

BRIEF

1



Building strong foundations

What is foundational education
for health and well-being?

This publication is part of a set of four briefs under the banner of *Building strong foundations*.

The other briefs are:

Brief 2: *What to teach for foundational education for health and well-being* (ISBN 978-92-3-100677-7)

Brief 3: *How to include the whole school in foundational education for health and well-being* (ISBN 978-92-3-100678-4)

Brief 4: *How to put foundational education for health and well-being into practice* (ISBN 978-92-3-100679-1)

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Brighter futures through education for health and well-being

In a rapidly changing world, establishing strong foundations for children is vital for their well-being and resilience. Quality education is central to this endeavour and is the key to lifelong health and success. Recognizing that children thrive in the classroom when they are in good health, it is crucial to learn about health and well-being early on in primary schools.

The *Building strong foundations* briefs, developed jointly by UNESCO and UNICEF, provide evidence-based guidance to support primary school-aged children to thrive through foundational education for health and well-being. Drawing from extensive research and consultations with leading experts from various fields and across the world, these briefs serve as a roadmap for education stakeholders to equip learners with the requisite knowledge and skills to navigate their current and future health and well-being needs.

This document is the first of four briefs. It provides an overview of the essential role that primary schools play in enhancing health and well-being. The document outlines what foundational refers to, why it is important for health and education, and how it contributes to paving the way for healthier, inclusive and thriving societies. The brief shares compelling evidence and case studies to distill six essential elements for an effective whole-school approach to health and well-being.

The life stage of
5 to 12 years
presents a unique
developmental window
of opportunity



unesco

"Since wars begin in the minds of men and women it is in the minds of men and women that the defences of peace must be constructed"

Building strong foundations

What is foundational education
for health and well-being?

Foreword

Education has the power to transform the lives of children and young people. And it starts with healthy, happy and safe learners.

With many more children now in primary school, learning about health and well-being at this level is an opportunity to advance our children's education, health and futures – building strong foundations for healthier, safer and more informed transitions into adolescence and adulthood.

Providing education on health, well-being and social relations in an age- and developmentally appropriate manner early on is crucial. It helps prevent violence and abuse, prepare children for the changes brought by puberty, foster gender equitable attitudes, improve social and emotional skills, and promote healthy relationships. The most effective way to improve health and enhance learning outcomes is to ensure close cooperation between schools, teachers, families and communities.

Curriculum-based learning on health and well-being in primary schools not only helps children acquire knowledge and skills on these topics, but also promotes safe and inclusive learning environments and fosters connections with out-of-school services and non-formal learning.

Under the banner of *Building strong foundations*, UNESCO and UNICEF have co-published four technical briefs that provide evidence-based guidance to better conceptualize and prioritize education for health and well-being, supporting children in primary schools to thrive throughout their lives. The briefs describe what foundational education for health and well-being is, how to design content, how to involve the whole school and how to put this work into practice in the classroom.

Building strong foundations demonstrates our unwavering commitment and support for the education and the health of children and young adolescents aged 5-12 through quality foundational education for health and well-being. Our hope is that these resources will be helpful for ongoing and collective efforts to achieve Sustainable Development Goals (SDGs) 3, 4 and 5 on health, quality education and gender equality.

UNESCO and UNICEF join efforts to signal the importance of helping every child build strong foundations early on, to understand their rights, learn better and lead healthy and thriving lives.



Stefania Giannini

Assistant Director-General
for Education
UNESCO

A handwritten signature in black ink, appearing to read 'Stefania Giannini'.



Robert Jenkins

Global Director,
Education and Adolescent
Development
UNICEF

A handwritten signature in black ink, appearing to read 'Robert Jenkins'.

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Acronyms

AIDS	Acquired immunodeficiency syndrome
CASEL	Collaborative for academic, social, and emotional learning
CSE	Comprehensive sexuality education
FAO	Food and Agriculture Organization
FEHW	Foundational education for health and well-being
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (German Corporation for International Cooperation)
HIV	Human immunodeficiency virus
SDGs	Sustainable Development Goals
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

Background

Children and adolescents who receive a quality education are more likely to be healthy. Likewise, children and adolescents who are healthy are better able to learn. The most effective education for health and well-being starts early and builds progressively as learners mature. Primary school foundational education for health and well-being (FEHW) programmes, tailored to learners' developmental stages and diverse needs, are critical to lay the groundwork for children and very young adolescents to experience healthy, fulfilling lives.

UNESCO led a consultative process over two years, under the banner of *Building strong foundations*, to create guidance for strengthening FEHW in primary schools. The process began with a literature review, followed by regional online consultations with around 215 stakeholders. Next, a global meeting was held, attended by 60 experts from diverse countries and sectors. The findings and recommendations of the *Building strong foundations* consultations are summarized in this set of four briefs, produced by UNESCO in partnership with UNICEF. The briefs offer guidance for ministries of education, curriculum developers, policy-makers, school management, educators and other stakeholders to plan, design and deliver quality FEHW in primary schools.

Building strong foundations briefs

Brief 1:

What is foundational education for health and well-being?

Brief 2:

What to teach in foundational education for health and well-being

Brief 3:

How to involve the whole school in foundational education for health and well-being

Brief 4:

How to put foundational education for health and well-being into practice

Introduction

No education system is effective unless it promotes the health and well-being of its students, staff and community.

– WHO and UNESCO, 2021a

Primary school education is paramount for children's development and fulfilment. Not only does it equip children with basic literacy and numeracy skills, but it also lays the foundation for health, well-being and social development. During primary school years, learners become more aware of their emotions. They start to understand their own identities and gain awareness of their bodies. They form relationships and begin to recognize gender roles. This transformative phase of life offers a unique window of opportunity for schools to lay the foundations for healthy, bright and thriving futures.

This brief provides an overview of the essential role that primary schools can play in improving health and well-being, and why it is important to deliver foundational education for health and well-being to learners aged 5-12.



Note

The average age of learners in primary school globally is 5 to 12. In some education systems, the standard age for entering primary school may be later than 5. Also, in some contexts, children may start school later than the standard entry age for various reasons. The term **primary school-aged learners** is used in this brief to account for such variations. The needs and capacities of learners vary across their primary school-aged years. Brief 2 in this series uses the age groupings of 5 to 8 and 9 to 12 to reflect this variance and recommend age-appropriate curriculum content.



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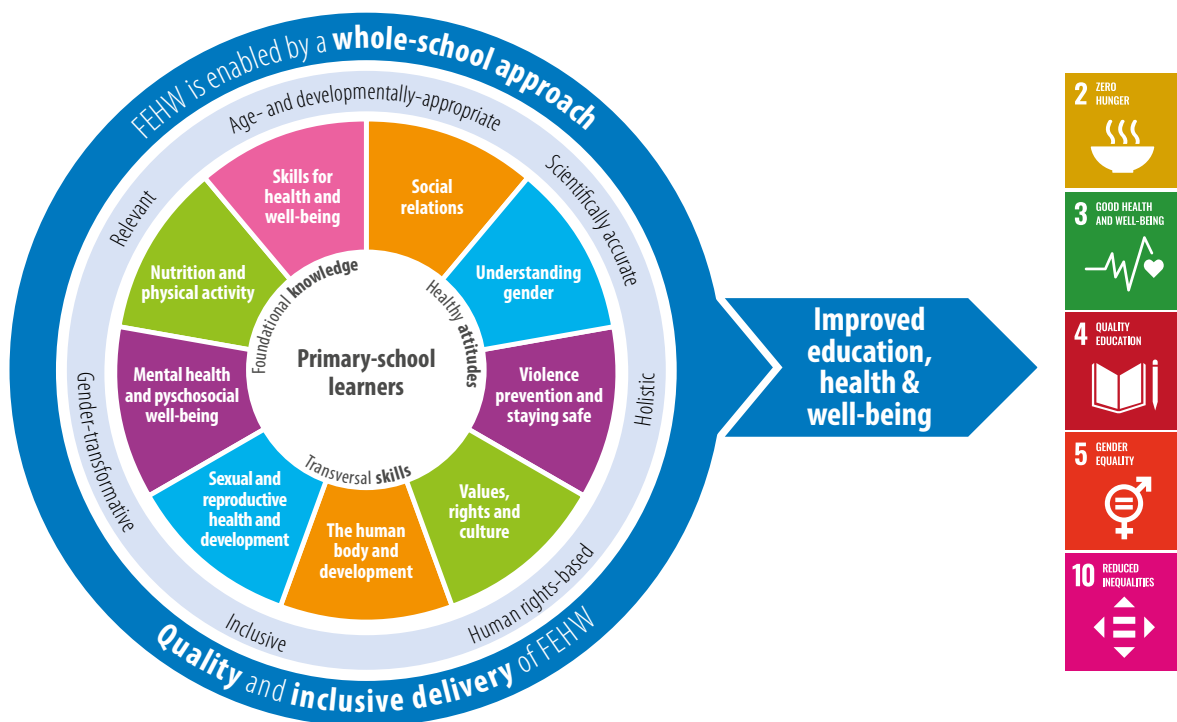
What is foundational education for health and well-being?

Foundational education for health and well-being (FEHW) refers to the **building blocks of knowledge, attitudes and skills that enable younger learners to navigate their current and future health and well-being needs.** This is an umbrella term that covers a variety of existing education programmes promoting health and well-being at primary schools (see box on page 6). Such programmes include life-skills education, social and emotional learning, comprehensive sexuality education, violence prevention education, physical education and nutrition education, among others.

The term FEHW does not seek to replace the terms used for existing health and well-being education programmes. Rather, the intention is to highlight common goals and objectives across a variety of primary school health and well-being education programmes, with the aim of promoting a more holistic and coordinated approach.

The figure below illustrates a conceptual framework for FEHW and how it supports children and young adolescents ages 5 to 12 to thrive.

Figure 1. Framework for foundational education for health and well-being (FEHW)



Children and very young adolescents are at the heart of FEHW. Good quality FEHW programmes respond to their diverse needs and realities. These programmes address the three main domains of learning: knowledge, attitudes and skills.

The way in which FEHW is integrated into curricula will vary according to the context and country. At times it might be a stand-alone subject, other times it might be integrated into carrier subjects. FEHW might also be supported by co-curricular programmes.

The content of FEHW programmes should respond to the health, social and epidemiological context, as well as the specific determinants of health that affect primary school-aged learners. **Nine key concepts**¹ have been identified as particularly vital for FEHW:

1. Skills for health and well-being
2. Social relations
3. Understanding gender
4. Violence prevention and staying safe
5. Values, rights and culture
6. The human body and development
7. Sexual and reproductive health and development
8. Mental health and psychosocial well-being
9. Nutrition and physical activity

Good quality FEHW curricula are underpinned by the following principles: age- and developmentally-appropriate, scientifically accurate, holistic, human rights-based, inclusive, gender-transformative and relevant to the context and culture (UNESCO *et al.*, 2018; UNICEF, 2019).

FEHW is most effective when delivered as part of a **whole-school approach to health and well-being**. This means that the health and well-being curriculum is positioned within an ecosystem that includes supportive school management, safe and healthy school environments, engagement with parents and communities, linkages with child- and adolescent-responsive health and social services and well-trained and supported teachers. Good quality FEHW is delivered through learner-centred pedagogical approaches, accompanied by appropriate teaching and learning materials and is inclusive of learners in all of their diversity.

An enabling policy environment is also important for the success of FEHW. This implies integrating health and well-being into education sector policies, plans, strategies and resource allocations. Positioning health and well-being as a priority within the formal primary school curriculum is critical.



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¹ The nine thematic concepts are based on UNESCO's *International technical guidance on sexuality education*, which itself is a result of a global consensus process with diverse experts; additional key concepts were identified through the *Building strong foundations* consultative process.

Educational programmes that fall under foundational education for health and well-being

FEHW is an umbrella term that refers to a variety of curriculum-based education approaches and programmes that contribute to primary school learners' health and well-being. Below is a list of some of the education programmes that can fall under FEHW. These programmes take different forms based on context.

- **Social and emotional learning** is the process of acquiring the competencies to recognise and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions and handle challenging situations effectively. It is a holistic process of learning that more explicitly links the cognitive with the social and emotional aspects of learning towards supporting student well-being, academic attainment, active global citizenship and peacebuilding (UNESCO, 2024).
- **Life skills education** supports learners to develop skills, such as communication, assertiveness, self-awareness, decision-making, problem-solving and critical and creative thinking, while also equipping learners with appropriate knowledge about risks and protective factors (Nasheeda *et al.*, 2019). Life skills education supports learners to make healthy life choices and helps protect them from risky situations and behaviours. It can also include a focus on skills for future employment or entrepreneurship.
- **Comprehensive sexuality education (CSE)** is a "curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality" (UNESCO *et al.*, 2018). The United Nations *International technical guidance on sexuality education* recommends offering incremental, scientifically accurate and age- and developmentally-appropriate CSE to learners ages 5 and above. Depending on the country, CSE may be called other names, such as family life education, reproductive health education, healthy lifestyles education or HIV education, among others.
- **Violence prevention education (including bullying prevention)** teaches learners about safe behaviour and how to protect themselves from different forms of violence and abuse. It equips learners with skills to identify, prevent and respond to violence. It challenges and transforms social, cultural and gender norms that perpetuate violence and addresses other key risk factors that contribute to violence (such as alcohol, drugs and low academic achievement) (WHO, 2019).
- **Physical education** is an educational discipline that promotes physical fitness, health and overall well-being through physical activities and exercises. UNESCO promotes inclusive and quality physical education that fuses physical, mental and social and emotional learning domains (UNESCO, 2021a).
- **Nutrition education** encourages and empowers learners and their communities to take ownership of their eating habits and food choices, and to become agents of change in local food systems (FAO, 2020).

In some contexts, there may be other educational programmes that contribute to FEHW. For example, creative arts education contributes to creativity, exploring self-expression and boosting self-esteem – all of which are important for health and well-being. Another example is global citizenship education, which teaches learners about their rights as citizens, fosters empathy and builds an understanding of diversity. In addition, topics related to health and well-being are often included into disciplines such as science and languages.



Why deliver foundational education for health and well-being to primary school-aged children?

The importance of delivering primary school FEHW stems from three main imperatives:

1. Primary school-aged children are navigating a life stage of significant growth and development.
2. Primary school-aged children have a range of important physical and mental health and well-being needs.
3. Primary school-aged children are rights holders. Their rights and protections should be fulfilled in accordance with their age and stages of development.

Developmental potential of primary school-aged children

The life stage of ages 5 to 12 presents a unique developmental window of opportunity. While each child and adolescent in this age group will experience an individual developmental path, influenced by their context, background, vulnerabilities and strengths, in general terms, they all share a rich potential for physical, cognitive and social development during this life phase (UNICEF Office of Research-Innocenti, 2017). Education plays a key role in supporting learners during this phase of development.

The table below provides a summary of the general cognitive, neurological, social-emotional and physical development potential of primary school-aged children.

Developmental potential of primary school-aged learners	
Cognitive development	<ul style="list-style-type: none"> ● Increased memory, concentration and attention span. ● Greater capacity for abstract thoughts. ● Greater body and emotional awareness. ● Capacity for intellectual growth and development of literacy and numeracy skills. ● Improved capacity to regulate thoughts and actions, even in the presence of competing stimuli. ● Progressive increase in independent decision-making.
Neurological development	<ul style="list-style-type: none"> ● Brain function becomes more refined through active synaptic pruning (removing connections that are no longer needed). Fewer and more select brain regions are activated for specific tasks, responding selectively to the same stimuli. ● A deeper feeling and sense of emotions, including shame, love, insecurity and defiance. ● Between ages 8 and 14, pubertal hormonal changes play a critical role in reorganizing neural circuitry, with a particular impact on processing emotions, risks, rewards and social relationships.
Social and emotional development	<ul style="list-style-type: none"> ● Increased awareness and control of one's emotions. ● Greater capacity to consider other people's feelings and points of view. ● Increased control over one's behaviour. ● Greater capacity to analyse rules and judge right from wrong. ● Increased importance of peer influence and social acceptance, particularly from age 9. Family influence may become less meaningful.² ● Greater influence of self-esteem, body image and body esteem. In some cases, this may contribute to mental health challenges. ● Increased understanding of stereotypes. ● Increased understanding of gender roles and gender self-identification.
Physical development	<ul style="list-style-type: none"> ● Rapid gain of strength and muscle coordination. ● Improved motor skills, including precision and purposefulness of physical movement. ● Between ages 8 and 14, the onset of puberty creates a cascade of hormonal changes that lead to physical changes, including in the reproductive system. Different implications arise for boys and girls (for instance, menstrual health for girls).

Source: Based on Healthwise Staff, 2021; Hennegan *et al.*, 2019; Ibitoye *et al.* 2017; Morris *et al.*, 2022; Siyanova-Chanturia *et al.*, 2015; UNICEF Office of Research Innocenti, 2017.

² During this period, children tend to move into expanding roles and environments, progressively spending more time away from the family and taking on new responsibilities within social networks and community structures. This is a gradual process: children ages 3 to 8 start identifying their friends as an important source of information, but that does not necessarily translate into the need to feel more independent from their families.

Important health and well-being determinants and needs of primary school-aged children

Health is not simply the absence of illness. It is a state of physical, mental and social well-being in which individuals can thrive. Well-being is influenced by the interplay of physical, psychological, cognitive, emotional and social factors. The following five domains have been identified as being important for well-being: good health and optimal nutrition; connectedness, positive values and contribution to society; safety and a supportive environment; learning, competence, education, skills and employability; and agency and resilience (Ross *et al.*, 2020). The period of life during primary school is when children can build strong foundations for this holistic understanding of health and well-being.

Children and very young adolescents are affected by several age-specific determinants of health and have specific health and well-being needs, as listed below.

- Puberty (and menarche).** Puberty is a universal experience with wide-ranging effects on physical, mental and social health and well-being. It is a time of significant physical and hormonal changes that introduces new health and nutrition needs. For girls, the onset of menstruation (which is occurring at earlier ages than in previous generations) creates menstrual health needs. Puberty is also often a time of increased emotional stress. In addition, social roles change during puberty, especially for girls (Coast *et al.*, 2019).
- Violence, including bullying.** Peer relationships are essential for social well-being. However, in some cases these relationships involve violence—including gender-based violence, bullying, cyberbullying and forms of online violence. Globally, almost one in three young learners has been bullied by their peers at school at least once in the last month and/or has been physically attacked at least once in the past year (UNESCO *et al.*, 2021). Peer violence can contribute to poorer mental health and symptoms of anxiety and depression (WHO *et al.*, 2023a). Gender-based violence (such as sexual violence or abuse and early and child marriage), especially for girls, may intensify as children reach puberty.
- Gender norms and stereotypes.** Gender norms refer to commonly accepted attributes and characteristics of girls, boys, women and men for a specific community or society, and at a particular point in time. Gender norms and gender stereotypes influence the health and well-being of children and impact the health risks for girls and boys differently (Mmari *et al.*, 2021). Studies show that by age 5 children already understand their gender identity and gendered socialization intensifies throughout childhood and adolescence (UNICEF, 2023b).
- Mental health.** There is increasing recognition that children and very young adolescents around the globe are affected by stress and anxiety, which can have consequences for their mental health. In addition, negative experiences during childhood, such as trauma, isolation and chronic medical conditions, among others, can contribute to depression and other mental health issues in adolescence and later in life. This can disrupt learner growth and development (Başgöze *et al.*, 2021; WHO *et al.*, 2023a).
- Nutrition and physical activity.** Healthy diets and physical activity are essential for children's growth and development. Unhealthy diets and insufficient physical activity are associated with increased rates of anxiety, depression, inattention and chronic health conditions (WHO *et al.*, 2023b; WHO *et al.*, 2023c). Around 29% of children globally do not receive the minimum dietary diversity (UNICEF, 2021a) and most learners are not sufficiently active due to poor access to safe spaces, cost of facilities and equipment, weather conditions, competing academic demands and social and gender norms.
- Use of digital tools.** Children make up an estimated one-third of internet users worldwide (UNICEF Office of Research-Innocenti, 2023). More than 175,000 children go online for the first time every day (UNICEF, 2023a), which can enhance children's social connections, support education and boost their creativity (Haleem *et al.*, 2022). However, while moderate use of digital technology can be beneficial for children, excessive or insufficient use can have negative impacts on mental health (UNESCO, 2023b; Kardefelt-Winther, 2017). The use of digital technology also exposes children and adolescents to online violence, including cyberbullying and online sexual exploitation and abuse, inappropriate content for their ages, and risks related to the confidentiality and protection of personal data.

In addition, certain groups of children and adolescents have distinct health and well-being needs, including those listed below.

- Children and adolescents with disabilities.** Specific health and well-being needs may exist for young learners with disabilities depending on the nature of their impairment. Teachers, health care workers, social workers and caregivers need to be equipped with the required knowledge and skills to provide responsive care to learners with disabilities in the school setting (UNICEF, 2021*b*). This may include the use of assistive technologies, rehabilitation, mobility and communication aids, adjusted school hours, longer rest times and specialists accompanying classroom-based teaching, among others (UNICEF, 2021*b*; WHO and UNICEF, 2023). When school systems fail to make education appropriate and inclusive for learners with disabilities it results in significant barriers to school attendance and participation.
- Children and adolescents living with HIV.** It is important for FEHW to be designed assuming that any primary school class may include learners living with HIV. Children and adolescents living with HIV may or may not be aware of their HIV status. Schools can support parents and caregivers to share this information appropriately with the children in their care. Learners on antiretroviral treatment may need additional nutritional support and a private space to take their medications. School policies on confidentiality, anti-discrimination and bullying should integrate HIV to ensure learners' rights to privacy, dignity and safety (UNESCO, 2021*b*).
- Children and adolescents in humanitarian settings.** Almost one in three children in the world live in a conflict-affected area. In humanitarian and protracted crisis settings, children and adolescents are exposed to heightened health and well-being risks, which can include exposure to violence, limited access to health care, reduced access to water and sanitation, disruptions to food supplies, and school closures. Rates of violence against children, including sexual violence, increase in humanitarian settings.

Human rights and child protection

All children and adolescents are human rights holders. This is affirmed by the United Nations *Convention on the Rights of the Child* and other international human rights frameworks and instruments. Children's fundamental human rights include, among others, the right to health, education, protection and play (United Nations, 1989). A central principle of children's rights is the concept of evolving capacities, which recognizes that as children progressively acquire more competencies, their need for protection should be balanced with their capacity for participation and agency.



What is the role of foundational education for health and well-being in primary schools?

Education and health are closely connected. Children and young people who receive a good quality education are more likely to be healthy, and likewise those who are healthy are better able to learn. These connections became more evident during the COVID-19 pandemic, which prevented many children from attending school. Consequences on health and well-being during this time included worsening nutrition, increased experiences of gender-based violence and violence in the home and increased mental health challenges (such as anxiety and stress, among other issues) (WHO and UNESCO, 2021b).

FEHW contributes to making every school a safe and healthy space for learning, growing and thriving. In many ways, primary schools are second homes for children; schools are where they grow up, learn, make friends, hope for the future and try to fulfil their potential (WHO and UNESCO, 2021a). Primary schools are well-positioned as settings for learners to seek information, advice and support and to develop skills to address health concerns (WHO and UNESCO, 2021b).

Despite the crucial role of schools in health and well-being, several gaps remain. For instance, only 72 of 142 countries (51%) reporting to the World Health Organization (WHO) Mental Health Atlas provide school-based mental health programmes (WHO, 2020). Despite the high prevalence of school violence and bullying globally, including school-related gender-based violence, coverage of school-based violence prevention programmes is low (UNESCO, 2019a). Also, while 85% of 155 countries in a recent UNESCO survey reported having policies or laws in place for sexuality education, only 48 countries (31%) reported having policies in place for the delivery of age-appropriate education for health and well-being at the primary school level. Even when strong policy and legal frameworks exist, the implementation of these policies is often limited. Insufficient teacher training and support, limited space in the curriculum, a lack of teaching and learning materials and the perceived sensitivity of some health issues are common bottlenecks that negatively affect health and well-being education programmes in schools.



What are the benefits of foundational education for health and well-being?

A growing body of evidence from diverse sectors and geographies shows that FEHW is vital for building strong foundations during childhood and early adolescence. FEHW is a key component of school health at primary schools and can result in various education, health, and well-being outcomes for individuals and communities (UNESCO *et al.*, 2023). This in turn, contributes to achieving sustainable development, particularly Sustainable Development Goals (SDGs) 3 Good health and well-being, SDG 4 Quality education, SDG 5 Gender equality and SDG 2 Zero hunger.

Improved education outcomes

FEHW directly contributes to ‘foundational learning’, defined as basic literacy, numeracy and transferable skills that are required for life-long learning (World Bank, 2023). FEHW supports learners to develop transferable skills that are vital for foundational learning, such as decision-making, social-emotional skills, communication skills, critical thinking and problem-solving skills, among others.

Foundational education for health and well-being can also address health issues known to interfere with school attendance and learning, such as anxiety, malnutrition, diarrhoeal diseases and menstrual health problems, among others (WHO and UNESCO, 2021*b*). In addition, FEHW serves as a protective factor associated with a reduced likelihood of early and unintended pregnancies, HIV infection and gender-based violence—all of which contribute to school drop-out and poor education outcomes (UNESCO *et al.*, 2018).

FEHW, particularly social-emotional learning, has demonstrated positive effects on levels of school functioning, which is reflected in learners’ grades, test scores, attendance and homework completion (CASEL, 2023). Supporting children’s healthy development and emotional well-being enhances their ability to concentrate and retain knowledge, allowing them to engage more effectively in learning. It also fosters positive relationships with teachers and peers, leading to more enriching educational experiences.

Child protection and the prevention of violence and abuse

Schools have a vital role in ending violence against children. **FEHW can equip learners with knowledge, skills and attitudes to prevent and respond to violence.** Child protection and violence prevention and response require coordinated multi-sectoral strategies. When FEHW is delivered through a whole-school approach, multiple stakeholders are engaged to create safe learning environments that contribute to reducing violence in and around schools.

Evidence from two large meta-analyses indicates that school-based education programmes addressing violence against children have been successful in reducing violence, including bullying (Gaffney *et al.*, 2019; Fraguas *et al.*, 2021). School-based prevention education addressing online violence against children has also been shown to be effective in preventing cyberbullying (WHO, 2022).

School-based sexuality education (which falls under the umbrella of FEHW) contributes to positive results in violence prevention, ranging from improved knowledge, attitudes and reporting of violence to actual decreases in victimization and perpetration (Goldfarb and Lieberman, 2021). School-based programming for younger learners has also shown promise in addressing child sexual abuse. Research from Ireland, the United Kingdom and the United States, for example, shows that sex abuse prevention programmes for children as young as five years old yield a range of outcomes, such as improved self-protective skills, knowledge of ‘safe touch’, and self-esteem (Goldfarb and Lieberman, 2021; Brown, 2016).

Improved health and well-being

FEHW increases the health literacy of primary school-aged learners. Health literacy refers to the knowledge, personal skills, confidence and agency to take action to improve personal and community health. FEHW supports learners to acquire knowledge about their bodies and health-related topics, while also developing skills such as critical thinking, decision-making, communication and how to seek support. Improved health literacy contributes to the adoption of healthy behaviours and lifestyles, the prevention of health and well-being related risks and the promotion of optimal health and well-being. This, in turn, contributes to improved mental, emotional and physical health outcomes.

Some examples of positive outcomes associated with FEHW include:

- Improved knowledge and understanding about the menstrual cycle and how to manage menstruation contributes to improved menstrual health and can decrease urogenital infections. It can also contribute to earlier diagnosis of menstrual irregularities, including dysmenorrhea and abnormal uterine bleeding (Chandra-Mouli and Patel, 2017).
- Equipping children with knowledge on body development, puberty, menstruation and the physical, social and emotional changes from childhood to adolescence prior to the onset of puberty has been linked to lower levels of stress and higher self-efficacy (Long *et al.*, 2022).³
- The knowledge gained from health and well-being education at primary school can contribute to preventing major causes of morbidity later in life (UNESCO, 2023a). For instance, knowledge on the importance of healthy eating and physical exercise can prevent future mortality and morbidity related to cardiovascular and other diseases.

- Evidence from social and emotional learning programmes, particularly in school settings, shows a link to decreased emotional distress, more positive attitudes about the self and others, fewer externalizing behaviours and discipline problems, enhanced coping skills, resiliency and emotion identification, increased sense of safety and support, better relationships with teachers and stronger feelings of belonging and inclusiveness in schools (CASEL, 2023).
- Age-appropriate school-based CSE has been shown to be effective in increasing accurate knowledge, promoting positive attitudes and values and developing skills to make informed choices according to children's evolving capacities. This, in turn, can contribute to sexual and reproductive health benefits later in life, including delaying sexual debut, reducing the number of sexual partners and reducing unprotected sex, unintended pregnancy, sexually transmitted infections and HIV (Goldfarb and Lieberman, 2021; UNESCO, 2022). Substantial evidence supports that sexuality education is most effective when begun at primary school before sexual activity begins.

Healthy interpersonal relationships and pro-social behaviours

Healthy and respectful social relations are essential for individual and societal well-being and success. Many forms of FEHW, including social and emotional learning and life skills education, have been shown to promote the development of mutually reinforcing pro-social behaviours, such as kindness, sharing and empathy, that lead to enhanced social interactions, improved learner attitudes towards school and reduction of depression and stress (Beadle *et al.*, 2021; Durlak *et al.*, 2011). Evidence also shows that FEHW programmes contribute to increased self-esteem, an improved understanding of gender and gender norms, and enhanced parent-child communication (Goldfarb and Lieberman, 2021).

Good quality FEHW programmes include a strong focus on developing transferrable life skills, such as effective communication, problem resolution, assertiveness, critical thinking and expressing values such as equity, compassion, solidarity, tolerance and respect. These skills contribute to preventing all forms of violence—including bullying and discrimination—and foster positive attitudes towards inclusion and recognition of diversity.

³ "Increases in self-efficacy were primarily driven by girls' confidence in their ability to track their period from month to month, feelings that they could still do well on an exam if they had their period at school, and security that they could ask a friend to lend them a pad if they needed one" (Long *et al.*, 2022).

Gender equality

Studies including the *Global Early Adolescent Study* show that the internalization of gender concepts, norms and biases begins early in life (Chandra-Mouli *et al.*, 2017; Siyanova-Chanturia *et al.*, 2015). This early gender socialization has wide ranging ramifications including in relation to the experience, use or acceptance of gendered violence. Two-thirds of kindergarten teachers observed that children aged 1 to 6 already talk about gender and gender roles weekly or monthly; for example, what a man and a woman can do or what is appropriate for them to do (Cacciatore *et al.*, 2020). This offers an important rationale to incorporate understanding of gender as a core part of primary school curricula. Given the formative time of socialization and learning, evidence also suggests that the **early grades are the best time to introduce learning related to gender equality, gender identity and expression and social justice** (Goldfarb and Lieberman, 2021).

Education can contribute to the empowerment of learners by challenging and changing unequal power dynamics and addressing practices, norms and expectations that prevent boys and girls, women and men from realizing their full potential (UNESCO, 2019b). Through FEHW, younger learners can learn to identify practices within their communities and families that create barriers or unequal opportunities for children and adults based on their gender. FEHW programmes in particular can support girls' self-recognition as rights holders and empower them to challenge inequitable norms and stereotypes that undermine their aspirations, such as child marriage and female genital mutilation, among others.

FEHW plays a role in stimulating critical thinking and other social and emotional competencies among young learners about gender norms (Chandra-Mouli *et al.*, 2017). By engaging in participatory age-appropriate learning activities, younger learners can develop positive attitudes and behavioural intentions towards gender equality, diversity, consent and the right to bodily autonomy (UNESCO, 2022).

Evidence shows that FEHW programmes that explicitly address concepts of gender and power dynamics are more effective at achieving health outcomes, especially for sexual and reproductive health, than programmes that omit these themes (Haberland, 2015).

Active civic engagement for sustainable development

Through FEHW, learners develop skills strongly linked to agency and global citizenship, including self-awareness, social awareness, self-management and responsible decision-making. These and other transferable skills formed during childhood can support long-term civic participation and empower learners to work together towards solutions for a more just, inclusive and equitable world (CASEL, 2021).

FEHW enhances knowledge and skills that support younger learners' engagement in social transformation at an individual, community, national and global level (UNESCO, n.d.). For instance, FEHW includes content that helps children understand their values and culture, their rights and the rights of others. This can help children to gradually find their voice and become active citizens who are able to engage on local, regional and global issues that affect their lives, such as inequality, harmful practices, health and well-being, climate change, migration, gender-based discrimination and violence, among others (UNICEF, 2019).



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Case studies

1

Respectful Relationships Education in Australia

In 2015, the Australian non-profit Our Watch created the *Respectful Relationships Education* toolkit and piloted, in collaboration with the government, a whole-school approach in primary and secondary schools in Victoria and Queensland States. The toolkit was used to guide schools and teachers to promote gender equality and create school cultures based on respectful relationships, including leading teachers to reflect on their own gender biases and stereotypes.

The toolkit drew on a transformational programme developed by the Victorian Government Department of Education and Training called *Building Respectful Relationships: Stepping out against gender-based violence*. It is structured on seven core elements: 1) address the drivers of gender-based violence; 2) take a whole-school approach to change; 3) support the change by developing a professional learning strategy and providing ongoing professional learning; 4) use age-appropriate curriculum that addresses the drivers of gender-based violence; 5) sustain and commit to the change by having a long-term vision, approach and funding; 6) support the programme with cross-sectoral collaboration and coordination; and 7) evaluate the programme for continuous improvement.

According to Our Watch (2021), 'respectful relationships education is a holistic approach to school-based, primary prevention of gender-based violence that aims to comprehensively address the drivers of violence and create a future free from it.'

An evaluation of the programme conducted between 2019 and 2021 found that close to 2000 schools across the country, including all government schools, had made use of the toolkit, reaching over 30,000 teachers and school staff as well as 3500 early childhood educators. Student self-reporting showed positive outcomes including improved social-emotional skills, increased empathy and understanding of respectful relationships, and better preparedness to approach teachers and to engage in sensitive conversations. Over 70% of teachers reported feeling well supported to deliver the curriculum and to implement the whole-school approach, including responding to disclosures of family violence.

Our Watch recognized that it is important to engage learners as early as possible with age-appropriate content on respectful relationships to prevent various forms of violence. Topics such as healthy sexuality, sexual and gender identity, and how to identify and address gender-based violence were recognised as important for respectful relationships education. Our Watch recommends engaging stakeholders in a participatory process to design course content.

Source: Based on Our Watch, 2021; Pftzner *et al.*, 2022; Victoria State Government, n.d.

2

Primary school health in the Republic of South Africa

The Republic of South Africa's *Integrated School Health Programme* aims to improve learners' health, well-being and education outcomes through providing a package of essential school-based primary health services alongside the delivery of curriculum-based life skills education.

The programme provides a comprehensive package of health services addressing not only barriers to learning, but also other conditions that contribute to morbidity and mortality in childhood and adulthood. The package includes screening at various developmental stages for early detection of health conditions, such as vision, hearing, oral health, speech problems and tuberculosis. Screenings start in reception and Grade 1. They are offered again in Grades 4, 8 and 10, while learners in other grades are screened on a needs basis. The programme also includes school-based health services, such as physical and nutritional assessment, deworming, immunization, psychosocial support and, for older learners, linkages to sexual and reproductive health services. These health services are offered on a voluntary basis and consent is required from parents or caregivers. The programme is jointly implemented with the Ministries of Health and Social Development, operating within the *Care and Support for Teaching and Learning Framework*. This framework is used by the Department of Education to promote a unified and coordinated approach to all care and support initiatives conducted in and through schools.

Curriculum-based life skills education is also delivered in schools with the aim of equipping learners with knowledge, skills and values that assist them to achieve their full physical, intellectual, personal, emotional and social potential. For reception to Grade 2, this includes basic learning on topics such as body parts, families, feelings and food types, among other topics. In Grades 4 – 6 learning progresses to address respect for own and others' bodies, understanding and coping with emotions, dealing with conflict, peer pressure, bullying, personal hygiene, healthy eating, basic facts on HIV and AIDS, an introduction to sexual and reproductive health, and problem solving, among other topics.

The *Integrated School Health Programme* is overseen by a national body focused on health, education and social development within the Ministry of Education and operates through national office across nine provinces. School-based teams support coordinate access to school health nurses and facilitate referrals to other healthcare services when needed.

Key factors contributing to the programme's success include political commitment, a supportive national policy framework, community involvement and consistent monitoring of health indicators. However, challenges persist, such as limited financial resources, a shortage of school nurses and school social workers, deficiencies in follow-up care, inadequate collaboration between national, provincial and district education bodies, insufficiently trained teachers and disparities between urban and rural areas.

Source: Based on Department of Basic Education, 2011a; Department of Basic Education, 2011b; UNESCO *et al.*, 2023; WHO and UNESCO, 2021a.

3

ChildFund's Education for Protection and Well-being Program Model in Sierra Leone, the Gambia, Uganda, the Philippines and Sri Lanka

ChildFund International's *Education for Protection and Well-being Program Model* aims to reduce violence experienced by children ages 6 – 12 and create physically, emotionally and physiologically healthy environments for children's well-being and learning. The programme model draws from a cognitive and behavioural skills training for teachers and caregivers called *Thousands of Hands* (Miles de Manos) that was previously developed by the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ); the ministries of education from El Salvador, Guatemala, Honduras and Nicaragua; and clinical psychologists and prevention scientists from the University of Oregon and the University of Washington. ChildFund's programme model combines *Thousands of Hands* with social-emotional learning and self-protection activities for children.

In this programme model, schools are an entry point to the community to support the development of positive behavioural patterns, social-emotional skills and attitudes to reduce violence.

The project targets four stakeholder groups.

1. **Children:** The programme reinforces social and emotional learning and self-protection skills and competencies in children, while protecting them against violence through class activities and a comic book called 'Protecting yourself and your friends'.
2. **Caregivers:** The programme enhances positive parenting skills, engagement in school, social-emotional skills, parent-child relationships and equips caregivers with knowledge and skills to reduce high-risk behaviours that contribute to violence at home and in school.
3. **Educators:** The programme strengthens their capacity to guide students in their skills development, enhance classroom management and improve teacher-student relationships and social-emotional skills of teachers.
4. **Bridges:** The programme unites educators and caregivers to build family-school partnerships and promote holistic well-being of children.

Qualitative evaluation findings with teachers and caregivers in Sierra Leone suggest that the project generated improvements in child protection, teacher and caregiver social-emotional skills (communication and emotional regulation), children's social-emotional skills (conflict resolution and self-awareness) and knowledge about strategies to keep themselves and others safe. Teachers reported reduced corporal punishment and increased use of positive reinforcement and child-focused classroom management strategies. Caregivers reported engaging in more positive parenting behaviours (e.g., clear communication, modeling, positive reinforcement, reduced corporal punishment, increased supervision and monitoring), which led to improved parent-child relationships and a more nurturing home environment. Caregivers and teachers reported improved relationships between them, improved teacher-student relationships, and increased student attendance.

Source: Based on ChildFund International, 2022; ChildFund International, 2023; UNESCO, 2023a.

4

Growing Up GREAT! in the Democratic Republic of the Congo

Growing Up GREAT! is a scalable multi-level intervention to improve sexual and reproductive health and gender equity among very young adolescents ages 10 to 14 and the adults in their lives. It addresses the spheres of influence that most affect early adolescent life experiences — individual, family, school, community. Save the Children implemented the intervention in partnership with eight local civil society organisations, in Kinshasa, Democratic Republic of the Congo. Targeting five different audiences, the intervention encourages reflection and dialogue through community peer group engagement to build more equitable gender norms that support adolescent development and well-being, as described below.

Very young adolescents were reached using a gender-transformative, age-tailored toolkit (focusing on improved knowledge, attitudes and behaviours around sexual and reproductive health as well as reflection and dialogue with peers and parents through games, stories and books on puberty).

Parents and caregivers were brought together to view and discuss testimonial videos demonstrating positive parenting behaviours, including talking about puberty with their children and treating sons and daughters equally.

Teachers were supported through orientation training and provision of *Growing Up GREAT!* materials to use during classroom-based Family Life Education.

Health service providers were supported to facilitate puberty sessions and host adolescents in their facilities.

Community members were reached through playing a fun, interactive game, to spark dialogue to promote gender-equitable expectations for adolescents.

An evaluation of *Growing Up GREAT!* showed promising results, including:

- *Growing Up GREAT!* successfully increased important components of sexual and reproductive health knowledge, including understanding of pregnancy risk and awareness of where to access condoms and contraception.
- The intervention improved positive relationships with caregivers through improved sexual and reproductive health communication, especially among young (aged 10 to 12) and out-of-school adolescents. This contributed to greater sexual and reproductive health preparedness.
- The intervention led to increased communication between very young adolescents and trusted adults about menstruation, sexual relationships and contraception, increased gender equality in the household and decreased peer teasing and bullying.
- The programme reduced inequalities by helping out-of-school adolescents catch up to in-school adolescent knowledge levels in the intervention group.

Source: Based on Gayles *et al.*, 2023; Save the Children, 2017, UNESCO, 2023a.

For further information, see: www.growingupgreat.org/resources/.

5

A holistic response to primary school learners' health and education needs in Timor-Leste

From 2018-2023, the *HATUTAN* programme – *Hahán ne'ebé Atu fó Tulun ho Nutrisaun no Edukasaun* (Food to Support Nutrition and Education) was carried out in Timor-Leste with two main objectives: (1) to increase literacy among school-aged children and (2) to improve health and nutrition in schools and communities. The Ministry of Education, Youth, and Sports was the lead government partner, in collaboration with the Ministry of Health, the Ministry of State Administration, the Ministry of Agriculture and Fisheries. The programme was implemented by a consortium led by Care International together with Mercy Corps and Water Aid, with funding from the United States Department of Agriculture.

The programme's baseline study highlighted that food insecurity, a lack of health and nutrition knowledge and inadequate school infrastructure negatively affected school attendance, student attentiveness and learning.

To tackle these challenges, *HATUTAN* partners implemented various strategies to enhance Timor-Leste's school feeding programme and literacy education. These strategies included capacity-building in managing and delivering the school-feeding programme; training sessions for teachers, school administrators and parents on topics such as nutrition, health and gender; provision of school feeding commodities and literacy teaching materials; support for extracurricular activities; and fostering collaboration among schools, communities and local farmers. In total, *HATUTAN* operated in 443 pre- and primary schools in four of Timor-Leste's most disadvantaged municipalities – Ainaro, Ermera, Liquica and Manatuto. Among these schools, 219 received the full package of interventions in the schools and their adjacent communities, while the remaining schools received a partial package of interventions.

Despite significant constraints due to the COVID-19 pandemic, the programme yielded a positive impact on children's literacy levels. The programme's endline evaluation found that it contributed to mitigating the adverse effects of COVID-19 school closures on learning and helped to accelerate literacy skills development upon returning to school. The programme also had a significant positive impact on student attentiveness in class, including through reducing hunger experienced by students.

Evaluations of the programme highlight the following important lessons learned:

- The programme's most significant improvements in literacy were observed among learners with pre-existing basic literacy skills. Future programmes should also incorporate specific strategies tailored for learners with no literacy abilities.
- Advocating for sufficient budgets on a continuous basis is crucial to sustain effective school meals programmes.
- Ensuring dietary diversity in school meals is vital to achieve the greatest impact on learners' health and nutrition. Strengthening linkages between schools and local farmers can help to improve dietary diversity.
- Parent-teacher associations play an important role in school health and nutrition programmes and should be prioritised as a critical stakeholder in future programmes.
- Simply improving knowledge about health and nutrition may not directly translate into health-promoting behaviours. Effective behaviour change strategies must consider how cultural norms, economic circumstances as well as gender and power dynamics act as barriers to good health, hygiene and nutrition.

Source: Based on Burton, 2019; Consilient, 2021; Consilient, 2023.

Conclusion

Primary school education is the bedrock upon which children's futures are constructed. Foundational education for health and well-being at the primary school level lays strong foundations for learning, good health and well-being. When primary school learners are equipped with foundational knowledge and skills to meet their current and future health and well-being needs, it paves the way for more sustainable, inclusive and thriving societies.

FEHW is thus a crucial investment to improve the health and well-being of learners, while also creating safer learning environments in which all learners are free from harm and violence. It contributes to creating more gender equitable societies and helps children and adolescents foster healthy interpersonal relationships. It supports learners to form the skills and resilience they need to succeed not only at school, but within their families, communities and societies.

Key messages from this brief

- 1. Primary school-aged learners are in a phase of important cognitive, physical and social development. During this time, children and very young adolescents have important health and well-being needs and rights.**
- 2. Primary schools play an essential role in contributing to the health and well-being of children and very young adolescents. This includes providing quality foundational education for health and well-being through a whole-school approach.**
- 3. Foundational education for health and well-being (FEHW) refers to the building blocks of knowledge, attitudes and skills that enable younger learners to navigate their current and future health and well-being needs and rights. This umbrella term covers a variety of existing education programmes promoting health and well-being at primary schools.**
- 4. Evidence shows that FEHW contributes to enhanced education outcomes, child protection and prevention of violence and abuse, improved health and well-being, fostering healthy interpersonal relationships, advancing gender equality, and promoting active civic engagement for sustainable development.**
- 5. Equipping primary school learners with foundational knowledge and skills to meet their current and future health and well-being needs paves the way for more sustainable, inclusive and thriving societies.**

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BRIEF

1

Building strong foundations

What is foundational education for health and well-being?

The *Building strong foundations* briefs provide evidence-based guidance on foundational education for health and well-being in primary schools. They serve as a roadmap for education stakeholders to help children learn about health and well-being early on, equipping them with the knowledge and skills needed to navigate their evolving needs and building strong foundations for healthy and thriving lives.

The present document is the first of four briefs. It outlines what foundational education for health and well-being refers to, why it is important for children's health and education, and how it contributes to paving the way for more sustainable, inclusive and thriving societies.

