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**Bioethics and Health Law Journal**

Journal homepage: <https://journals.sbmu.ac.ir/bhl>

Original Article

# Children's Health as a Legal Threshold in Armed Conflict: From Normative Protection to Structural Failure in Minab

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**Article Information**

**Article History:**

**Received:** 22 April 2026

**Accepted:** 04 May 2026

**Available online:** 20 May 2026

**Keywords:**

Children's Right to Health

Armed Conflict

International Humanitarian Law

Structural Violence

Legal Thresholds

Minab Case

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**ABSTRACT**

The protection of children's health in armed conflict lies at the intersection of international human rights law, international humanitarian law and global health governance. Although the existing legal framework formally recognizes robust protections for children, there remains a persistent and widening gap between normative commitments and their actual implementation in conflict settings. Against this backdrop, the present study examines the attack on Shajareh Tayyebeh School in Minab as a case through which structural deficiencies in the protection of children's health become analytically visible. This study employs a descriptive-analytical and normative legal methodology. It first reconstructs the conceptual and doctrinal foundations of the right to health within international legal instruments and humanitarian law principles. It then applies a case-study approach to the Minab incident in order to evaluate the extent to which existing legal obligations are reflected or fail to be reflected in operational realities of armed conflict. The analysis further integrates a structural lens to assess systemic gaps beyond isolated violations. The findings indicate that the current international legal architecture suffers from structural limitations that significantly weaken the protection of children's right to health in armed conflict. These include fragmented enforcement mechanisms, the marginalization of health considerations in military decision-making processes and the absence of operationalized, health-sensitive standards for assessing legality and proportionality. The Minab case illustrates how these deficiencies converge to produce a situation in which formal legal protections fail to translate into effective safeguards on the ground. The study argues that the existing compliance-oriented framework is insufficient to address the complexity of contemporary armed conflicts. It proposes a conceptual shift toward recognizing children's health as a normative threshold for legality and legitimacy in the conduct of hostilities. Under this approach, the protection of health is not treated as a secondary humanitarian consideration but as a central evaluative criterion in assessing the lawfulness of military action. The Minab case thus functions not merely as an isolated incident, but as an analytical entry point into the structural crisis of children's protection in international law.

**Please cite  
this article as:**

Syednasseri MM, Abbasi M. Children's Health as a Legal Threshold in Armed Conflict: From Normative Protection to Structural Failure in Minab. *Bioeth Health Law J.* 2026; 6: e2.

<https://doi.org/10.22037/bhl.v6i6.52098>.

## Introduction

Iranian children, long before the emaciated and lifeless bodies of 168 of them were pulled from beneath the rubble caused by an aerial attack on the Shajareh Tayyebah School in the city of Minab, Hormozgan Province, on 28 February 2026, had for years been experiencing the tangible and undeniable effects of violence-driven policies arising from armed conflicts and military tensions on their bodies, their psychological well-being and their social existence. The Minab tragedy, which occurred in the early days of the aggressive war initiated by the United States and Israel against the sovereignty and territorial integrity of Iran, rapidly rose to the forefront of international media attention and provoked widespread condemnation. Nevertheless, it must be emphasized that legal and political condemnations however necessary and unavoidable do not possess the capacity to restore the lost lives of children or to remedy the collapse of their human existence. At best, such reactions merely constitute part of a broader process of documenting and recording manifest violations of international humanitarian law, as well as the continued failure to enforce fundamental rules aimed at protecting civilians, particularly children.

Within this framework, the present article seeks to analyze the Minab tragedy not as an isolated incident, but rather as an indicator of a structural crisis in the effectiveness of the international legal system, while simultaneously reflecting deeper transformations within the contemporary international order. In this sense, Minab is not merely a humanitarian incident, but a point of intersection between two concurrent dynamics: on the one hand, a crisis in the practical realization of humanitarian norms and on the other, a gradual shift in the governing logic of the international order from a norm-oriented framework toward one increasingly shaped by power politics and selective enforcement of rules. From a historical perspective, the experience of Iranian children demonstrates that they have consistently been directly exposed to the consequences of war and structural violence. During the First and Second World Wars, despite Iran's declared neutrality, the country faced extensive consequences of occupation, famine, disease and bombardment,

the effects of which directly impacted children's lives. At that time, prior to the emergence of a codified international regime for the protection of children, the lived realities of Iranian children constituted some of the earliest tangible manifestations of children's vulnerability in wartime contexts. This pattern was repeated in a more systematic manner during the Iran–Iraq War, where attacks on schools, residential areas and civilian infrastructure resulted in the death and injury of hundreds of children and the widespread destruction of educational environments. This process not only produced physical harm but also left profound psychological, social and intergenerational consequences, many of which persist to this day. In continuation of this historical trajectory, incidents such as the downing of an Iranian passenger aircraft in 1988 which resulted in the deaths of dozens of children or the long-term consequences of economic sanctions and restrictions on access to healthcare services, demonstrate that threats to the health of Iranian children have not been confined solely to armed hostilities, but have persisted in various forms of direct and structural violence. In more recent conflicts, including attacks causing extensive casualties in residential and educational areas, this pattern has once again been reproduced, underscoring that children remain at the center of the harms generated by conflict.

From a legal standpoint, the existing situation does not appear, at least superficially, to suffer from a lack of norms. Over the past century, the international legal system has developed a relatively comprehensive body of binding and declaratory instruments concerning the protection of children in armed conflict from the 1924 Geneva Declaration to the 1989 Convention on the Rights of the Child, as well as the Additional Protocols to the Geneva Conventions and numerous United Nations Security Council resolutions. Furthermore, institutional and criminal accountability mechanisms, including the establishment of the International Criminal Court, have been developed to criminalize serious violations of international humanitarian law, including attacks against civilians and educational facilities. Yet, despite this extensive normative

framework, the gap between existing norms and their actual implementation particularly in relation to the protection of children's health remains both deep and determinative. At a deeper level, this gap reflects a functional crisis within the contemporary international order. An order that, in the aftermath of the Second World War, was constructed upon principles such as the prohibition of the use of force, the protection of civilians and legal multilateralism, has in recent years increasingly been confronted with trends of selectivity, politicization of legal mechanisms and the weakening of supervisory institutions. Under such conditions, the implementation of international law is less governed by neutral and general rules and more profoundly shaped by considerations of power, political expediency and unequal decision-making structures. In this context, what is most exposed to harm is not merely the legal rules themselves, but the very "protective capacity of the legal system" with respect to the most vulnerable groups particularly children. The Minab tragedy, in this framework, is not an exception but rather a concentrated manifestation of this structural crisis, where both the weakness in the implementation of existing norms and the structural limitations of the international order become simultaneously visible. Accordingly, this article, with a focus on the concept of the "right to health of children" in the context of armed conflict, seeks to demonstrate how the collapse of this right is not merely the result of isolated violations, but rather the product of a structural rupture between legal norm production and the realities of power within the international system. Ultimately, the article aims to conceptualize Minab not merely as a human tragedy, but as an "analytical marker" for understanding deeper crises within contemporary international law a crisis in which the gap between proclaimed justice and realized justice is expanding in a deeply concerning manner.

### **1. Case Analysis: The Attack on Shajareh Tayyebbeh School in Minab and the Multi-Layered Collapse of the Right to Health**

An attack on an educational space, under any analytical framework, cannot be reduced merely to a military incident or even a singular legal violation; rather, it represents the manifestation of

a collapse across interconnected layers of fundamental protections that the legal system is designed to uphold in safeguarding human dignity. A school, particularly in the context of children's lives, is not merely a physical structure but a space in which psychological security, cognitive development, social bonds and hope for the future are formed (1). Accordingly, the attack on Shajareh Tayyebbeh School in Minab must be understood not simply as the targeting of a geographical location, but as an assault on the "lifeworld of the child" a lifeworld in which health, in its fullest sense, is realized through the interdependence of physical, psychological and social dimensions. At the first level of analysis, the attack resulted in direct physical harm to children, ranging from severe injuries and permanent disabilities to the deprivation of life (2). This level of harm constitutes the most visible and, at the same time, the most catastrophic manifestation of the violation of the right to health, as it is directly linked to the right to life and bodily integrity. However, limiting the analysis to this level would amount to overlooking a substantial part of the reality. Health, particularly in the context of children, is inherently multidimensional and what renders this incident a profound example of violation lies precisely in this multi-layered nature. At the second level, attention must be given to the psychological and emotional consequences of the attack consequences that, while less immediately visible, are often far more enduring and destructive. Children exposed to such violence do not merely experience immediate fear and threat; the very foundations of their sense of security are destabilized. In this context, the school an institution that should function as a site for the restoration and reinforcement of security becomes itself a source of threat. This inversion of function inflicts a compounded harm on the child's psychological well-being. The third layer concerns the disruption of social health and supportive structures. An attack on a school does not merely result in the temporary interruption of education; it leads to the disintegration of a network of relationships, norms and opportunities through which children develop social skills and form their identities (3). Deprivation of education, in this sense, not only violates an independent

right but also directly affects other dimensions of health. Children who are excluded from such environments face increased risks of social isolation, diminished participation and, in the long term, weakened positioning within social structures. Thus, a single event generates a chain of interconnected consequences that affect health in its comprehensive sense. At a deeper level, this attack may also be analyzed as a disruption of the “continuity of health across generations” (4). The health of children is not confined to their present condition but is intrinsically linked to their individual and collective futures. Physical and psychological harm, disruptions in education and the breakdown of supportive environments all shape the trajectory of a child’s development. These effects, over time, translate into a reduction in the human and social capacities of a society. From this perspective, an attack on a school does not merely damage present health; it places the future health of an entire generation at risk (5).

From a legal standpoint, this multi-layered nature of violation demonstrates that the fundamental principles of international humanitarian law are challenged not only at a superficial level but also in their functional depth (6). The principle of distinction, which requires differentiation between military objectives and civilian objects, must, in the context of a child-centered educational space, be interpreted in a manner that ensures maximum protection. Any expansive interpretation that allows, even exceptionally, for the targeting of such spaces effectively strips this principle of its protective content. Similarly, the principle of proportionality cannot be assessed solely on the basis of quantitative calculations of casualties; it must also encompass qualitative and long-term impacts on children’s health (7). When the outcome of an action entails a multi-layered collapse of health, it becomes difficult to argue that proportionality has been genuinely respected. Moreover, this incident illustrates how the absence of a health-oriented approach in military decision-making leads to the neglect of consequences that, if properly considered in advance, could have altered the course of decision-making. In other words, the attack cannot be understood merely as the result of an operational error; rather, it reflects a structural

deficiency in the integration of health considerations into decision-making processes. Ultimately, the attack on Shajareh Tayyebbeh School in Minab must be understood as a concrete instance of the “multi-layered collapse of the right to health” a collapse in which the boundaries between different dimensions of health dissolve and a single violation simultaneously affects the physical, psychological, social and future well-being of children (8). This analytical framework is significant not only for understanding this particular incident but also as a conceptual model for examining similar cases. Only under such an approach can a legal system emerge that is genuinely capable of protecting children’s health, even under the most extreme conditions (9).

## **2. Structural Gaps in the Protection of Children’s Health in Armed Conflict**

A close examination of the recurrent and systematic violations of children’s right to health in the context of armed conflict leads to the conclusion that the problem cannot be reduced merely to deviations from existing rules or to episodic failures of implementation. Rather, it reflects a form of “structural misalignment” between the normative logic of international law and the actual mechanisms through which power is exercised (10). More precisely, while the contemporary legal system has achieved a considerable degree of normative maturity in recognizing and articulating children’s rights including the right to health it has not, at the institutional and operational levels, developed mechanisms commensurate with this level of norm production. The result is the emergence of multiple gaps that not only hinder the effective realization of rights but, in certain instances, contribute to the reproduction of conditions under which violations persist. The first and most fundamental gap concerns the issue of enforceability. Despite their clarity and breadth, legal rules often lack sufficient coercive force to ensure compliance. Obligations related to the protection of children’s health frequently remain at a level that may be described as “enhanced moral commitments” rather than fully binding legal obligations supported by effective enforcement mechanisms (11). This condition is particularly evident where parties to a conflict

possess superior political or military power, as the perceived costs of violation are often regarded as negligible when compared to the anticipated strategic gains. Consequently, the deterrent function one of the essential pillars of any effective legal system is significantly weakened and violations persist not as exceptions but as predictable patterns of conduct.

The second gap lies in the marginalization of health considerations within decision-making processes. In traditional frameworks governing conduct in armed conflict, dominant criteria tend to be grounded in strategic, security and military considerations, while the health of civilians particularly children is, at best, treated as a secondary constraint (12). This peripheral positioning means that even where principles such as distinction and proportionality are formally observed, the deeper, multi-dimensional aspects of health are often overlooked. As long as health is not recognized as an independent and determinative variable within decision-making frameworks, it is unrealistic to expect that related legal norms will be meaningfully reflected in practice. The third gap relates to the absence of adequate metrics and operational standards. Although, at the conceptual level, health is recognized as a multidimensional construct encompassing physical, psychological and social components, the legal system lacks precise and measurable indicators for assessing damage across these dimensions (13). This deficiency complicates not only the process of proving violations but also the possibility of ensuring effective accountability. In the absence of clear benchmarks, assessments tend to drift toward discretionary interpretation, resulting in the exclusion of many profound forms of harm particularly those relating to mental health from meaningful legal consideration. The fourth gap can be identified in the disconnection between legal knowledge and medical expertise. The realities of children's health in conflict settings demand specialized analysis grounded in medicine, psychology and public health. Yet prevailing legal frameworks continue to operate on conceptual categories that do not fully capture this complexity. As a result, many forms of harm are either inadequately identified or fail to receive appropriate weight within legal processes (14).

Decisions that may appear formally compliant with legal rules can, in practice, prove insufficient or even misleading in terms of their actual impact on children's health. The fifth gap concerns the inadequacy of accountability mechanisms, particularly in relation to violations that are widespread, complex and long-term in nature. Existing legal responses are often characterized by significant delays or are constrained by jurisdictional and political limitations that prevent them from producing tangible and deterrent outcomes. This condition fosters a sense of impunity among certain actors while simultaneously undermining the confidence of victims in the effectiveness of the legal system. When affected children and communities perceive no credible pathway toward justice or reparation, this absence of accountability becomes itself part of the broader cycle of harm (15). A sixth gap less visible but arguably more profound relates to conceptual reductionism in the understanding of health. In many analyses and even in certain legal instruments, health continues to be implicitly reduced to its immediate and physical dimensions, while psychological and social aspects are relegated to the margins. This is particularly problematic in the context of armed conflict, where these less tangible dimensions often suffer the most severe and enduring damage. The neglect of these aspects not only produces an incomplete representation of reality but also effectively narrows the scope of legal obligations and diminishes the intensity of required responses. Finally, it is necessary to identify a further gap that may be described as the disjunction between the "time of law" and the "time of suffering" (16). Legal processes are inherently gradual, procedural and dependent upon complex stages of evidence and adjudication. In contrast, the harms inflicted upon children's health are immediate, cumulative and often irreversible. This temporal mismatch means that even where accountability is eventually achieved, a significant portion of the harm has already become entrenched and opportunities for effective intervention have been lost. From this perspective, the central challenge lies not only in the realization of justice, but also in its timing. Taken together, these interrelated gaps create a situation in which the legal system, despite possessing considerable theoretical

capacity, lacks the practical effectiveness required to protect children's health in armed conflict. Any meaningful effort to address this condition must therefore focus on closing these gaps at a structural level (17). Without such foundational reforms, even the most advanced legal norms risk becoming ineffectual and the right to health will remain suspended between aspiration and reality.

### **3. Reframing a Health-Oriented Approach: From Minimal Obligations to Active Protection**

What emerges most clearly from the foregoing analysis is the insufficiency of existing frameworks in addressing the complex and violence-laden realities of contemporary armed conflicts. These frameworks, while normatively emphasizing the protection of civilians particularly children remain, in practice, constrained by an overreliance on "minimal obligations" and narrow interpretative approaches, thereby failing to ensure the effective realization of the right to health. This condition underscores the necessity of a fundamental rethinking one in which health is not treated as a secondary outcome of legal compliance, but rather as a guiding principle in the design, interpretation and implementation of legal norms. Within a minimalistic framework, the protection of health is primarily understood in terms of avoiding direct and immediate harm (18). The responsibility of parties to a conflict is thus implicitly reduced to refraining from causing visible and acute injury. However, empirical evidence from conflict settings demonstrates that a significant proportion of harm inflicted upon children arises not at the moment of attack, but through its cumulative and long-term consequences: the collapse of support systems, disruptions in access to healthcare, the breakdown of educational processes and the emergence of deep psychological trauma that simultaneously affects individual futures and collective societal development. Consequently, any approach that reduces health to the mere absence of immediate injury is structurally incapable of capturing and responding to the full scope of harm (19). Reframing a health-oriented approach requires moving beyond this reductionism and recognizing that children's health is a dynamic, multi-layered condition deeply embedded within social and environmental

contexts. In this perspective, the obligations of states and other actors extend beyond the duty to refrain from harm and encompass a set of positive obligations aimed at the active preservation, strengthening and restoration of health in all its dimensions. This shift represents a movement from logic of "harm avoidance" to one of "active protection" a logic in which inaction in the face of foreseeable harm to children's health may itself constitute a violation. At the conceptual level, this transformation entails elevating health to the status of a governing interpretative principle (20). In situations of ambiguity or potential conflict in the application of legal rules, priority should be given to interpretations that maximize the protection of children's health. Such an approach constrains discretionary interpretation and prevents military or political considerations from prevailing at the expense of fundamental health outcomes. At the operational level, the transition toward active protection necessitates the institutionalization of a continuum of obligations *ex ante*, *in situ* and *ex post* that function as an integrated and interdependent chain. At the *ex ante* stage, all decision-making processes must be accompanied by comprehensive and multidimensional assessments of potential health impacts (21). These assessments should not be limited to physical risks but must also incorporate psychological and social consequences and they must be treated as binding criteria within decision-making hierarchies.

During the conduct of hostilities, precautionary measures must extend beyond minimal compliance and evolve toward proactive strategies aimed at minimizing harm to the greatest extent possible. The protection of children should be treated not as a collateral consideration, but as an independent and central objective. In the *ex post* phase, obligations of reparation must adopt a holistic approach that includes not only compensation but also physical and psychological rehabilitation and the reconstruction of social infrastructures (22). Without addressing these dimensions, the restoration of health in its meaningful sense remains unattainable. Moreover, the reframing of a health-oriented approach requires a reconsideration of how the legitimacy of actions in armed conflict is assessed.

Traditionally, legitimacy has been evaluated primarily through criteria such as military necessity and proportionality. A “threshold of health tolerability” in other words, even where an action may appear justifiable under traditional criteria, if its consequences are likely to result in widespread and enduring harm to children’s health, its legitimacy must be subject to serious doubt. This shift effectively narrows the range of permissible actions and elevates the standard of protection (22). In this reimagined framework, the child is not regarded as a passive object of protection, but as a rights-holder entitled to the full realization of health and to conditions conducive to dignified living and development. This perspective requires that all actors, at all levels of decision-making, recognize their responsibility not only to avoid harm but to actively ensure the conditions necessary for children’s growth and well-being. Only through such a redefinition can the right to health of children move from the margins to the center of legal discourse and practice, transforming from a normative aspiration into a concrete and effective standard guiding behavior in situations of armed conflict.

#### **4. Legal and Policy Responses: From Aspirational Ethics to Institutional Obligation**

The analysis of health-related violations in armed conflict particularly in cases involving attacks on child-centered spaces demonstrates that the core challenge does not lie in the absence of legal norms, but rather in the absence of an effective operational architecture capable of translating these norms into enforceable obligations (21). Accordingly, any meaningful policy response must go beyond the reiteration of general principles and focus instead on redesigning mechanisms that can establish a binding connection between normative commitments and operational realities. The first necessary step is the institutionalization of *ex ante* health impact assessments within military decision-making processes. This requires that no military operation be authorized without a rigorous, evidence-based evaluation of its potential consequences for civilian health, with particular emphasis on children. Such assessments must extend beyond formal or procedural compliance and be grounded

in empirical data, public health indicators and specialized expertise addressing both physical and psychological harm. Crucially, their findings must carry binding weight within the decision-making hierarchy (18). Where a significant risk to children’s health is identified, the presumption should shift toward non-execution of the operation. Second, it is essential to formally recognize the concept of “high health-sensitivity zones” within both legal and operational frameworks. These zones include schools, childcare facilities and other environments central to children’s development and well-being. Such spaces should be afforded an enhanced level of protection under international law, with a presumption of immunity from attack. Any exception to this presumption must be strictly construed, exceptionally justified and subject to robust verification standards. This approach reduces interpretive ambiguity and limits the potential for misuse of broad or flexible legal categories. Third, the establishment of an independent international system for health-centered monitoring and documentation is of fundamental importance. Unlike existing mechanisms that primarily focus on casualty counts, such a system should systematically document the full range of health impacts resulting from armed conflict, including psychological trauma, disruption of healthcare access and breakdowns in educational continuity. The resulting data would provide an essential evidentiary basis for legal accountability, policy development and preventive action. Fourth, strengthening accountability mechanisms for health-related violations is indispensable. Without clear, timely and enforceable consequences for serious violations of children’s right to health, existing legal norms will continue to lack deterrent effect. In this regard, there is a strong normative basis for recognizing “serious health-related violations” as a distinct category of grave breaches under international law. Such classification would allow for the assessment of harm not only in immediate terms, but also in relation to long-term and intergenerational consequences. Fifth, a systematic integration between legal institutions and medical expertise must be developed. In many instances, the disconnect between these domains results in legal

analyses that fail to reflect the realities of health-related harm, while medical data remains underutilized in legal proceedings. The creation of interdisciplinary structures, joint expert panels and standardized methodologies for incorporating medical evidence into legal reasoning would significantly enhance both the accuracy and legitimacy of decision-making processes. Sixth, at the policy level, a shift toward a preventive paradigm is required. While post-violation remedies and reparations remain important, they are insufficient in the absence of measures designed to prevent harm in the first place. This requires systematic training of military personnel on the health implications of operational decisions, the development of detailed operational guidelines incorporating health criteria and the integration of health indicators into evaluations of military conduct. Finally, greater emphasis must be placed on the role of narrative, documentation and testimony. Children's health is not merely a statistical category, but a lived reality that must be represented within legal and policy discourse. Strengthening mechanisms that enable the voices of affected children and communities to be heard within legal and institutional frameworks can contribute to a more human-centered understanding of conflict and its consequences.

## Conclusion

What emerges from this analysis is not merely the description of a tragic event or the identification of a series of legal violations, but rather the exposure of a deeper crisis within the foundations of the contemporary international legal order. This crisis is characterized by an expanding gap between declared commitments and actual protection, within which the most vulnerable groups particularly children bear the greatest burden. An attack on a child-centered educational facility such as a school cannot be understood merely as a breach of a rule or a deviation from a principle. It reflects the gradual erosion of norms that were intended to preserve minimum standards of humanity even in contexts of organized violence. A health-centered analysis demonstrates that the right to health is not a peripheral or service-oriented entitlement, but rather a foundational standard for assessing the legitimacy

of conduct in armed conflict. When a military operation foreseeably results in the destruction of children's physical integrity, psychological stability and social existence, it can no longer be justified solely through traditional military reasoning or narrow interpretations of humanitarian principles. In such circumstances, the violation of the right to health effectively amounts to a violation of the right to live with human dignity a right that underpins the entire architecture of modern legal systems. From this perspective, the Minab case must be understood not merely as a localized incident, but as a symbol of structural failure within international law. This failure is rooted in a combination of interrelated factors: the difficulty of translating normative commitments into enforceable obligations, the marginalization of health considerations in decision-making processes and the persistence of impunity in response to widespread and systematic violations. Together, these dynamics produce a legal environment in which norms risk becoming flexible and selectively applied frameworks rather than effective constraints on behavior. In response, what is required is not incremental adjustment or further expansion of legal provisions, but a paradigmatic shift in the understanding and application of international law. This shift entails elevating children's health from a secondary consideration to a central and non-derogable standard that informs both the design and evaluation of conduct in armed conflict. Every action undertaken in such contexts must be subjected to a fundamental normative inquiry: whether it is compatible with the preservation of children's health in all its dimensions. Furthermore, the effective realization of this right requires a deeper integration between legal analysis and medical knowledge. Without grounding legal reasoning in empirical health data including physical harm, psychological trauma and long-term social consequences it is not possible to fully grasp the scope of violations or to design adequate responses. This interdisciplinary integration is therefore not optional, but essential to the operational effectiveness of international legal protection. Ultimately, the question of children's health in armed conflict is not merely a specialized legal concern; it is a test of the international community's commitment to its

most fundamental human values. If international law fails to protect the most vulnerable in such extreme circumstances, its normative legitimacy is inevitably called into question. The way forward lies not in the multiplication of norms, but in the transformation of interpretive frameworks, the reordering of priorities and the establishment of mechanisms capable of embedding these commitments within decision-making structures. Only through such a transformation can the right to health be moved from the realm of normative aspiration to that of practical enforcement, ensuring that children are no longer treated as collateral victims of conflict, but as central subjects of protection under international law.

### Funding

The author received no financial support for the research, authorship or publication of this article.

### Acknowledgements

None.

### Authorship

All stages of this research, including the conception and design of the study, data collection and analysis, as well as manuscript drafting and revision, were carried out solely by the author, Mohammadmehdi Seyednasseri and Mahmoud abbasi.

### Conflict of Interest Statement

The author declares that there is no conflict of interest related to this research.

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