



Building strong foundations

What to teach for 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 1: *What is foundational education for health and well-being?* (ISBN 978-92-3-100676-0)

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)

Published in 2024 by the United Nations Educational, Scientific and Cultural Organization (UNESCO), 7, place de Fontenoy, 75352 Paris 07 SP, France and the United Nations Children's Fund (UNICEF), 3 United Nations Plaza, New York, NY, 10017, United States of America.

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UNESCO's ISBN 978-92-3-100677-7



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Printed by UNESCO

Printed in France

Primary-school curriculum design 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.

The present document is the second of four briefs. It is a go-to resource to better understand what makes a primary school curriculum effective in supporting health, well-being and learning. The brief provides practical tips and insights on integrating core thematic concepts for health and well-being into the curriculum, including concrete examples of learning objectives for lower primary and upper primary curricula.

Whether a seasoned curriculum designer, a passionate educator or an individual involved in primary school curriculum processes, this brief equips readers with the tools to design impactful curricula for transformative learning, health and well-being.

9 key
concepts

lay the foundation for
education for health
and well-being



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 to teach for 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
UNICEF Development

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

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Acronyms

CSE	Comprehensive sexuality education
FEHW	Foundational education for health and well-being
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IFA	Iron folic acid
ITGSE	International technical guidance on sexuality education
SDGs	Sustainable Development Goals
SEL	Social and emotional learning
RSHP	Relationships, sexual health and parenthood
SOCHAI	Social Changemakers and Innovators
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

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

Schools provide crucial opportunities to equip children and adolescents with the knowledge, values and skills to make healthy choices and exercise their rights; skills-based health education in the school curriculum plays a critical role.

– UNESCO, UNICEF and WFP, 2023

Primary education forms the cornerstone of children's futures. This includes not only basic literacy and numeracy, but also foundational education to develop the knowledge and transferable skills that children need for healthy and resilient lives. Equipping primary school learners with essential knowledge and skills for health and well-being contributes to healthier, happier learners. Over time, this can foster more sustainable, inclusive and peaceful societies.

FEHW refers to the building blocks of knowledge, attitudes and skills that enable primary school-aged learners to navigate their current and future health and well-being needs. It aims to improve learners' health and well-being, prevent violence, promote gender equality, enhance interpersonal skills, lower risky behaviours and contribute to success in and beyond school.

This brief provides a summary of curriculum design considerations and content guidance for primary school health and well-being education. An overview of thematic concepts and educational topics is provided, as well as examples of age-appropriate learning objectives for learners aged 5 to 8 and 9 to 12. While the actual age of primary school-aged learners varies across settings, these age ranges represent the average ages for lower primary and upper primary education, respectively, around the world.

What makes foundational education for health and well-being curricula effective?

A curriculum is the bedrock upon which quality learning is planned to achieve educational and development goals. Curriculum refers to guidance on what, why, how and when students should learn (Stabback, 2016). It outlines important guidance that reflects a society's wider vision for the aims and purposes of education. Integrating FEHW into school curricula, and clearly laying out the values and skills for physical, mental and social health and well-being in the curriculum, can support learners to lead healthy and fulfilling lives.

A range of studies, evidence reviews and consultations from around the world have highlighted the following important considerations for the design of high quality FEHW curricula.

- 1. Design curricula based on an assessment of the context-specific health and well-being needs and drivers of health.** Primary school-aged learners have varying health and well-being needs, depending on their context. When designing FEHW curricula, it is important to consult public health and demographic data to better understand the health needs and status of primary school learners.¹ Data about the drivers for good or poor health that appear during childhood and early adolescence should also be taken into consideration when designing the learning objectives for FEHW programmes. In settings lacking up-to-date official data on child and adolescent health, it is especially critical to involve local experts such as pediatricians, public health professionals, community health workers and child psychologists, along with civil society in curriculum design. Global frameworks, such as the *Global Accelerated Action for the Health of Adolescents* (WHO, 2023) and the *Adolescent Well-being Conceptual Framework* (Ross *et al.*, 2020) can be useful resources in the absence of locally available data. At the school level, community surveys or focus group discussions can also be organized to identify local health and well-being priorities.
- 2. Adopt a holistic approach to health and well-being.** Curricula should be based on the understanding that health is not merely the absence of disease, but is a state of complete physical, mental and social well-being. FEHW curricula should be designed to support not only physical health, but also the social, emotional and psychological aspects of children's and adolescents' health and well-being.
- 3. Apply a multi-sectoral and participatory approach to curriculum design.** FEHW is multi-sectoral and requires the engagement of different ministries, including—but not limited to—health, education, social protection, gender and youth. A participatory approach to curriculum design includes meaningful child and adolescent participation and engagement of parents and caregivers, health service providers, local authorities, child development experts, social and behaviour change experts and civil society, among others.
- 4. Develop a set of intended learning objectives that directly relate to students' acquisition of health and well-being related knowledge, attitudes and skills.** Curricula should include content that simultaneously strengthens the three main domains of learning—cognitive, affective and skills. All learning objectives in FEHW should contribute to clear health and well-being outcomes.
- 5. Use a spiral curriculum approach that covers topics in a logical sequence.** Curricula should include a logical progression of developmentally appropriate lessons and learning experiences that reinforce the adoption and maintenance of health-enhancing knowledge, skills, attitudes and behaviours. Spiral curricula are designed to give learners multiple opportunities to engage with topics over time, progressing from more basic concepts to more complex learning and with opportunities to revisit concepts as necessary (UNESCO, 2014).

¹ The following online databases include data on child and adolescent health, which can be useful for analysing country-specific health needs and drivers: (1) UNICEF. 2024. *Child health data sets*. <https://data.unicef.org/resources/resource-type/datasets/>; (2) UNICEF. 2024. *Adolescent health dashboards*. <https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/>; (3) WHO. 2024. *Maternal, newborn, child and adolescent health and ageing data portal: Adolescent country profiles*. <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/static-visualizations/adolescent-country-profile>.

6. Consider children's evolving capacities.

As children grow, they progressively gain greater capacities for decision-making and autonomous actions. FEHW curricula should take children's evolving capacities into consideration to design age- and developmentally-appropriate skills-based learning on health and well-being.

7. Promote inclusion, diversity, respect, equality, empathy and responsibility.

Primary school-aged children are diverse in many ways. A good quality curriculum needs to be inclusive to assist all children—regardless of ability, ethnicity, cultural background, gender, socio-economic circumstances, geographical location or other aspects of their identity—to reach their individual potential as learners (for details on how to deliver inclusive FEHW, please see Brief 4 in this series, entitled How to put foundational education for health and well-being into practice). FEHW curricula should apply a human rights-based approach that promotes respect and inclusion for all learners (UNESCO *et al.*, 2018).

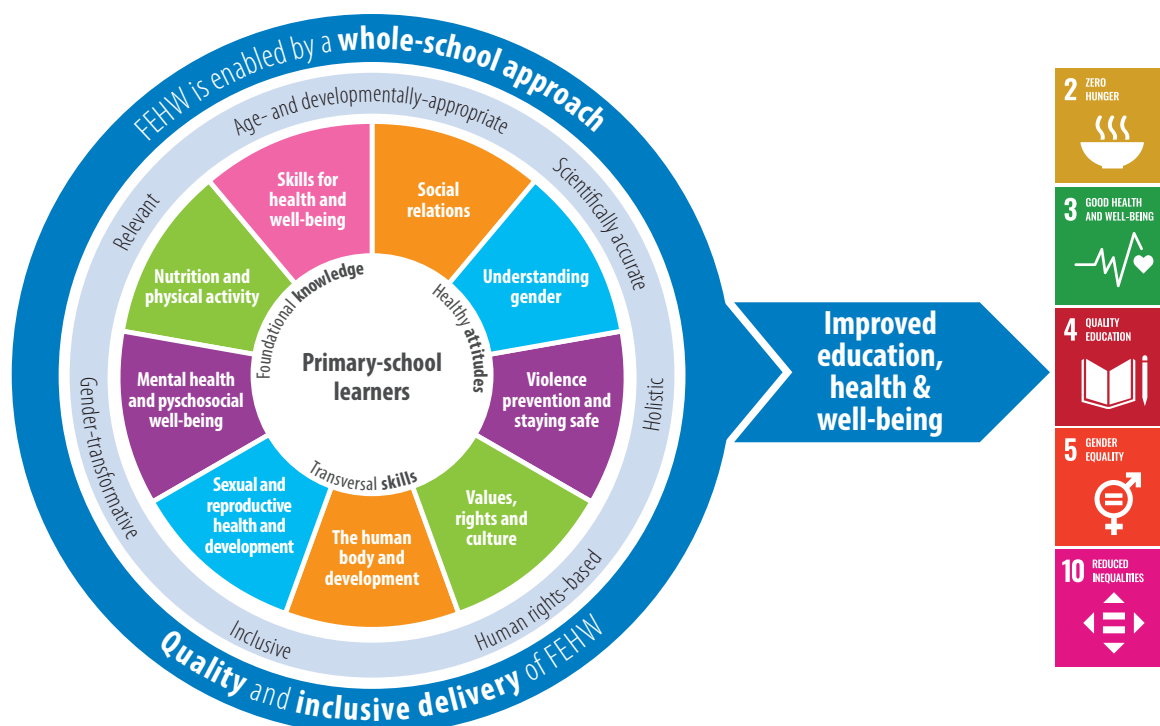
8. Consider the importance of parental/guardian engagement.

Young learners learn best when their families support their education. FEHW curricula should include opportunities for families and caregivers to be engaged in learning beyond the classroom. Consideration should also be given to learners with weak family support systems. For example, this could include coordinating with social workers, counselors or other community organisations.



Curriculum content for foundational education for health and well-being in primary schools

Figure 1. Thematic concepts for foundational education for health and well-being (FEHW) curricula



This section provides guidance on FEHW content that can be integrated into primary school curricula.

As outlined in Figure 1, **nine thematic concepts** have been identified as important building blocks for FEHW, based on international educational frameworks, evidence reviews, documented practices and expert recommendations.

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

Curriculum content for FEHW is most effective when it supports learners in developing three types of competencies:

- **Thematic competencies** (specific to health and well-being): For example, knowing the names of body parts, having a basic understanding of the functions of different body parts, understanding the importance of daily hygiene, knowledge and skills to prevent common diseases, etc.
- **Transferable and transversal competencies:** For example, social and emotional skills, communication, problem-solving, critical thinking, collaboration, autonomy, digital skills, etc.
- **Disciplinary competencies:** For example, reading and writing skills, basic arithmetic, understanding basic concepts in biology, etc.

Furthermore, high quality FEHW content is guided by the following **seven principles** (UNESCO *et al.*, 2018; UNICEF, 2019).

- **Age- and developmentally-appropriate.** Content is adapted to learners' age and diverse levels of development. Content is also responsive to the evolving needs and capabilities of children and young adolescents.
- **Scientifically accurate.** Content is based on robust scientific evidence related to health and well-being. It builds on research and programmatic data on what works to achieve optimal learning, health and well-being outcomes.
- **Holistic.** The content covers the full range of topics and a breadth of essential and interrelated cognitive, social and emotional skills that are important for children aged 5 to 12 to meet their immediate health needs and lay the foundations for positive health and well-being outcomes later in life.
- **Human rights-based.** Content builds on and promotes an understanding of universal human rights, especially children's rights to health, education, participation and freedom from harm.
- **Inclusive.** Content ensures that all learners, regardless of their abilities, backgrounds or differences, have equal access to quality education for health and well-being.
- **Transformative.** Education becomes transformative when it moves from knowledge to understanding to action and empowers children and adolescents to actively contribute to building more sustainable, equitable and peaceful societies.
- **Culturally relevant and context appropriate.** Content aligns with national priorities, while reflecting local contexts and fostering an understanding of how culture and context affect health and well-being.



Useful resources for more in-depth guidance on curriculum design for foundational education for health and well-being

CASEL. 2020. *CASEL'S SEL framework. What are the core competence areas and where are they promoted?* Chicago: CASEL. <https://casel.org/casel-sel-framework-11-2020/>.

FAO and UNICEF. 2024. *School-based food and nutrition education – Capacity development toolkit. A practical guide for governments to integrate action-oriented food and nutrition education into school systems* [forthcoming].

UNESCO and International Bureau of Education. 2024. *Step-by-step guide for introducing education for health and wellbeing into curricula*. [forthcoming].

UNICEF. 2019. *Global framework on transferable skills*. New York: UNICEF. www.unicef.org/media/64751/file/Global-framework-on-transferable-skills-2019.pdf.

UNESCO. 2024. *Mainstreaming social and emotional learning in education systems. Policy guidelines*. Paris: UNESCO [forthcoming].

UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO. 2018. *International technical guidance on sexuality education: an evidence-informed approach*. Paris: UNESCO. License: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/). <https://unesdoc.unesco.org/ark:/48223/pf0000260770>.

WHO and UNESCO. 2021. *Making every school a health-promoting school: global standards and indicators for health-promoting schools and systems*. Geneva: WHO, UNESCO. License: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/). www.who.int/publications/i/item/9789240025059.

An overview of the nine thematic concepts for foundational education for health and well-being

This section provides an overview of the nine key thematic concepts for primary school FEHW, including considerations for the design and delivery of content related to each thematic concept. Please see Annex 1 for a list of example learning objectives for each of the thematic concepts and for different age groups (learners aged 5 to 8 and learners aged 9 to 12).

1. Skills for health and well-being

Ages 5 to 12 are critical for the development of skills that are vital for positive outcomes in all domains of life, including health, well-being and education. High-quality education for health and well-being is centered on active learning that supports the acquisition of practical skills, including those that are specific to health and well-being themes, as well as transversal or transferrable skills.

When developing content on skills for health and well-being for primary school curricula, the following considerations are important:

- Undertake a process to select skills that are relevant for the context and the overall aims of the official curriculum (UNICEF, 2019). Many skills that contribute to health and well-being are transferrable and may also contribute to other learning outcome areas.
- Social and emotional learning is critical for health and well-being skills development. For example, fostering empathy, solidarity and compassion can help children develop skills to protect and care for themselves and others (UNESCO, 2023). The first step is building emotional awareness, helping children to name their emotions and identify the emotional state of others (UNESCO MGIEP, n.d.).
- To fully develop a skill, children must have opportunities to practice it. Providing multiple opportunities for learners to practice their newly acquired skills for health and well-being will lead to optimal learning outcomes.
- Accounting for adequate teacher training and support for delivering and assessing skills-based learning is vital when designing curricula.

Figure 2. Transversal skills of particular importance for primary school-aged learners for good health and well-being



Note

Social and emotional learning, or SEL, is the process of acquiring the competencies to recognize 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.

Concretely, SEL aims to effect positive behavioural change by enabling learners to:

- understand and express emotions effectively
- display empathy and compassion for others
- respond appropriately and contextually
- form an inclusive sense of identity
- establish and maintain mutually supportive interpersonal relationships
- work towards personal and collective goals
- make ethical decisions
- become engaged and participatory members of their communities, and ultimately
- contribute to broader aims, such as the building of inclusive, just, healthy, peaceful and sustainable societies

Source: Based on UNESCO, 2024.





How this looks in practice

Personality Potential Development Programme in the Russian Federation

The *Personality Potential Development Programme* in the Russian Federation teaches children between the ages of 5 and 18 how to set goals in life and achieve them. Trained teachers facilitate interactive classes following scripted lesson plans to help students learn to make informed decisions, overcome different life situations, exhibit pro-social behaviour and manage their emotions and interactions with others, among other life skills. Classes are organized on a weekly basis in pre-school and primary school, and bi-weekly in secondary and high school.

The programme combines a scientific approach with practicality and adaptability. It considers learner needs at different ages and engages parents and caregivers by suggesting different activities they can do with their children, such as reading at home.

To inform continuous improvement in teacher preparation and for development of new resources, the programme's implementation is monitored and evaluated, changes in school and classroom environments are tracked and the competencies developed by learners and their social and emotional skills, are measured.

Learners who participate in the programme have demonstrated better social and emotional skills, resilience, autonomy and better academic achievements. Classroom environments have been found to become more positive and conducive to learning.

This programme was designed and is implemented by Investment to the Future (a foundation), the Moscow City Pedagogical University and regional educational authorities. Since 2018, the programme has supported the development of social and emotional skills for more than 600,000 learners, improving their socialization and relationships with peers and parents.

Author: Ekaterina Khaustova, Head of the educational programme at the charitable foundation Investment in the Future.

For further information, see: <https://vbudushee.ru/en/modern-education/personal-potential-development-program/>.

2. Social relations

Healthy and respectful relationships – with parents, families, peers, etc. – are essential to promote good health and both individual and societal well-being.

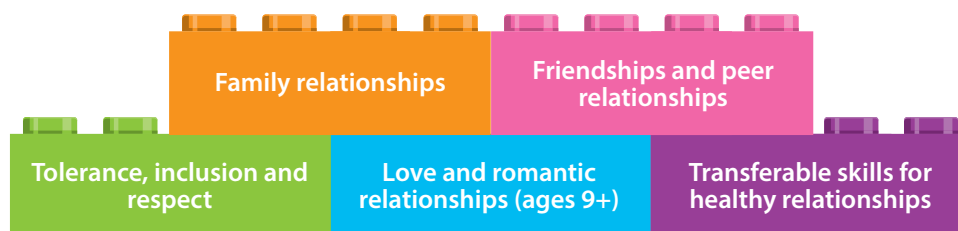
The life stage from ages 5 to 12 is a critical period for social development, as this is when children and very young adolescents are developing attitudes and behavioural patterns that will shape their interpersonal relationships throughout life. Developing skills and understanding in childhood about how to foster healthy, respectful and positive relationships is crucial.

When developing content on social relations for primary school curricula, the following considerations are important:

- A starting point to teach children how to create and nurture relationships with their families and peers is self-awareness, including body awareness and self-esteem. Fostering self-awareness provides younger learners with a sense of who they are in relation to others.
- Social and emotional learning plays an important role in supporting learners to foster healthy social relations.
- When designing content on social relations, it is important to acknowledge and respect diversity, including family composition, disabilities, ethnicity, etc. It is likewise important to promote inclusion.
- Education on consent for primary school-aged learners is essential for building healthy and respectful relationships and for protecting children who might be exposed and vulnerable to harm (UNESCO *et al.*, 2018). For younger learners, the topic of consent can be introduced in concrete ways. For example, exploring the idea that if a friend asks you to play a game that you do not feel like doing, it is fine not to play the game.



Figure 3. Topics of particular importance for primary school-aged learners to foster healthy and positive social relations



How this looks in practice

Malawi's life skills education: Relationships unit

In Malawi, life skills education was introduced in primary schools in 2000 to help learners acquire skills for good health and well-being. It is a core subject that is examined through the *Primary School Leaving Certificate Exam*. Interpersonal relationships are a key theme across the programme. In standard 3 (approximate ages 9 – 10), learners explore interpersonal relationships in the home. This progresses in standard 4 (approximate ages 10 – 11) to explore interpersonal relationships at school.

The unit on school-based interpersonal relationships supports learners to:

- identify the nature of interpersonal relationships at school
- explain the importance of interpersonal relationships at school
- describe the roles and responsibilities in different interpersonal relationships at school
- describe factors that enhance or hinder interpersonal relationships and
- explain ways to overcome factors that hinder interpersonal relationships at school.

The *Malawi Primary Education Life Skills Teachers Guide for Standard 4* offers guidance for teachers to deliver a variety of active learning activities to help learners understand relationships in an age- and developmentally-appropriate way. This includes group discussions, storytelling, role plays and group work. The teachers' guide also includes a glossary that explains key concepts in simple language. An assessment of the life skills education materials revealed that the use of case studies and story-based learning helps to motivate both teachers and learners. The instructions for activities are clear and gender-sensitive.

Learners are guided to consider how different kinds of interpersonal relationships can provide support, encouragement, security and motivation in their lives. There is also a focus on the importance of showing love and care through interpersonal relationships, empathy, tolerance and respect for oneself and others.

Source: Based on Kendall and Samati, 2022; Malawi Institute of Education, 2008; USAID, 2011.

3. Understanding gender

Gender norms take root at an early age and have an impact on health and well-being (Siyanova-Chanturia *et al.*, 2015; UNESCO, 2019a). Gender stereotypes can influence children's self-perceptions and interests, as well as shape the way they behave with others (Bian *et al.*, 2017).

Helping children to understand basic concepts about gender and gender equality can support them to enter adolescence bearing the knowledge and skills that prevent gender-based violence, early and unintended pregnancy and HIV.

Age- and developmentally-appropriate learning about gender helps children and very young adolescents foster healthy interpersonal relationships and contributes to creating more gender equitable societies.



When developing content on gender for primary school curricula, the following considerations are important:

- Use concrete examples of gender issues from learners' real-life experiences. Recognizable examples and experiential learning help learners understand that gender is more than an abstract concept.
- Acknowledge that gender inequality exists in all countries and contexts to some degree. Recognize that there may be differences between what is taught in the classroom and learners' personal experiences.
- When teaching about gender and gender equality, it is important to support learners to deal with situations in which they may observe gender inequality or discrimination in their daily lives. This includes planning ways to defuse potential disagreements in class and maintain open and respectful discussions.
- Attitudes and understanding of gender norms often differ among people in the same context (for example, those from different generations or backgrounds). It is important for teachers to be sensitive about the nature (and variability) of gender dynamics in their local setting, while also reinforcing that gender equality is a human right. Developing skills to analyze differences in beliefs and opinions is important when teaching about gender.

Figure 4. Topics of particular importance for primary school-aged learners to gain an understanding of gender





How this looks in practice

Gender equality within primary school sexuality education in Quebec, Canada

In the Canadian province of Quebec, sexuality education has been a part of the official curriculum for almost 40 years. Since 2018, sexuality education is delivered as a compulsory part of the primary and secondary school curriculum and is delivered in an integrated manner across various carrier subjects. Values such as gender equality, respect for diversity, consideration for the physical and psychological integrity of all individuals, and a sense of responsibility and well-being, underpin the programme.

Quebec's primary school sexuality education aims to foster a deeper self-awareness among learners, prompt reflection on gender roles and stereotypes, and provide an understanding of important developmental milestones, particularly changes during puberty. The programme also plays a crucial role in reducing the risk of exposure to sexual assault. Primary school learners receive five to ten hours of compulsory sexuality education per year, integrated across various core subjects.

One of the main thematic areas of the primary school programme is entitled "identity, gender stereotypes and roles, and social norms". In grade 1 (ages 6 to 7), the curriculum supports learners to understand the concept of gender roles in an age- and developmentally-appropriate manner. Learners are also encouraged to expand their understanding of how to be and express themselves beyond stereotypes, fostering respect for differences. For learners aged 8 to 10, the focus is on recognizing and reflecting on gender stereotypes in personal, social, and media environments, considering their impact on personal identity and relationships. Learners aged 11 to 12 gain an understanding of how gender-based discrimination negatively affects people and reflect on how they can play a role in reducing gender stereotypes and gender-based discrimination.

In 2024, sexuality education will be integrated into a new programme called *Culture and Citizenship in Quebec*, at both the elementary and secondary level. Drawing from sociology, political science, philosophy and other domains, the overall aim of the programme at the primary school level is to encourage dialogue and critical thinking among learners.

Source: Based on Government of Quebec, n.d.; Government of Quebec, 2018; Government of Quebec, 2023a; Government of Quebec, 2023b.



4. Violence prevention and staying safe

Schools make a vital contribution towards ending violence against and among children. Violence prevention education curricula have proven effective in equipping learners with knowledge, skills and attitudes to prevent and respond to violence in all its forms, including bullying and cyberbullying. Prevention education is most effective when positioned within a whole-school approach through which multiple stakeholders create safe learning environments (for example, where corporal punishment is prohibited) and where school-based services or referral mechanisms linking to services outside of schools are in place.

When developing content on violence prevention and staying safe for primary school curricula, the following considerations are important:

- Violence prevention is supported by skills, such as self-awareness, self-management, social awareness, relationship skills, responsible decision-making, conflict resolution and resistance to peer pressure, among others. Teaching younger learners how to act with compassion, empathy and assertiveness with peers can promote fellowship, safety and well-being in the classroom, which can reduce different forms of bullying (Kulkarni and Patki, 2019; WHO, 2022).
- Violence in schools reflects the broader context of violence that exists in the surrounding locality. School-based violence prevention should be positioned within broader social protection system strengthening. Partnerships and referral mechanisms should be established between schools and community-based actors to complement school-based violence prevention interventions (UNESCO, 2023). Linkages to social services, child protection services, health services (including mental health and psycho-social services) and legal services should be established.
- Many children and adolescents have experienced violence. Discussing violence calls for sensitivity and establishing a safe learning environment. It is important to remind younger learners that if they experience violence or abuse, it is never their fault. Great care should be taken not to instil a sense of shame or embarrassment if a child has experienced violence or abuse.
- Functional, confidential, child- and girl-friendly reporting systems should be put into place and maintained in schools. Learners should be encouraged to report any act of violence they experience or witness. Efforts should be made to ensure that they feel safe when doing so (UNESCO, 2019b).
- Teaching learners how to identify different types of violence, how to speak openly about safe and unsafe touch, and how to name all body parts is critical for children to build skills for prevention and responding to violence (UNESCO, 2019b).
- Violence often occurs with witnesses nearby, yet bystanders often hesitate to intervene. In some instances, the presence of bystanders might encourage perpetrators to act more aggressively, while in others, it may mediate aggression. Equipping bystanders with the skills to safely intervene and seek support can curb violence, including bullying, while ensuring that victims receive support. Safe and effective bystander behaviours can include giving the perpetrator(s) less attention, helping victims to get to safety, seeking support from a trusted adult or promptly reporting incidents, among others (WHO, 2019).
- Primary school-aged learners are increasingly accessing unfiltered information and content online that expose them to dangers, threatening their mental and physical health and safety (UNESCO, 2023). The use of digital platforms increases exposure to new forms of online violence and abuse. Violence prevention curricula should include a focus on offline and online violence, especially since associations exist between the two. It is important for younger learners to be aware of grooming, trolling and other forms of online threats, as well as how to report incidents of online violence to trusted adults.

Figure 5. Topics of particular importance for primary school-aged learners to help prevent violence and stay safe include





How this looks in practice

Preventing violence against children in schools in Uganda

The NGO and activist organisation Raising Voices developed a behavioural intervention called the *Good School Toolkit* to prevent violence against children in primary and secondary schools. Although corporal punishment is prohibited by law, it is still a common practice in primary schools in Uganda and other countries in the region. The *Good School Toolkit* is an evidence-based methodology that uses a whole-school approach to prevent all forms of violence including physical, emotional and sexual violence. It breaks down the necessary actions into six steps that can be implemented in schools by two lead teachers and two student representatives. The six steps focus on: 1. Your team and network, 2. Preparing for change, 3. Good teachers and teaching, 4. Positive discipline, 5. Good learning environment, 6. Good administration, and the future. Parents and community members are encouraged to participate in certain activities. The toolkit seeks to transform the four key relationships that shape the school operational culture and contribute to the learner's experience: teacher-student, student-student and teacher-teacher relationships, as well as the relationship between the school and the parents and community.

The intervention is based on a transtheoretical model of behaviour change and applies proven behaviour change techniques for effective violence prevention, including goal setting, action planning and providing social support. Activities relate to creating a better learning environment, respecting each other, understanding power relationships, promoting positive gender norms at school and using non-violent discipline.

The *Good School Toolkit* intervention was rigorously evaluated in a randomized control trial led by the London School of Hygiene and Tropical Medicine, University College London – Institute of Education in collaboration with Makerere University and Raising Voices. It has been shown to be effective in reducing violence against students by school staff in primary schools in Uganda. The study showed a 42% reduction in physical violence by school staff against learners in the previous week, a reduction in the approval of corporal punishment, improved peer relationships in school and a significant increase in learners' sense of safety and belonging at school.

Source: Based on Devries *et al.*, 2015; Knight *et al.*, 2018.

For further information, see: <https://raisingvoices.org/children/the-good-school-toolkit/>.

5. Values, rights and culture

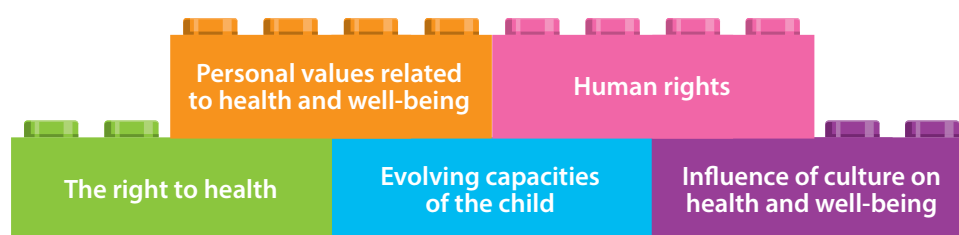
Values, rights and culture have a direct impact on health and well-being and underpin other FEHW topics. Childhood is a time when learners can start to understand how personal values, culture and human rights affect their lives.



When developing content on values, rights and culture for primary school curricula, the following considerations are important:

- Teaching about values, rights and culture should include concrete examples from children's everyday lives (UNICEF, 2021a).
- Visual teaching aids, storytelling and role-play can be useful to help primary school-aged learners explore values, rights and culture (UNICEF, 2021a).
- Fostering skills for self-awareness and self-reflection is important to help children understand and express their own values, as well as other people's values.
- It is important that school curricula acknowledge and respect diverse values and norms, while teaching from a human rights perspective that promotes equality and non-discrimination (UNESCO and UN Women, 2016).

Figure 6. Topics of particular importance for primary school-aged learners to learn about values, rights and culture include



How this looks in practice

Values embedded in a comprehensive sexuality education programme in Ecuador

Ecuador's Ministry of Education, in collaboration with UNFPA and UNESCO, developed a tool on *Curricular Opportunities for Comprehensive Sexuality Education*. This tool is aimed at all levels of education in the Ecuadorian system: Early childhood education, basic general education and high school, divided into two booklets equivalent to primary (initial, preparatory basic general education, elementary and middle) and secondary (higher basic general education and high school).

For its elaboration, the perceptions and experiences of teaching staff from various educational zones and districts, as well as from rural and urban areas, were collected for subsequent articulation with the expertise of the technical assistance of UNFPA and UNESCO, which has made it possible to adapt the material to the reality of the Ecuadorian context.

These booklets propose technical-conceptual guidelines and specific activities in which comprehensive sexuality education and education in health and well-being are articulated with the general objectives of the area and the skills with performance criteria stipulated in the curriculum of each educational sublevel, in the axes of development and learning and the four common core subjects: Mathematics, Language, Social Sciences and Natural Sciences or Mathematics, Language, History and Biology. The tool is aligned with the *International technical guidance on sexuality education (ITGSE)* as well as the national curriculum of Ecuador.

In pre-school classes from the age of 5, the youngest learners are taught about knowing and respecting their own bodies, developing healthy eating habits, understanding their identity as part of the community and the family, recognising the importance of trusting and safe relationships in the family, how to make friends and appreciation for the diversity of people. In elementary school, children aged 6 to 8 learn about personal hygiene and well-being, deepen their understanding of healthy eating habits, are introduced to the concept of human rights and learn that everyone is entitled to them, and learn the importance of respecting and protecting human rights. The children also learn about their roles and responsibilities in the family and community, about values and how they help to relate to others, and about gender inequalities and how to reduce them.

For older primary school students, the programme expands on these topics and addresses how culture, religion and society influence understandings of sexuality.

The programme encourages teachers to reflect on their own values and beliefs when delivering this education, which constitutes a fundamental step when it comes to supporting teachers who teach comprehensive sexuality education.

In a complementary way, the open online course *RECOGNITION: Curricular Opportunities for Comprehensive Sexuality Education*, aims to strengthen the use of these tools by teachers, optimizing time and responding to doubts, comments and needs that arise in everyday life and according to the level of development, age and educational level of the students. The course consists of 40 hours of autonomous learning, distributed in four modules.

Currently, the tool is part of the *National Strategy for Comprehensive Sexuality Education*, as the main technical input for implementation in classrooms by teaching staff.

Source: Based on Ministry of Education of Ecuador and UNESCO Office Quito and Regional Bureau for Communication and Information in Latin America and the Caribbean, 2021.

6. The human body and development

It is natural for children to be curious about their bodies and to want to know more. Body awareness can contribute to good health and well-being, as well as to staying safe. This includes knowing the names of body parts, a basic understanding of bodily functions, how to keep the body healthy and how to treat one's body and those of others with respect (i.e. through hygiene, good nutrition, physical activity, etc.).

When developing content on the human body and its development for primary school curricula, the following considerations are important:

- It is helpful to establish clear guidance on the language and terms that teachers can use when referring to the human body and development. In some contexts, the use of anatomical language may be preferred, while in others it may be preferable to use common terms – sometimes in local languages – that children are more accustomed to hearing. What is most important is that learners are equipped with a clear vocabulary to be able to identify and describe different body parts. When using common vocabulary, it is important to avoid terms that can perpetuate discrimination or body shame (UNESCO, 2023).
- It is important for both girls and boys to learn about puberty, not only about the changes that they may experience, but also about the changes that people of other genders experience. In some contexts, puberty education focuses primarily on girls; however, it is important for boys to access puberty education as well. Learning about how puberty affects people of all genders can help to reduce stigma, discrimination and bullying (UNESCO, 2014).
- Girls often enter puberty with no or very little information about menstruation or other puberty-related changes. As a result, menarche is commonly experienced with shock, shame, fear and embarrassment. Education about puberty and human development should aim to destigmatize menstruation and to provide girls and adolescents with the knowledge and skills they require to manage their menstrual cycle safely and with dignity (UNFPA ESARO, 2021).
- Developing a positive image of themselves at an earlier age is essential for younger learners, especially to help them understand that they can and should demand respect for their bodily integrity and encourage consent from an early age. It is also vital considering the impact that social media might have on young children and how they are increasingly exposed to online spaces (UNESCO, UNICEF and WFP, 2023; UNICEF, 2021b). Developing a positive body image includes open and age-appropriate discussions on eating disorders, physical activity and nutrition.

Figure 7. Topics of particular importance for primary school-aged learning to understand about the human body and development include





How this looks in practice

Age-appropriate and accurate materials to teach about the human body in Indonesia

The non-governmental organization Rutgers Indonesia developed a comprehensive sexuality education programme called *Aku dan Kamu* (You and Me) for children aged 4 to 6. The programme teaches young learners about the human body and how to take care of their bodies.

Programme materials are age-appropriate and use the principle of Active Joyful Effective Learning, which encourages learners to be actively involved in their education and makes the learning process more successful. The materials include a set of Family Dolls that are used to teach children about body parts (of girls, boys, women and men), how women's anatomy changes when they are pregnant and how they give birth.

Author: Ely Sawitri, Director, Yayasan Gemilang Sehat Indonesia (formerly Rutgers Indonesia).

For further information, see: <https://www.gemilangsehat.org/ruang-berita/kabar-dari-kami/aku-dan-kamu-modul-untuk-anak-usia-dini-4-6-tahun/> (In Bahasa Indonesia).



7. Sexual and reproductive health and development

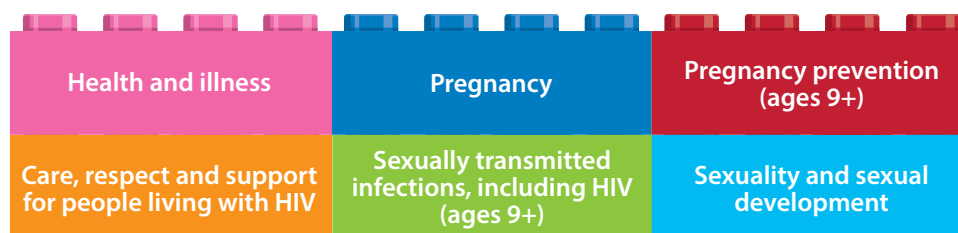
Acquiring an understanding of basic topics related to sexual and reproductive health and development at an early age is important to lay the foundation for more complex learning at later stages of life. For example, children are often curious about where babies come from. Providing age-appropriate education about pregnancy is important to lay the groundwork for more detailed education about pregnancy and pregnancy prevention in adolescence.

Schools play an important role in preventing health concerns, including early and unintended pregnancies, sexually transmitted infections, including HIV, and gender-based violence. Introducing incremental, age-appropriate content on sexual and reproductive health and development to primary school learners can help prevent and respond to these issues. Evidence shows that age-appropriate sexual and reproductive health education contributes to a reduction in sexual activity and sexual risk-taking behaviour (UNESCO *et al.*, 2018).

When developing content on sexual and reproductive health and development for primary school curricula, the following considerations are important:

- As with all other key concepts, sexual and reproductive health should be introduced in an age-appropriate and incremental way.
- Sexual and reproductive health needs and the age of sexual debut vary considerably within and across regions, countries and communities. Learning objectives should be adjusted to learners' realities and based on available data and evidence. It is important to provide basic education on bodies, sexuality and reproductive health prior to sexual debut, so that learners are equipped with the knowledge and skills for healthy relationships and safe and informed decision-making (UNESCO *et al.*, 2018; UNESCO, 2019c).
- Sexual and reproductive health issues can be sensitive and may raise personal discomfort among stakeholders involved in developing curricula. It is nevertheless important that the content is designed to respond to data on early and unintended pregnancy, sexually transmitted infections, including HIV, and gender-based violence (UNESCO, 2019c).
- FEHW curricula should always be designed to be inclusive of learners living with HIV, learners with disabilities and other marginalised groups.
- Content on sexual and reproductive health and development should be delivered using positive language that does not perpetuate shame, discrimination or stereotypes. Content should include information on health risks and emphasize the benefits of having good sexual and reproductive health.
- Referral mechanisms and linkages should be established between schools and health services.

Figure 8. Topics of particular importance for primary school-aged learners to understand sexual and reproductive health and development include



How this looks in practice

Sexual and reproductive health education in Scotland, United Kingdom

In Scotland, United Kingdom, relationships, sexual health and parenthood (RSHP) education is recognised as a key strategy to address and prevent gender-based violence and sexual harassment in schools. In 2014, the Scottish Government published updated guidance for teachers and professionals on how to teach RSHP education.

Scotland's RSHP education for primary school starts from the premise that younger learners need basic, honest and shame-free information about their bodies and human processes. Support is made available for teachers to deliver age-appropriate RSHP education to students ages 3 to 18 using a spiral education approach.

Young primary school-aged learners are first taught how life begins, grows and develops during pregnancy. Older primary school-aged learners receive further information about human conception, sexual intercourse and birth.

Guidance is also provided on delivering accurate information to young learners to tackle issues related to the significant number of children (even as young as age 11) who are reporting seeing pornography and believing it to be realistic. Other matters covered by RSHP education are sexual harassment, gender-based violence and consent.

Source: Based on Cabinet Secretary for Education and Skills, 2023; Scottish Government, 2014.

For further information, see: <https://rshp.scot/faq/>.

8. Mental health and psychosocial well-being

Mental health is an integral component of health and well-being and influences academic, social and economic outcomes across a person's lifespan. More than 250 million children and adolescents worldwide experience mental health disorders and mental illness is among the leading causes of disease burden among children and young people (Stelmach *et al.*, 2022). This high prevalence has repercussions for children and adolescents' health, education and their ability to reach their full potential (UNICEF, 2021b). Around half of all mental health disorders emerge before the age of 18, signalling the importance of promoting positive mental health with younger learners (Solmi *et al.*, 2022).



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When developing content on mental health and psychosocial well-being for primary school curricula, the following considerations are important:

- Promote a positive understanding of mental health and psychosocial well-being that goes beyond the mere absence of illness. Mental health and psychosocial well-being is a state in which individuals recognize their personal abilities, manage everyday stressors effectively, excel in learning, foster meaningful connections and actively engage in their community.
- Social and emotional skills are a cornerstone for good mental health. For primary school-aged learners, it can be helpful to focus on skills for managing emotions, fostering positive social connections and seeking support, all of which promote good mental health.
- Teaching learners from an early age about positive and healthy friendships, social-emotional skills and how to prevent bullying can contribute to promoting good mental health. Primary school is a space where children and very young adolescents forge many of their friendships. Healthy friendships can contribute to good mental health, while bullying and exclusion from friendships are risk factors for poor mental health, with lasting effects in later stages of life (UNICEF, 2021b).
- Design curricula that reduce stigma related to mental health and mental illnesses. The stigma against mental illness and disorders contributes to children not seeking support, because they are afraid of being labelled as having a mental health problem (UNESCO, 2023).
- Ensure that content on mental health, and available referral services, are inclusive. Consider the specific needs of children and adolescents of marginalised groups when designing strategies to address mental health in schools (WHO, UNESCO and UNICEF, 2022). Even in resource-constrained settings, schools can foster a safe, positive and inclusive environment and implement strategies such as embedding mental health literacy and social and emotional learning into classroom learning, encouraging physical activity and recreational opportunities, promoting awareness of mental health among the education workforce and collaborating with local community organisations or health services.
- Education on mental health is most effective when delivered in learning environments that support the positive mental health and psychosocial well-being of learners, teachers and other school staff. Supportive school-based policies and enhancing school staff capacity on this topic are crucial (WHO, UNESCO and UNICEF, 2022).
- Schools can benefit from working with health practitioners or trained school counsellors to implement screenings and early interventions for mental health and psychosocial support services. Where school-based mental health professionals are not available, it is important to establish a well-defined process to refer learners, teachers and other school staff locally available health services (WHO, UNESCO and UNICEF, 2022).
- As a complement to school-based curricula, parent and caregiver support groups can be created and engagement activities can be implemented with local communities. This can promote meaningful social connections that are supportive of primary school learners' mental health (WHO, UNESCO and UNICEF, 2022).

Figure 9. Topics of particular importance for primary school-aged learners to understand and address regarding mental health include





How this looks in practice

Supporting children's mental health in Australia

The Australian Government initiated the *National Support for Child and Youth Mental Health* programme in 2017. This programme focuses on the mental health and wellbeing of children and young people aged 0 to 18 and funded two initiatives: the *National Education Initiative* (also known as *Be You*, led by a mental health organisation called Beyond Blue) and the *National Workforce Centre for Child Mental Health* initiative (for children aged 0 to 12, led by a mental health organisation called Emerging Minds).

The *Mental Health in Education Programme* – a key component of the *Be You* initiative – is designed for early childhood, primary, secondary and pre-service educators. Its goal is to enhance educators' capabilities and encourage a shift in their practices, enabling them to play a more proactive role in supporting learners' mental health and resilience while delivering effective responses. The programme is implemented with guidance and inputs from over 400 experts in education, mental health, suicide prevention, Aboriginal and Torres Strait Islander education, research and evaluation, behaviour change, and implementation science.

Through the *National Workforce Support* programme, parents, professionals and organisations are equipped with skills to proactively promote child well-being and support those who are struggling with mental health issues. Health, social and community professionals are trained and supported to effectively identify and respond to mental health risks, including for primary school-aged children. The programme has an online platform with free training, practice guides, webinars and tools. It also hosts national networks that supports workforce development for child mental health and manages a communication and knowledge translation strategy on child mental health.

A 2021 evaluation showed that overall, both initiatives were implemented in an appropriate and effective manner to deliver the intended outcomes. The majority of educators and clinical staff who participated in the evaluation reported having improved their practice in relation to the mental health of the children and young people they work with. Educators also felt more aware of evidence-based practices and gained a better understanding of referral processes, as well as greater confidence in their ability to identify risks for mental health issues. Despite these positive outcomes, the evaluation also revealed that reaching children and young people with high, complex and diverse needs and those living in areas with limited internet access remain a challenge.

Source: Based on The University of Queensland, 2021.

For further information, see: <https://emergingminds.com.au/about/who-we-are/> and <http://beyou.edu.au/history>.

9. Nutrition and physical activity

Access to healthy, safe and nutritious food is essential for child and adolescent growth, neurocognitive development, disease prevention and lifelong health. Access to healthy food is a fundamental human right and a key determinant for socio-emotional well-being (WHO *et al.*, 2023a). Primary schools are a vital space for children and adolescents to develop health and food literacy and to foster lifelong healthy eating and drinking habits.

Likewise, physical activity is essential for health and well-being, while also contributing to positive learning outcomes. Health and well-being benefits include

improved cardiovascular health, increased muscle and bone strength, healthy weight maintenance, improved sleep quality, boosted self-esteem and confidence, and reduced symptoms associated with anxiety and depression. Engaging in regular physical activity during childhood enhances the likelihood of maintaining an active lifestyle into adulthood, lowering the risk of chronic health issues and non-communicable diseases. Regular physical activity also has a positive influence on cognitive development, which can boost learning outcomes (WHO *et al.*, 2023b). Schools can provide equitable access to structured physical activity, including through quality physical education.

When developing content on nutrition and physical activity for primary school curricula, the following considerations are important:

- For younger learners, it is recommended to link theory on nutrition with concrete examples of healthy eating (UNICEF, 2021c). This can be done through experiential learning activities, such as cooking activities, garden-based activities and other hands-on experiences help foster useful skills while teaching learners about healthy eating habits (UNESCO, 2023; UNICEF, 2021c). Linking curriculum-based nutrition learning with school meal programmes can also be useful to reinforce learning about healthy eating.
- Nutrition education must be context-specific and based on local diets and social and cultural customs related to food preparation and consumption.
- Exposure to media and marketing has a significant influence on the eating behaviours of children and adolescents. Often this can increase their consumption of non-healthy products or lead to body-image issues and eating disorders (UNICEF, 2021c). Curricula should include a focus on media literacy skills to help learners be less influenced by unhealthy marketing.
- It is vital that caregivers and teachers address nutrition matters with respect and from a positive approach, avoiding judgment, body-shaming and guilt. When not addressed properly, children can develop eating disorders and their physical and mental health is put at risk. Young children's nutrition mostly depends on their caregivers and schools, which makes it important to establish linkages between schools and families.
- Fundamental movement and coordination skills (or gross motor skills) are vital for physical and social development. Childhood is a critical time for the acquisition of such skills. An emphasis should be placed in primary school curricula to support learners to develop these skills. Movement-based learning and recreational activities, including those that encourage running, jumping, dancing, climbing and skipping are recommended (UNESCO, 2015).
- Physical activity can be encouraged through the integration of play-based methods and active learning into core curricular subjects (for example counting steps walked around a classroom to estimate distance) (WHO *et al.*, 2023b). This may require adaptations to classroom design and learning environments. For example, creating learning stations that encourage learners to move to different spaces in the classroom throughout the day. Another option is to schedule some lessons in outdoor settings (WHO, 2021).
- Quality physical education is characterised by regular frequency, a variety of activities, inclusivity and the intentional inclusion of values content. It places emphasis on peer-led learning and promotes well-balanced skills development that fosters social, cooperative and problem-solving competencies (UNESCO, 2021).
- Ensuring a safe environment that protects the dignity and rights of all learners is vital for quality physical education and active learning within primary schools (WHO, 2021).

Figure 10. Topics of particular importance for primary school-aged learners to learn about nutrition and physical activity include





How this looks in practice

Youth for Nutrition: A low-tech innovation model in Nepal

Social Changemakers and Innovators (SOCHAI), a young women-led non-profit organization in Nepal, created a comprehensive learning programme for primary and secondary schools in the country. This programme, called *Youth for Nutrition*, is supported by local government offices and local schools.

The programme trains adolescents and youth on health, nutrition, sexual and reproductive health including menstrual hygiene, and life skills using a low-cost community-based model.

Selected students from grades 6 to 9, aged 10 to 19, are enrolled in capacity-building training for four days, after which they are equipped to conduct health and nutrition camps in their schools. Topics related to nutrition covered in the camps include balanced diet, diet diversity, consequences of unhealthy food consumption and healthy meal planning, among others. Following the camp, school clubs are formed. A *Health and Nutrition Exhibition* is then conducted to present their learning to younger children (aged 5 to 10), teachers, caregivers and other actors. During the exhibition, several attractive stalls are set up by the students, who use quizzes, demonstrations (ex. handwashing), roleplays, painting, food displays and games to educate the younger learners. The camp is an interactive platform for trained adolescents advocates to reach other young people within and beyond their school.

The programme is complemented by low-tech, wearable and educational tools, such as the Nutribeads Bracelet that informs caregivers on how to feed a child during the first two years, the Iron Folic Acid (IFA) Bracelet that helps to understand anemia prevention through iron supplementation and the Redcycle bracelet that helps adolescents and young people understand, communicate and track their menstrual cycle.

Author: Bonita Sharma, Co-founder and CEO, Social Changemakers and Innovators (SOCHAI).

For further information, see: <https://sochai.org/whatwedo/>; <https://sochai.org/wp-content/uploads/2023/03/Annual-Report-207879.pdf> and <https://www.youtube.com/watch?v=Vor6iNzQgo&t=59s> (video on the camp model).



Conclusion

School curricula serve as the cornerstone of learning. Foundational education for health and well-being is a vital component of quality primary school curricula, as it provides opportunities for all learners to acquire the knowledge, skills and values they need to thrive. When the physical, social, emotional and psychological health of learners is ensured, positive education outcomes are more likely. FEHW also contributes to advancing gender equality, human rights, peace and sustainability, not only on the individual and family level, but also on a societal level.

FEHW can take many forms and the way curricula are developed will vary depending on the context. In fact, variations are essential if practitioners are to develop curricula that are culturally relevant and context-specific. At the same time, the core principles of FEHW—inclusivity, human rights, sustainability and gender equality—must underpin FEHW curricula in all contexts.

Curriculum development is increasingly recognized as a cyclical process, moving through phases of design, development, implementation, evaluation and revision. In today's fast-evolving world, no curriculum can afford to remain static. It is essential for education systems to continually monitor the changing health and well-being needs of children and very young adolescents, as well as broader societal health and well-being issues, to design or review effective, responsive and transformative education curricula.

Key messages from this brief

- 1. Curricula serve as the cornerstone of quality learning, shaping the path towards achieving educational and developmental goals. By integrating FEHW into curricula, we empower learners to acquire the essential knowledge, skills and values necessary to lead healthy, vibrant and fulfilling lives.**
- 2. Good quality FEHW curricula are characterised by participatory and multi-sectoral approaches to curriculum design; addressing context-specific health needs; the use of a spiral curriculum approach with clear age-appropriate learning objectives for developing knowledge, skills and attitudes; and an emphasis on inclusion and diversity.**
- 3. Good quality FEHW curricula embrace participatory and multi-sectoral approaches to curriculum design. They focus on context-specific health needs, employing a spiral curriculum approach with clear, age-appropriate learning objectives. Moreover, they champion inclusivity and diversity.**
- 4. FEHW curricula content includes nine interconnected key concepts: 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; 8) mental health and psychosocial well-being; and 9) nutrition and physical activity.**
- 5. Each key concept within the curriculum should address the three domains of learning: knowledge, attitudes and skills.**
- 6. Content should reflect age- and developmentally-appropriate learning objectives that respond to the country's health and education goals, while also taking into account local contexts and priorities based on the best available data and evidence.**

Annex: Learning objectives for foundational education for health and well-being at primary school

This annex provides examples of learning objectives for the nine key thematic concepts of FEHW. The learning objectives are presented for two different age groups, roughly associated with lower primary school (learners aged 5 to 8) and upper primary school (learners aged 9 to 12). Each of the learning objectives is categorized as knowledge-based, attitudinal or skills-based to address the three main domains of learning.

The learning objectives in this annex are illustrative. They are not intended to be exhaustive or prescriptive. The intention is to share examples of possible learning objectives that can be included in curricula, syllabi, teaching manuals, lessons plans or other educational materials for FEHW. The learning objectives can serve as inspiration for curriculum designers or programme developers and should be tailored to their given contexts.

1. Skills for health and well-being

Learners aged 5 to 8

- Identify the difference between respectful and disrespectful communication (knowledge).
- Name different types of emotions and identify the emotional state of others (knowledge, skill).
- Define peer pressure and describe examples of good and bad peer influence (knowledge).
- Model at least one behaviour that could positively influence their peers (skill).
- Describe decisions and how they can have good and bad consequences (knowledge).
- Acknowledge that sometimes children need help from a parent, guardian or trusted adult to make decisions (attitudinal).
- Identify a parent, guardian or trusted adult who can help them make good decisions (skill).
- Demonstrate ways to seek out and ask a trusted adult for help (skill).
- Discuss examples of information provided through media that is 'true' or 'false' (knowledge).

Learners aged 9 to 12

- Demonstrate effective ways to communicate wishes, needs and personal boundaries (skill).
- Demonstrate ways to negotiate through clear and respectful communication (skill).
- Demonstrate the ability to refuse to do something that they do not want to do (skill).
- Describe positive and negative peer influences on decisions and behaviours related to health and well-being (knowledge).
- Demonstrate how to set goals and plans and show an understanding of how to work towards the achievement of specific short- and long-term outcomes (skill).
- Demonstrate how to solve problems creatively, including through a creative and logical process of exploring alternative possibilities and how that can lead to responsible, goal-directed action to overcome obstacles (skill).

- Recognize problems for which children may need to seek help (e.g. abuse, harassment, bullying, illness) (knowledge).
- Demonstrate ways to seek out and access help in the wider community (skill).
- Recognize the benefits of digital information and communication technologies (e.g. for education and social interactions), the potential risks of their use and how to reduce these risks (knowledge, skill).

2. Social relations

Learners aged 5 to 8:

- Describe different kinds of families (e.g. two-parent, single-parent, child-headed, guardian-headed, extended, nuclear and non-traditional families) and discuss that all of them should be respected (knowledge, attitudinal).
- Demonstrate skills to communicate one's needs and roles within the family (skill).
- Describe key components of healthy friendships (e.g. trust, sharing, respect, support, empathy and solidarity) and how to express these to others (knowledge, skill).
- Demonstrate ways to treat others with fairness, kindness, dignity and respect (skill).
- Describe the concepts of 'family' and 'marriage' (knowledge).
- Develop a basic understanding of what consent means (e.g. define safe touch and unsafe touch and how to say no to something they don't like) (knowledge, skill).

Learners aged 9 to 12:

- Describe ways that parents, guardians and other family members support children's decisions (knowledge).
- Describe ways that health and illness can affect family members' roles and responsibilities (knowledge).
- Acknowledge that it is important to show tolerance, inclusion and respect for others (attitudinal).
- Explore ways that power dynamics within relationships affects personal relationships (e.g. due to gender, age, economic status and differences in power) (knowledge).
- Describe what consent means in relationships with peers and in romantic relationships and how to say no to something they don't want (knowledge, skill).
- Gain a basic understanding of how to distinguish healthy and safe romantic and intimate relationships from unhealthy or unsafe relationships (knowledge).
- Demonstrate ways to counter harassment and bullying (skill).

3. Understanding gender

Learners aged 5 to 8:

- Define the concepts of biological sex and gender (knowledge).
- Give examples of how children learn gender roles from families and communities (knowledge).
- Acknowledge biological differences, while appreciating that everyone is valuable, regardless of sex or gender. All people should have the same opportunities and should be treated with respect (attitudinal).
- Identify how people may be treated unfairly because of being a girl, boy, woman or man (knowledge).

Learners aged 9 to 12:

- Identify examples of how social norms and beliefs can influence gender roles (knowledge).
- Explain the negative consequences of gender inequality and power differences in relationships (knowledge).
- Recognize how gender norms influence health and well-being related behaviours and access to health services (knowledge).
- List examples of gender-based violence (e.g. bullying, sexual harassment, psychological violence, domestic violence, rape, homophobic and transphobic violence) and identify spaces where such violence may occur, including at school, at home, in public and online (knowledge, skill).
- Acknowledge that all forms of gender-based violence are a violation of human rights (including bullying, sexual harassment, domestic violence, online violence and gender-based violence, etc.) (attitudinal).
- Demonstrate ways of promoting gender equality, including at school and at home (skill).
- Explore how masculinity can be expressed in a positive way that encourages the promotion of gender equality (knowledge).

4. Violence prevention and staying safe

Learners aged 5 to 8:

- Define different forms of violence, such as teasing, bullying, child abuse (knowledge).
- Acknowledge that all forms of violence are wrong, and that a child who experiences violence is never at fault, including when violence is carried out by a family member or other adult (attitudinal).
- Demonstrate safe actions they can take if they experience violence, bullying, abuse or harassment (skill).
- Demonstrate how to respond if someone is touching them in a way that makes them feel unsafe or uncomfortable (skill).
- Demonstrate safe and effective actions they can take as bystanders if they witness others experiencing violence (skill).

- Acknowledge that they can talk to a parent, guardian or trusted adult if they experience or witness violence (attitudinal).
- Identify trusted adults and demonstrate how to speak to a trusted adult if they experience or witness violence (skill).
- Demonstrate ways to talk to a trusted adult if something they have seen or done on the internet makes them feel uncomfortable or scared (skill).

Learners aged 9 to 12:

- Recall different forms of violence and describe examples of sexual abuse, sexual harassment and bullying (knowledge).
- Gain an understanding of what intimate partner violence and dating violence refer to, especially among adolescents. Describe ways to recognize and build safe and healthy intimate relationships (knowledge).
- Acknowledge the importance of seeking support if they are or a peer is experiencing any form of violence, including online violence and cyberbullying (attitudinal).
- Demonstrate effective ways to respond and seek help for themselves or someone they know in the case of sexual abuse, harassment, bullying or other forms of violence. This includes identifying a range of specific options for reporting violence that are available in the learners' context (e.g. teacher, school counsellor, parent or guardian, family members, health care worker, helplines, another trusted adult, etc.) (skill).
- Describe how privacy about one's body and private space can become more important during puberty. Demonstrate how to assertively communicate to maintain privacy and protect oneself (knowledge, skill).
- Recognize that sexually explicit media can be misleading and harmful (attitudinal).
- Identify the kinds of strategies that child-abusers use online to befriend, 'groom', isolate and manipulate children and adolescents in digital platforms and how to seek help if this occurs (knowledge, skill).

5. Values, rights and culture

Learners aged 5 to 8:

- Define and identify important personal values, such as equality, respect, acceptance and tolerance (knowledge).
- Acknowledge that the values and beliefs we learn from families and communities guide our understanding of ourselves, our feelings and our bodies (attitudinal).
- Gain a basic understanding of human rights—including the right to health and child rights—and how they apply to everyone (knowledge).
- Understand how parents, guardians, other adults and governments should protect children's human rights (knowledge).
- Reflect on how people may hold different personal values than others in their school, community or family (attitudinal).
- Acknowledge that some values and social customs can be harmful. Reflect on examples of values that are positive and examples of values that are potentially harmful (attitudinal, skill).

Learners aged 9 to 12:

- Identify sources of values and attitudes that influence health and well-being (knowledge).
- Identify examples of how culture, religion and society affect our understanding of health and well-being and demonstrate respect for diverse beliefs and practices (knowledge, skill).
- Reflect on the human rights children enjoy in everyday life (skill).
- Gain a basic understanding of evolving capacities. Understand that when children are young, they require support from parents and trusted adults to help make decisions and to be protected; as children grow, they gain greater capacity to take responsible decisions for their lives (knowledge).

6. The human body and development**Learners aged 5 to 8:**

- List names of body parts for boys and girls (knowledge).
- Identify ways that all bodies (men's, women's, boys' and girls') are the same, the ways they are different and how they can change over time (knowledge).
- Acknowledge that puberty is a normal and healthy part of growing up (attitudinal).
- Recognize that being curious about one's body is normal (attitudinal).
- Express things that they like about their body to develop a positive understanding of their bodies (skill).
- Acknowledge that everyone's body deserves respect, including persons with disabilities, ethnic minorities and all genders (attitudinal).
- Describe personal hygiene and sanitation practices and their importance (knowledge).
- Demonstrate hand washing skills (skill).

Learners aged 9 to 12:

- Describe the menstrual cycle and identify the physical and emotional changes that may occur throughout the cycle (knowledge).
- Understand the key functions of the body that contribute to reproduction (e.g. menstrual cycle, sperm production and ejaculation of semen) (knowledge).
- Acknowledge that everyone's body is unique, show acceptance and respect for different types of bodies and physical capabilities (attitudinal).
- Acknowledge that menstruation is normal and natural and that teasing or discrimination related to menstruation is wrong (attitudinal).
- Describe how to access, use and dispose of menstrual products (skill).
- Apply understanding of hygiene to a personal plan for staying healthy while growing up (skill).
- Acknowledge that physical appearance does not determine a person's worth as a human being. Show acceptance of a variety of physical appearances, including among one's peers (attitudinal).

7. Sexual and reproductive health and development

Learners aged 5 to 8:

- Describe concepts of 'health' and 'illness' and describe ways to protect one's health (knowledge).
- Explain that pregnancy and reproduction are natural biological processes (knowledge).
- Describe the changes that a woman's body undergoes during pregnancy (knowledge).
- Recognize that people living with HIV have the right to respect, care and support and to be loved (attitudinal).
- Understand that people show love and care for other people in different ways, including hugging, kissing and loving touch (knowledge).

Learners aged 9 to 12:

- Describe the common signs of pregnancy (knowledge).
- Understand that pregnancy can result from sexual intercourse, but that sexual intercourse does not always lead to pregnancy (knowledge).
- Acknowledge that preventing unintended pregnancy is the responsibility of both men and women (attitudinal).
- Recognize that all sexual behaviour should be safe, voluntary and with full consent (attitudinal).
- Acknowledge that everyone has a responsibility to ensure safe and supportive environments for people living with HIV (attitudinal).
- List the most common sexually transmitted infections, (e.g. HIV, HPV, herpes, chlamydia, gonorrhoea) among youth in the community and the most common modes of transmission (knowledge).
- Describe ways to reduce the risk of acquiring or transmitting HIV and other sexually transmitted infections, including the use of condoms (knowledge).
- Explain that people living with HIV who are on effective treatment cannot pass on the virus through sex (knowledge).
- Demonstrate communication, negotiation and refusal skills for countering unwanted sexual pressure (skill).
- Reflect on how the decisions one makes about sex and relationships can have an impact on plans for the future (skill).
- Explain how during puberty, boys and girls become aware of their responses to sexual attraction and stimulation (knowledge).
- Identify where to look for support when questions about sexual and reproductive health arise (skill).

8. Mental health and psychosocial well-being

Learners aged 5 to 8:

- Identify and learn how to talk about different feelings and emotions (knowledge).
- Demonstrate skills to express different emotions and how to self-regulate one's emotions, such as anger awareness (skill).
- Demonstrate emotional regulation and cooperation skills within the peer group (skill).
- Identify signs of healthy and unhealthy friendships (knowledge).
- Acknowledge that all children need supportive friendships and social connections (attitudinal).
- Identify a trusted adult who can be a source of help and support if they experience difficult emotions or mental health challenges (skill).

Learners aged 9 to 12:

- Describe how mental health and psychosocial well-being are influenced by lived experiences, interactions with peers, families, schools and communities, socio-cultural issues and other contextual factors (knowledge).
- Describe ways that children and adolescents can manage stressors in daily life (knowledge).
- Explain the connection between good physical health and good mental health (knowledge).
- Explain how emotions influence behaviours and how this can affect a person's health (knowledge).
- Demonstrate problem solving skills to resolve social difficulties (skill).
- Reflect on what gives a sense of purpose, gratitude and happiness in one's life (skill).
- Develop self-help, coping and resilience skills and identify mechanisms to access help (skill, knowledge).
- Identify where to seek help for mental health problems in the wider community (e.g. helplines, health services, etc.) (skill).
- Reflect on the negative effects of stigma and myths related to mental health difficulties and illnesses (skill).
- Describe the connection between substance use and mental health issues such as dependency and social problems (knowledge).
- Describe how experiencing violence (at school, at home or in the community) can impact mental health (knowledge).

9. Nutrition and physical activity

Learners aged 5 to 8:

- Identify different food groups (e.g. fruits, vegetables, grains, protein, dairy) and give examples of foods in each group (knowledge).
- Distinguish between healthy foods and unhealthy foods (skill).
- Discuss how limiting the consumption of foods that are processed and high in added sugars, salts and fats is beneficial for health (knowledge).
- Describe the importance of clean, safe drinking water for health and identify where to find it in their community (knowledge).
- Explain how being physically active on a daily basis is part of a healthy lifestyle – for boys and girls (knowledge).
- Demonstrate a variety of fundamental motor skills suitable for their age and developmental level (skill).
- Demonstrate positive attitude towards physical activity, including expressing personal interests in physical activities (attitude).
- Describe and, where possible, demonstrate water safety skills to anticipate, avoid, and survive common drowning situations (skill).

Learners aged 9 to 12:

- Describe how the nutrients in food help people grow and stay healthy (knowledge).
- Describe and create a healthy meal containing foods from different food groups (knowledge, skill).
- Demonstrate skills on how to interpret nutrition labelling on foods (skill).
- Describe ways to store food safely (knowledge).
- Explain how drinking water may be contaminated, and how it can be collected, sterilized and stored safely (knowledge).
- Describe how at least 60 minutes of daily physical activity contributes to good physical and mental health for children of their age (knowledge).
- Demonstrate gross-motor skills, such as coordination and fundamental movements, suitable for their age and developmental level (skill).
- Identify the risks associated with obesity, being underweight and eating disorders (knowledge).
- Explain the how the combination of good nutrition and regular physical activity contributes to good health and well-being (knowledge).

Acknowledgements

UNESCO and UNICEF extend deep appreciation to the dedicated individuals from numerous organizations who contributed to the development of these briefs. UNESCO's Section of Health and Education led the overall technical direction of this project, under the guidance of Joanna Herat and Kathleen Chau, with support from Leonie Werner. We acknowledge the active contribution of all the participants in the global and regional consultations that informed the development of the briefs.

Specifically, we thank the following contributors:

- **Torchlight Collective** for conducting the desk review.
- **IWORDS Global** for facilitating the consultations and preparing drafts of the briefs, specifically Daniela Martínez, Luis Alcalá, Marcela Rueda Gomez and Mónica Ropaín.
- **UNICEF**, for overall partnership and contributing to the consultations and briefs, including Emma Hamilton-Clark, Mira Jeyacala Thevan, Patricia Landínez González, Shiraz Chakera and Wycliffe Otieno.
- **Esteemed committee of experts** for their peer review of the briefs: Christian Bergeron (Ministry of Education, Canadian province of Quebec), Lucía Verdugo (UNESCO Guatemala), Mercy Peloewetse (Ministry of Education, Botswana), Raisa Cacciatore (Family Federation of Finland), Sanderijn Van der Doef (independent psychologist and sexologist), Sarah Morgan (Save the Children) and Zoya Ali Rizvi (Ministry of Health, India).
- Colleagues at UNESCO Headquarters: Arushi Singh, Elodie Khavarani, Elsa Burzynski, Linnea Renton, Lisa Muszynski, Radhika Mittal, Sylvain Séguy, and Yongfeng Liu from the **Section of Health and Education**; and colleagues from the **Section for Global Citizenship and Peace Education**, the **Section of Education Policy**, and the **Section of Education for Inclusion and Gender Equality** for peer-reviewing the briefs.

This brief was made possible through the generous financial support of the Governments of **Sweden** and **Norway**.

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BRIEF

2

Building strong foundations

What to teach for 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 second of four briefs. It provides practical tips and insights on integrating core thematic concepts for health and well-being into the curriculum, including concrete examples of learning objectives for lower primary (ages 5 to 8) and upper primary (ages 9 to 12) curricula.

