

Research Paper

Entanglement of the Rights of the Child, Well-being, and Justice: A Conceptual Framework for Child Protection and Well-being



Forouzan Akrami¹ , Alireza Zali² , Mahmoud Abbasi^{1*}

1. Medical Ethics and Law Research Center; Shahid Beheshti University of Medical Sciences, Tehran, Iran.

2. Functional Neurosurgery Research Center; Shohada Tajrish Neurosurgical Center of Excellence, Shahid Beheshti University of Medical Sciences, Tehran, Iran.



Citation Akrami F, Zali AR, Abbasi M. Entanglement of the Rights of the Child, Well-being, and Justice: A Conceptual Framework for Child Protection and Well-being. *International Journal of Medical Toxicology and Forensic Medicine*. 2022; 12(2):E36827. <https://doi.org/10.32598/ijmtfm.v12i2.36827>

doi <https://doi.org/10.32598/ijmtfm.v12i2.36827>



Article info:

Received: 21 Nov 2021

First Revision: 05 Dec 2021

Accepted: 15 Jan 2022

Published: 30 Jun 2022

Keywords:

Child development, Child protection, Human rights, Well-being, Justice

ABSTRACT

Background: Human Rights (HRs) framework supports improving human health status and the reduction of health inequalities through action on Social Determinants of Health (SDH). Given the shortcoming of HRs to protect the children, the question is, how can we ensure child protection and well-being rather than just child health?

Methods: In this conceptual analysis study, first, we explain the fundamental rights of the child and the steering role of them in moving towards health equity through action on SDH; second, meanwhile argue the shortcoming of rights-based protection, provide a list of the core capabilities and corresponding rights of the child; and third, we represent a conceptual framework for child protection and well-being using both HRs norms and moral entitlements based on recent ethical theories of justice, with a preventive approach.

Results: According to the framework, HRs instruments should lead to the protection of the child and the development of core capabilities through addressing social determinants and providing equal opportunities, of which the ability to live a healthy life is just one. In addition, actualizing these capabilities depends on the context. Since achieving well-being rather than just the health, in addition to acquiring the core capabilities as states of beings, implies their function as doings, that requires considering the socioecological context to provide means necessary to meet the essential dimensions of well-being at the level of adequacy.

Conclusion: Implementing the suggested framework requires that each country create a national action framework and determine the role and duties of the responsible organizations.

* Corresponding Author:

Mahmoud Abbasi, Associate Professor.

Address: Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Tel: +98 (21) 88781036

E-mail: dr.abbasi@sbmu.ac.ir

1. Introduction

Although more than 30 years have passed since the ratification of the Convention on the Rights of the Child (CRC), about 1 in 4 children leave their childhood very soon due to poverty, illness, abusing, not attending school, and getting involved in early marriage, worldwide. Most of these children live in developing countries and deprive of healthy living conditions, good nutrition, medical care, education, and technology that have improved the lives of many of their peers in recent two decades [1].

The philosophical and conceptual basis of child health and protection emerge from gaps in the interaction of Human Rights (HRs), bioethics, and health law [2]. The Geneva Declaration of the Rights of the Child (1924) emphasized the special protection of children. It was adopted as a legal requirement in the Declaration of the Rights of the Child (DRC, 20 Nov 1959) of the United Nations General Assembly [3]. In the Universal Declaration of HRs (UDHR) [4] and the International Covenant on Civil and Political Rights (Articles 23 and 24), [5], the International Covenant on Social, Economic and Cultural Rights (Article 10), [6] and the documents of international organizations, children's well-being has been formally established.

The CRC is the first universally accepted treaty protecting children and promoting their health and well-being. This document is an innovative approach to HRs and marks a departure from previous tools and the traditional concept of children's well-being; it is believed that it is a comprehensive set of universally recognized norms that claim complementarity and interdependence of civil, political, economic, social and cultural aspects of human life. According to the CRC, a child generally is a person under 18 unless, according to the applicable law, the age of majority is recognized earlier. This convention sets a new perspective for the empowerment and protection of children's rights and their prioritization at all levels in the United Nations and regional organizations [7].

Child protection is a term used to describe philosophies, policies, standards, and procedures to safeguard children from violence, exploitation, abuse, and neglect. It reflects the responsibilities of families and organizations to care for them [8]. Children's evolving capacities place them in particular groups that are morally in need of protection [9]. Hence, their rights are recognized explicitly by the CRC, and there has always been an emphasis on ways to enforce these rights [7].

Well-being is a dynamic and multidimensional concept with individual and cultural aspects [10]. Child welfare or well-being relates to the protection of children through public services, including education, family support, and health care services. A child in need of protection may also be in need to receive preventive services for his/her well-being [8].

As the subject of the right to health and the next generation of any society, children need to be protected by the governments, parents, caregivers, and legal guardians to enter adulthood with a healthy childhood and experience well-being [11]. Health has been focused on as the primary capability that every human being morally entitled to enjoy [12]. The Commission of Social Determinants of Health (SDH) has recommended action on SDH as a way to reduce avoidable inequalities and an issue of health equity [13]. HRs play a central role in our approach to the SDH; equally important is the prevention of harmful factors and the development of strategies based on the resilience of individuals and communities, with the central role of empowerment [14].

HRs framework supports the improvement of human health status and the reduction of health inequalities. An ethical and HRs framework has been introduced by members of the cross-cutting Task Group of the WHO European Region on Equity, Equality, and HRs for developing policies and addressing SDH [15]. In this framework, the capability of being healthy is a core concern of social justice that requires equal opportunities and freedom of choice for all individuals. They have identified HRs instruments to implement the policies that address SDH by the decisive action of governments.

By addressing these determinants, the Commission on SDH is reviving the WHO's commitments to health equity and social justice [16]. However, without a background theory, a list of rights could not simply be used to make a policy guide to respond to the raised conflicts [12]. The questions are whether focusing on the right to health as a moral concern to meet one's goals and life plans can ensure human well-being? In the line of the HRs, is the provision of healthcare and action on SDH sufficient to achieve human well-being? In other words, how can we ensure child protection and well-being rather than just child health? Regarding the gap between rhetoric and performance and the inequalities in child protection, we need a comprehensive framework beyond the child's health and development, addressing child well-being and its determinants. Thus, this study aims to provide a conceptual framework for child pro-

tection and well-being using the recent moral theories of social justice (Figure 1).

2. Methods

Practically, conceptual analysis is applied to distinguish the terms, analyze their meanings, and represent them [17]. Since philosophical foundations guide policies, in this conceptual analysis study, first, we explain the fundamental rights of the child and the steering role of them in moving towards health equity through action on SDH; second, meanwhile argue the shortcoming of rights-based protection, provide a list of the core capabilities and corresponding rights of the child; and third, represent a conceptual framework for child protection and well-being using both HRs norms and moral entitlements based on recent ethical theories of justice, to ensure the provision of determinants of well-being, not just determinants of health, with a preventive approach.

Fundamental rights of the child in the international treaties

The two fundamental principles in the DRC are equality and legal protection for the child's physical, mental and social development. In this declaration, while referring to the best interests of the child as the priority in the adoption of laws, other child's rights, including the right to name and nationality, nutrition, housing, social security, medical services, enjoying prenatal and postnatal care, education and recreational activities, parental care and loving environment for inclusive upbringing and development, and special education and care for children with disabilities, according to their particular situation are included [18].

The DRC links the two foundations of child protection and HRs, and its adoption has been a critical step in reformulating transnational norms within the framework of the CRC [3]. According to the Committee on the Rights of the Child, four basic principles in the CRC underlie the Convention, and their implementation is essential to realizing the rights outlined in the Convention. These include the principle of non-discrimination (Article 2), the focus on respect for the best interests of the child (Article 3), the focus on life, survival, and development of the child (Article 6), and the focus on respect for the child's views or hearing him (Article 12) which all need to be ensured in the exercise of all rights set forth the Convention. Hence, the countries should consider these four fundamental principles in all policies and laws [7].

An in-depth look at the CRC provisions indicates that the primary basis of these rights is the child's moral entitlement to protection due to his/her age-dependent evolving capacities. For example, under paragraph 2 of Article 2, the Parties shall take all necessary measures to ensure the protection of the child against all forms of discrimination or punishment based on the status, activities, or beliefs of the parents, legal guardianship, or family members. Paragraph 2 of Article 3 also states that the Parties to the Convention undertake to ensure the protection and care necessary for the welfare and well-being of children, concerning the rights and duties of their parents or legal guardians, and to take enforcement action and appropriate legislation in this regard; Paragraph 3 of the same article sets out the criteria for establishing institutions, services, and facilities responsible for the care and protection of children.

The CRC promotes the child's best interest as a right, principle, and the rule of law and upholds it as the "first consideration." The DRC emphasizes the best interests of the child in passing child legislation. The best interest of the child means managing his/her affairs, including health, in such a way as to provide him/her growth, development, and well-being. Considering this principle in making any policy or law for children is particularly important because children need to be protected and cared for [7].

Human Rights (HRs) and SDH

The equal rights and dignity of all members of the human society as the foundation of freedom, justice, and peace are emphasized worldwide by members of the United Nations. The belief in the equality and dignity of all persons without discrimination of any kind, regardless of race, gender, language, religion, beliefs, social or national status, birth or other characteristics, and belief in the need for special protection in childhood and family support as a fundamental unit of society, and a nurturing and loving environment for the growth and development of children are also widely established. Finally, the belief that the child should be fully prepared for life in society, and in the light of the ideals enshrined in the Charter of the United Nations, in particular peace, respect, equality, freedom, and solidarity, constitute the moral philosophy of the international declarations on the rights of the child [7]. Given the importance of international co-operation to improve the living conditions of children, the States Parties achieved the agreements in the convention based on these principles and taking into account each nation's traditional and cultural values in the protection, education, and upbringing of children.

SDH and HRs represent the natural and optimal living conditions in any society; The International HRs framework places particular emphasis on moving towards health equity through consideration of SDH. Recently, the social justice and HRs framework has been introduced to develop policies addressing SDH. The link between the SDH and HRs, including the right to health, has been emphasized; HRs emphasize equal rights for all based on their human dignity and the realization of the right to health conditional on the improvement of living conditions in which people are born, grow, develop, live, work and age, which are referred to as the SDH [15].

1.2. Early childhood development as an SDH

Right to the highest level of health and living standards for physical, mental, spiritual, moral, and social development and access to health and medical care services have been recognized in Article 24 of the Convention [7]. Other mentioned provisions in the convention, such as the right to housing, education, and play, reflect aspects referred to as SDH [13].

Early Childhood Development (ECD) has been described as an SDH and powerful equalizer. Child development is a process that takes the child to a higher level of completion of his/her capacities in terms of sensory-motor, physical-mental, emotional-social, cognitive-communication, and interaction with people and the environment [19].

ECD refers to strategies that meet the needs of children from pregnancy and even earlier until the age of eight [16]. These strategies underlie the integrated nature of service delivery between government and civil society (families, communities, NGOs, and the private sector) on the one hand and between different sectors of government (health, education, welfare, and others) on the other hand. The right to special protection and social security for mothers before and after childbirth under Articles 2 and 10 of the International Covenant on Economic, Social, and Cultural Rights implies the importance of ECD [6]. The CRC also considers children's comprehensive upbringing and development as a right for all [7].

ECD is mediated by the brain, which is influenced throughout the child's life through environmental learning [20]. The impact of play on physical, emotional, cognitive, and social development, as well as on imagination, reasoning, and creative ability, is well known [21]. Scholars have considered the policy of ECD with a play-oriented approach as an issue of public health ethics and have recommended the necessary interventions for im-

proving children's play to achieve policy goals to reduce inequalities and achieve health equity [22]. Hence, the development of foresight skills begins in early childhood and is possible in a supportive and nutritious environment.

Shortcoming of the rights-based protection

Recently, "Child Rights" and "Child Protection" have been discussed as two related but often separate concerns in the professional discourse. Experts at the University of Oxford held a meeting in December 2004 on the global child protection to compare field experiences in different parts of the world, noting that child protection interventions often are based on the ideological positions, wrong presuppositions, or imported models regardless of the rights of the child to be heard or sufficient information about him. However, such government-centered interventions alone cannot protect children in many cases from serious harm; many children prefer and trust self-protection, peer support, and informal networks rather than formal mechanisms developed by authorities and other adults [23].

Effective implementation of child protection requires an accurate empirical understanding of children's situations and contextualization of actions appropriate to the individuals and problems involved [24]. The Oxford experts suggest that child protection interventions should be experience-based, and a full range of HRs should serve them; at the same time, children must participate in the protection of themselves [23].

The recognition of the right to life, health, and well-being in modern societies has expanded the scope of positive rights. A positive right is the right to receive certain goods or services from others. In contrast, a negative right is the right to be excluded from specific actions of others and is rooted in the principle of respect for individual autonomy [25]. The suggestion of some philosophers that ethics should be based on rights origins from a particular concept of the function of ethics. If the function of ethics is to protect the interests of the individual rather than the common good, and if rights are our primary tool to achieve this goal, then ethical strategies are based on rights. In this interpretation, rights take precedence over duties. Because litigation rights are justified concerning certain benefits that protect the subject's interests, on the other hand, Duties are justified responsibilities that serve rights and are intended to benefit [26].

Child protection has a historical precedent. This is especially true in serious situations where the child's phys-

ical, psychological and social development is severely threatened. Working children, street children, AIDS orphans, and many others need special protection. The criteria which guide whether a child should be the subject of a Child Protection Plan is “the evidence on likely to suffer or suffering the child from ill-treatment or impairing the health or development due to abuse, neglect, exploitation, and violence.” The appropriate intervention is necessary to prevent harm since it affects and undermines the child’s well-being [27].

The outcome of addressing “child’s rights” and “child protection” will be greater than the sum of the two. Scholars argue that planning for child protection should not be based on consequences, even if it is catastrophic in some areas, but rather a responsibility that should be based exclusively on the CRC and other international standards; it is in this way that rights rule over facts [23]. This approach is somewhat consistent with “rights-based” ethics. As a result, fundamental HRs serve moral and social purposes.

In a society where rights are enforced, having rights leads to individual protection, respect for others, and moral integrity. When an individual has enforceable rights linked to a task, s/he can pursue her/his goals as an independent actor. But some people, like children, have rights holders whose protection of their well-being depends on the intervention of others [10].

The conceptual gap between “child rights” and “child protection” is almost closed today. Partly because it is generally agreed that if children’s rights are respected, far fewer of them will be in dire situations that require special protection measures. Therefore, these two concepts complement each other.

Children who need special protection from serious situations are those whose rights are clearly violated. Moreover, children in such cases cannot be protected simply by focusing on the particular abuse they have been subjected to or apart from the cultural context they live in. Addressing context raises issues of child rights when there is an immediate concern. The rights approach opens up matters to a broader perspective. At the same time, there is more opportunity for intervention; because of their specific circumstances, strengths, and sensitivities, children should be considered with a holistic approach, and their growth and development, as well as their social ecology, should be considered. Such a view emphasizes the importance of recognizing the agency of children, their families, and their peers in self-protection [23].

In absolute explanations based on rights, there is a possibility of an incomplete understanding of ethics since rights cannot provide sufficient reason for the moral importance of motives, necessary actions, virtues, and so on. Thus, such a limited theory does not include the criterion of comprehensiveness and the power of explanation. Consequently, we should not consider a right-based explanation as a comprehensive and complete moral theory; this explanation is a list of minimum and enforceable norms that individuals and societies must follow in dealing with others. Therefore, a satisfactory interpretation cannot be provided merely by addressing the rights and limitations. The view that social ideals and principles of commitment are as crucial to the morality of society as rights and cannot be skipped is more complete.

The language of rights and claims is often unnecessarily aggressive. For example, current attention to children’s rights protects them from parental or other abuse. Still, the notion that children have lawsuits against their parents does not provide a sufficient framework for expressing the moral property of the parent-child relationship [10]. Trying to understand these relationships, merely in the form of rights, leads to ignoring and even destroying the love, empathy, and trust that form the core of such social connections. The value principles of commitment, and equal moral entitlements of all human beings mentioned in the recent ethical theories of social justice, along with the child’s rights, help us provide a complete framework that ensures the provision of the determinants of child well-being with a preventive approach.

Moral theories of social justice

Capabilities theory and corresponding rights of the child

Ethically, people should have the opportunity to achieve proper functioning and well-being. Beyond the basic needs, Amartya Sen analyzed the substantial freedoms to achieve these states as the language of capabilities developed by Martha Nussbaum as capabilities theory of justice [28]. The quality of life of people depends on what they can achieve, and a good life is a life in which people maintain and practice their primary capabilities. In this theory, the conflict between individual freedoms (agency) and SDH practice has given rise to a hot discussion. According to her, a minimum level of social justice requires providing 10 main capabilities for all citizens [10].

Although many HRs can be considered rights for remarkable capabilities, however, HRs are not sufficiently analyzed in terms of essential freedoms in the capability

framework [28]. We outlined these main capabilities and their corresponding rights in the following table (Table 1). These capabilities and the related child rights provide policy principles that should be considered in adopting policies and laws to protect the child [29]. Hence, implementation of the HRs and related policies that address SDH promotes health equity through providing equal opportunities that facilitate developing the main capabilities of the child, from birth and even before it.

Well-being theory

The well-being theory of justice goes beyond the SDH to the determinants of human well-being. Human well-being requires an adequate level of the six essential dimensions of health, personal security, reasoning, respect, dependence, and autonomy, representing a helpful set of criteria for clarifying the requirements of justice in health policy and beyond. The discussion of these dimensions explains their logic for including each one separately, and each decision involves more than one dimension, none of which can be reduced to another while interacting. For example, society's obligation to ensure universal health coverage is based on the effects of access to primary health care and the need to respect moral equality [20].

Health is an essential moral concern because a person must achieve his life goals and plans [30]. Physical, mental, social, and spiritual health encompasses all aspects of human well-being that often emerge through organ and biological functions. In this theory, the interpretation of health differs from the WHO definition of health as a state of physical, mental, and social well-being because this definition interprets any deficiency in well-being as a health defect and reduces well-being to the health [20].

Fear of about to happen harm, even when it does not lead to physical damage, violates personal security. Feeling well-being is very difficult for a person constantly fearing physical or psychological harm or abuse. While respecting human beings as individuals of equal moral value requires maintaining their physical and mental integrity. Achieving goals and aspirations and living well requires the ability of man to think, analyze, and reason. As noted in capabilities theory, practical reasoning is one of the critical competencies for human well-being. In psychological texts, practical and theoretical reasoning are often grouped under the more general concept of cognitive reasoning [20]. A broad description of cognitive reasoning abilities is "a combination of skills including attention, learning, memory, practical work (skill behaviors), as well as executive functions, such as decision making, goal setting, and judgment" [31].

Being respected and self-respecting are of considerable moral importance in human flourishing and development. Despite much disagreement, John Rawls and many other philosophers believe that respect is essential to human prosperity and closely related to justice [32-34]. At the very least, respect for others includes treating them as beings with human dignity and equal moral value and is closely related to self-respect. Having the capacity for self-respect creates an individual ability to see oneself as morally equivalent to others and to have a moral right to enjoy social rights [20]. The well-being of individuals is often tied to the well-being of groups, and the disrespect of groups leads to systematic deprivation and deprivations that diminish their well-being at an early age beyond the limited choices of adulthood.

Forming emotional bonds and attachments is another fundamental dimension of human well-being. As Martha Nussbaum puts it, such connections are the subject of reasons for dependence and justice [35]. The capability to care for others is rooted in the emotional attachment of mother and baby at birth and can develop into the virtue of care. The bonds of affection between children, their parents, and others in society are strengthened through the transmission of social values that are prerequisites for a democratic and just society. The lack or failure of these attachments is the breakdown of social relations, which manifests as a lack of self-control, aggression, and other abnormal social behaviors [36].

Finally, autonomy underlies many of the characteristics of individual rights and freedoms. As Rawls states, personal freedoms are the "primary goods" and tools for achieving particular goals and aspirations. Autonomy is the ability to live an independent and self-governing life and form a just civil society through citizen participation. But meaningful choices require the provision of social climate and economic opportunities, as people who depend entirely on others to survive cannot make autonomous choices [37]. Thus, as the proponents of this theory state, "each dimension opens a window of a particular kind of different moral significance, each of which, individually or in combination, can be used to clarify the requirements of justice in specific policy contexts" [20].

Determinants of child well-being

In the account of Powers and Faden, human well-being has six essential dimensions, of which health is just one. Although ECD is mainly referred to as an issue of health, what is learned in the early years of life, beyond the health, has a profound effect on the shape of emotional connections, independence, abilities, and the theoretical

Table 1. The main capabilities and their corresponding rights of the child

Row	Main Capabilities	Related Rights of the Child
1	Ability to live normally without a life-threatening condition or premature death	The inherent right to life; Right to health and health care before and after birth; The right to the enjoyment of the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health
2	Ability to have good health, nutrition, and shelter	Right to the enjoyment of living standards; Right to social security
3	Ability to move freely, security against violence, and opportunities for sexual satisfaction and healthy reproduction	Right to freedom and non-discrimination; Right to protection from all forms of physical or mental violence, injury or abuse, neglect, maltreatment or exploitation; Right to health
4	Ability to use these capacities consciously and humanely with the help of sufficient and diverse education and in a context of freedom of expression	Right to equal opportunity for education; Right to freedom of thought, conscience, and religion; Right to access to information and material from a diversity of national and international sources
5	Ability to make emotional connections, love, and grief without feeling afraid or anxious	Right to grow up in a family environment, in an atmosphere of happiness, love, and understanding; Right to acquire a nationality, and the right to know and be cared for by his/her parents
6	Ability to think and reason to form a good concept and put it into practice in life	Right to freedom of thought, conscience, and religion; Right to freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers
7	Ability to play and enjoy creative activities	Right of the child to rest and leisure, engage in play and recreational activities appropriate to the age of the child, and participate freely in cultural life and the arts
8	Ability to live meaningfully in partnership with others with self-respect and without undue humiliation	The rights and duties of parents and guardians to provide direction to the child in the exercise of his/her right in a manner consistent with the evolving capacities;
9	Ability to live with concern about animals, plants, and nature in general	Right to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and the child's assuming a constructive role in society
10	Ability to control one's environment as an active citizen through participation in policy decisions	

International Journal of
Medical Toxicology & Forensic Medicine

and practical reasoning of individuals throughout their lives and thus, their well-being. The two components of the brain and mental development, as well as the environment, are prerequisites for well-being. According to the literature, optimal brain and cognitive development of the child is possible in a supportive and nutritious environment. A supportive environment is needed to develop and maintain reasoning abilities from childhood. Education and a rich and stimulating environment are recommended for ECD, as, while providing the necessary incentives to develop reasoning ability, it provides essential information for cognition. It nurtures individuals, and in addition to making informed choices, to consciously influence society's elites as well as actively participate in citizenship [20].

According to well-being theory, moreover the health dimension, social determinants are important for each dimension of well-being. Protecting the child based on his/her rights with a preventive approach requires the development of the main capabilities from the beginning

of birth, through the provision of equal opportunities and their upbringing by social institutions in a just society. These capabilities are moral entitlements and prerequisites of the determinants of well-being that, along with improving the socio-cultural context, can ensure the child's well-being.

ECD is not just a matter of health but the opportunity to learn the dimensions that guarantee the experience of well-being. In a society where children have not learned to value and respect themselves and others, even with independence and the ability to reason, they cannot experience well-being. Also, the experience of well-being in a society where people do not feel personal security is complex, even if the child is healthy and well-developed.

In our view, health and the reduction of health inequalities through action on SDH within the HRs framework are insufficient to achieve social justice and human well-being. Instead, HRs instruments should lead to the protection of the child and the development of his/her core capa-

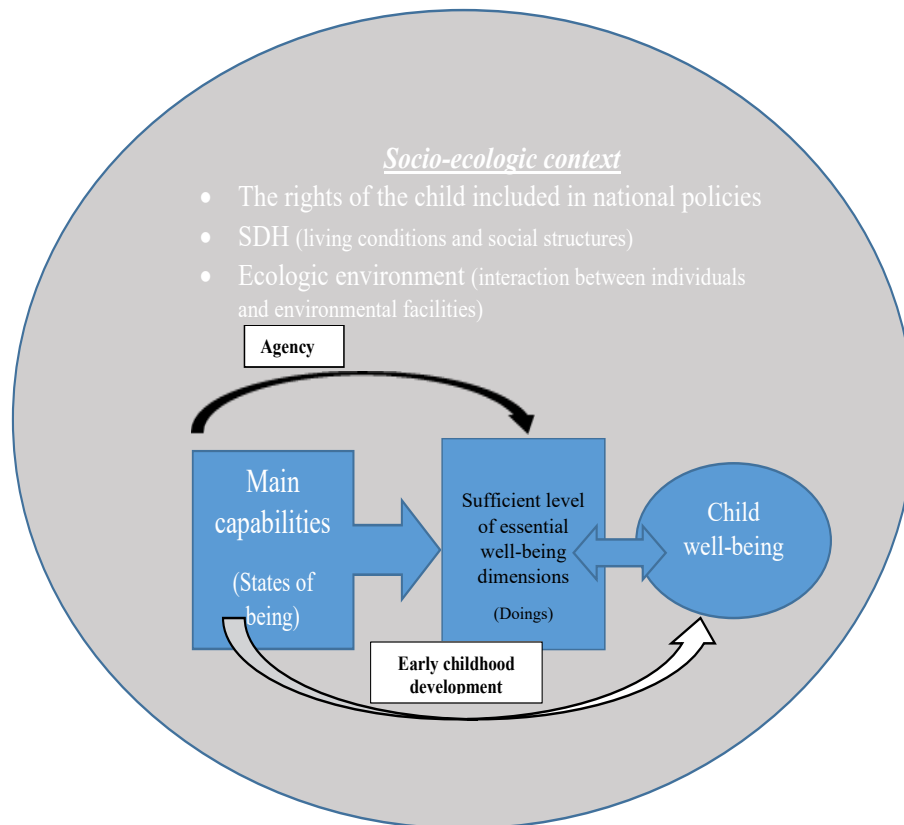


Figure 1. A Conceptual framework for child protection and well-being

International Journal of
Medical Toxicology & Forensic Medicine

bilities through equal opportunities, of which the ability to live a healthy life is just one. In addition, actualizing these capabilities depends on a supportive environment.

Children grow up in a socio-cultural context of interpersonal relationships within a family, school, neighborhoods, religious groups, and nationalities. Social structures consisted of national policies, HRs, and social institutions and their regulations and functions [38]. Thus, we prefer to use the word “context” instead of the word “environment.” Well-being, in addition to capabilities as beings, implies their function as doings, which in addition to considering the intrinsic importance of main capabilities and agency, requires considering the socioecological context and providing means necessary to meet the essential dimensions of well-being at the level of adequacy.

4. Discussion

In this study, we suggest a conceptual framework including HRs norms and moral entitlements to ensure the provision of well-being, not just determinants of health, and to reduce inequalities as a matter of social justice beyond the health and development of the child.

The CRC is the first framework that was adopted for the protection of children and the promotion of their health and well-being. Countries ignoring HRs in their policies have experienced many injustices and inhumane treatments. Although the CRC is recognized as the international minimum standard to treat children, it alone does not provide a comprehensive framework for child protection and well-being [7]. The cross-cutting Task Group of the WHO European Region on Equity, Equality, and HRs also introduce social justice and HRs framework for developing policies and addressing SDH. First, they have argued that the capability to live healthy, without a life-threatening condition or premature death, is a crucial consideration of social justice which could be gained through equal opportunities. Second, they have identified HRs instruments to implement the policies that address SDH [15]. However, they have considered only human health as the core concept that should be addressed instead of human well-being; focusing only on the child’s capability to live healthily could result in ignoring other prerequisites of child well-being.

Given the different socio-cultural contexts that children live in, some countries accepted CRC provisions conditional to their judicial principles. Hence, to implement

the suggested framework to ensure child protection and well-being, each country should design a national action framework and determine the role and duties of the responsible organizations.

In line with the fundamental right of the child to life, survival, and development (Article 6, the CRC), despite the liberalization of abortion by some countries, Islamic countries have taken a strict approach in this regard. For example, the Islamic Republic of Iran abolished the “Therapeutic Abortion Law” [39] and included it in the frame of the “Law on Family Protection and Youth of the Population” in 2021.

After passing the stages of survival and growth, focusing on a child’s development requires a protective approach to provide a healthy, supportive and nurturing environment for children [19]. Regarding the difference in the socio-cultural context of the Muslim communities, the Islamic Republic of Iran, as a sample of Islamic countries, ratified the Law on the Protection of Children and Adolescents in 2020. In this document are each organization’s responsibility and appropriate actions that should be well defined and dedicated. In line with the implementation of the right of equality and non-discrimination (Article 2, the CRC) and the “Law on Family Protection and Youth of the Population,” responsible organizations are also asked to provide appropriate social support for children who are born in low-income families.

The right of the child to sexual health has also been addressed in the “National document of rights of the child and adolescent” of Iran, through the protection of the virtue and sexual privacy, prevention of the access to sexual stimuli, protection against sexual assault and sexual harassment behaviors, and benefit from the treatment of sexual disorders. Moreover, the Islamic Republic of Iran’s government has joined the Optional Protocol of CRC on the Sale, Prostitution, and Pornography of Children. It has taken significant steps in its implementation. Also, in line with the child protection and the principle of the child’s best interest (Article 3, the CRC), we justified the at-risk adolescents’ regulations on access to critical reproductive health services based on the principles of Islamic bioethics [40].

In line with the principle of respect for the child’s views or hearing him (Article 12, the CRC), doing related research will lead to a growing understanding of the social sciences of child development and how children respond to threats and an ecological perspective including the role of culture and social systems in child empowerment and well-being. However, a sovereign observatory sys-

tem is required to ensure the informed implementation of national laws and action frameworks, monitor the abused and neglected cases, and re-direction, intervention, and evaluation of the achievements.

5. Conclusion

In the suggested conceptual framework, we include both moral entitlements and HRs norms to ensure the provision of determinants of well-being, not just determinants of health, and to reduce inequalities as a matter of social justice beyond the health and development of the child. Child protection and well-being require a broad understanding of the developmental aspects and socio-cultural context in which they live and grow up, the mobilization of cultural assets, and the accountability of each community’s social institutions and responsible organizations. In the context of a forward-looking and just society, child’s rights are adequately protected, core capabilities emerge, and well-being is actualized by enough providing its means and dimensions.

Ethical Considerations

Compliance with ethical guidelines

This is a conceptual analysis study with no human or animal subjects.

Funding

This study is part of a postdoctoral project funded by the Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran (31955).

Authors' contributions

Conceptualization and Supervision: All Authors; Methodology, Investigation and Writing – original draft: Forouzan Akrami; Writing – review & editing: All Authors; Funding acquisition and Resources: Mahmoud Abbasi.

Conflict of interest

The authors declare no conflict of interests.

Acknowledgments

The authors acknowledges the kind support of the research staff of the Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

References

- [1] Save the Children Federation. Changing lives in our lifetime. Global Childhood Report. USA; 2019. <https://www.savethechildren.org/content/dam/usa/reports/advocacy/global-childhood-report-2019-pdf.pdf>
- [2] Ruger JP. Toward a theory of a right to health: Capability and incompletely theorized agreements. *Yale Journal of Law & the Humanities*. 2006; 18(2):3. [PMCID]
- [3] Moody Z. The United Nations Declaration of the Rights of the Child (1959): Genesis, transformation and dissemination of a treaty (re) constituting a transnational cause. *Prospects*. 2015; 45(1):15-29. [DOI:10.1007/s11125-015-9343-4]
- [4] United Nations General Assembly. Universal declaration of Human Rights [Internet]. 1948. <https://www.un.org/en/universal-declaration-human-rights/>
- [5] United Nations General Assembly. International covenant on civil and political rights [Internet]. 1966. <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CCPR.aspx>
- [6] Dura N, Mititelu R. International covenant on economic, social and cultural rights. *EIRP Proceedings*. 2013; 8:130-6. <https://proceedings.univ-danubius.ro/index.php/eirp/article/view/1467>
- [7] United Nations Human Rights. Convention on the Rights of the Child. General Assembly resolution 44/25. United Nations; 1989. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
- [8] Khoo E. Early childhood risk, protection and abuse prevention. In: Peterson P, Tierney R, Baker E, McGaw B, editors. *International encyclopedia of education*. 3th ed. New York: Elsevier; 2010. [DOI:10.1016/B978-0-08-044894-7.01198-2]
- [9] Merlo DF, Knudsen LE, Matusiewicz K, Niebroj L, Vähäkangas K. Ethics in studies on children and environmental health. *Journal of Medical Ethics*. 2007; 33(7):408-13. [DOI:10.1136/jme.2006.016212 PMid:17601869 PMCID:PMC2598138] [PMID] [PMCID]
- [10] King MF, Renó VF, Novo EM. The concept, dimensions and methods of assessment of human well-being within a socio-ecological context: A literature review. *Social Indicators Research*. 2014; 116(3):681-98. [DOI:10.1007/s11205-013-0320-0]
- [11] Rigby MJ, Köhler LI, Blair ME, Metchler R. Child health indicators for Europe: A priority for a caring society. *European Journal of Public Health*. 2003; 13(suppl_3):38-46. [DOI:10.1093/eurpub/13.suppl_3.38 PMid:14533747] [PMID]
- [12] Venkatapuram S, Marmot M. *Health justice: An argument from the capabilities approach*. 1th ed. USA: John Wiley & Sons; 2013. <https://books.google.com/books?hl=en&lr=&id=8MjuEtcqejkC&oi=fnd&pg=PT8&dq=Health+Justice=false>
- [13] WHO Commission on Social Determinants of Health, World Health Organization. *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on social determinants of health final report*. Geneva: World Health Organization; 2008. https://books.google.com/books/about/Closing_the_Gap_in_a_Generation.html?id=zc_VfH7wfv8C&source_description
- [14] Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P. *WHO European review of social determinants of health and the health divide*. The Lancet. 2012; 380(9846):1011-29. [DOI:10.1016/S0140-6736(12)61228-8]
- [15] Stronks K, Toebes B, Hendriks A, Ikram U, Venkatapuram S. *Social justice and Human Rights as a framework for addressing social determinants of health*. Final report of the task group on equity, equality and Human Rights review of social determinants of health and the health divide in the WHO European region. Geneva: World Health Organization; 2016. https://www.euro.who.int/__data/assets/pdf_file/0006/334356/HR-task-report.pdf
- [16] World Health Organization (WHO). *Adolescent and young adult health* [Internet]. 2021. <http://www.who.int/mediacentre/factsheets/fs345/en/>
- [17] Myburgh S, Tammamo AM. *Exploring education for digital librarians: Meaning, modes and*. New York: Elsevier; 2013. [DOI:10.1533/9781780633008]
- [18] United Nations General Assembly. *UN declaration of the rights of the child*. 1959. <https://archive.crin.org/en/library/legal-database/un-declaration-rights-child-1959.html>
- [19] Burdette HL, Whitaker RC. Resurrecting free play in young children: looking beyond fitness and fatness to attention, affiliation, and affect. *Archives of Pediatrics & Adolescent Medicine*. 2005; 159(1):46-50. [DOI:10.1001/archpedi.159.1.46 PMid:15630057] [PMID]
- [20] Powers M, Faden RR, Faden RR. *Social justice: The moral foundations of public health and health policy*. USA: Oxford University Press; 2006. https://books.google.com/books/about/Social_Justice.html?id=mTL5zjg9yiIc
- [21] Solar O, Irwin A. *A conceptual framework for action on the social determinants of health*. Geneva: WHO Document Production Services; 2010. <https://drum.lib.umd.edu/handle/1903/23135>
- [22] Damari B, Akrami F. [Analysis of early childhood development policy; Necessity of a play-oriented approach (Persian)]. *Journal of Mazandaran University of Medical Sciences*. 2016; 26(141):205-6. http://jmums.mazums.ac.ir/files/site1/user_files_0d0bf0/nouri70-A-10-5029-348-7f41876.pdf
- [23] Bissell S, Boyden J, Cook P, Myers W. *Rethinking child protection from a rights perspective: Some observations for discussion* [Internet]. IICRD International Institute for Child Rights and Development. 2007. https://www.iicrd.org/sites/default/files/resources/Rethinking_Child_Protection_from_a_Rights_Perspective____revised_final_0.pdf
- [24] Scott K, Looby AA, Hipp JS, Frost N. Applying an equity lens to the child care setting. *The Journal of Law, Medicine & Ethics*. 2017; 45(1_suppl):77-81. [DOI:10.1177/1073110517703331 PMid:28661296] [PMID]
- [25] Beauchamp TL, Childress JF. *Principles of biomedical ethics*. USA: Oxford University Press New York; 2013. https://books.google.com/books/about/Principles_of_Biomedical_Ethics.html?id=I9VIMQEACAAJ
- [26] Mackie JL. Can there be a right-based moral theory? *Midwest Studies in Philosophy*. 1978; 3(1):350-9. [DOI:10.1111/j.1475-4975.1978.tb00366.x]
- [27] 2019 edition of the minimum standards for child protection in humanitarian action (CPMS) [Internet]. 2020. https://alliancecpa.org/en/CPMS_home

- [28] Sen A. Human Rights and capabilities. *Journal of Human Development*. 2005; 6(2):151-66. [DOI:10.1080/14649880500120491]
- [29] Clark DA. The capability approach: Its development, critiques and recent advances. *Economics Series Working Papers GPRG-WPS-032*, University of Oxford. 2005. <https://ideas.repec.org/p/oxf/wpaper/gprg-wps-032.html>
- [30] Daniels N. *Just Health: Meeting health needs fairly*. USA: Cambridge University Press; 2007. [DOI:10.1017/CBO9780511809514]
- [31] Whitehouse PJ, Juengst E, Mehlman M, Murray TH. Enhancing cognition in the intellectually intact. *Hastings Center Report*. 1997; 27(3):14-22. [DOI:10.2307/3528662] [PMID]
- [32] Rawls J. *A theory of justice*. Cambridge: Harvard University Press; 1971. [DOI:10.4159/9780674042605]
- [33] Sen A. *Inequality reexamined*. United Kingdom: Oxford University Press; 1992. https://books.google.com/books/about/Inequality_Reexamined.html?id=LOLnCwAAQBAJ
- [34] Commission on Children at Risk. *Hardwired to connect: The new scientific case for authoritative communities*. New York: Institute for American Values; 2003. https://books.google.com/books/about/Hardwired_to_Connect.html?id=I-pEAAAAYAAJ&source=kp_book_description
- [35] Nussbaum M. Women's capabilities and social justice. *Journal of Human Development*. 2000; 1(2):219-47. [DOI:10.1080/713678045]
- [36] Raz J. *The morality of freedom*. London: Clarendon Press; 1986. https://books.google.com/books/about/The_Morality_of_Freedom.html?id=FIWFAAAAMAAJ&source=kp_
- [37] Fottrell D. Revisiting children's rights: 10 years of the UN Convention on the Rights of the Child. *Refugee Survey Quarterly*. Brill, 2001; 20(2). [DOI:10.1163/9789004478435]
- [38] Earls F, Carlson M. The social ecology of child health and well-being. *Annual Review of Public Health*. 2001; 22:143-66. [DOI:10.1146/annurev.publhealth.22.1.143] [PMid:11274516] [PMID]
- [39] Bazmi S, Kiani M, Saidi M, Akrami F. Awareness and viewpoint of midwives and obstetricians towards therapeutic abortion law and its ethical pitfalls. *International Journal of Medical Toxicology and Forensic Medicine*. 2021; 11(1):31958. [DOI:10.32598/ijmtfm.v11i1.31958]
- [40] Akrami F, Zali A, Abbasi M. An Islamic bioethics framework to justify the at-risk adolescents' regulations on access to key reproductive health services. *Asian Bioethics Review*. 2022; In press. [DOI:10.1007/s41649-021-00200-3]