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Legal Reform for Mandatory Vaccination: Safeguarding Children's Developmental Rights and Advancing Sustainable Development

Nurul Hidayat Ab Rahman [a] ✉, Maskun Maskun [b], Redwan Yasin [c], Athirah Mohd Anuar [d]

[a] Faculty of Law, Universiti Kebangsaan Malaysia, Bangi, Malaysia
[b] Faculty of Law, Universitas Hasanuddin, Makassar, Indonesia
[c] National Defense University of Malaysia, Kuala Lumpur, Malaysia
[d] Legal Compliance and Finance, PETRONAS, Kuala Lumpur, Malaysia

✉ Corresponding email: nhidayat@ukm.edu.my

Abstract

Vaccination is universally acknowledged as paramount for deterring the spread of infectious diseases and elevating public health. However, recent debates around mandatory vaccination have raised concerns regarding children's well-being and rights. This article examines the significance of safeguarding children's developmental rights by implementing mandatory vaccination programs. It delves into the ethical and legal aspects of mandatory vaccination while emphasizing the profound impact that unvaccinated children can have on their developmental rights. It highlights the adverse consequences of vaccine-preventable diseases on children's physical, cognitive, and emotional development. Furthermore, the article underscores the importance of achieving the Sustainable Development Goals 2030 (SDG 2030), specifically SDG 3, which aims to ensure healthy lives and promote well-being. Vaccination is pivotal in realizing SDG 3, as it contributes to disease prevention, reduces child mortality rates, and promotes universal access to healthcare. Therefore, the article also introduces the new global strategy, the Immunization Agenda 2030 (IA2030), which aims to preserve immunization

progress, overcome COVID-19 disruptions, and ensure inclusivity and access for everyone, regardless of circumstances or age. This article is based on socio-legal research conducted qualitatively. All data was gathered through library research and thoroughly analyzed using the content analysis method. The paramount considerations are the child's best interests and developmental rights, as the article also mentioned the parens patriae concept. It concludes that mandatory vaccination aligns with the SDG 2030 goals, ensuring children's health rights, enabling them to thrive, and fostering a sustainable future while advancing public health and development objectives.

Keywords

Children's Rights, Health Rights, Sustainable Development Goals 2030, SDG 3, Vaccination.

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Introduction

Vaccination, also known as immunization, is the administration of vaccines to stimulate an individual's immune system to fight against specific infectious agents. The origins of vaccination trace back to ancient practices such as variolation, which was notably performed in China and the Ottoman Empire during the 10th century.[1] Variolation, an early form of immunizations, aimed to protect against smallpox, a highly contagious and deadly disease. In China, the practice involved taking dried smallpox scabs from individuals infected with a mild disease and blowing them into the nostrils of healthy individuals. This method, known as 'insufflation,' deliberately exposed individuals to a less severe form of smallpox, triggering a milder immune response and often conferring immunity. Similarly, in the Ottoman Empire, the technique of variolation, also called 'inoculation,' involved introducing smallpox material, such as pus from sores, into the body through scratching or inhalation. Although these methods carried risks, including severe illness or death, they laid the foundation for the concept of deliberate exposure to a weakened pathogen to confer immunity.

A pivotal turning point in the history of vaccination came in the late 18th century when Edward Jenner developed the smallpox vaccine. Jenner observed that milkmaids infected with cowpox, a milder disease, seemed immune to smallpox. In 1796, Jenner tested his hypothesis by inoculating a boy with cowpox material and later exposing him to smallpox, successfully confirming immunity. This breakthrough laid the foundation for modern vaccination, enabling the widespread adoption of vaccines to control and eradicate infectious diseases. Since Jenner's discovery, vaccination efforts have evolved significantly, resulting in the development of vaccines targeting diseases such as polio, measles, mumps, rubella, diphtheria, pertussis, tetanus, and hepatitis. Vaccines contain weakened or killed pathogens or specific components of pathogens, stimulating the immune system to produce a response

[1] Boylston, A. "The Origins of Inoculation." *Journal of the Royal Society of Medicine* 105, no. 7 (2012): 309–313. https://doi.org/10.1258/jrsm.2012.12k044.

that provides immunity against future encounters with disease-causing agents.[2]

Childhood vaccination has played a critical role in reducing morbidity and mortality rates caused by infectious diseases. For instance, the global incidence of polio was approximately 350,000 cases annually in the 1980s. By 2019, reported cases of wild poliovirus had declined to 175, limited to Afghanistan and Pakistan. Similarly, introducing the measles vaccine reduced global mortality from 2.6 million annually to an estimated 23.2 million deaths averted between 2000 and 2019.[3] Vaccination programs have also been instrumental in eradicating diseases like smallpox and significantly reducing neonatal tetanus cases globally.[4]

Beyond individual protection, widespread vaccination provides community-level benefits by serving as a barrier to transmitting infectious diseases. This has led to eliminating or significantly controlling several diseases that previously posed severe threats to public health. The stance on mandatory childhood vaccination varies significantly across countries. Aguilar emphasized the role of mandatory vaccination policies in achieving high immunization rates,[5] while Gravagna identified vaccine hesitancy and logistical challenges as major barriers to effective vaccination programs.[6] Vanderslott and Marks explored societal attitudes toward vaccination, highlighting the

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2 Tetanus." *Lancet (London, England)* 385 (9965): 362–70.

3 Thwaites, C. L., Beeching, N. J., and Newton, C. R. "Maternal and Neonatal Tetanus." *Lancet (London, England)* 385, no. 9965 (2015): 362–370. https://doi.org/10.1016/S01406736(14)60236-1.

4 World Health Organization. "WHO Recommendations for Routine Immunization – Summary Tables." Available at: https://www.who.int/teams/immunization-vaccines-and-biologicals/policies/who-recommendations-for-routine-immunization---summary-tables.

5 Aguilar, S. C. *Vaccination Evasion: Legislating Solution Through Revised Vaccinate All Children Act of 2019. Journal of Legislation* 47, no. 2 (2021): 75–104.

6 Gravagna, K., Becker, A., Valeris-Chacin, R., Mohammed, I., Tambe, S., Awan, F. A., Toomey, T. L., and Basta, N. E. "Global Assessment of National Mandatory Vaccination Policies and Consequences of Non-Compliance." *Vaccine* 38, no. 49 (2020): 7865–7873. https://doi.org/10.1016/j.vaccine.2020.09.063.

influence of cultural beliefs and trust in healthcare systems. Several countries have implemented legal frameworks to enforce mandatory vaccination.[7] For instance, France requires 11 vaccines for children under two years old, with penalties for non-compliance. Germany's Measles Vaccination Law mandates measles vaccination for school and daycare attendance, with non-compliance resulting in fines. In contrast, countries like Sweden and South Africa rely on voluntary vaccination programs, achieving high coverage through trust in public health systems and outreach initiatives.

Harapan et al. assessed vaccine hesitancy among 1,832 respondents and identified several reasons for reluctance, including a lack of belief in vaccine effectiveness and fears about potential risks. Their research also noted that women and Muslim groups were more hesitant to receive the vaccine. In Malaysia, Lee examined COVID-19 vaccine hesitancy and found that overall hesitancy was relatively low. However, it was significantly shaped by misinformation, conspiracy beliefs, and social influences. Meanwhile, Yufika in 2020 highlighted parental hesitancy as a key factor in vaccination refusal. Her findings revealed that 15.9% of parents in Indonesia were hesitant about childhood vaccination, mainly due to concerns over vaccine safety and efficacy. This hesitancy was especially prevalent among young mothers and individuals with lower education levels. To tackle this, the study underscores the importance of ongoing communication by physicians to build trust and enhance vaccination rates.

The World Health Organization (WHO) provides global guidelines for national immunization efforts. The WHO's consolidated recommendations aim to address disparities in vaccine coverage, improve accessibility, and promote equitable immunization practices as part of the Immunization Agenda 2030. These global perspectives emphasise balancing public health objectives with ethical and cultural considerations. Despite the success of vaccination programs, gaps remain in understanding the long-term impact of mandatory vaccination on achieving Sustainable Development Goals (SDGs) by

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[7] Vanderslott, S., and Marks, T. "Charting Mandatory Childhood Vaccination Policies Worldwide." *Vaccine* 39, no. 30 (2021): 4054–4062. https://doi.org/10.1016/j.vaccine.2021.04.065.

2030, particularly in low-income regions. Existing studies largely focus on individual countries or specific vaccines, leaving room for a comprehensive global analysis of mandatory vaccination policies and their implications for public health.

This study addresses these gaps by examining the global perspectives on mandatory childhood vaccination. The objective is to analyze mandatory vaccination policies' effectiveness, limitations, and ethical implications while proposing strategies to enhance vaccine acceptance and accessibility. Uniquely, this research delves into mandatory vaccination's ethical and legal dimensions, emphasizing the profound impact that unvaccinated children face regarding their developmental rights. It highlights how vaccine-preventable diseases can adversely affect children's physical, cognitive, and emotional development, which are often overlooked in policy discussions. Building upon previous studies, this article expands the discourse by integrating a rights-based framework grounded in international legal and developmental standards. By combining legal, cultural, and public health perspectives, this research is novel and comprehensive, as it highlights the significance of vaccination and aligns it with the Sustainable Development Goals 2030. This study is particularly important for developing countries such as Indonesia and Malaysia, where vaccine hesitancy, healthcare accessibility, and socio-cultural factors impact immunization efforts. By examining global approaches, these countries can develop policies that strengthen vaccination programs while addressing ethical considerations and public trust. Strengthening vaccination efforts in Indonesia and Malaysia is crucial in preventing outbreaks, reducing child mortality, and ensuring long-term public health resilience.

This study employs a qualitative legal research methodology, examining and analyzing legal frameworks, international treaties, and policy documents about mandatory childhood vaccination. The study utilizes data from various credible online sources, including governmental websites, organizational such as WHO and UNICEF's archives, legal case databases, and peer-reviewed scholarly journals. The primary reference is the CRC, supplemented by specific national legislation from countries that have enacted or discussed mandatory vaccination laws. The analysis employs a descriptive and thematic

methodology, focusing on essential legal and ethical principles, including the child's best interest, health, and developmental rights. Themes are discerned through meticulous analysis of legal texts, bolstered by pertinent scholarly interpretations and international human rights standards. The study incorporates comparative legal perspectives to evaluate how various jurisdictions navigate the equilibrium between public health imperatives and individual rights. The findings are corroborated by cross-referencing with authoritative institutional reports to improve reliability and contextual comprehension of the subject. This research depends on publicly accessible legal texts and secondary literature, which may not represent dynamic or unpublished interpretations across various national contexts. Due to its qualitative nature, the legal review did not elicit empirical data from stakeholders and practitioners.

A. Ethical Dilemmas of Mandatory Childhood Vaccination: A Global Debate

The ethical aspect of making vaccination mandatory for children revolves around balancing individual autonomy and the greater good of public health. Individual autonomy refers to the capacity and right of an individual to make informed decisions and act independently based on their own values, beliefs, and preferences, without undue influence or coercion from others. It is the freedom for individuals to govern themselves and exercise their own choices in various aspects of life, such as personal, medical, religious, and lifestyle decisions. Respecting individual autonomy is essential in many areas, including healthcare, law, and social interactions. It acknowledges that individuals have the right to make choices that affect their own lives, as long as those decisions do not harm others. For example, in medical ethics, informed consent is based on respecting the patient's autonomy, ensuring they have the right to decide on their medical treatment after receiving all necessary information. However, it is important to note that individual autonomy also comes with certain limitations, particularly when the decisions of an individual may harm others or go against established societal norms and laws. Balancing individual autonomy with the welfare and rights of others and the greater society is a complex aspect of

ethical considerations. Therefore, public health actions and measures must be taken to prioritize and protect the overall well-being and health of the entire population, rather than focusing solely on individual interests. It may involve implementing policies, interventions, and preventive measures to prevent and control the spread of diseases and improve the health outcomes of communities.[8]

For instance, the ethical dilemmas surrounding mandatory childhood vaccination in Indonesia and Malaysia are particularly significant due to the diverse socio-cultural landscapes and religious considerations. In Malaysia, vaccination programs are largely implemented through the National Immunization Program (NIP), which provides free vaccines. However, vaccine hesitancy among certain groups due to misinformation, distrust in healthcare institutions, and religious concerns has created ethical debates on whether vaccination should remain voluntary or be enforced through legal mandates. In some instances, discussions about financial penalties for vaccine refusal have sparked public debates on the extent of government intervention in personal healthcare decisions.[9]

Similarly, in Indonesia, childhood vaccination is part of the Expanded Program on Immunization (EPI), which aims to ensure universal vaccine coverage. However, ethical concerns arise due to the halal status of vaccines, religious objections, and accessibility issues in rural communities. The Indonesian government has attempted to enforce vaccination policies, such as requiring immunization for school enrollment. Still, pushback from religious and community groups highlights the tension between public health imperatives and personal freedoms. The legal enforcement of vaccination in Indonesia is further

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[8] Vergallo, G., and Di Luca, N. "Childhood Immunization: Mandate or Persuasion: European Lawmakers Have Opted for the Former. What About European Legislators?" *European Journal of Health Law* 25, no. 5 (2018): 573–586.

[9] Siti Fazilah Abdul Shukor, Nurul Jannah Mustafa Khan, and Farahdilah Ghazali, "Compulsory Vaccination for Children: Violation of Human Rights?" *UUM Journal of Legal Studies* 12, no. 2 (2021): 115–40, https://doi.org/10.32890/uumjls2021.12.2.6.

challenged by unequal healthcare access, where certain regions lack adequate facilities to ensure full vaccine coverage.[10]

Supporters of mandatory vaccination argue that it is ethically justified to protect vulnerable populations, prevent the spread of infectious diseases, and achieve herd immunity. Herd immunity, or community immunity, occurs when a significant proportion of a population becomes immune to a disease through vaccination or previous infection.[11] Advocates of mandatory vaccination view this effort as a means of fulfilling our collective responsibility to ensure the well-being and safety of society as a whole. From an ethical standpoint, mandatory vaccination is a justifiable limitation on individual autonomy. It is considered an acceptable restriction on personal freedom to prevent harm to others. By requiring vaccination for children, societies aim to minimize the risks and consequences of vaccine-preventable diseases, which can have severe health implications or even be life-threatening. Mandatory vaccination also aligns with the principle of justice. It aims to ensure fairness by safeguarding the rights and health of those unable to receive vaccines due to medical reasons or other limitations.[12] By maintaining high vaccination rates, mandatory policies help protect these vulnerable individuals, such as those with weakened immune systems or allergies.

However, opponents raise ethical concerns regarding mandatory vaccination, asserting it infringes individual rights, autonomy, and parental decision-making.[13] Critics argue that such policies can undermine personal freedoms by imposing medical interventions on

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[10] Ferry Efendi et al., "Factors Associated with Complete Immunizations Coverage among Indonesian Children Aged 12–23 Months," *Children and Youth Services Review* 108 (2020): 104651, https://doi.org/10.1016/j.childyouth.2019.104651.

[11] Hakim, H., Provencher, T., Chambers, C. T., Driedger, S. M., Dubé, E., Gavaruzzi, T., ... Witteman, H. O. "Interventions to Help People Understand Community Immunity: A Systematic Review." *Vaccine* 37, no. 2 (2019): 235–247. https://doi.org/10.1016/j.vaccine.2018.11.016.

[12] Chantler, T., Karafillakis, E., and Wilson, J. "Vaccination: Is There a Place for Penalties for Non-Compliance?" *Applied Health Economics and Health Policy* 17, no. 3 (2019): 265–271. https://doi.org/10.1007/s40258-019-00460-z.

[13] Devi, A., and Gosai, S. "Policy Analysis: Parental Rights on Vaccination – Right to be Educated." *Acta Pedagogia Asiana* 2, no. 2 (2023): 84–94. https://doi.org/10.53623/apga.v2i2.228.

individuals or families with philosophical, religious, or cultural objections to vaccination. For example, in Indonesia and Malaysia, some groups reject vaccination due to concerns over religious permissibility (*halal* status), while others view state intervention as an overreach into parental rights. Ethical concerns also arise when communities feel excluded from decision-making processes regarding vaccination, leading to resistance against mandates.[14] This ethical debate revolves around balancing individual liberties and public health outcomes. Critics argue that persuasion, education, and addressing vaccine concerns would be more ethically appropriate approaches, allowing individuals to make informed decisions about vaccination rather than mandating it.[15] Following that, some ethical considerations favor voluntary vaccination programs include promoting informed consent, respecting cultural or religious beliefs, and preserving individual freedoms. Critics advocate for robust public health campaigns that provide accurate information, address vaccine hesitancy, and encourage voluntary participation. Finding a balance between individual rights and public health can be challenging. Ethical discussions surrounding mandatory vaccination for children should involve autonomy, beneficence (promoting well-being), non-maleficence (avoiding harm), justice, and the best interests of both individuals, especially children in this context and the larger community.[16]

The 'best interest of children' principle is a fundamental concept enshrined in the United Nations Convention on the Rights of the

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[14] Norafisyah Makhdzir, Amira Rashid, Lee Siew Pien, and Noor Hanita Zaini, "Mothers' Knowledge on Immunization and the Commitment to Get Their Child Immunized in a Suburban Region of Selangor, Malaysia," *International Journal of Care Scholars* 7, no. 3 (2024): 76–84, https://doi.org/10.31436/ijcs.v7i3.375.

[15] Amin, A. N. E., Parra, M. T., Kim-Farley, R., and Fielding, J. E. "Ethical Issues Concerning Vaccination Requirements." *Public Health Reviews* 34, no. 1 (2012). https://doi.org/10.1007/bf03391666.

[16] Julie Leask et al., "Communicating with Parents about Vaccination: A Framework for Health Professionals," *BMC Pediatrics* 12 (2012): 154, https://doi.org/10.1186/1471-2431-12-154.

Child (CRC).[17] Article 3 of the CRC explicitly states that in all actions concerning children, the child's best interests shall be a primary consideration. This article emphasizes the importance of making decisions and implementing policies that benefit the child's physical, mental, and social well-being. Mandatory vaccination is related to the 'best interest of children' principle, which seeks to safeguard children's well-being and promote public health. In cases decided by the Court of Appeal in England and Wales, the court emphasized that the child's welfare is the court's primary concern, and all other considerations must be secondary. The court's decision must be based on a comprehensive evaluation of all relevant factors, ensuring that the child's safety, well-being, and development are the guiding principles in the judgment.[18] Based on the case of Troxel v Granville, the court mentioned the significance of protecting parental rights while ensuring that the child's best interest remains central in legal decisions impacting the child's well-being and development.[19] When parental rights clash with the 'best interest of children' principle, reference can be made to a landmark case, Prince v. Massachusetts.[20] The judgment reaffirmed the principle that while parental rights are essential and protected, they are not without limitations. The state is responsible for stepping in when a child's best interests are at risk, even if it involves curtailing certain parental decisions or actions that could harm the child's well-being. The case underscored the need to balance parental autonomy with the state's obligation to ensure the welfare and safety of children. As requiring vaccinations can prevent children from contracting serious and potentially life-threatening diseases, and in ensuring their overall health and development, it can be administered within the scope of this principle.[21]

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[17] United Nations General Assembly. "Convention on the Rights of the Child." *United Nations Treaty Series* 1577 (1989): 3. https://www.refworld.org/docid/3ae6b38f0.html [accessed 4 August 2023].

[18] *Oxfordshire County Council v M and another. 1994. [1994] 2 All ER 269*

[19] *Troxel v. Granville*, 530 U.S. 57 (2000).

[20] *Prince v. Massachusetts*, 321 U.S. 158 (1944).

[21] Obohwemu, K., F. Christie-de Jong, and J. Ling. "Parental Childhood Vaccine Hesitancy and Predicting Uptake of Vaccinations: A Systematic Review."

Besides that, by establishing herd immunity, mandatory vaccination protects vulnerable populations who cannot be vaccinated themselves, such as those with compromised immune systems. It also allows children to participate in educational and social activities safely. It is also important to highlight the principle of development rights, which can also be found in the same treaty. It asserts that all children have the right to conditions that support their physical, mental, social, and intellectual growth. It encompasses access to basic needs, quality education, protection from harm, opportunities for play, participation in decision-making, and equitable opportunities.[22] Development rights aim to empower children to reach their full potential and contribute positively to society by ensuring a nurturing environment. Ultimately, the ethical stance on mandatory vaccination for children is a complex and multifaceted issue, reflecting diverse perspectives on the state's role in public health, the extent of individual autonomy, and the collective responsibility to protect public welfare.

The legal concept of parens patriae grants the state the authority and responsibility to act as a parent or guardian for individuals who cannot care for themselves.[23] The state can intervene, ensuring their welfare and rights are protected.[24] This principle reflects the government's duty to safeguard citizens, especially the vulnerable, and underpins various protective measures. It applies in medical issues when individuals lack decision-making capacity, such as minors, mental health patients, incompetent adults, and during public health emergencies. In such situations, the state may make decisions for their well-being and health.[25] The principle of *parens patriae* emphasizes the collective

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Primary Health Care Research & Development 23 (November 4, 2022): e68. https://doi.org/10.1017/S1463423622000512.

[22] Alston, P. "The Best Interests Principle: Towards a Reconciliation of Culture and Human Rights." *International Journal of Law, Policy and the Family* 8, no. 1 (1994): 1–25. https://doi.org/10.1093/lawfam/8.1.1.

[23] Ratliff, J. "Parens Patriae: An Overview." *Tulane Law Review* 74, no. 6 (2000): 1847–1858.

[24] Douglas J. Opel et al., "Development of a Survey to Identify Vaccine-Hesitant Parents: The Parent Attitudes about Childhood Vaccines Survey," *Human Vaccines* 7, no. 4 (April 2011): 419–25, https://doi.org/10.4161/hv.7.4.14120.

[25] Griffith, D. B. "The Best Interests Standard: Comparison of the State's *Parens Patriae* Authority and Judicial Oversight in Best Interests Determinations for

societal responsibility to ensure the welfare and rights of those unable to protect themselves. However, the state's intervention should be guided by the individual's best interests, ensuring their rights are upheld while safeguarding their well-being and health. Legal processes and safeguards are often in place to ensure that the principle is used appropriately and, in a manner, consistent with established laws and ethical standards which may involve court proceedings, the appointment of legal guardians, or the involvement of medical ethics committees to ensure that decisions are made with due consideration of the individual's wishes, values, and best interests. Overall, the principle of *parens patriae*, when applied to medical issues, aims to protect and promote the health and welfare of vulnerable individuals while upholding their rights and dignity, and it is subject to careful legal and ethical considerations to ensure that the state's intervention is just and fair.

B. Preserving Children's Legal Rights to Health: Maximizing Development Potential

The well-being and potential of children are fundamentally dependent on their health. As the most susceptible individuals in society, children enjoy an inherent entitlement to obtain sufficient healthcare, as stipulated in the CRC. The adoption of the international treaty took place on November 20, 1989, signifying its status as an international human rights instrument. The recognition and protection of children's rights on a global scale marked a momentous achievement. The Convention on the Rights of the Child (CRC) delineates the entitlements of children in civil, political, economic, social, and cultural rights. It emphasizes safeguarding their best interests and safeguarding them from exploitation and abuse. The convention has garnered ratification from most of the United Nations (UN) member nations, establishing itself as the most extensively embraced pact on human rights in recorded history. The CRC has been pivotal in driving notable progress in child protection, education, healthcare, and participation. Its influence has been crucial in developing policies and programs aimed

Children and Incompetent Patients." *Issues in Law & Medicine* 7, no. 3 (1991): 283–338.

at enhancing the overall welfare of children on a worldwide scale. This section explores the importance of children's health as a fundamental right and its crucial role in promoting optimal life development.

Physical well-being is crucial to children's growth and development. Access to proper nutrition, routine check-ups, and timely immunizations is essential to maintaining children's physical health. Vaccinations protect children from deadly diseases and contribute to the prevention of long-term complications. Adequate nutrition, including access to balanced meals and clean water, ensures proper growth, brain development, and a strong immune system. Moreover, regular health assessments enable early detection and management of health issues, promoting optimal physical well-being. Article 24 of the CRC specifically addresses the right to health, stating that every child can enjoy the highest attainable standard of health and access healthcare services. This includes the right to a nutritious diet, clean drinking water, adequate sanitation, and access to healthcare facilities and services. The article also emphasizes the importance of preventive healthcare, healthcare education, and the prevention of diseases and malnutrition.

Other than that, children's mental health is equally vital as their physical health. A child's emotional well-being directly impacts their cognitive and social development. Consequently, mental health services should be readily available to address children's psychological needs. Accessible counselling, psychotherapy, and support services contribute to the prevention and early intervention of mental health disorders. Society lays the groundwork for their happiness, academic success, and interpersonal relationships by prioritizing children's mental health. While the CRC does not explicitly mention mental health as a separate right, it does encompass principles and provisions that indirectly address the well-being and rights of children regarding mental health.

Article 3 of the CRC states that in all actions concerning children, the child's best interests shall be a primary consideration. This principle can be interpreted as encompassing mental health since promoting and protecting mental well-being contributes to a child's

overall best interests.[26] Article 6 recognizes every child's inherent right to life, survival, and development. Mental health is essential to a child's development, and ensuring their psychological well-being is crucial to guaranteeing their overall well-being and life opportunities. Article 24 addresses the right to health, which can also be understood as encompassing mental health. The provision emphasizes the right to enjoy the highest attainable standard of health, including access to healthcare services, preventive care, and healthcare education. According to this article, mental health support and services can be considered part of the healthcare services children should access. Additionally, since mental well-being is closely linked to other rights in the CRC, such as the right to education and protection from abuse, neglect, and violence, addressing mental health issues becomes a necessary component of fulfilling these rights.[27] Therefore, while mental health is not explicitly mentioned as a separate right in the CRC, its principles and provisions can encompass the importance of ensuring children's mental well-being and rights, emphasizing their overall best interests and holistic development.

Ensuring children's health is not only about physical and mental well-being; it also involves safeguarding them from neglect and abuse. Children have the right to live in a safe and nurturing environment free from violence, neglect, and exploitation. Providing accessible healthcare services contributes to the early detection of potential abuse or neglect cases. Health professionals can act as advocates, intervening and protecting children from harm, ultimately creating an environment conducive to healthy development. Several articles in the CRC highlight the importance of preventing and addressing these issues. Article 19 of the CRC states that all children have the right to be protected from all forms of abuse, neglect, and exploitation. It obligates governments to take effective measures to prevent such acts and

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[26] Carlson, M. "Child Rights and Mental Health." *Child and Adolescent Psychiatric Clinics of North America* 10, no. 4 (2001): 825–839. https://doi.org/10.1016/s1056-4993(18)30033-6.

[27] Maskun, Nur Azisa, Muhammad Mutawalli Mukhlis, M. Aris Munandar, and Arnita Pratiwi Arifin. 2025. "Additional Criminal Revocation of Access to Online Communication Devices for Perpetrators of Electronic-Based Sexual Violence". *Indonesian Journal of Criminal Law Studies* 10 (2): 451-86.

respond to reports of abuse. The article further emphasizes the importance of creating a safe and protective environment for children. It highlights the need for effective intervention programs, support services, and recovery and reintegration measures for children who have been victims of neglect or abuse. Additionally, it recognizes the right of the child to be protected from any form of physical or mental violence, injury, or abuse, while in the care of parents, legal guardians, or any other person responsible for the child's care. Furthermore, Article 34 addresses the rights of children to be protected from all forms of sexual exploitation and abuse.[28] It calls upon governments to take appropriate administrative, legislative, and educational measures to protect children from such exploitation. Overall, the CRC places a strong emphasis on protecting children from neglect, abuse, and violence in any form.[29] It acknowledges the importance of providing a safe and nurturing environment for children's physical, emotional, and psychological well-being.

Finally, it is important to safeguard the rights to education and their life development. Children's health significantly influences their ability to access quality education and seize life opportunities. A healthy child is more likely to attend school regularly, concentrate in class, and actively engage in learning. Ensuring children's health, we equip them with the physical and mental capabilities to participate fully in educational experiences. Additionally, good health minimizes absences due to illness, enhancing academic achievement and long-term educational outcomes. Promoting children's health is, therefore, a catalyst for breaking the cycle of poverty and empowering them to reach their full potential.[30] Article 28 of the CRC recognizes the right of every child to education. It states that primary education should be free

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[28] Motliakh, Oleksandr I., Yevhen Korzh, Nadiia Stasiuk, Leonid Shcherbyna, and Yana Lutsenko. 2025. "Theoretical and Practical Issues of Sexual Crimes Against Children". *Indonesian Journal of Criminal Law Studies* 10 (2): 1015-48.

[29] Sandberg, K. "Children's Right to Protection under the CRC." In *Springer eBooks*, 15–38. 2018. https://doi.org/10.1007/978-3-319-94800-3_2.

[30] Kalnins, I., McQueen, D. V., Backett, K. C., Curtice, L., and Currie, C. "Children, Empowerment and Health Promotion: Some New Directions in Research and Practice." *Health Promotion International* 7, no. 1 (1992): 53–59. https://doi.org/10.1093/heapro/7.1.53.

and compulsory, and secondary education should be accessible and available to all. Furthermore, it highlights that education should be directed towards developing the child's personality, talents, mental and physical abilities to their fullest potential. In addition, Article 29 focuses on the goals of education. It emphasizes that education should aim to develop the child's personality, talents, and mental and physical abilities to their fullest potential. It also promotes tolerance, respect for others, and the child's preparation for a responsible life in a free society.

Besides that, other articles in the CRC protect the rights of children to have life opportunities. For example, Article 2 emphasizes the right to non-discrimination, stating that children are entitled to rights without discrimination. Next, Article 6 recognizes every child's inherent right to life, survival, and development. Article 23 highlights the right of children with disabilities to enjoy a full and decent life, in conditions that ensure their dignity and promote self-reliance. Lastly, Article 27 recognizes every child's right to a standard of living adequate for their physical, mental, spiritual, moral, and social development. Collectively, these provisions in the CRC aim to ensure that children have equal education opportunities and lead fulfilling lives. They emphasize the importance of providing the necessary resources, support, and opportunities for children to develop their full potential and live dignified lives.

Based on the above discussion, children's health is an undeniable and irrevocable right that directly influences their life development. Addressing children's health needs encompasses physical, mental, and emotional well-being, as well as protecting them from neglect and abuse. By providing comprehensive healthcare services, ensuring sufficient nutrition, and prioritizing mental health support, society guarantees a solid foundation for children's future success. Recognizing and fulfilling children's health rights creates a ripple effect, enabling them to thrive academically, socially, and emotionally, ultimately securing a brighter and more equitable future for all. Therefore, governments, communities, and individuals must invest in quality healthcare and preventive measures, acknowledging that a healthy child can better exercise and enjoy all their rights.

C. Current Global Children's Vaccination Trend

In mid-2021, the WHO and the United Nations International Children's Emergency Fund (UNICEF) reported a concerning trend of 23 million children missing basic vaccines in 2020, with a notable increase of 3.7 million compared to 2019. This drop was attributed to COVID-19 disruptions, including overwhelmed health systems, lockdowns, fear of exposure, and vaccine hesitancy. Shortages of health workers and disruptions in vaccine supply chains exacerbated the situation. However, there was a positive development in 2022, with the number of 'zero-dose children' improving to 14.3 million, nearing the pre-pandemic 2019 level. The pandemic's profound impact on routine immunization underscores the urgency of addressing vaccination gaps, reinforcing health systems, and promoting vaccine access to safeguard children's health globally. Monitoring and addressing disparities in immunization remain vital to prevent further setbacks in children's health and well-being.

Moreover, in the case of measles vaccination, it was reported that the first dose coverage stagnated at around 84%-85% from 2010 onward. This level is well below the 95% needed to prevent outbreaks, and even lower for the second dose at 71%. Several factors have been identified as contributing to the poor coverage seen in this context. These factors include vaccination reluctance, dissemination of misinformation, hurdles to accessing vaccines, strain on healthcare systems, exhaustion from previous outbreaks, religious or cultural views, and difficulties in reaching migrant and refugee groups. This stagnation in vaccination rates puts children at risk for diseases previously contained by vaccination programs. Furthermore, the WHO identified vaccination disruption as a global problem, not confined to regions with conflict or instability. Even high-income countries saw an uptick in children not receiving key immunizations. According to the most recent figures provided by the WHO, there has been an increase in the percentage of children who have received their first dose of the measles vaccination. Specifically, the proportion has risen from 81% in 2021 to 83% in 2022. However, it is essential to note that this figure remains below the level seen in 2019, which stood at 86%.

Based on estimates from the WHO and the UNICEF, the global immunization coverage was around 85% for the DTP3 (Diphtheria, Tetanus, Pertussis) vaccine in infancy in March 2023. The DTP3 vaccine is one of the most basic, essential vaccines for children and is often used to measure the overall success of a country's immunization program. However, the WHO states that vaccine coverage varies widely locally and nationally, with significant disparities within and between countries. It should also be noted that while 85% global immunization coverage is quite high; it still leaves millions of children who do not receive these life-saving vaccines.

Many developed countries, such as those within the European Union, Australia, Canada, the United States, New Zealand, etc., frequently show high immunization coverage levels, often above 90%. Conflict, socio-economic instability, and health infrastructure can greatly affect vaccination rates, which are constantly changing. For example, several conflict-affected countries, such as South Sudan and Somalia, have struggled with low immunization coverage. In other instances, countries with a large population living in hard-to-reach areas can also face challenges in achieving high immunization rates.

D. Mandatory Vaccination as an Effective Strategy for Realizing SDG 3

The UN approved the SDG 2030 in September 2015. It comprises a comprehensive framework of 17 objectives tackling societal, economic, and environmental issues. These goals encompass critical areas such as poverty alleviation, hunger eradication, education enhancement, promotion of gender equality, and mitigation of climate change. The SDG 2030 provides a comprehensive framework for guiding global development endeavors until 2030. SDG 3, propagated by the UN, pledges to 'ensure healthy lives and promote well-being for all ages.' This ambitious goal intricately encompasses various health targets, from reducing maternal and child mortality to combating numerous communicable and non-communicable diseases, fostering mental health, and strengthening universal health coverage. Pertaining to child health, the spotlight invariably falls on the facet of mandatory immunization, which has a direct correlation with several of the SDG 3

targets. Vaccines have a long-standing conqueror's history, vanquishing morbid diseases ranging from smallpox and polio to the eradication of measles in certain geographical regions. They are undeniably one of humanity's most potent weapons against disease.

Target 3.2 of SDG 3 aims to curtail the preventable mortality of newborns and children who are under the age of five. Vaccination features prominently in this pursuit, presenting a bulwark against preventable diseases such as pertussis, measles, mumps, polio, diphtheria, and pneumonia that historically claimed countless children's lives. With the systematic introduction and widespread acceptance of vaccines, a significant dent has been made in child mortality rates over the decades. An adjunct target, 3.3, seeks to halt the proliferation and ultimately phase out the epidemics of communicable diseases. Vaccines shine brightly here, as immunization programs have transformed diseases like polio and measles from fearsome foes into ghosts of the medical past in many parts of the world. Target 3.8 presses towards a vision of achieving universal health coverage. It anticipates a future where there exists unhindered access to quality healthcare services, including essential medications and vaccines that are safe, effective, affordable, and of assured quality. Mandatory vaccination policies dovetail intimately with this aim. They introduce an egalitarian standard that offers every child, regardless of background, the democratic right to arm their immune systems against predatory diseases.

Mandatory vaccinations can be an effective tool for realizing SDG 3. Firstly, they can dramatically reduce disease prevalence. By enforcing a general populace's vaccination, we increase herd immunity, limiting the spread of infectious diseases.[31] This is especially important for protecting vulnerable populations such as children, older people, and individuals with impaired immunity. Secondly, mandatory vaccination policies drive the creation and improvement of healthcare infrastructures that ensure everyone, including those in resource-limited

[31] Cheng, F. K. "Debate on Mandatory COVID-19 Vaccination." *Ethics, Medicine, and Public Health* 21 (2022): 100761. https://doi.org/10.1016/j.jemep.2022.100761.

and hard-to-reach areas, has access to vaccines. This supports the objective of universal health coverage under SDG 3.

Thirdly, mandatory vaccinations could lower mortality rates among pregnant women and children. Many deaths in these demographics arise from diseases easily preventable via timely vaccination. Moreover, mandatory vaccinations offer a financially sustainable pathway towards universal health coverage. Preventing diseases through vaccinations is far more cost-effective than the subsequent treatment if left unchecked. This approach also promotes research into vaccines for new diseases, giving us a chance to fight against evolving global health threats. Lastly, the use of vaccines can aid in combating antimicrobial resistance.[32] Vaccines can prevent the occurrence and spread of diseases, reduce the need for antibiotics, and slow the development of antibiotic resistance.

However, implementing mandatory vaccination isn't without challenges. It raises ethical, legal, and socio-cultural issues that require careful navigation. When mandating vaccinations, a clear communication strategy should be employed to educate the public about the safety and effectiveness of vaccines. Potential exemptions could also be considered under specific conditions to respect human rights and personal beliefs. In short, while mandatory vaccinations could be a potent and cost-effective strategy for realizing SDG 3, it must be enforced with sensitivity to individual rights and cultural contexts.

E. Immunization Agenda 2030: Implementing a New Global Immunization Strategy

Immunization Agenda 2030 (IA2030) is a global strategy launched in 2020 by the WHO and partners. It aims to build on the achievements of the Global Vaccine Action Plan (GVAP) and the Decade of Vaccines (2011-2020). GVAP and the Decade of Vaccines are interconnected initiatives focused on improving coverage and access to vaccines globally. IA2030 specifically seeks to accelerate equitable

[32] Micoli, F., Bagnoli, F., Rappuoli, R., and Serruto, D. "The Role of Vaccines in Combatting Antimicrobial Resistance." *Nature Reviews Microbiology* 19, no. 5 (2021): 287–302. https://doi.org/10.1038/s41579-020-00506-3.

access to vaccines, strengthen health systems, and improve vaccination coverage. It envisions a world where everyone can access life-saving vaccines regardless of location or circumstances to protect against vaccine-preventable diseases. The strategy focuses on addressing immunization challenges and ensuring vaccination efforts contribute to achieving SDG 2030. The essential elements of Immunization Agenda 2030 (IA2030) encompass various critical aspects of immunization, including:

1. Equity and Access: IA2030 emphasizes ensuring equitable access to vaccines for all individuals, irrespective of their geographic location or socio-economic status. This entails addressing disparities and reaching underserved populations to ensure universal coverage.
2. Quality and Safety: Maintaining the highest vaccine quality, safety, and efficacy standards is crucial to instill public confidence in vaccination programs. Strict adherence to quality assurance measures ensures the effectiveness of vaccines in preventing diseases.
3. Immunization Systems: Strengthening health systems is vital to enhance the delivery of immunization services. This includes optimizing vaccine supply chains, training healthcare workers, and improving data management for better program implementation.
4. Innovation and Research: Promoting research and development for new and improved vaccines is essential to address emerging diseases and improve vaccine effectiveness, ensuring better protection against preventable illnesses.
5. Advocacy and Partnership: Encouraging political commitment, advocacy, and collaboration among governments, international organizations, civil society, and private sector stakeholders is key to mobilizing resources and support for immunization initiatives.
6. Sustainable Financing: Securing sustainable funding is critical to ensuring immunization programs' long-term success and continuity and enabling consistent vaccine access.
7. Monitoring and Evaluation: Establishing robust monitoring and evaluation mechanisms enables tracking immunization progress, identifying challenges, and making informed decisions to achieve vaccination goals effectively.

Based on these core components of IA2030, it did not explicitly mention or advocate for mandatory vaccination. Clearly, it meant to strengthen global immunization efforts, protecting communities from vaccine-preventable diseases and contributing to overall public health and well-being in various ways. The IA2030 is designed to support and reinforce national immunization programs, considering the different contexts and approaches that countries adopt based on their specific circumstances. The strategy emphasizes the importance of political commitment, advocacy, and partnership among various stakeholders to achieve its goals. Even though IA2030 does not explicitly advocate for or against mandatory vaccination policies, it emphasizes the utmost importance of vaccination for children. One of the primary objectives is to ensure equitable access to vaccines, including prioritizing vaccinations for children.

Recommendation

Mandatory vaccination underpinned by comprehensive legislation can strongly support children's developmental rights and contribute significantly to SDG 2030. Clearly defined laws are essential, outlining vaccination requirements, exemption clauses, and penalties. Such laws should address lower vaccine adoption areas while balancing parental rights and cultural diversity. Collaborations with rights groups and child welfare organizations can help create legislation that genuinely protects children's rights. California's SB277 law, introduced after a major measles outbreak at Disneyland in 2014, is an excellent example of laws supporting mandatory vaccination. The law removed personal belief exemptions, allowing only medical exemptions for children entering schools, and greatly improved vaccination rates in the state. In creating such legislation, the state worked closely with health professionals and educational authorities to ensure the regulation was comprehensive and respected children's rights.

Accessibility and affordability play a significant role in advancing broad-based vaccination programs. Ensuring equitable vaccine distribution irrespective of socio-economic status or geographical location is paramount. Governments and NGOs may offer free or subsidized vaccines, deploy mobile vaccination clinics, and facilitate

school-based vaccination drives to promote inclusion. A robust investment in healthcare infrastructure can foster a far-reaching impact of these programs, benefiting children from all walks of life. For instance, in Brazil, the Unified Health System (SUS) provides free immunization for children, effectively increasing the vaccination rate, benefiting even those in remote and underprivileged regions. Furthermore, introducing a mobile vaccination clinic in rural India under the Universal Immunization Program (UIP) ensures higher coverage and vaccine accessibility. Vaccinations provided in schools under programs like HPV vaccination campaigns in Australia have also been highly successful.

Addressing misinformation contributing to vaccine hesitancy or outright refusal is another critical aspect. Governments could collaborate with health professionals, community leaders, educators, and media influencers to communicate pertinent, accurate, and clear vaccine information. Educational initiatives may emphasize the benefits of vaccination, counter misinformation, and highlight the potential health risks of non-vaccination. Sharing regular updates on vaccination drives can enhance public confidence in these initiatives. The WHO, UNICEF, and GVAP have been working to communicate accurate information about vaccines. To spread the message, they use diverse platforms, including traditional media, social media, and in-person educational sessions at health centers. An example is the Measles & Rubella Initiative, which, apart from its vaccination efforts, aims to ensure parents understand the importance of these vaccines through an extensive communication campaign. In Pakistan, polio vaccination efforts include local influencers and religious leaders to combat misinformation and promote the acceptance of vaccines in communities.

Ultimately, informed consent and strict adherence to mandatory vaccination can help reach sustainable development targets and protect children. Thus, worldwide national and international policy-making bodies should adopt a multifaceted approach, including comprehensive legislation, improved accessibility, affordability, and extensive communication, to achieve full vaccination coverage and protect children's rights.

Conclusion

In conclusion, the imperative to safeguard children's developmental rights, particularly their right to health, underscores the necessity of mandatory vaccination programs. Vaccines serve as a primary bulwark against infectious diseases, many of which can profoundly impair children's comprehensive physiological, cognitive, and emotional development, leading to profound and enduring health consequences. The implementation of compulsory vaccinations, therefore, ensures children's developmental potential isn't curtailed by preventable illnesses. The role of vaccination goes beyond just individual rights and health. It fits the broader scope of social responsibility and sustainable development envisaged in the SDG 2030. Specifically, SDG 3 emphasizes promoting wellbeing and ensuring healthy lives for all ages. Achieving this goal requires significant strides in healthcare, epitomized by disease prevention, child mortality reduction, and the promotion of universal healthcare coverage. As proponents of this cause, vaccines prove undeniably cardinal in achieving SDG 3. Making them mandatory makes us closer to attaining this quintessential goal. Furthermore, the criticisms, apprehensions, and vaccination misconceptions must be addressed strategically. Education, awareness, scientific data, and factual advocacy should supplant unfounded fears, misinformation, and pervasive myths. This would aid not only in promoting acceptance of vaccination but also in realizing its universality. Therefore, mandatory vaccination is not just about enforcing a health protocol; it is fundamentally about securing our children's potential and future. These findings suggest that policy efforts should focus on integrating mandatory vaccination into national child welfare and public health strategies. Strengthening legal frameworks and community-based advocacy may enhance compliance, protect children's rights, and contribute to long-term societal resilience. These policies are integral accelerants underpinning their developmental trajectory and our collective journey toward the ultimate sustainability frontier. Their enforcement simultaneously fosters individual health and fuels societal growth. Consequently, safeguarding children's developmental rights through mandatory vaccination is a

critical healthcare action, a potent societal tool, and an inextricable part of our shared future.

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