



HOW SCHOOL SYSTEMS CAN IMPROVE HEALTH AND WELL-BEING



Background

Schools play a key role in providing safe, nurturing environments that lay the foundation for learners to grow, learn and become healthy, educated, engaged citizens.

What is a health-promoting school?

Health-promoting schools (HPS) are schools with strengthened capacity to be healthy settings for living, learning and working. HPS reflect a whole-school approach, comprising healthy school policies, curricula, environments, communities and health services. The aim of a comprehensive school health programme is to make every school a health-promoting school, which can be achieved by building health-promoting education systems. A health-promoting education system is one that, through intentional, planned actions, institutionalizes health promotion in all its functions: governance of the educational process and its content, resource allocation, educators' professional development, information systems and performance management.

What is new?

Although the concept of HPS was introduced by WHO many decades ago, the aspiration to fully embed sustainable HPS in education systems is yet to be realized; few countries have implemented HPS at scale. To fulfil the vision of "making every school a health-promoting school", United Nations agencies have collaborated in developing global standards for HPS and systems, implementation guidance and case studies from low- and middle-income countries. These evidence-informed resources are intended to be used in the education, health and associated sectors to strengthen their school health programmes in order to build health-promoting education systems.

Topic brief

Sexual and Reproductive Health

Why are sexual and reproductive health (SRH), rights and gender equality important for learners' health and well-being?

Children undergo significant developmental changes during adolescence. In addition to physical changes of puberty and sexual and reproductive health development, concurrent emotional, social and cognitive maturation influence individuals' understanding of themselves and their sexuality.

Good SRH contributes to physical, emotional, mental and social health and well-being. It involves the capacity to safely explore one's own sexuality, with the recognition that attraction, intimacy and sexual behaviour are a normal part of human development. It also includes the ability to develop positive social and sexual relationships that are free from coercion, stigma, violence and fear, while taking protective measures to avoid poor outcomes such as sexually transmitted infections (STIs), including HIV, and unintended or early pregnancies.



Achieving good SRH is linked to the fulfilment of SRH rights, underpinned by gender equality among learners. Societal gender norms are established during childhood and adolescence and are reinforced through the life-course. Societal expectations surrounding gender roles are embedded in social, cultural, economic and political contexts. Addressing how these influences impact the well-being of adolescents is critical. Girls continue to face educational disparities, particularly in secondary education, and commonly experience stigmatization (e.g. related to menstruation), gender-based violence and harmful cultural practices (e.g. child, early and forced marriage and female genital mutilation). Boys are also at risk of sexual violence, particularly those living in poor urban areas, and harmful gender norms related to masculinity can place them at increased risk of injury, violence, suicide and harmful substance use, which can cause premature death and disability. Discrimination on the basis of sex, gender identity or sexuality can also significantly affect learners' long-term emotional, mental and social well-being.

Why are SRH, rights and gender equality important for education and learning?

Investing in SRH education, promoting gender equality and upholding the SRH rights of learners in a whole-school approach is a cost-effective investment in healthy adolescent development that is linked to better educational and health outcomes, reaping long-term social and economic benefits at individual, community and national levels. The health benefits include fewer STIs, HIV infections, unintended or early pregnancies and gender-based violence. These will improve SRH outcomes, school attendance, academic performance and educational attainment. In contrast, gender discrimination and other forms of social exclusion (e.g. based on HIV status) can result in poor SRH outcomes, compound mental health problems (e.g. depression and suicidality), predispose learners to violence and harassment both within and outside school, and contribute to educational exclusion, disengagement and school drop-out.

Achieving good SRH among learners requires that they have the capacity to consider the risks of practices that may be harmful to their health and are aware of their rights and responsibilities, building on emotional and social competencies such as

problem-solving, critical thinking and self-awareness. Learners must therefore be equipped with knowledge and skills relating to the physical, emotional, mental and social aspects of sexual development and support for building healthy relationships based on respect, consent, equality and diversity.

Why are schools ideal places to support SRH, rights and gender equality?

Many children, adolescents and their families have inadequate information about SRH, rights and gender equality. Evidence suggests that schools are ideal settings for delivering comprehensive sexuality education (CSE), where age-appropriate reproductive health and sexuality education is delivered as part of the curriculum to meet the evolving developmental needs of learners over several years. CSE extends beyond knowledge about biology, reproduction and associated health issues (e.g. HIV); it should also encompass the social and emotional aspects of sexuality, sexual development and sexual behaviour, promote protective behaviour, equip learners with the ability to build healthy relationships, address gender inequality and help them understand their rights and responsibilities.

Schools should provide a safe, inclusive environment, free from violence and discrimination on the basis of sex, gender identity, sexuality and health status, such as HIV and pregnancy. Gender-responsive approaches are actions designed to address gender inequality by prompting critical reflection of gender norms to instigate changes in attitudes, practices and policies. By adopting a gender-responsive approach to education, both within and outside the classroom among both staff and learners (e.g., curricula and teaching materials that address harmful gender norms, leadership opportunities for learners and teachers of all genders), schools can help promote gender equality and support the SRH needs of learners (e.g., through provision of gender-responsive safe spaces, water, sanitation and hygiene (WASH) facilities, menstrual health and hygiene). Schools can also provide advocacy and pathways for learners and their families to access health and social services. This brief explores how policies, curricula, environments and services can be better designed and linked to promote SRH, rights and gender equality.

What are the current gaps?

Some schools already implement interventions for some aspects of SRH, rights and gender equality. Fewer schools sustainably embed these programmes or approaches within a HPS and systems framework.

Promoting SRH, rights and gender equality exemplifies the importance of a systems approach, as the many determinants of SRH, rights and gender equality require strategies that span many sectors, including health, education, social protection and justice. Bringing such elements together is the essence of the HPS and systems approach.

The advantage of this approach is its potential to amplify benefits for well-being, health and education by harmonizing policies and practices in many areas of health simultaneously, leveraging the resources not only of schools but also those of the surrounding environment and community.

Activating synergies in interventions

What are the relations between SRH, rights and gender equality and mental health?

Poor SRH, gender inequality and experiences that breach the SRH rights of learners can cause or exacerbate mental health problems such as anxiety, depression, self-harm and substance use.

Conversely, good SRH, including healthy relationships, is associated with higher self-esteem and increased well-being.

A mental health problem, including substance use, can impair a learner's ability to protect their rights and can increase their vulnerability to sexual harassment and violence and their risk of unsafe sexual behaviour. These can result in poor SRH outcomes (e.g. STIs, including HIV, unintended pregnancy) and adversely impact educational attainment.

What are the relations between SRH, rights and gender equality and substance use?

Alcohol and drug use can impair judgement and increase the risk of SRH problems (e.g. STIs, including HIV, unintended pregnancy) among learners by increasing their vulnerability to sexual violence or by contributing to engagement in unsafe sexual behaviour. Substance use can also result in emotional dysregulation and lead to aggressive behaviour that adversely impacts social and sexual relationships.

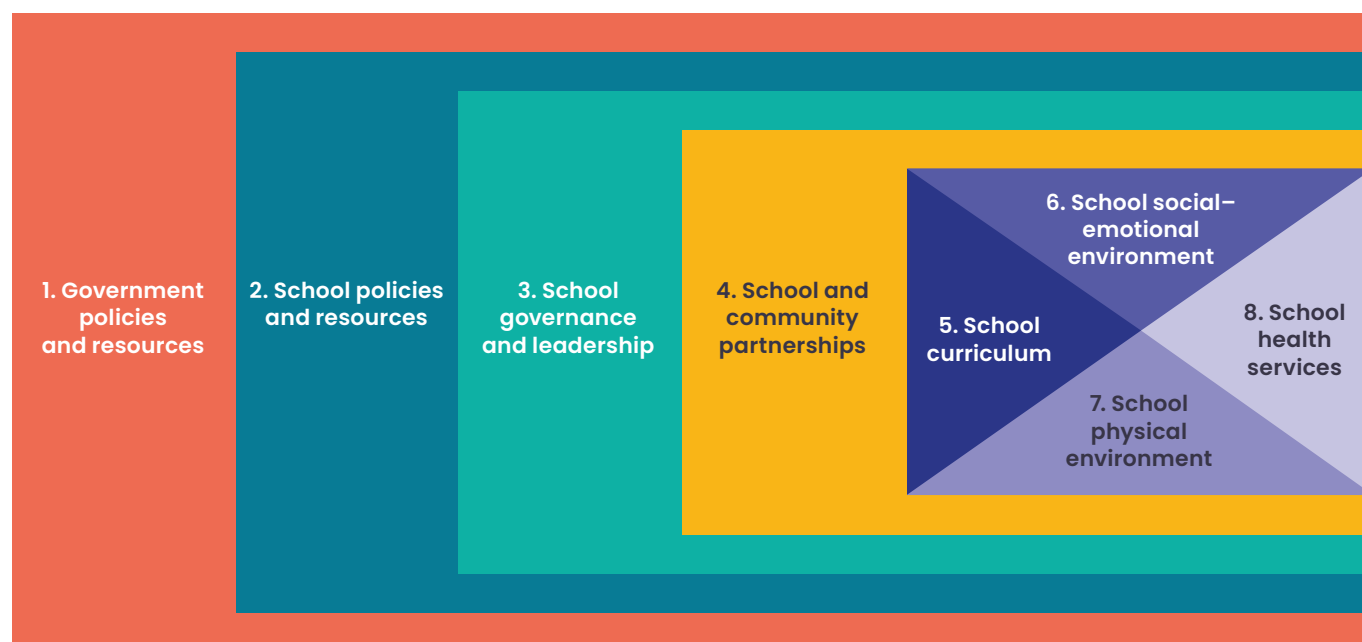
Alcohol and certain drugs (e.g. cocaine) can result in adverse health outcomes among pregnant adolescent girls and young women (e.g. miscarriage, premature birth, fetal alcohol spectrum disorder) and can contribute to poor sexual health (e.g. reduced libido).

Addressing SRH, gender equality and rights together with substance use can improve the overall health and well-being of learners, thus improving educational outcomes.

What are health-promoting schools and systems?

The eight global standards form a system of interconnected elements (Fig. 1) that comprise governance structures (primarily standards 1–4), community partnerships (standard 4) and school operations (primarily standards 5–8). A systems approach ensures that policies, mechanisms and resources for health and well-being are sustainably promoted in all aspects of school life. This involves cross-sectoral collaboration, participatory processes, models of distributed leadership, capacity-building and effective monitoring and evaluation.

Fig. 1. The eight global standards for health-promoting schools and systems



The global standards are designed to be used by various stakeholders involved in identifying, planning, funding, implementing, monitoring and evaluating any whole-school approach (even if the term HPS is not used) at local, subnational, national and global levels, primary and secondary schooling and public and private educational institutions.

How can we strengthen SRH, rights and gender equality with a health-promoting schools and systems approach?

Below are examples of actions, activities or initiatives that can strengthen SRH, rights and gender equality with a HPS and systems approach. The list is not exhaustive but could be part of a comprehensive school health programme. The actions will depend on the social, cultural and national context and the level of schooling (e.g. primary, secondary) and are ideally designed with all stakeholders (teachers, learners, community, caregivers, government, private sector and civil society organizations), based on local data. Strategies that target multiple aspects of education, health and well-being are encouraged as cost-effective ways of amplifying benefits.



1 Government policies and resources

- Develop national policies that protect the SRH and rights of learners (including in contexts such as humanitarian settings, boarding schools and religious schools), and promote gender equality and inclusion in schools (such as alignment with the “Safe to Learn” standards to prevent school violence), mandatory reporting of abuse consistent with legal frameworks (including cases of child, early and forced marriage and female genital mutilation), and prevent school expulsion of learners on the basis of sex, gender identity, sexuality, HIV status or pregnancy.
- Develop pathways for intersectoral collaboration between the ministry of education and other relevant ministries responsible for health, community development, social welfare, social services and child protection, to ensure alignment of national policies; and consider review of legal policies and programmes that impact SRH, rights and gender equality of learners.
- Allocate an equitable budget and human resources for HPS, including SRH, rights and gender equality, in schools (e.g. teacher training and gender-responsive teaching materials).
- Ensure that education on SRH, rights and gender equality is compulsory in schools, and integrate CSE into the national curriculum.
- Support training and professional development in whole-school approaches to SRH, rights and gender equality for pre-service and in-service school staff to ensure delivery of high-quality reproductive health and sexuality education curricula and adoption of gender-responsive approaches to education.
- Invest in age- and sex-disaggregated data collection on SRH, rights and gender equality at national and subnational levels and also in monitoring and evaluation of indicators of outcomes related to education, including CSE, as well as health and broader social and structural determinants (e.g. health risk behaviour, violence, harmful cultural practices).

EXAMPLES OF ACTIONS, FRAMED WITHIN THE GLOBAL STANDARDS FOR HPS AND SYSTEMS



3 School governance and leadership



2 School policies and resources

- Develop school policies to support the delivery of CSE (e.g. teacher training, resources and time allocation for curriculum implementation).
- Develop school policies and processes that are gender-responsive (e.g. leadership opportunities for learners and teachers of all genders, curricula and teaching materials that address harmful gender norms through case studies), protect the SRH rights of learners, and promote inclusion and diversity (e.g. anti-bullying, child protection policies, menstrual health and hygiene policies).
- Develop and communicate relevant policies and standards in all local languages to learners, staff, guardians and the wider community.
- Develop and implement clear policies and processes for confidentiality, identification, assessment, management and referral pathways for learners who experience physical, emotional, mental or social problems related to SRH or breaches of their rights, in consultation with the learners.
- Give school employees access to programmes that promote gender equality, and support school staff to act as role models to promote diversity and inclusion.

- Establish an HPS committee to plan, implement and evaluate SRH, rights and gender equality initiatives, which consists of education staff, learners, parents and carers, community and religious leaders, health staff and civil society organizations.
- Promote and recognize diversity in school leadership.
- Involve all teachers, school health staff, student representatives and parents and carers in decision-making to promote HPS and SRH, rights and gender equality.
- Appoint school coordinators or focal points to promote and monitor whole-school SRH, rights and gender equality approaches.



4 School and community partnerships

- Engage carers in building support, enhance their knowledge (e.g. respectful relationships, HIV), and modify attitudes towards SRH, rights and gender equality (e.g. harmful gender norms).
- Create parent and carer groups for learning and support (e.g. communicating with your child, sexual development and behaviours).
- Engage with the local community, religious leaders and cultural groups to promote meaningful social connections, and create opportunities to address harmful gender norms (e.g. homework programmes, community events, street art projects, craft groups, parent and carer days).
- Enhance partnerships between schools and communities to ensure the safety and security of the school and its vicinity, as well as protect students and school personnel from perpetrators of sexual violence and harassment.



5 School curriculum

- Integrate CSE into the school curriculum.
- Use gender-responsive approaches in both formal and informal education (e.g. gender-inclusive terminology, equal opportunities for all learners to lead classroom discussions).
- Use a participatory approach to engage learners as active participants in learning, when appropriate (e.g. learner-led discussions, role play, case-based group discussions, debates).
- Provide programmes based on strengths and evidence for building individual skills and behaviour that support SRH, rights and gender equality (e.g. problem solving, self-regulation, relationship-building, respectful relationships, life skills).



6 School social-emotional environment

- Ensure that teachers are skilled in using gender-responsive approaches to build positive relationships between school staff and learners and among learners, including conflict resolution (e.g. challenge classroom gender inequality).
- Embrace diversity in the school community (e.g. inclusive education programmes and activities for learners with disabilities and learners of all gender identities).
- Provide inclusive extracurricular activities (e.g. art projects, sports, music activities, excursions) to promote wider learning opportunities and foster social connections and healthy relationships among all members of the school.
- Implement peer-led programmes to provide leadership, education and mentorship to learners on SRH, gender equality and rights, delivered as part of multi-component intervention packages (e.g. peer-led HIV programmes that incorporate concepts such as socio-emotional and life skills and protective behaviour) that also address underlying social and structural determinants of health (e.g. stigmatization of HIV and harmful gender norms).

7 School physical environment

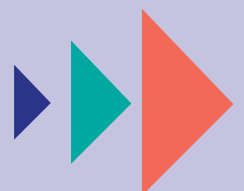


- Limit learners' access to "hidden spaces" where violence and harassment may occur, and supervise all spaces to ensure that learners are physically and emotionally safe.
- Ensure that school grounds are fenced and well-lit and that all visitors are registered.
- Ensure access to clean, safe, gender-responsive WASH facilities.
- Ensure that transport to and from school is safe and free from violence and harassment.



8 School health services

- Invest in the capacity of school health workers (e.g. school health nurses) to provide SRH counselling and other relevant services according to national and local priorities.
- Create links and facilitate access to health services, including comprehensive SRH services to address the physical, emotional, mental and social needs of individual learners and the school community.
- Consistent with local laws, ensure that learners and their families understand the process and referral pathways for accessing confidential SRH (e.g. contraception, screening and treatment of STIs and HIV, abortion care, pregnancy care), mental health, social support and protection services, whether at school or in the community.



How does a systems approach to SRH, rights and gender equality work in different contexts?

HIV and sexuality education in schools – Zambia

Background: A comprehensive HIV and sexuality education curriculum was conceptualized and scaled-up in schools in Zambia from 2014 with the purpose of strengthening access to age-appropriate, gender-transformative SRH education and services. The Ministry of Education led development and implementation of the curriculum nationally, in collaboration with the Ministry of Health, civil society organizations and religious organizations, with support from the United Nations Educational, Scientific and Cultural Organization and other United Nations agencies.

Approach: An HIV and sexuality education curriculum and associated teaching and learning materials were developed by the Curriculum Development Centre of the Ministry of Education. The framework included topics related to SRH (e.g. HIV), sexual behaviour, relationships, human development, human rights (e.g. gender-based violence, harmful cultural practices) and life skills (e.g. communication, negotiating skills). Existing systems in the Ministry of Education were used to support scaling-up. Provincial and district resource centre coordinators were trained to provide support in schools. Head teachers were oriented on the management of effective delivery of HIV and sexuality education in schools. Teachers were trained to deliver lessons integrated into the main curriculum in grades 5–12. The Ministry of Education built the capacity of the Education Management Information System at both district and provincial levels to collect, analyse and report on HIV-sensitive indicators, including sexuality education-related indicators. The Ministry of Education collaborated with Ministry of Health and civil society organizations to facilitate referral pathways between schools and health facilities by joint training in HIV and sexuality education and adolescent health for teachers and health workers and provision of youth-friendly guidelines and training packages for health providers. The Ministry of Youth, Sport and Arts led implementation of out-of-school HIV and sexuality education through youth resource centres and civil society organizations. A mass media campaign, including television and radio programmes and community dialogue, were conducted before implementation to foster community engagement.

Results: By 2022, the HIV and sexuality education curriculum had been implemented in grades 5–12 in over 10 000 schools in Zambia. In addition, millions of young people in and out of school have received HIV and sexuality education through multi-media platforms. Training has been provided to 13 360 pre-service and 98 949 in-service teachers (in person or online) since 2014. Variations in the duration and quality of teacher training were found to affect the delivery of HIV and sexuality education. The coronavirus disease 2019 (COVID-19) pandemic also affected programmatic activities in 2020. Despite school closures, online teacher training continued, as did delivery of HIV and sexuality education via media and digital platforms. Notwithstanding early stakeholder engagement, sustainability is threatened by a recent “push-back” against comprehensive sexuality education, led largely by some religious leaders under the influence of right-wing groups in the USA. Parliamentarians, civil society organizations and religious leaders who were developing and implementing training on HIV and sexuality education have actively responded to such opposition.

Messages: A strong policy foundation, leadership by the Ministry of Education and a systematic approach with multisectoral collaboration and good working relationships between the Government and other stakeholders have enabled effective integration of HIV and sexuality education into Zambia’s national education system. Threats to its sustainability suggest that ongoing community engagement, including with religious leaders, is important to sustain support for HIV and sexuality education in communities.

References:

Comprehensive sexuality education Country Profiles: Zambia; UNESCO

Comprehensive sexuality education for young people in Zambia: A review and documentation of the scale-up process (2016)

Our Rights, Our Lives, Our Future (O³): 2021 annual report; UNESCO

Right to Play – Pakistan

Background: Right to Play is an international organization that uses sport and play to educate and empower children and adolescents. It has developed a play-based life-skills programme to promote gender equality and reduce violence, which was implemented in public schools in Hyderabad in 2015–2018.

Approach: Stakeholders including the Ministry of Education, civil society organizations and school headteachers were engaged to implement the programme in grades 6–8. Young people from local communities were recruited as coaches and trained to lead activities. Five or six students were selected at each school and trained as junior peer leaders. Age-appropriate activities were integrated into the school curricula and delivered twice weekly by the community coaches, with support from the peer leaders and school staff. Participatory and experiential approaches were used to build life skills such as conflict resolution, effective communication and self-confidence. Structured play and sport were used to address issues such as harmful gender norms, gender discrimination and violence (e.g. gender-based violence, peer violence, corporal punishment). Carers and the wider community were engaged through Play or Dignity Days, sports tournaments on the themes of Stop Violence and Fair Play and summer camps. The programme also provided capacity-building for school staff, Government officials and leaders of civil society organizations in, for example, child protection, gender transformative approaches to education and child and adolescent development.

Results: A randomized controlled trial among grade 6 students in 20 intervention schools (929 students) and 20 control schools (823 students) demonstrated significant reductions in the intervention versus the control group in peer violence such as victimization (33% versus 28% for males; 59% versus 21% for females) and perpetration of violence (25% versus 11% for males; 56% versus 28% for females). Small but significant reductions were also seen in symptoms of depression (7% versus 5% for males; 10% versus 6% for females). A significant reduction in patriarchal gender attitudes and corporal punishment of all genders was found in intervention schools.

Messages: Supported by strong community engagement and with use of participatory and experiential learning opportunities, a whole-school approach to SRH rights and gender can promote gender equality and reduce violence among students.

References:

Karmaliani R, et al. Glob Health Action. 2020 Dec 31;13(1):1836604.

Right to play in Pakistan

Resources

Health-promoting schools



Making every school a health-promoting school: global standards and indicators

<https://www.who.int/publications/i/item/9789240025059>



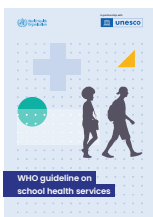
Making every school a health-promoting school: Implementation guidance

<https://www.who.int/publications/i/item/9789240025073>



Making every school a health-promoting school: Country case studies

<https://www.who.int/publications/i/item/9789240025431>



WHO guidelines on school health services

<https://www.who.int/publications/i/item/9789240029392>

SRH, rights and gender equality



International technical guidance on sexuality education: an evidence-informed approach

Implementation toolkit

<https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>



WHO recommendations on adolescent sexual and reproductive health and rights

<https://iris.who.int/bitstream/handle/10665/275374/9789241514606-eng.pdf>



The journey towards comprehensive sexuality education: global status report

Country profiles

<https://unesdoc.unesco.org/ark:/48223/pf0000379607>



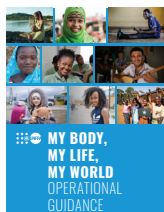
From access to empowerment: UNESCO strategy for gender equality in and through education 2019–2025

<https://unesdoc.unesco.org/ark:/48223/pf0000369000>



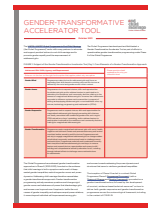
<https://www.unicef.org/media/113166/file/Gender%20Transformative%20Education.pdf>

Gender transformative education: reimagining education for a more just and inclusive world



My body, my life, my world: operational guidance and modules

<https://www.unfpa.org/resources/my-body-my-life-my-world-operational-guidance-introduction>



Gender-transformative accelerator tool

<https://www.unfpa.org/resources/gender-transformative-accelerator-tool-brief>



Gender report: Deepening the debate on those left behind

<https://unesdoc.unesco.org/ark:/48223/pf0000381329>



Leave no child behind: global report on boys' disengagement from education

<https://unesdoc.unesco.org/ark:/48223/pf0000381105>



<https://www.ungei.org/publication/whole-school-approach-prevent-school-related-gender-based-violence>

A whole school approach to prevent school related gender-based violence: minimum standards and monitoring framework



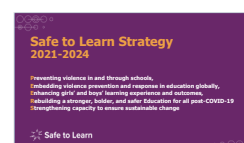
Guidance on menstrual health and hygiene

<https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene>



Gender-responsive water, sanitation and hygiene: Key elements for effective WASH programming

<https://www.unicef.org/media/139431/file/Gender-Responsive-Water-Sanitation-and-Hygiene-Key-elements-for-effective-WASH-programming.pdf>



Safe to learn strategy 2021–2024

<https://www.end-violence.org/safe-to-learn>



Acknowledgements

Development of this series of topic briefs was coordinated by Dr Faten Ben Abdelaziz, Dr Valentina Baltag, Dr Mervat Nessiem, Ms Audrey Kettaneh and Ms Trinette Lee at WHO; Mr Yongfeng Liu and Ms Emilie Sidaner at UNESCO; and Ms Deepika Sharma and Ms Joanna Lai at UNICEF.

The briefs were written by Professor Susan Sawyer, Centre for Adolescent Health, Murdoch Children's Research Institute, Royal Children's Hospital, and University of Melbourne, Australia, a WHO Collaborating Centre for Adolescent Health, in collaboration with Dr Monika Raniti. The lead writers were Dr Monika Raniti (Mental health); Dr Natalie Evans (Nutrition and WASH); Dr Dorothea Dumuid and Professor Carol Maher (Physical activity); Dr Kajal Hirani (Sexual and reproductive health); and Dr Wing See Yuen and Associate Professor Amy Peacock (Substance use).

WHO acknowledges the valuable contributions of technical experts at WHO, UNESCO, UNICEF, WFP and UNODC, including regional advisers and other academic experts who provided feedback.

WHO gratefully acknowledges the financial support from the Children's Investment Fund Foundation and the NORAD Fund.

How school systems can improve health and well-being.
Topic brief: sexual and reproductive health

ISBN 978-92-4-009456-7 (electronic version)

ISBN 978-92-4-009457-4 (print version)

© **World Health Organization 2024**. Some rights reserved.
This work is available under the CC BY-NC-SA 3.0 IGO licence.

Design and layout by Inis Communication



For further information, please contact:

Health Promotion Department

World Health Organization

20, Avenue Appia CH-1211 Geneva 27 Switzerland

<https://www.who.int/health-topics/health-promotion>

