedures. In cases involving invasive procedures or more serious interventions, implied consent is not sufficient. Instead, written consent should be obtained after the patient is fully informed. If there's any doubt, verbal clarification should be sought.

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[26] K G Onyegbule, 'Informed Consent as a Fundamental Principle of Medical Ethics: An Examination of its Application in Nigerian Healthcare Settings' *Nnamdi Azikiwe Journal of Commercial and Property Law* (2025) 12(1) <https://ge2p2global-centerforinformedconsentintegrity.org/2025/05/01/informed-consent-as-a-fundamental-principle-of-medical-ethics-an-examination-of-its-application-in-nigerian-healthcare-settings/>accessed 27th May 2025.

[27] J A Dada, *Legal Aspect of Medical Practice in Nigeria* (University of Calabar Press 2013) 257.

[28] *Ibid.*

2.4 Extra Verbal Consent

In situations where implied consent is not clear or might be misunderstood, extra verbal consent must be obtained. This is especially important when a procedure involves intimate or sensitive areas of the body, such as the breasts, genitals, or rectum. Examples of procedures that require extra verbal consent include insertion of a urethral catheter, chest X-rays, insertion of an intravenous cannula, wound dressing, insertion or removal of drainage tubes, examination of the breasts, genitals, or rectum, and insertion of a nasogastric tube.

2.5 Consent on Behalf of Incompetent Patients

Informed consent can only be given by a competent adult who is mentally capable of understanding the procedure and making a decision. If the patient is a minor or someone who is mentally or physically incapacitated, a parent, guardian, or close relative acting *inloco parentis* may give consent on their behalf. However, the primary consideration in such cases must always be the best interest of the patient.

2.6 Patient Rights

Patient rights arise from rules governing the relationship between patients and healthcare providers, aimed at ensuring humane, respectful, and dignified treatment.[29] Rooted in the universal concept of human rights, these rights empower patients to participate actively in their healthcare decisions. The shift from a traditional paternalistic model to a patient-centered approach emphasises respect for patient autonomy and informed consent. Healthcare professionals are obligated to provide the highest standard of care while upholding patient dignity and confidentiality.

Various rights of patients[30] include the right to good quality care without discrimination; to give informed consent and choice of treatment; to access clear and understandable information; to confidentiality of their medical information; to access and understand their medical records; to representation through surrogates when unconscious or incapacitated; to receive health education and preventive care; to be treated with dignity, especially in chronic or terminal conditions; and to receive spiritual support in accordance with their beliefs.

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[29] Michel Daher, 'Patient Rights' in *Encyclopedia of Global Bioethics* (Springer Science+Business Media Dordrecht, 2015) <https://doi.org/10.1007/978-3-319-05544-2_329-1> accessed 27 May 2025.

[30] *Ibid.,* 3-7.

The Patient Bill of Rights (PBoR) in Nigeria, launched by the Consumer Protection Department of the Federal Ministry of Health in collaboration with the Nigeria Health Watch and the Consumers Protection Council (now FCCPC) in 2018, outlines fundamental rights every patient is entitled to within the Nigerian healthcare system.[31] It aims to promote accountability, improve service delivery, and ensure the dignity and welfare of patients. PBoR views patients as consumers of health care and thus sets standards for both consumers and medical professionals, which will help to eliminate quacks in the health sector and enable patients demand quality healthcare services.[32] PBoR affirms that all patients have the right to access care without discrimination, and to receive timely, appropriate, and high-standard medical attention. Patients are entitled to complete and understandable information regarding their diagnosis, treatment options, and prognosis, and must be able to give informed consent freely before any procedure. Their privacy and the confidentiality of their medical records must be protected, and they must always be treated with dignity and respect, regardless of their condition or background.

PBoR also ensures that patients have the right to refuse treatment and to participate actively in decisions about their care. In addition, patients can seek redress by lodging complaints about unsatisfactory services and are entitled to fair handling of such complaints. The right to continuity of care means that patients must not be abandoned and should experience coordinated services across different healthcare levels. Emergency care must be provided without delay or discrimination, even when the patient cannot immediately pay. Lastly, the rights include respect for patients' religious and cultural beliefs as part of holistic and humane treatment.

2.7 Autonomy

Patient autonomy is one of the ethical principles that promotes patient-centered care. It is the ability of the patient to voluntarily make a rational choice, when presented with valid and informed options about their

[31] A C Okorocha & O Nnebedum, 'The Introduction of Patient's Bill of Rights by the Consumer Protection Council: Impact on the Enforcement of Patient's Rights Under the Nigerian Healthcare System' (2018) *Jackson, Etti and Edu*<https://jee.africa/the-introduction-of-patients-bill-of-rights-by-the-consumer-protection-council-impact-on-the-enforcement-of-patients-rights-under-the-nigerian-healthcare-system/> accessed 27 May 2025.

[32] Olaitan O Olusegun & Babafemi Odunsi, 'Advancing the Rights of Patients in Nigeria: Analysing the Patients' Bill of Rights' *Delta State University Law Review*, (2022) 8 1 <https://delsulawreview.com/wp-content/uploads/2023/07/1.-Advancing-the-right-of-patients.pdf>accessed 27 May 2025.

health.[33] Patient's autonomy therefore shifts the power of medical choice and treatment decisions to the patients, thereby moving away from the standard paternalistic approach, "the-doctor-knows- the-best" type of decision making.[34] Autonomy is a medical principle that empowers patients to exercise their right of choice over their healthcare decisions.[35] Besides, there are some limiting factors on this principle, including: patient lack of knowledge of the disease in question and inability of the physician to transfer their knowledge to the patient; inexperience on the part of the patient and patient's lack of medical insight.[36]

Another constraint is where the patient is sick and does not have deep understanding of medical practice, which makes it unrealistic and difficult to take a reasonable decision on the medical options available to them. The paradox of the principle of autonomy is that it is limited by the societal constraints that seek to protect it. From the foregoing, the physician becomes helpless where the patient has opted for a wrong choice of treatment that may be harmful to themselves, and it becomes impossible to transfer to the patient the knowledge and experience gained from medical school and years of medical practice. Hence, the physician or allied medical practitioners have a strict duty to respect the choices of their patients regardless of their own preferences.[37]

2.8 Child

There is no universally accepted legal definition of a child and the word child may depend on the context in which it appears. There are many statutes concerning children which contain relevant definitions of the word "child" or cognate expressions like "children", but in the absence of a general definition provided by a statute of interpretation, it might be unwise to choose one as the acceptable definition of a child.[38] For instance, the section 307 of the Criminal Code merely defines a child for the purpose of liability for murder. Under the children and young person law, a Child means a person under the age of fourteen years. And under Child Rights Act, a child is a person who has not yet reached the age of adulthood, whether natural, cultural, or legal. Under the Child's Right Act, a child is a person who has not attained the age of 18 (eighteen)

[33] P K Kopar, 'The Transformation and Challenges of the Surgeon-Patient Relationship' in AR Ferreres, *Surgical Ethics: Principles and Practice* (Cham: Springer, 2019) 185.
[34] H Okeke, 'Critical Review of Nigerian Health Laws': Making A Case for Legal Framework on Patient Safety in Nigeria' *CULJ* (2023) 2
[35] *Ibid.*
[36] *Ibid.*
[37] *Ibid.*
[38] *Okoye v State* [1972] LPELR-2510(SC).

years.[39] However, for the purpose of our present discussion, it is safe to adopt the definition of the word 'child' contained in the United Nations Convention on the Rights of the Child 1989. Thus, under Article I of the U.N. Convention, a child is every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.

3.**Parental Rights in Healthcare Decision-Making in Nigeria**

Although the idea of parental responsibility is not specifically defined in the CRA, it is present in the majority of countries. However, the precise wording varies over time and between countries.[40] While there is a clear legal definition of who is responsible for what, it is unclear what that means for social work and daily family life. In order to comprehend the idea completely, it is important to establish a national definition of parental responsibility through laws and policy documents.[41]

According to section 3 of the UK Children's Act, parental responsibility encompasses all of the legal rights, obligations, powers, responsibilities, and authority that a parent of a child has over the child and their belongings. In essence, parental responsibility can be applied to the child's person and property. The child's biological parents may naturally bear the obligation, or the adoptive parents may do so through a court order or agreement.[42]

Moreover, section 1 of the CRA provides that:

> In every action concerning a child, whether undertaken by an individual, public or private body, institutions or service, Court of law, or administrative or legislative authority, the best interest of the child shall be the primary consideration.[43]

Based on section 1 of the CRA, the best interest of the child is at the centre of every decisionconcerning any child in Nigeria. This is known as the best interest principle. This provision was built from article 4(1) of the African Charter on the Rights and Welfare of a Child.[44] The aforementioned rule clearly recognises that children are especially at risk

[39]CRA, Sec. 227.
[40] K Bain, 'Parental Responsibility' *Social Work and Society International Online Journal* (2009) 1(1) <https://www.socwork.net/sws/article/view/54/356>accessed 29th May 2025.
[41]*Ibid.*
[42]*Ibid.*
[43]CRA, Sec. 1.
[44] ACRWC, OAU DOC. CAB/LEG/24.9./49 1999.

and often rely on others to safeguard their interests. Hence, a child will occasionally require assistance in making judgments.

The Child Protection Laws of Nigeria state that parents have an obligation to their children. The child is guaranteed the care and protection necessary for their welfare under section 2 of CRA, which prioritises the rights and obligations of their parents.[45] The rights and obligations of parents and legal guardians over their children must be upheld by every person, group, institution, and authority, whether public or private.[46] Parental responsibility depends on the child's ability to exercise those rights. The opposite of right is duty. As Oputa properly points out, every right involves both the right holder and the person to whom the right imposes a responsibility or obligation. For Raz, a right arises when a person's well-being serves as a compelling argument for imposing an obligation on another person or people.[47] Therefore, under section 14(1) of CRA, the child is entitled to parental care, protection, and maintenance. Moreover, the child cannot be taken away from their parents against his will unless it is necessary for their education, welfare, or the execution of a court order. Although the ability of the child's parents to fulfil this duty depends on their financial and material resources, the child retains the legal right to assert this right in the Family Court under the right conditions.

Similarly, the provision pertaining to children states that parents or legal guardians 'shall provide guidance and direction in the exercise of these rights having regard to the evolving capacities and best interest of the child'[48] and the duty of parents and, where applicable, legal guardians to provide guidance and direction in the enjoyment of such right…by their child or ward shall be respected by all persons, bodies, institutions and authorities.[49]

This means that if a minor is deemed incapable of making decisions in a situation affecting their religious beliefs, the parent or guardian has the ultimate authority and duty to intervene. However, this privilege should not be upheld in cases where it would effectively enslave the young patient into their parent's religious dogma.[50]

[45]CRA, Sec. 1.
[46] For instance, CRA, Sec. 7(3).
[47] J Raz, *The Morality of Freedom* (Oxford, 1986) 116.
[48]CRA, Sec. 7(2).
[49]*Ibid* Sec. 7(3).
[50]*Esabunor v Faweya* op. cit

Likewise, the Child Rights Act protects a child's right to privacy.[51] Because exercising this right could result in a trespass against the person, the Act serves as the foundation for getting a patient's consent for procedures like surgery. However, 'the rights of parents and, where applicable, legal guardians, to exercise reasonable supervision and control over the conduct of their children and wards.'[52] This implies that the parent or guardian has the right to step in because the minor's "incapacity" is presumed.

The *Esabunor and Anor v Faweya and Ors*[53] case is a positive step towards safeguarding children's rights under Nigerian law.[54] The unrestricted freedom of parents or persons in *loco parentis*[55] to choose their children's and wards' religion and to bind them *in toto* may have unintended effects. This is particularly if such beliefs aim to prevent the kid from receiving potentially life-saving medical care. However, it is appropriate to mention that a child may receive treatment in an emergency without the parent or guardian's permission.[56]

In *Esabunor v. Faweya,*[57] Justice Rhodes Vivour, JSC stated that:

> when a competent parent or one in *loco parantis* refuses blood transfusion or medical treatment for her child on religious grounds, the court should step in, consider the baby's welfare i.e., saving the life and the best interest of the child, before a decision is taken. These considerations outweigh religious beliefs ... The decision should be to allow the administration of blood transfusion especially in life threatening situations.

Therefore, the cases cited in this work show that even though parents have a degree of rights towards accepting or refusing the care that their child receives in Nigeria's healthcare system, the courts have the authority to overrule a parent's refusal to consent to the child's treatment on the following grounds:

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[51]CRA, Sec. 8.
[52]CRA, Sec.8 (3).
[53][2019] LPELR 46961 (SC).
[54] T O Aderibigbe & A C Okonkoh, 'Parental Refusal of Treatment and Children's Rights in Nigeria' *Journal of Law and Medicine* (2021) 28(2) 449-461.
[55] This Latin maxim means that a person (s) who are placed in or are in the position of a parent in relation to a child.
[56]*Banks v. Medical University of South Carolina* [1994] 444 2d 519.
[57][2019] LPELR 46961 (SC).

i. to preserve the child's life;
ii. to guarantee that the child's best interests are always given top priority; and
iii. to stop criminal activity.

In *Esabunor's* case, it was noted that the parents' failure to provide their consent would have been criminal if the child had died. Accordingly, the court could overrule the parents' decision in the course of its inherent jurisdiction to avoid crime.

4. **Child Autonomy and Consent in Nigeria**

In Nigeria, the issue of child autonomy and medical consent in healthcare delivery is governed by various laws and principles, which aim to balance parental authority with the child's rights and evolving capacity for decision-making. Although there is a challenge of insufficient legal framework for a child's autonomy and consent to healthcare delivery in Nigeria, the available existing laws and principles on the subject are premised on the principle of what may be reasonably taken to mean the best interest of the child.[58]

Generally, a child is considered to be a person under the age of majority, which is 18 years.[59] This ordinarily means that a child (minor) who has not attained the aforementioned majority age is generally prevented from giving consent for healthcare delivery independently. It should be mentioned that although the Nigerian Constitution does not explicitly address the question of child autonomy and consent in healthcare delivery, it guarantees fundamental rights to every citizen, including minors,[60] which indirectly influence healthcare decision-making processes. The Child's Rights Act puts this in proper perspective when it provides that the provisions in Chapter IV of the Constitution of the Federal Republic of Nigeria 1999, or any successive constitutional provisions relating to Fundamental Rights, shall apply to a child as if those provisions are expressly stated in the Child Rights Act.[61]

As regards the question of child autonomy and consent, the National Health Act[62] is completely silent, although it makes general provisions for informed consent,[63] which applies primarily for competent adults.

[58]CRA, Sec. 1.
[59]Constitution of the Federal Republic of Nigeria 1999 (as amended), Sec. 29(4)(a).
[60]*Ibid,* Chapter iv.
[61]CRA, Sec. 3 (1).
[62] National Health Act, 2014.
[63] See generally National Health Act, 2014, Sec. 23.

Similarly, the Nigerian Code of Medical Ethics addresses the issue of informed consent generally.[64] Unlike the National Health Act, the Code explicitly highlights the significance of obtaining an informed consent from a child (minor), however such consent may be through the child's next-of-kin. In the absence of a next-of-kin, the most senior doctor in the institution can give appropriate directive to preserve life, and in special situations, a court order may need to be procured to enable life-saving procedures to be carried out.[65]

It is important to state that the foregoing provision is clear as to who a child or minor is; hence it unambiguously affirms the majority age threshold provided in the Constitution, which is eighteen (18 years). In view of the provisions of the Code of Medical Ethics which assigns the right to informed consent to child's next-of-keen, which may be narrowed to parent or guardian, some authors have argued that such right may be premised on the fact that parents bear the long time effect or consequences of choice of treatment on behalf of their children.[66] Although parents have the legal authority to make decisions for incapable minors, they are not permitted to make decisions about certain medical procedures, such as sterilisation, the removal of a living child's vital organs for donation, or the minor's right to die-martyr.[67]The Child Rights Act, however, presents a different view with respect to a child's autonomy and consent in healthcare delivery. Section 63 of the Act generally empowers the court to order for scientific tests where the paternity or maternity of a person falls to be determined by the court in a proceeding.[68] Like the previous provisions, the Act is firm on the need to obtain informed consent for taking scientific samples for the purpose of determining the paternity or maternity of any person.[69] However, on the issue of child autonomy and consent in this respect, it (the Act) differs in its position on the required age a child must attain as requisite for consent and autonomy. Section 64 (2) of the Act provides thus:

> The consent of a child who has attained the age of sixteen years to the taking from himself of a scientific sample shall be as effective as it would be if he had attained the age of majority and where a child has by

[64]Code of Medical Ethics 2008, Rule 19.
[65]*Ibid*.
[66] D W Brock, 'Children for Health Care Decision Making' in J A Dada, *Legal Aspect of Medical Practice in Nigeria* (University of Calabar Press 2013) 257-218.
[67]*Re T* [1992] WLR 782, 4 ALL ER 649.
[68]CRA, Sec. 63.
[69]*Ibid*, Sec. 64 (1).

> a virtue of this subsection given an effective consent to the taking of scientific sample, it shall not be necessary to obtain any consent for it from any other person.[70]

Given the above provision, it is necessary to assert that although the Child Rights Act recognizes eighteen (18) years as the majority age, a child who has attained the age of sixteen (16) years can give informed consent for taking scientific samples with which no other consent shall be necessary, including that of their parents or guardians. Significantly, it should be observed that in the light of the foregoing provision, it may be inferred that not even the court, despite ordering for such scientific tests to determine the paternity or maternity of the child, can override the consent and autonomy of the child in this respect. Also, the argument of this paper does not consider scientific tests any less than other healthcare services.

Therefore, a child who has attained the age of sixteen may give consent relating to their healthcare services generally. In this light, the focus is premised on the capacity of the child or minor to understand the nature of the healthcare service(s) and the implications of giving or withholding their consent. This view aligns with the principle of a mature minor as determined in *Re Ernestine Gregory.*[71]In that case, Ernestine, a 17-yearold Jehovah Witness, was admitted in that instance due to leukaemia. In Illinois, the legal age of majority was eighteen. His mother supported his decision to decline a blood transfusion because it went against his religious beliefs. Chicago's Child Welfare Officials filed a medical negligence lawsuit against his mother since he was a juvenile. Despite proof that the patient was mature enough to make such a decision, the trial judge ordered a blood transfusion. The patient challenged this ruling in court. The mature minor's decision was upheld by the Court of Appeal. The Supreme Court further upheld the appellate court's position, overturning the trial court's ruling on the grounds that the patient has demonstrated sufficient capacity to make such a decision and cannot be coerced into undergoing a blood transfusion; his right to self-determination must be respected.[72]

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[70]*Ibid,* Sec. 64 (2).
[71]*Re Ernestine Gregory* 133 IU 2d 98549 NE 2d 322(1989).
[72] Patricia I Gbobo & Mercy Oke-Chind, 'An Analysis of the Doctrine of Informed Consent in Nigeria's Health Care Services' *Journal of Law, Policy and Globalization* (2018) (69) 15-25 <https://core.ac.uk/download/pdf/234651747.pdf> accessed 27th May, 2025.

Similarly, in *Gillick v West Norfolk and Wisbech Area Health Authority,*[73] the question before the court was whether a sixteen-year-old girl could agree to a contraceptive prescription without her parents' approval Mrs. Gillick attempted to contest the constitutionality of a Department of Health circular that allowed physicians to treat and advise minors under the age of 16 about contraception without obtaining consent from their parents. She first won her appeal at the Court of Appeal, where Fox LJ held that guardians or parents have certain rights over the children under their care, and that these rights cannot be relinquished. Furthermore, he maintained that there is no power of any type to imply anything to someone outside of the use of the legal system or legislative exceptions. Furthermore, the Criminal Law provision pertaining to girls indicates that Parliament has adopted the stance that a girl's consent to sexual activity is null and void.[74] Fox LJ ignored the functional test for capacity based his decision on the criminal law clause pertaining to underage sexual relations.

The House of Lords, on the other hand, disagreed with the decision of the Court of Appeal, ruling that a doctor could legally do so as long as the child was old enough to comprehend the medical, social, and family issues at hand and was able to give their assent.[75] According to Lord Fraser, the doctor cannot convince a girl who is under 16 to tell her parents or consent to him (the doctor) telling them if she will grasp his advice.[76] In the light of the foregoing, Jonathan Herring argues that, rather than age, a person's competence was assessed based on their maturity and comprehension of the issue.[77]

By permitting older children to exercise their rights and make their own independent decisions on medical treatment, Nigerian courts appear to have accepted the idea in *Gillick's* case.[78] This is demonstrated in *Okekearo v. Tanko,*[79] where the defendant was criticised by the Supreme

[73] [1986] AC 112.
[74]I Kennedy & A Grubb, *Medical Law: Text with Materials* (1994, London: Butterworth) 109 in C Ojumu, A Oluwakorede & Patrick O Nwajah, 'An Examination of the Exceptions to Consent as a Requirement to Medical Treatment and Procedure' *UNIZIK Law Journal* (2023) (19) (2) 21-38 <https://journals.ezenwaohaetorc.org/index.php/ulj/article/download/2288/2329> accessed on 28th May, 2025.
[75] See *Gillick's* case (n.74) 16.
[76] *Ibid.*
[77] Jonathan Herring, *Medical Law and Ethics* (Oxford University Press 2006) 208.
[78] Folashade R Adegbite, 'An Examination of the Principle of Consent in Medical Treatment: Matters Arising' *Danfodiyo University Journal of Private and Business Law,* (2022) 2 (3) 1.
[79] [2002] 15 NWLR (Pt 791) 657 SC.

Court for not getting the consent of a 14-year-old child whose finger was going to be amputated.[80]

As noted by AIDS Law Briefs,[81] the age of consent laws and policies have been identified as a significant challenge to uptake of HIV/AIDS services by minors. Haven analysed the legal framework in Nigeria relating to the age of consent for HIV Testing and Counselling (HTC), the AIDS Law Brief reaffirmed eighteen years to be the statutory age of consent for healthcare services in Nigeria. However, if a child is married, pregnant, a parent, or sexually active, they can give their consent to HTC under Nigeria's National Guidelines for HTC, provided that a healthcare provider certifies that the child is old enough to give their own consent and that the test is in the child's best interests.[82] In addition, the Nigeria's National Guidelines for HTC require consent of a parent or legal guardian for children who do not qualify as mature minors.[83] An exception to the statutory threshold for majority age with respect to consent and autonomy of a child or minor is created, ensuring independent capacity of a 'mature minor' in healthcare delivery in Nigeria.

5. **International Perspectives on Child Consent and Autonomy**

Child autonomy and consent in healthcare delivery are critical global issues, with various legal frameworks and perspectives shaping how these issues are resolved internationally. Identifying the issue of consent and autonomy, Kristi Paron[84] has noted that in healthcare delivery, respecting the principle of a child patient's consent to medical treatment should be reflected in the autonomy of the child. Hence, Jonathan Herring argues that one of the fundamental tenets of modern medical ethics is the patient's autonomy, which is exercised through informed consent.[85] However, it is less evident how this anchoring principle should be applied when dealing with children.

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[80] *Ibid.*

[81] AIDS Law Briefs, 'Age of Consent for HIV Testing and Counselling in Nigeria' (September, 2015) <https://globalhealth.uw.edu/sites/default/files/AIDS_Law_Brief-Age_of_Consent_for_HIV%20Testing_and_Counseling_in_Nigeria.pdf> accessed on 27th May, 2025.

[82] *Ibid.*

[83] *Ibid.*

[84] Kristi Paron, 'The Child's Autonomy in Decision-making on Medical Treatment: Theoretical Consideration' *Juridica International* (2020) 29 124-132 <https://www.juridicainternational.eu/public/pdf/ji_2020_29_124.pdf> accessed on 28th May, 2025.

[85] Jonathan Herring, *Medical Law and Ethics* (7th edn, Oxford University Press 2018) in Kristi Paron, 'The Child's Autonomy in Decision-making on Medical Treatment: Theoretical Consideration' J*uridica International* (2020) (29) 124-132 <https://www.juridicainternational.eu/public/pdf/ji_2020_29_124.pdf> accessed on 28th May, 2025.

Concerning a child's rights to health, article 24 of the United Nations Convention on the Rights of the Child enjoins States Parties to recognize the right of the child to the enjoyment of the highest attainable standard of health as well as to facilities for the treatment of illness and rehabilitation of health. This provision further mandates State Parties to ensure no child is denied the right to access healthcare services.[86]

According to the CRC Committee, children's right to health includes both entitlement and freedoms. The freedoms in accordance with growing capacity and maturity, are of increasing importance, including the right to control one's health and body, including sexual and reproductive freedom to make responsible choices.[87] Given the foregoing, it should be rightly stated that the provision of the CRC under Article 24 does not expressly guarantee the child's right of consent in healthcare delivery. However, Jonathan Herring argued that:

> Although the CRC Committee did not mention this principle in its general comment on children's right to health, it is a derivative of the established principle that the right to respect for private life, which includes bodily integrity, requires that informed consent be obtained before any medical procedure can be performed lawfully.[88]

Over the years, reports have shown the commitment of CRC Committee to ensure a stronger stride for medical autonomy; hence, in General Comment 20, the CRC Committee noted that 'the voluntary and informed consent of the adolescent should be obtained whether or not the consent of a parent or guardian is required for any medical treatment or procedure'.[89] This approach highlights the importance of human rights, ensuring recognition and respect for the dignity and agency of

[86]United Nations Convention on the Rights of the Child 1989, Article 24.

[87] CRC Committee, General Comment No. 15: On the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (UN Doc CRC/C/GC/15/2013) <https://digitallibrary.un.org/record/778524/files/CRC_C_GC_15-EN.pdf> accessed on 28th May, 2025.

[88] Jonathan Herring, (n. 86) 18.

[89] CRC Committee, General Comment No. 20: On the Implementation of the Rights of the Child during Adolescence (UN Doc CRC/C/GC/20, 2016) <https://www.unicef.org/bulgaria/sites/unicef.org.bulgaria/files/201809/CRC_General_Comment_20_EN.pdf> accessed on 28th May, 2025.

adolescents as well as their participation in decisions pertaining to their medical affairs.
Furthermore, article 12 of CRC provides that:

> all States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Recognizing the importance of this right, article 12 further enjoins States parties to afford the child the opportunity to express their view in any judicial or administrative proceedings affecting the child. This right is considered to have seriously undertaken and significance in promoting the fundamental values of the convention.[90] Moreover, it should be mentioned that article 12 of CRC in its application, reflects a child's decision-making with regard to medical treatment, because such decisions affect the child directly.

Consequently, CRC Committee in its General Comment No. 12[91] particular enjoined State parties to uphold the child's right to be actively involved in decision-making that relates to their medical treatment;[92] introduce legislation to ensure that children have access to confidential medical counselling and advice without parental consent being required, irrespective of the child's age, where it is needed for the child's safety or well-being;[93] healthcare professionals to provide clear and accessible information to children so that their informed consent can be obtained;[94] and to introduce measures enabling children to contribute their views and experiences to the planning and programming of health services.[95] Also, it suffices to mention that the Committee welcomes legislative development that introduces a fixed age for medical consent in some countries, emphasizing that children above that age have an entitlement to give consent without the requirement for any individual professional assessment of capacity after consultation with an independent and competent expert. Regardless of the consent age, the Committee strongly

[90] CRC Committee's General Comment No. 12 (see n.2).
[91]Committee on the Rights of the Child, General comment No. 12, The right of the child to be heard, U.N. Doc. CRC/C/GC/12 (2009) <https://digitallibrary.un.org/record/671444?ln=en> accessed on 29th May, 2025.
[92]*Ibid*, para 100.
[93]*Ibid*, para 101.
[94]*Ibid*, para 103.
[95]*Ibid*, para 104.

recommends States parties to make sure that a younger child's opinion is accorded the weight it deserves when they are able to show that they are capable of expressing an informed opinion about their treatment.[96] This provision further reiterates the principle of a mature minor.[97]

Significantly, another international instrument that addresses the issue of child's consent and autonomy is the Council of Europe's Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (or Oviedo Convention).[98] This Convention, which is considered as the only binding international legal instrument on bioethics, ispremised *inter alia* on the principle of the significance of obtaining informed consent to medical treatment and intervention. Hence, article 5 of the Oviedo Convention aptly addresses the need to obtain the informed consent of a person in any healthcare delivery. Regarding individuals who may be unable to give informed consent to medical treatment, either by reason of mental disability or underage (i.e., minor), article 6 provides for special protection, authorizing their representative or a person/body authorized by law to make such intervention on their behalf. However, in proportion to the minor's age and level of maturity, their viewpoint will be taken into account as a progressively more important determining element. Therefore, the applicable threshold of minors' capacity is left up to the signatory governments under the Oviedo Convention.[99]

Although the European Convention on Human Rights (ECHR) does not explicitly guarantee a right to the best possible level of health, it does imply that states have a unique obligation to safeguard, uphold, and advance the health of their citizens.[100] The right to life in article 2, the prohibition on torture and humiliating treatment in article 3, and the right to respect for private and family life in article 8 of the ECHR, are all pertinent to children's consent in medical conditions. Inferably, the concerns of the ECHR lie in finding a balance between parental rights and child's autonomy in medical decisions. While it recognizes parental role with respect to consent, it also acknowledges circumstances where

[96] *Ibid*, para 103.
[97] *Re Ernestine Gregory* (n 72) 16.
[98] Council of Europe's Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, 1997 <https://health.gov.mt/wp-content/uploads/2024/05/dbcc_conf_2010_dr_lwoff.pdf> accessed on 29th May, 2025.
[99] Kristi Paron, (n.85) 18.
[100] Toebes Brigit and others, *Health and Human Rights in Europe* (1st edn Intersentia Publishing, 2012).

the wishes of the child on medical grounds should be considered, especially in the case of a mature minor.

Although the court requires nations to adhere to the evolving standards of the human rights legislation, some authors have noted that it is hesitant to impose its own opinions, particularly when it comes to delicate moral and ethical concerns.[101] It is on this premise that the European Court of Human Rights challenged member States to legislative development that protects the life and physical, mental and sexual integrity of their citizens against threat or violation.[102] In *Glass v the UK,*[103] the court held the view that the violation of a person's right to private life as a result of healthcare delivery is only in principle, permitted subject to the voluntary and informed consent of the person in question. However, given the exception under Article 8(2) of the ECHR, a person's private life may be derogated in accordance with the law as necessary in the democratic society.

6.Challenges and Controversies Concerning Child's Autonomy in Nigeria

In Nigeria, child autonomy in healthcare delivery faces multifaceted issues with legal, ethical, cultural, and social complications. While international instruments such as the UN Convention on the Rights of the Child and Oviedo Convention present a framework that recognizes the rights of a child to participate in decisions affecting their health, the practical application of these rights is entangled with several challenges in Nigeria. These challenges and controversies are discussed below.

6.1 Ambiguity in the Legal Age of Consent

Generally, the Constitution[104] and Child Rights Act[105] have similar provisions on the threshold age defining a child. They both recognize eighteen (18) years as the threshold for majority age; hence, a person who is less than eighteen years is considered a child. However, touching on the issue of the age at which a child can independently make medical decisions for themselves, there exists some ambiguity or disagreement. While Rule 19 of the Nigerian Code of Medical Ethics firmly and explicitly recognizes the age of medical consent to be eighteen, Section 64 of the Child Rights Act considers a sixteen (16) years old child to be of consent age with respect to scientific samples for the purpose of determining the paternity or maternity of the child. As a matter of fact, the foregoing section explicitly emphasizes the autonomy of the child in

[101] *Ibid.*
[102] *X & Y v Netherlands* 8978/80.
[103] 61827/00.
[104] CFRN 1999 (as amended), Sec. 29 (4) (a).
[105] CRA, Sec. 277.

such respect, in that, no subsequent consent of another shall be deemed necessary. In addition, despite the position of the AIDS Law Brief upholding eighteen years to be the statutory age of consent for healthcare services in Nigeria, where a child is married, pregnant, sexually active, or is a parent, they can give their consent to HIV Testing and Counselling (HTC) under Nigeria's National Guidelines for HTC, provided that a healthcare provider certifies that the child is old enough to give their own consent and that the test is in the child's best interests.[106]

Given the above complexity, it is difficult to actually determine the legal stance on the age of consent, and as a result, this creates an atmosphere where parental consent law or cultural expectations conflict with a child's rights of consent and autonomy. Also, it is noteworthy that not all Nigerian States have domesticated the Child Rights Act.[107] This further creates inconsistencies in a child's rights and autonomy within the Federation.

6.2 Low Education and Lack of Awareness

Low education and lack of awareness significantly contribute to the challenges of child autonomy in Nigeria, and their impact affects both children and their parents or guardians. Regarding the child, research has found that not many children are sufficiently aware of their Rights, especially those contained in the Child Rights Act, which includes rights to medical consent and autonomy.[108] As a result of this deficiency, children rarely consider themselves competent enough to make informed decisions independent of their parents or guardians. At best, the children's participation in healthcare delivery is mostly sought to explain their medical conditions to the healthcare provider. Similarly, low education and lack of awareness also affect parents in understanding the extent of their rights in terms of making decisions on behalf of their children.[109] Many parents, especially in rural communities, are either not aware or have insufficient knowledge of their children's rights with respect to their health. Hence, consent and other vital decisions are often

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[106] AIDS Law Briefs, (n.79) 4.

[107] Victoria E Oriwoh & Harriet O Efanodor-Obeten, 'Non-Domestication of the Child's Rights Act and Child's Rights Violation in North-East Nigeria: The Implications', *Journal of Global South Research on Security and Development* (2022) 1(1) 87-105 <https://journals.wdu.edu.ng/global-south/wp-content/uploads/2023/07/article-4.pdf> accessed on 29th May, 2025.

[108] T Oluwaseun & H Olubunmi Ajayi, 'Parents and Children's Awareness and Knowledge of Child Rights Act and Its Application on Children in Nigeria' *Annual Journal of Technical University of Verna* (2020) 4(1) <https://aj-tuv.org/index.php/ajtuv/article/view/127> accessed on 29th May, 2025.

[109] Gbobo & Oke-chind, (n.73) 16.

and generally taken by parents on behalf of their children, with little or no participation from their children.

6.3 Family Influence

Family influence is considered as a significant challenge to child's autonomy because Nigeria has an extremely close-knit family structure where tradition is highly valued. In contrast to the individualistic family unit found in the Western societies, the family is communal in nature. Hence, decisions that impact each family member's health and life are made with input from the entire family. Since they are all involved in providing care, family members participate in decisions that impact the life of a sick family member.[110] This collective approach often overrides the self-determination of the child in a family setting, even when the child reasonably makes informed consent by virtue of their age, maturity or ability to understand the resulting consequences of their preference.

7.Recommendation and Conclusion

The analysis of minors' medical consent in Nigeria emphasizes the fine line that must be drawn between parental rights and child autonomy when providing healthcare. When applied to children, The idea of medical consent (based on the concepts of patient autonomy and rights) when applied to children becomes complicated. The rationale behind this is that children allegedly lack full legal ability. Even though parents typically make healthcare decisions for their children, particularly those under the age of 18, changing perspectives on children's autonomy and rights call for a more balanced approach.

With a heavy dependence on parental authority and little regard for the child's autonomy, Nigeria's legal and ethical framework surrounding medical consent for minors is still in its formative stages. In contrast to international standards, several jurisdictions today take a more progressive position. These countries acknowledge the necessity of allowing children to participate in medical decisions based on their comprehension and maturity.However, issues including cultural norms, insufficient legislative protections, and healthcare workers' ignorance intensify the debates about child autonomy in healthcare in Nigeria.

The conflict between parental rights and child autonomy emphasises the necessity of a balanced strategy that safeguards the child's best interests. This is done while honouring their developing independence. To handle the particular difficulties brought about by Nigeria's legal, cultural, and social context, a more balanced framework is required.

[110] *Ibid.*

It is recommended as follows:

1. Adoption of International Practices in the Legal Reforms of Criteria for Child Autonomy in Healthcare: Nigeria's legislative arm of government should pass a clear law establishing a precise medical age for obtaining consent from a minor. A separate provision should be included for "mature minors," who are capable of making decisions about their own healthcare based on their maturity and awareness. This should be done without parental approval. The United States, Japan, and other nations have international best practices that Nigeria can use.
2. Training for Healthcare Professionals on Capacity Assessments of a Minor: It should be possible for healthcare professionals to determine a minor's maturity and capacity for consent. Like in Ohio, the health care professional applies the same standards to assess an adult's capacity for making medical decisions on a case-by-case basis. The health care professional must provide the minor the same informed consent that an adult would receive if the minor is determined to be competent of giving consent. The US standard is one form which Nigeria's health industry may benefit. Additionally, there should to be criteria for striking a balance between respect for a minor's autonomy and parental engagement. This is crucial in delicate medical situations like managing chronic illnesses, mental health, and reproductive health.
3. Cultural Sensitisation and Public Awareness for Nigerians: Nigeria is a country with strong roots in its people's traditional way of life. The majority of parents feel entitled to manage their children's rights. This is due to the fact that it is a Nigerian tradition. However, national programmes to inform communities, parents, and guardians about the value of respecting a child's autonomy in healthcare decisions are necessary to advance healthcare delivery. Parents or guardians should be aware that giving children some degree of decision-making authority promotes trust and improves health outcomes rather than undermining parental authority.
4. Incremental Policy Implementation Nationwide: Pilot projects should be implemented by the Nigerian government in both urban and rural areas. The main objective of these activities is to evaluate child autonomy policies in the healthcare industry and collect input for national implementation. To enable stakeholders to adjust successfully, the idea of child autonomy can then be included into healthcare delivery systems.