

United Nations • Educational, Scientific and • Cultural Organization •

Improving education, health and wellbeing for children and young people

Joanna HERAT, UNESCO 17 May 2018







Improving young people's health, well-being and quality education



> The SDGs on Health, Quality Education and Gender Equality









> **EU commitments** to Gender Equality, Human Rights, SRHR and CSE

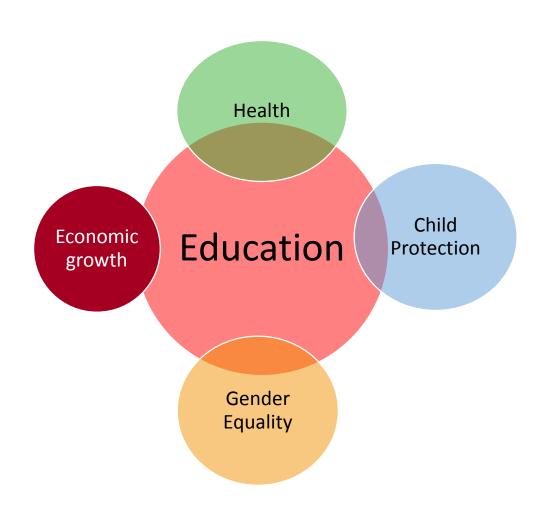


➤ **UN technical support** for young people's rights, education, health and well-being





Intersections at the heart of the SDG Agenda

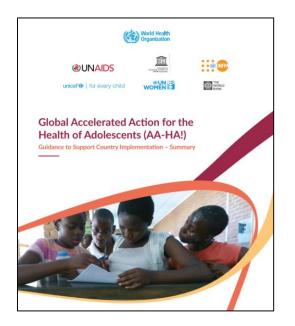


Education increasingly recognised as a foundational component of any successful intervention on health, gender equality, child protection... and more...

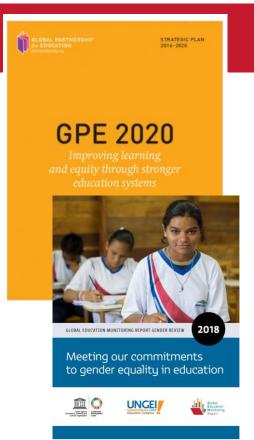




Global Frameworks and Guidance



Global Accelerated Action for the Health of Adolescents (AA-HA!): UN Guidance to Support Country Implementation "Keeping girls in school and ensuring they can learn in a safe and supportive environment leads to many benefits for girls themselves, their families, their communities and societies."



Improved sexual and reproductive health requires comprehensive approaches





INSPIRE: Seven Strategies for Ending Violence Against Children





Education implies a whole-school approach: more than « information » or « content »

Trained teachers, supportive policies & school learning environment



Correct **knowledge**, positive **attitudes**, **values** and analytical life-skills, to make informed choices & critical reflection



Social, emotional learning and development improve **educational results** & other outcomes





Life skills and social emotional learning – essential for quality education



- Encourages participatory, inclusive learning environment and pedagogy, active reflection and collaborative learning processes between students and teachers.
- Develops **positive values**, **behaviours** and **non-discriminatory norms** -generates a **supportive learning culture in schools**.
- Enhances students' social and emotional skills, critical thinking, classroom behavior, school attachment and improves educational results, especially for disadvantaged students.
- Contributes to targets on equity of access (4.1 and 4.3); eliminating gender disparity (4.5); skills acquisition (4.4); functional literacy (4.6); and (4.7) on sustainable development skills, knowledge, lifestyles, gender equality, human rights, culture of peace and non-violence.

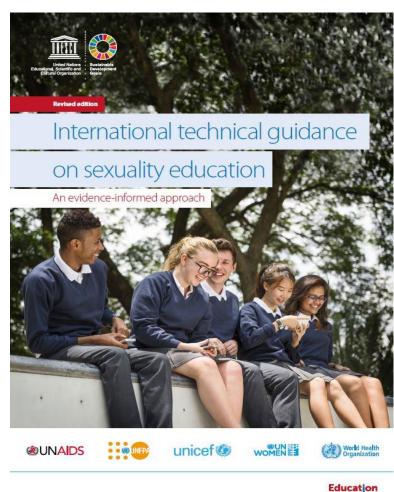




Comprehensive Sexuality Education

Revised edition 2018

- Evidence-base for sexuality education
- Key Concepts, Topics & Learning
 Objectives for age 5-18+
- Key characteristics of effective CSE
- Addressing common concerns or misconceptions









How does the revised ITGSE support young people's needs?



Prepares them for a safe, productive, fulfilling life in a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other sexually transmitted infections (STIs) still pose serious risks to their health and well-being.



Presents sexuality with a positive approach, emphasizing values such as respect, acceptance, tolerance, non-discrimination, equality, empathy, responsibility and reciprocity.



Provides age-appropriate and phased education about human rights, gender equality, relationships, reproduction, sexual behaviors risks and prevention of ill health









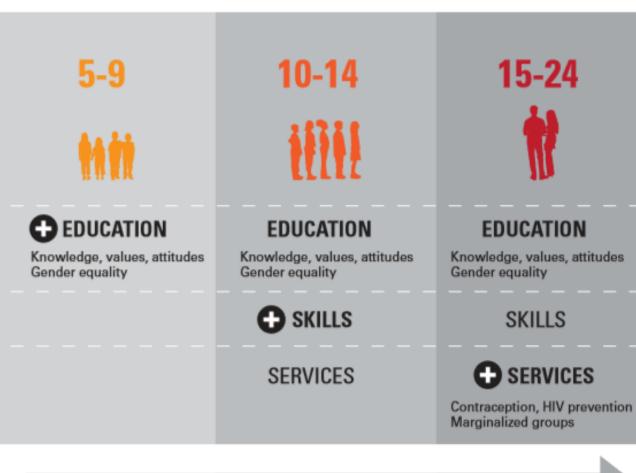
What is (CSE) – a new definition



A curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality.

It aims to equips children and young people knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own wellbeing and that of others; and, understand and ensure the protection of their rights throughout their lives.

UNESCO EDUCATION SECTOR



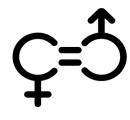








Gender at the heart of CSE – a transformational approach



✓ Builds awareness of how gender norms are shaped by cultural social and biological differences and similarities



 Encourages critical thinking on gender norms that influence inequality, gender-based violence and discrimination



- Encourages equitable relationships based on respectful, sexual choices free from coercion and violence.
- ✓ Recommends an approach that recognises gender diversity





Example of inter-sectoral collaboration



EASTERN & SOUTHERN AFRICA MINISTERIAL COMMITMENT *ICASA, DEC 2013*

Ministers of Health and Education from 20 countries in Eastern and Southern Africa endorsed and affirmed their country's commitment to improve sexuality education and sexual and reproductive health for young people by 2020

ESA COMMITMENT TARGETS

2015 targets



A good quality CSE curriculum framework is in place and being implemented in each of the 20 countries.



Pre- and in-service SRH and CSE training for teachers, health and social workers is in place and being implemented in all 20 countries.



By the end of 2015, decrease by 50% the number of adolescents and young people who do not have access to equitable, accessible, acceptable, appropriate and effective youth-friendly SRH services, including HIV.

2020 targets



Consolidate recent and hard-won gains in the reduction of HIV prevalence in ESA, and push towards eliminating all new HIV infections among adolescents and young people aged 10-24.



Increase to 95% the number of adolescents and young people aged 10-24 who demonstrate comprehensive HIV prevention knowledge levels.



Reduce early and unintended pregnancies among young people by 75%.



Eliminate gender-based violence and child marriage



Increase the number of schools and teacher training institutions that provide CSE to 75%

Regional Accountability Framework

Impact/outcome	Baseline status ²			Target		Progress 2017				
	Regional baseline	Country	baselines	Regional target 2017	Regional target 2020	Regional data	List of countries reaching target ³	List of countries behind schedule ⁴	Data sources	Comments/ Notes
Eliminating new HIV infections	amongst ad	dolescents a	nd young pe	ople aged 1	0-24					
Number of new HIV infections among adolescent girls and boys (15-19) and young women and men (20-24)	430,000 (UNAIDS 2013 estimates)	AGO (8,000) BWA (6,000) BDI (4,300) DRC (?) ETH (?) KEN (42,000) LSO (9,400) MDG (?) MWI (26,000) MUS (?) (Source: Ui	MOZ (49,000) NAM (2,000) SYC (7) ZAF (160,000) SSD (7) SWZ (5,600) TZA (40,000) UGA (46,000) ZMB (27,000) ZWE (22,000) NICEF 2011)	Reduction by 50% (to specify according to baseline data	Reduction by 75% (to specify according to baseline data)				UNAIDS Spectrum	Not certain if UNAIDS Spectrum would provide this kind of data – need to check with them.
% of young men and women aged 15–24 who both correctly identify 3 ways of preventing the sexual transmission of HIV and who reject 2 major misconceptions about HIV transmission	35/41 (Source: 2014 SOWC Report)	AGO (25/32) BWA - BDI (45/47) DRC (15/?) ETH (24/34) KEN (47/55) LSO (39/29) MDG (23/26) MWI (42/45) MUS (6/?) (Source: 2014 3	MOZ (30/52) NAM (65/62) SYC - ZAF - SSD (10/7) SWZ (59/54) TZA (48/43) UGA (38/40) ZMB (38/41) ZWE (52/47)	Increase to 75% (to specify according to baseline data	Increase to 95% (to specify according to baseline data)				GARPR 1.1	Data refer to most recent year available during 2008- 2012, disaggregated by "female/male"
Promoting gender equality and em	powerment	11	,	·	'	'			'	•
Percentage of women 15-19 who have begun childbearing	Birth by age 18: 27% (Source: 2014 SOWC Report)	AGO (28.6/2007) BWA (28.4/1998) BDI (9.6/2010) DRC (23.8/2007) ETH (12.4/2011) KEN (17.7/2009) LSO (19.6/2009) MDG (31.7/2009) MWI (25.6/2011) MUS (?)	SYC (?) ZAF (16.0/1998) SSD (?) SWZ (22.6/2007) TZA (22.8/2010) UGA (23.8/2011)	Reduction by 50% (to specify according to baseline data)	Reduction by 75% (to specify according to baseline data)				DHS	Data refer to most recent year available during 2007- 2011, with exception of BWA and ZAF (1998)
Percentage of women aged 15- 24 who believe that wife beating is justified for at least one of the 5 specified reasons	Among adolescents (2005-2012): 45% males/ 54% females (Source: 2014 SOWC Report)	AGO (?) BWA (?) BDI (25.0 - 61.7) DRC (28.2 - 55.5) ETH (38.6 - 51.8) KEN (13.4 - 41.7) LSO (?) MDG (6.0 - 28.2) MWI (4.5 - 7.4) MUS (?)	NAM (?) SYC (?) ZAF (?) SSD SWZ (?) MOZ (6.4 – 12.3) ZMB (32.9 –43.1)	Reduction by 50% (to specify according to baseline data)	Reduction by 75% (to specify according to baseline data)				DHS	(Two figures given for each country: lowest – highest by any of the 5 specific reasons in the DHS questionnaire)

ESA Commitment partners

















































Acknowledging the generous support of:















Opportunities to increase our impact by working across vertical boundaries

To effectively support the healthy transition of all young people from childhood to adulthood, we need investment in coordinated efforts that put the young person at the centre and takes a holistic view of their needs; providing education, information, services and support that cut across our development silos.











Thank you

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en.unesco.org/themes/education-21st-century

UNESCO EDUCATION SECTOR 18







The health situation for young people

- In some parts of the world, two out of three girls reported having no idea of what was happening to them when they began menstruating.
- Pregnancy and childbirth complications are the second cause of death among 15 to 19 year olds with approximately 70,000 adolescents affected annually.
- Child, early and forced marriage is a risk factor approximately 90 per cent of births to teenage mothers in developing countries occurs within marriage.
- Every year, an estimated 246 million children are subject to some form of GBV, including mistreatment, bullying, psychological abuse and sexual harassment in or on the way to school.
- Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or other forced sexual acts or any other form of intimate partner violence at some point in their lives.
- Globally, only 34 per cent of young people can demonstrate accurate knowledge about HIV prevention and transmission.





Source: Global Health Estimates 2015: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2015. Geneva, World Health Organization; 2016.





Changing unequal gender norms



➤ Data shows that in several countries, around 30-40 % girls aged 15-19 years, think that a husband/partner is justified hitting or beating his wife or partner, for at least one of the following reasons:

If she burns the food; Argues with him; Goes out without telling him; Neglecting the children; Refuses sexual relations.



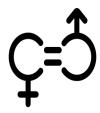
➤ **Gender unequal norms** are deeply ingrained and widespread across the world. These norms start taking shape at early age and should also be addressed and changed from early age.

Figure 2: Adolescents' attitudes, Justifying violence against women who think that a husband/partner is justified in hitting or beating his who think that a husband/partner is justified in hitting or beating his wife or partner for at least one of the following reasons: if she burns wife or partner for at least one of the following reasons: if she burns the food, if she argues with him, if she goes out without telling him, if the food, if she argues with him, if she goes out without telling him, if epared for the IAP by Nicole Petrowski and Claudia Cappa, Data Analytic Section, Division of Data, Research and Policy, UNICE





CSE - building skills for gender equality



✓ Builds awareness of how gender norms are shaped by cultural social and biological differences and similarities



✓ Encourages critical thinking on gender norms that influence inequality, gender-based violence and discrimination



✓ Encourages equitable relationships based on respectful, sexual choices free from coercion and violence



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Health and education are intertwined

The reciprocal relationship between health and education is well-established

Positive outcomes



Negative outcomes



Anaemia, enrolment, attendance



Dropout, grade's repeating



Lifetime, immunization, attendance



I.Q. points





Why starting at primary school?

Dropouts increase with the school level, especially for young girls Learners dropping out sooner are more exposed to risks and need to be prepared It is easier to impact the behaviours and norms

- Among the youngest
- Before they start having a sexual life

The risks of abuse, of gender-based violence and unwanted pregnancies exist at primary school

Exposure to "explicit contents" starts younger and younger

The awakening of sexuality is a process that starts before adolescence



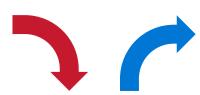




Liens entre l'ECS et la réponse aux VGMS



Réponse aux VGMS Environnement sécuritaire et inclusif favorable à l'enseignement et à l'apprentissage



Education complète à la sexualité Connaissances, attitudes et compétences pour une vie sociale et sexuelle plus saine, épanouissante et respectueuse