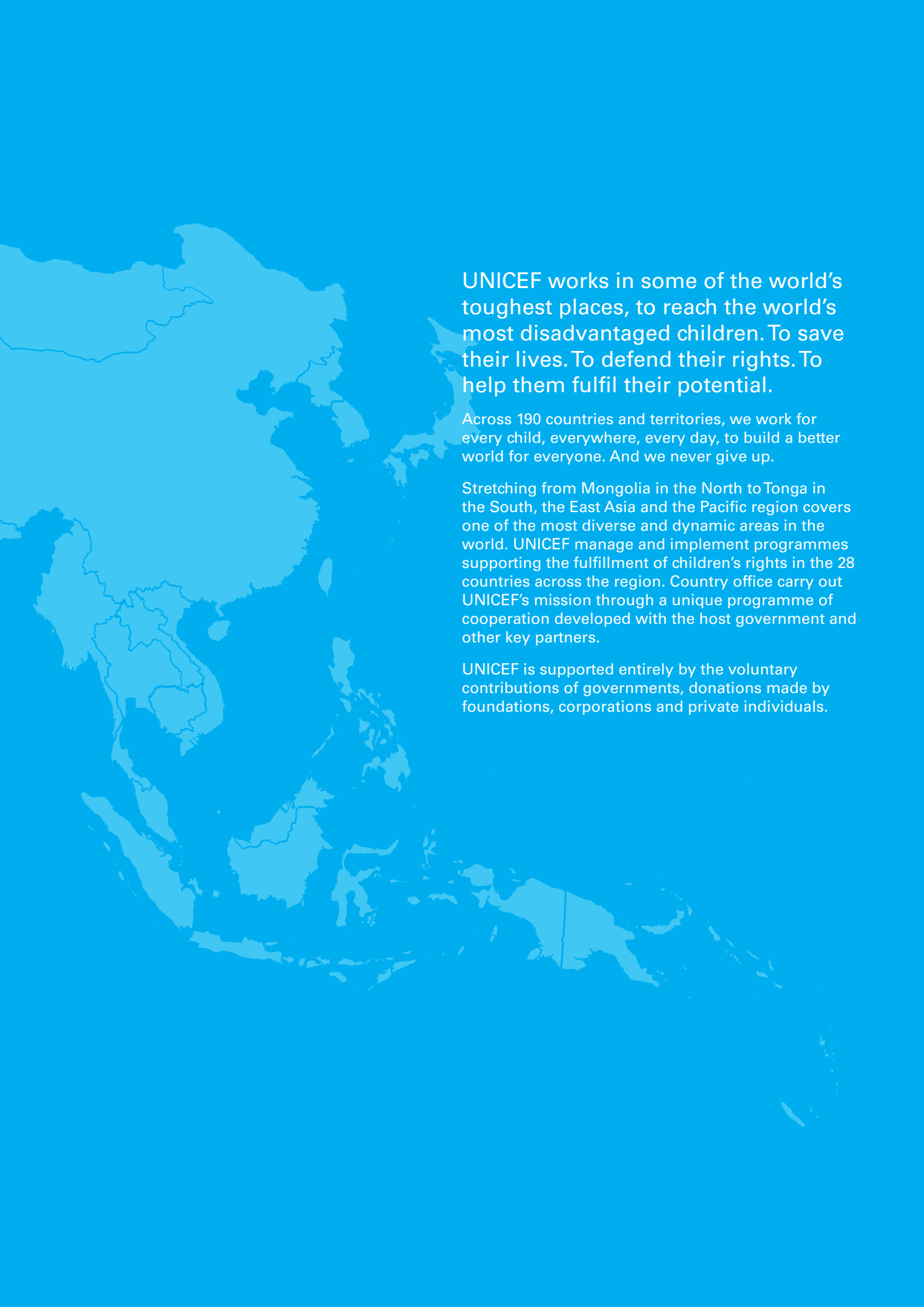




ADOLESCENTS'
POTENTIAL UNLEASHED

**EAST ASIA AND
THE PACIFIC**

unicef 
for every child



UNICEF works in some of the world's toughest places, to reach the world's most disadvantaged children. To save their lives. To defend their rights. To help them fulfil their potential.

Across 190 countries and territories, we work for every child, everywhere, every day, to build a better world for everyone. And we never give up.

Stretching from Mongolia in the North to Tonga in the South, the East Asia and the Pacific region covers one of the most diverse and dynamic areas in the world. UNICEF manage and implement programmes supporting the fulfillment of children's rights in the 28 countries across the region. Country office carry out UNICEF's mission through a unique programme of cooperation developed with the host government and other key partners.

UNICEF is supported entirely by the voluntary contributions of governments, donations made by foundations, corporations and private individuals.

With over 60 per cent of the world's youth living in the larger Asia Pacific region, supporting this age group to interact with and adapt to a rapidly changing world, develop creative and critical thinking skills and fostering ideals of responsible global citizenship are all critical to unleashing their potential. UNICEF programmes under this regional headline are guided by the Convention of the Rights of the Child, the Sustainable Development Goals, and the UNICEF Strategic Plan.

Adolescents' potential unleashed

Early moments matter

Regional Headline 1

- 1.1 Maternal newborn and child health
- 1.2 Preventive and curative nutrition services
- 1.3 Positive parenting and care practices
- 1.4 Early childhood development
- 1.5 Quality pre-primary and primary education and learning
- 1.6 Multi-dimensional child poverty and social protection

Regional Headline 2

Children grow in safe and sustainable environments

- 2.1 Children and urban inequity
- 2.2 Water sanitation and hygiene
- 2.3 Indoor and ambient air pollution
- 2.4 Children's participation in climate action
- 2.5 Disaster risk reduction and social cohesion
- 2.6 Access to justice

Regional Headline 3

- 3.1 Adolescents' education and learning
- 3.2 Gender-responsive adolescent health and nutrition
- 3.3 Preventing and responding to violence
- 3.4 Child marriage and teenage pregnancy
- 3.5 Safe spaces for participation, creativity and self-expression
- 3.6 Safe and responsible use of information and communications technologies

3.1 ADOLESCENT EDUCATION AND LEARNING

Key issues in East Asia and the Pacific

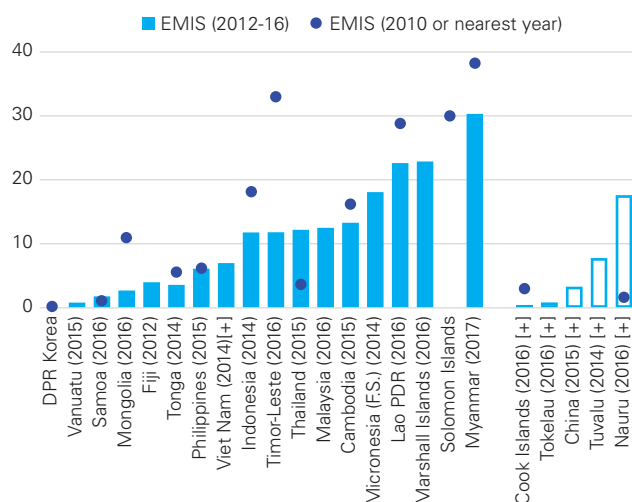
Over 27 million adolescents are still out of school in the region. This is 1 in 10 of those who should be in lower secondary education (8.5 million), and almost 1 in 5 adolescents expected to be enrolled in upper secondary education (18.5 million).¹ Despite significant improvements in expanding access to education across the region, key barriers persist, including: lack of services, particularly in remote rural areas; irrelevant content and curriculums; inappropriate teaching practices; and poverty. There is also a need to act against child labour, gender discrimination and harmful practices (such as excluding pregnant girls and young mothers from education, migration, conflict and violence), as well as natural and manmade disasters. These barriers, in addition to adverse cultural norms and practices, impact on educational access, participation and the overall performance of adolescents.²

Evidence shows that a significant number who attend school are not learning adequately or acquiring the skills they need to thrive. While data on adolescent learning remains limited in most countries in the region, and does not necessarily go beyond traditional academic subject areas (i.e. not covering '21st century skills'), the evidence shows poor results. An estimated 1 in 3 children in Eastern and Southeast Asia, and 1 in 5 children in the Pacific countries



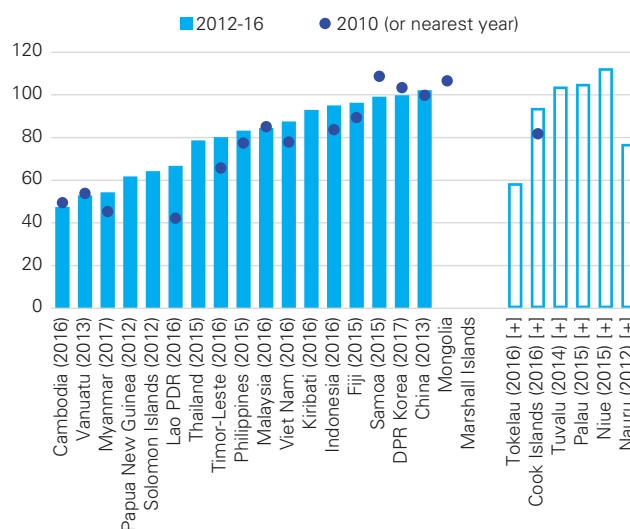
– over 70 million children – do not achieve minimum proficiency in reading and math, and thus do not acquire foundational skills.³ There is growing recognition that the traditional school model alone cannot effectively respond to the needs of today's adolescents, particularly vulnerable adolescents who tend to be excluded from the current secondary education system. While there are alternative education programmes in several countries, many lack quality, and often do not provide students with recognized accreditation and equivalent access to further education levels. In addition to issues around 'employability' and 'school-to-work transition', there is a growing consensus that socio-emotional and other 21st century skills need to be further nurtured to allow adolescents to unleash their potential.⁴

Out-of-school adolescent rates at lower secondary level (%)



Note: [+] Other national estimates, not comparable
Source: UNESCO Institute of Statistics (UIS)

Gross intake ratio to the last grade of lower secondary (%)



Note: [+] Other national estimates, not comparable
Source: UNESCO Institute of Statistics (UIS)

1 UNESCO Institute for Statistics. <http://data.uis.unesco.org/> (accessed March 2018). The figure excludes those in China.
2 UNGEI. 2012. https://www.unicef.org/eapro/report_why_are_boys_underperforming_FINAL.pdf
3 UNESCO Institute for Statistics. 2017. <http://uis.unesco.org/sites/default/files/documents/fs46-more-than-half-children-not-learning-en-2017.pdf>
4 See e.g. <http://www.lisce-mena.org>

Driving results for children

As part of collective efforts to achieve Sustainable Development Goal 4,⁵ UNICEF focuses on enhancing education, learning and skills development. UNICEF prioritizes support to: (1) expanding and diversifying secondary education and learning options and improving their quality, particularly for disadvantaged adolescents; (2) improving learning outcomes and skills development among young people, addressing their diverse, specific needs while empowering them to achieve their full potential; (3) strengthening education systems, including services, finances, data and assessment; (4) promoting equity-focused and cross-sectorial initiatives, together with innovative partnerships; and (5) embracing innovative ideas in terms of delivery modes, service providers, partners and stakeholders, and education and learning pathways.



Key programme strategies



Systems and capacity

- Improve the quality, equity and relevance of secondary schools, including curriculum improvement and quality assurance mechanisms.
- Promote alternative and flexible models addressing the needs of excluded adolescents, those out of school and those at risk of dropping out.
- Identify and develop effective models for 21st century learning and the skills of adolescents in formal and informal settings.
- Improve adolescent-friendly learning environments including: school safety; reduction of gender-based violence; effective participation; and comprehensive and gender-responsive secondary education sector analysis.
- Develop risk-informed approaches and effective responses during emergencies and crises, especially to support adolescents.



Partnerships and alliances

- Engage with cities, the private sector, and non-governmental organizations to explore innovative ways to transform secondary education and learning.



Governance, policy and budget

- Promote policies to attract better teachers and school leaders to secondary education



Data, evidence and knowledge

Gather data and generate evidence on:

- Adolescents still in primary school: improve their learning at primary level, and identify effective support strategies and options for school completion and transition to lower secondary.
- Out-of-school adolescents: identify who they are, how the main exclusionary factors and triggers operate, and what policy options can be implemented to reverse these trends.
- 21st century learning and skills: assess frameworks and best strategies for improving learning, frameworks and policies to develop foundational, socio-emotional, and other transferable 21st century skills and competencies.
- Alternative and inclusive pathways for secondary education services, including for future challenges and jobs: develop evidence on innovative, unconventional, bold and targeted ways to deliver quality secondary education, to adolescents with disabilities, indigenous and minority adolescents, migrants and adolescents on the move. Compile evidence on alternative models of secondary education.
- Education sector analysis and improvement: generate evidence on the effectiveness, cost of services and rates of return; promote policies to improve learning and school management; and support, as well as teacher deployment policies.

3.2 GENDER-RESPONSIVE ADOLESCENT HEALTH AND NUTRITION

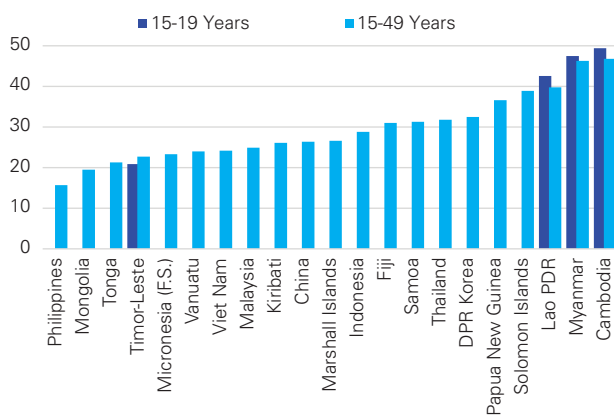
Key issues in East Asia and the Pacific

The patterns of adolescent illnesses in East Asia and the Pacific have shifted from communicable diseases to non-communicable diseases, injuries and mental health. Suicide and accidental death from self-harm (mental health) is one of the leading causes of adolescent death in the region.¹ The percentage of adolescents that reported attempting suicide at least once in the previous 12 months varied from 3.9 per cent in Indonesia (2015)² to 34 per cent in Solomon Islands (2011).³ Data over the last two decades (1995 –2015) show that the prevalence of adolescent births has been stagnant or increasing in Cambodia, Indonesia, Malaysia, Mongolia, the Philippines, Thailand and Viet Nam. Adolescent mothers face higher risks of pregnancy and maternal health-related complications and psychosocial need, and recent studies indicate that symptoms of depression are two to four times higher in teen mothers.

HIV prevalence among adolescent males who have sex with males (15–19 years) has increased from 3.8 per cent (2011) to 15.6 per cent (2015) in Indonesia, and from 0.9 per cent (2009) to 3.6 per cent (2015) in the Philippines.⁴ In Thailand, prevalence of HIV almost doubled (from 5.9 per cent to 11 per cent) among young males who have sex with males (15–24 years), and more than tripled (3.4 per cent to 12 per cent) among young transgender people between 2010 and 2014.⁵ Despite the need to protect adolescents from HIV infection and other health-related risks, their age and factors including poverty, inequality, legal barriers, stigma and discrimination within the health system and educational institutions, prevents adolescents from seeking and receiving health care, information and other essential services.

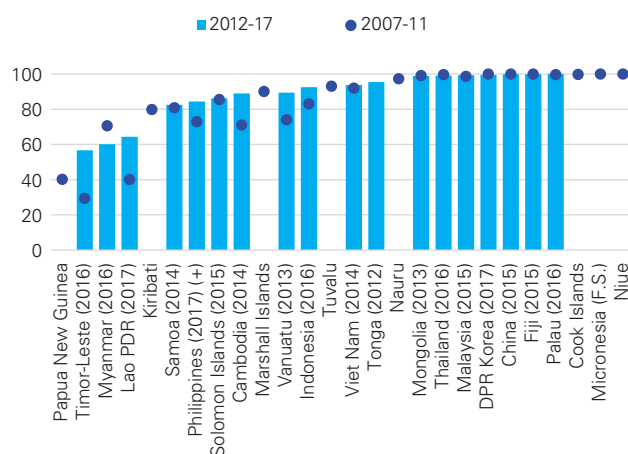
Data on adolescent nutritional status in the region is scarce, with most countries lacking national data for the whole reference population of adolescents aged 10–19. The highest rates of underweight (low body mass index (BMI) for girls aged 15–19 are in Timor-Leste (40 per cent), Cambodia (28 per cent) and Myanmar (14 per cent).⁶ In Indonesia, a sub-national study recorded a striking ‘double burden’ of malnutrition, with 11 per cent of adolescents aged 13–15 years having low BMI and the same proportion of adolescents who are overweight or obese. A major global analysis showed that mean BMI in children aged 5–19 had increased significantly in South East Asia, and that Pacific Island Countries have the highest rates of overweight and obesity.⁷ Anaemia, which has a serious negative impact on growth, learning and capacity for physical activity, is common among adolescents aged 15-19 in the region, with rates close to 50 per cent in some countries. Adolescent mothers are more likely to have babies with poor fetal growth, which is a significant contributor to poor child nutrition outcomes.

Prevalence of any anaemia among adolescent girls (15-19) and reproductive women (15-49), 2016 (%)



Source: WHO Global Health Observatory; MICS and DHS

Births attended by skilled birth attendants (%)



Source: Joint UNICEF/WHO database; DHS and MICS.
[+] 2007-11 value for the Philippines refers to 2013

1 WHO. 2017. Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation.
 2 WHO. 2015. Noncommunicable diseases, Global School-based Student Health Survey, Indonesia Fact Sheet for students aged 13–17 years.
 3 WHO. 2011. Noncommunicable diseases, Global School-based Student Health Survey, Solomon Islands Fact Sheet for students aged 13–15 years.
 4 Department of Health, Epidemiology Bureau, Philippines. 2016. The Growing HIV Epidemic among Adolescents in the Philippines.
 5 Department of Disease Control, Thailand. 2011 Integrated Biological Behavioural Surveillance Survey (IBBS). Unpublished.
 6 Demographic and Health Surveys in Timor-Leste (2017), Cambodia (2014) and Myanmar (2016).
 7 Lancet. 2017. ‘Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. NCD Risk Factor Collaboration (NCD-RisC)’.

Driving results for children

UNICEF prioritises support to: (1) gender-responsive, adolescent-friendly health services and strategies that focus on mental health, sexual and reproductive health including HIV; (2) innovation and digital health interventions created with and for adolescent boys and girls; and (3) comprehensive strategies to address all forms of adolescent malnutrition.



Key programme strategies



Systems and capacity

Develop models, guidance, capacity and monitoring, particularly for:

- Menstrual hygiene management (water, sanitation, hygiene, education, health).
- Access to gender-responsive adolescent/youth HIV/Sexual Reproductive Health services.
- HIV prevention, care, treatment and support for at-risk adolescents.
- Increased use of skilled antenatal, childbirth and postpartum care for adolescent mothers.
- Mental health care and psychosocial support to adolescent girls and boys including teen mothers.
- School and youth health-promotion initiative lead by World Health Organisation.
- Nutrition counselling for malnourished individuals.
- Micronutrient supplementation for pregnant and lactating girls.
- Weekly iron and folic acid supplementation for all girls aged 15 and older, through schools and other channels.
- Deworming in schools and for pregnant girls.
- Food/dietary supplements for underweight adolescent girls, especially during pregnancy.
- Counselling in the health system for obese adolescents.
- Food fortification.



Governance, policy and budget

- Promote legislation to: (1) support improved nutritional quality of available foods (e.g., food fortification, elimination of trans-fatty acids, reduction of salt and sugar); (2) ensure appropriate food labelling, signposting, and healthy and unhealthy food logos; (3) regulate inappropriate advertising of food aimed at children and youth; and (4) ensure healthy nutrition choices are available in schools (e.g., restricting access to sugar-sweetened beverages and junk food and snacks, and promote policy on healthy school meals).
- Promote adequate maternal care and psychosocial support to improve maternal and neonatal outcomes for adolescent mothers.
- Support development, endorsement and implementation of budgeted gender-responsive national adolescent health agendas.



Data, evidence and knowledge

- Conduct systematic data collection and analysis of the status of the key adolescent health and nutrition indicators.
- Disaggregate by age and sex data to help inform strategic focus for adolescent programming and interventions.
- Perform mapping and analysis of existing health and nutrition legislation, policies, budgets and programmes.
- Conduct research, evaluation and case studies on: (1) effective approaches to improving adolescent health and nutrition, including the role played by parents, communities and caregivers; (2) attitudes, practices and norms in relation to adolescent health and nutrition, including parenting of adolescents; and (3) availability, accessibility, acceptability and quality of essential health, nutrition and parenting services for adolescent boys and girls.



Partnerships and alliances

- Involve, empower and ensure meaningful participation of adolescents in the design, implementation and monitoring and evaluation of strategic interventions.
- Engage in multi-stakeholder platforms (government, community, civil-society, the private sector and development partners) to accelerate implementation of interventions and new strategies.
- Collaborate with academic institutions for evidence generation and capacity building.



Behaviour change

- Social and behaviour change communication on healthy eating, nutrition literacy and physical activity, based on formative research.
- Use of social media to deliver key mental health and nutrition messages to adolescents/young people.
- Engage with the private sector to champion healthy nutrition and health behaviour, while avoiding conflict of interest with the food and beverage industry.

3.3 PREVENTING AND RESPONDING TO VIOLENCE

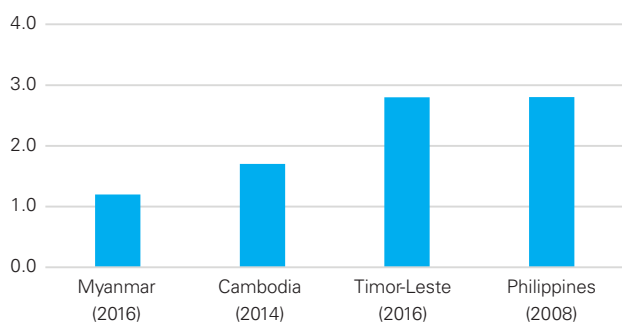
Key issues in East Asia and the Pacific

Violence against children (VAC) impacts millions of children globally each year: three quarters of young children are regularly subjected to violent discipline by caregivers; 15 million girls aged 15 to 19 have experienced forced sex in their lifetime; one quarter of children live with a mother who is a victim of intimate partner violence; one third of students experience bullying; and an adolescent is killed by an act of violence every seven minutes.¹ A 2012 UNICEF review of available prevalence data in the region found that physical, emotional and sexual violence against children is also common in all countries in East Asia and the Pacific²: three in every four children experience violent discipline; 11-22 per cent of girls and 3-16.5 per cent of boys experience sexual violence; 12 per cent of boys and 32 per cent of girls have witnessed violence between their parents; and 18-41.6 per cent of children have experienced emotional violence.

Violence has immediate and life-long consequences for children, society and national development. All forms of physical, sexual and emotional abuse against girls and boys may have serious negative, short- and long-term physical, mental and health consequences, constraining their ability to reach their full potential and, consequently, undermining investments in education, health and early childhood development. Adults who experienced violence as children are more likely to be perpetrators of VAC themselves, creating a new generation of victims. VAC erodes the productive capacity of future generations and places a long term burden on health and social services. Due to its public health consequences, VAC is estimated to cost the region 2 per cent of GDP every year (which equated to US\$206 billion USD in 2012).³



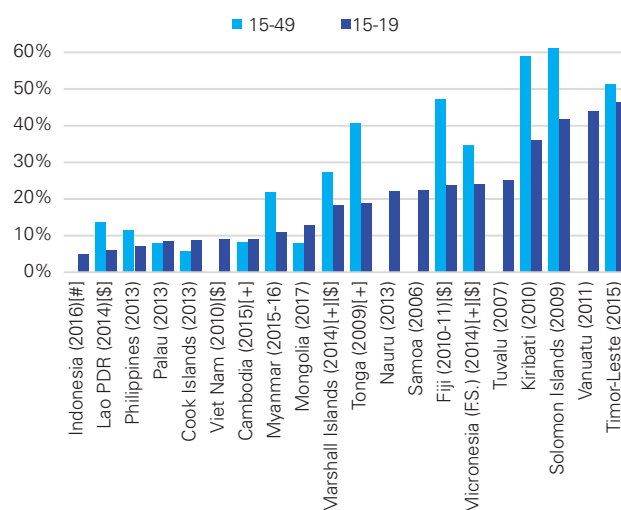
Proportion of girls aged 18-29 years who experienced sexual violence by age 18 (%)



Note: Based on reported prevalence data and population estimates for the year 2015, 303,000 women aged 18-29 in the Philippines; 64,000 in Myanmar; 30,000 in Cambodia and 3,000 in Timor-Leste may have experienced sexual violence in their childhood.

Source: SDG Database and DHS

Percentage of ever-partnered adolescent girls (15-19) and women (15-49) who experienced physical or sexual violence by a current or former intimate partner in the past 12 months



Source: Family Health and Safety Studies; DHS; Other national surveys.

[#] 15-49 age category refers to 15-64 years

[+] 15-19 age category refers to 15-24 years

1 UNICEF. November 2017. 'A Familiar Face: Violence in the lives of children and adolescents', UNICEF, New York.

2 UNICEF. 2012., 'Measuring and Monitoring Child Protection Systems: Proposed Core Indicators for the East Asia and Pacific Region', Strengthening Child Protection Series No. 1., UNICEF EAPRO, Bangkok.

3 UNICEF. 2014. 'Estimating the Economic Burden of Violence against Children in East Asia and the Pacific', UNICEF East Asia and the Pacific Regional Office.

Driving results for children

UNICEF promotes a multi-sectoral approach to ending VAC to achieve key Sustainable Development Goals 5.2, 5.3, 16.1 and 16.2⁴, which not only recognizes the critical role of social services, justice and health sectors in preventing and responding to VAC, but also the importance of involving the education sector and actors engaged in HIV/AIDS, social policy/social protection, nutrition, water, sanitation and hygiene, as well as faith-based groups, community-based organizations, the private sector and media in prevention initiatives. The multi-sectoral agenda needs to address all settings where violence occurs: the home; the community; in and around schools; in institutions; and online. Sufficient political will is required to ensure that the implementation of this approach is coordinated at a high-level, explicitly budgeted for and accompanied by robust monitoring and evaluation.

In order to more effectively prevent and respond to all forms of VAC, UNICEF focuses on strengthening child protection systems, and as a key part of these efforts, strengthening the social service workforce. UNICEF also invests in generating evidence on prevalence, consequences and 'what works', behaviour and social norms change, access to justice (result area 2.6), enhancing parent and caregiver support (result area 1.3), equipping children and adolescents with life skills, and strengthening public financing for child protection. These efforts must take into consideration the gendered nature of violence, and the specific needs and risks for vulnerable groups, e.g. children with disabilities, migrant children and children without parental care.

Key programme strategies



Systems and capacity

- Support the development of a well-functioning, well-planned, trained, supported and resourced social services workforce.
- Strengthen the case management system across key sectors (social services, justice and health) to handle cases of VAC and ensure children can access support services.



Data, evidence and knowledge

- Support research, mapping, surveillance and monitoring of the prevalence, incidence, drivers and circumstances of violence.
- Strengthen administrative data systems on VAC, including information management systems for child protection and promote disaggregation of data by age, gender and disability
- Assess the effectiveness of child protection systems strengthening programmes.
- Evaluate the effectiveness of prevention programmes in reducing violence and addressing the risk factors associated with violence.



Behaviour change

- Raise awareness on legislation related to VAC and available reporting mechanisms.
- Address negative social norms (including negative gender norms) that perpetuate VAC and prevent children seeking help.
- Mobilise communities and community-based organizations to prevent and respond to violence and discrimination against children, including vulnerable groups, such as migrant children and children with disabilities.



Partnerships and alliances

- Collaborate with global and regional partnerships and alliances, including the Global Partnership to End Violence Against Children and INSPIRE Working Group, international and regional bodies (e.g. the Special Representative of the UN Secretary General on Violence Against Children, ASEAN), and UN agencies to promote a multi-sectoral approach and high level political buy in for ending VAC.
- Engage and work with religious leaders and groups, civil society, community based groups, the media, and ICT sector on ending VAC, with a focus on social norms change.
- Collaborate with global and regional alliances on social work/social service workforce strengthening.
- Partner with actors engaged in Violence against Women/Gender (including UN Women and UNFPA) on joint prevention and response initiatives to tackle violence against women and girls.



Governance, policy and budgets

- Develop multi-sectoral actions for preventing and responding to VAC, coordinated by national and local mechanisms.
- Revise national legislation to ensure that VAC is explicitly and unequivocally prohibited in all settings, without exception.
- Strengthen the legal framework to ensure it provides an overarching framework for the system of prevention and response of violence, including clear mandates, responsibilities and operating procedures for duty bearers, interagency coordination mechanisms, and pathways for justice.
- Ensure that laws, policies and strategies are in place to govern the operation and strengthening of the social service workforce.
- Assess, track and advocate for increased budgetary allocation for VAC.

4 SDG 5.2: "Eliminate all forms of violence against women and girls"; 5.3: "Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation"; 16.1: "Significantly reduce all forms of violence and related death rates everywhere"; 16.2: "End abuse, exploitation, trafficking and all forms of violence against children"

3.4 CHILD MARRIAGE AND TEENAGE PREGNANCY

Key issues in East Asia and the Pacific

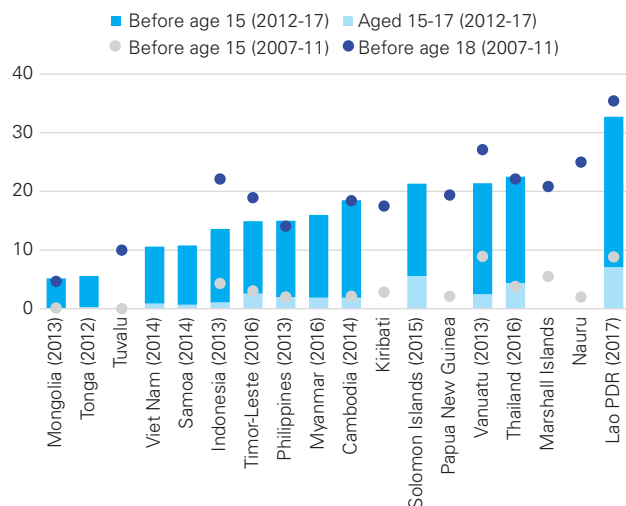
While global adolescent birth rates are falling, they are either stagnant or increasing in several countries in East Asia and the Pacific. The average adolescent birth rate in Southeast Asia is now higher than in South Asia, at 47 per 1,000 girls. Adolescent birth rates are above the global average in many countries in the region. In the meantime, child marriage (marriage where one or both partners are under the age of 18) prevalence remains high in some countries. In terms of total number of girls in child marriages, Indonesia ranks seventh, the Philippines 12th and Thailand 19th in the world.

'Peer' ('love') marriages, or circumstantial child marriages between teenagers, seem more common, but arranged and forced marriages can also be found in the region. While in South Asia and Africa, child marriage often drives early pregnancy, in East Asia and the Pacific, pregnancy may also precede marriage, and act as a trigger for child marriage or early union. For example, in Thailand, which saw an increase in the adolescent birth rate from 40 to over 50 per 1,000 girls over the past 10 years, studies show that pregnant adolescents often get married to 'save face', while arranged child marriage remains a norm in some cultural groups. In Viet Nam, for example, types of child marriage include 'peer' marriages, child marriages arranged by families to capitalize on young people's labour, marriage to resolve the perceived shame of premarital sex or early pregnancy, and bride kidnapping. In Timor-Leste, a recent study found that gender norms and unequal power relations between girls and boys were key drivers of teenage pregnancy. The legislative framework for protecting children from early marriage is weak in the region, with only six countries categorically prohibiting marriage below the age of 18, allowing no exceptions on the basis of sex, religion, ethnicity or parental consent.



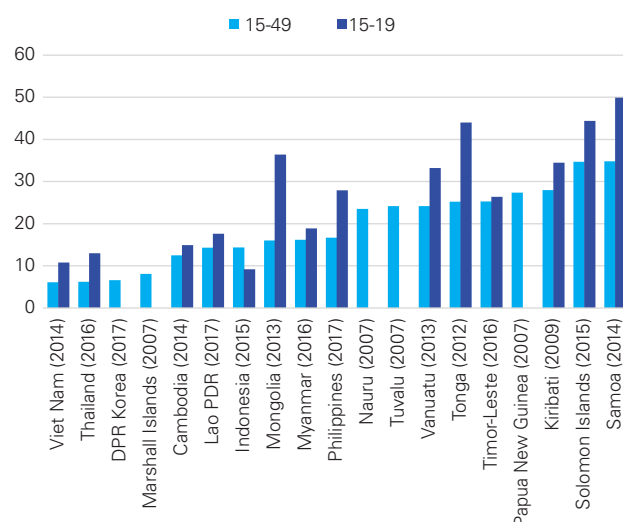
Adolescent fertility rates are generally higher in settings where early marriage is prevalent, in rural rather than urban areas, and among girls with less educational attainment and lower socio-economic status. An unintended pregnancy can have negative consequences for the girl, including stigma, social isolation, school expulsion, forced marriage, and in some cases violence and suicide. Abortions, which are highly restricted or prohibited in many countries in the region, can be unsafe and result in illness and death. Complications of adolescent pregnancy and childbirth are a leading cause of death among girls and young women aged 15–19 in developing countries.

Women aged 20-24 years who were married or in a union before age 15 and before age 18 (%)



Source: UNICEF Global Database; DHS and MICS

Unmet need for family planning among married girls age 15-19 and women age 15-49 (%)



Source: UNDESA, World Contraceptive Use 2017; DHS & MICS.

Driving results for children

In line with the Sustainable Development Goals (SDGs), particularly SDGs 3¹ and 5², UNICEF prioritizes support to prevention of and response to child marriage and teenage pregnancy. This includes support to: (1) the establishment of enabling and empowering legal and policy frameworks that recognize adolescent sexuality; (2) strengthening pathways to adulthood through education and employment, increasing access to sexual reproductive health services and comprehensive sexuality education; and (3) promoting adolescent girls' empowerment and gender norm change, including those that support sexual and gender-based violence.

Key programme strategies



Systems and capacity

- Support capacity building to design and implement evidence-based strategic interventions, that include prevention and response, built on an understanding of patterns of adolescent pregnancy, child marriage and early union.
- Promote interventions targeting girls and boys most at risk of child marriage, ensuring that approaches are adapted to their local situation.
- Support efforts to strengthen access to and quality of education, employability and economic opportunities for girls.
- Strengthen capacity and services to prevent and respond to sexual assault and intimate partner violence against girls.
- Strengthen capacity for targeted pregnancy care, nutrition, maternal health care and psycho-social support for adolescent girls.
- Promote comprehensive sexuality education in line with international standards.
- Promote sexual and reproductive health and family planning services to be accessible, non-judgemental and tailored to the needs of married and unmarried adolescents, girls and boys.



Behaviour change

- Change gender norms, non-consensual sexual behaviour, and community attitudes towards both.
- Mobilize youth, parents and communities to end child marriage.
- Strengthen gender norm change within behaviour change communications and social norm programming.
- Integrate gender socialization dimensions into all programmes that engage with 'agents of socialization'.
- Address stigmatization and isolation of married adolescents, pregnant adolescent girls and teenage mothers.



Partnerships and alliances

- Meaningful engagement of young people at all ages and all stages – 'reaching young people where they are'.
- Build alliances and networks for adolescent girls' empowerment.
- Strengthen intersectoral collaboration to effectively address the drivers of adolescent pregnancy.
- Collaborate with sexual reproductive health partners to create an enabling environment for gender equality and adolescent sexual and reproductive health and rights.



Governance, policy and budgets

- Advocate for the adoption of enabling and empowering legal and policy frameworks that recognize adolescent sexuality.
- Promote comprehensive sexuality education, including gender equality, human rights and power relations.
- Ensure access to sexual and reproductive health services, particularly family planning and contraception.
- Strengthen policies to support married children and pregnant girls to continue their education.



Data, evidence and knowledge

- Collect, analyse and use disaggregated and sub-national data to understand the patterns of adolescent pregnancy, child marriage and early union (particularly for 10- to 14-year-olds), and to make the most affected groups more visible.
- Evaluate approaches that work to prevent child marriage and adolescent pregnancy.

1 'Ensure healthy lives and promote well-being for all at all ages'

2 'Achieve gender equality and empower all women and girls'

3.5 SAFE SPACES FOR PARTICIPATION, CREATIVITY AND SELF-EXPRESSION

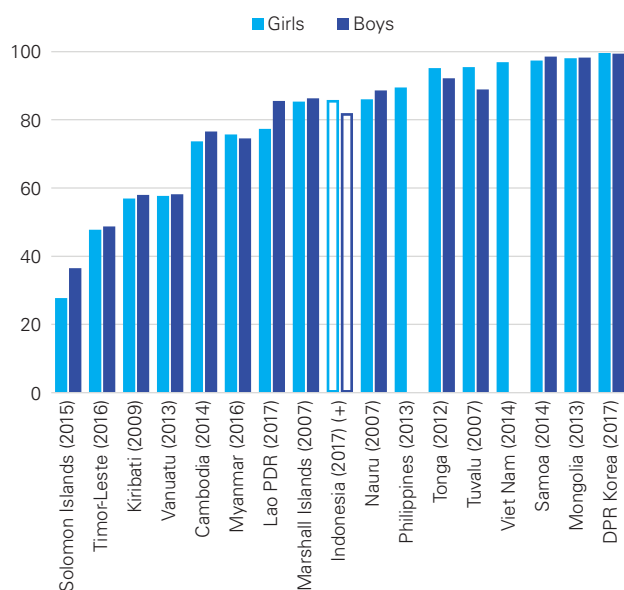
Key issues in East Asia and the Pacific

The rapid economic growth in East Asia and the Pacific, which has been driven by a labour-intensive market, quick technological progress and market-oriented reform, can only be sustained through the full participation and engagement of its young people. Systematic ways for adolescent voices to be safely expressed and heard are essential to build inclusive, stable and democratic societies. In a region driven by entrepreneurship and technology, the creativity and self-expression of adolescents and youth is a major precursor to innovation.

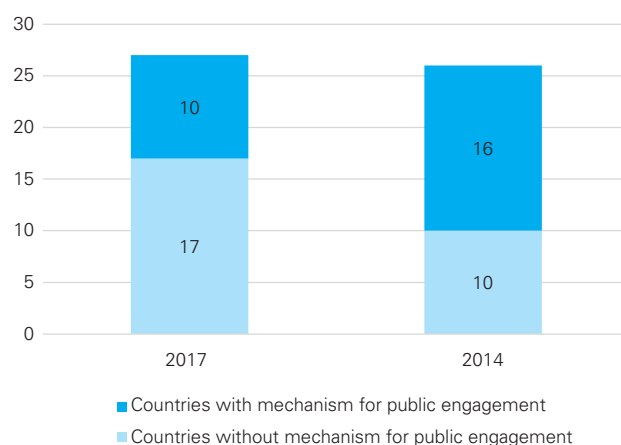
In East Asia and the Pacific, a ‘partnership approach’ incorporating adolescents and youth is often missing, and there are limited opportunities for them to be involved in decision-making processes such as policy design, programme development and feedback and monitoring. The 2017 Global Millennial Viewpoints Survey produced by the International Youth Foundation¹ showed that two out of three young people (aged 15–24) believe that their government does not care about their needs. Increasingly, however, young people’s aspirations are expressed through volunteerism, community-led initiatives, social enterprises, start-ups, the use of social media and networking tools, art and activism. While technology has led to increased connectivity, better communications, and opportunities for jobs in non-traditional sectors, it has not been equally available to many adolescents in the region. In some cases, technological advancement has benefitted the more educated and experienced, and those with transferable skills and access to social networks and resources.



Adolescents aged 15–19 who read newspaper or magazine, or watch television or listen to radio at least once a week (%)



Mechanisms for public engagement to influence development agenda in local, sub-national or national plans



Source: UNICEF country offices

Note: (+) Data for Indonesia differ from the standard definition as they refer to unmarried boys and girls only.

Source: UNICEF State of the World Children Report 2017; MICS and DHS.

1 International Youth Foundation. 2017. Global Youth Wellbeing Index.

Driving results for children

UNICEF prioritizes and promotes data generation and evidence about adolescents and youth to inform policies and programmes. It promotes the meaningful participation and involvement of adolescents in shaping the research and data agenda, particularly on the issues affecting them, including: their aspirations and priorities for the future; socialization, leisure and use of time; the influence of religion, media and social norms on their lives; and social networks and online behaviour.

UNICEF also promotes cross-sectoral programming through models and initiatives in which adolescents and young people are key collaborators at all stages of planning and implementation. This involves innovative interventions co-created by governments, think tanks and research organizations, the private sector and youth organizations.



Key programme strategies



Systems and capacity

- Strengthen mechanisms such as student councils, adolescent/youth clubs, local institutions, and community-based organizations, alongside digital and traditional media platforms that encourage and prioritize the participation of adolescents.



Data, evidence and knowledge

- Undertake research and generate evidence using participatory approaches that involve adolescents in all stages of knowledge production; include adolescents in the design and evaluation of the programmes affecting their lives.



Partnerships and alliances

- Identify key research organizations, academia and think tanks to address data and evidence needs using innovative, participatory approaches.
- Build partnerships involving the private sector as influencers, co-creators and problem solvers.
- Establish alliances with social enterprises built and/or led by young entrepreneurs and adolescent influencers, such as young designers, artists, musicians, sports figures and environmentalists, who could be engaged to promote adolescent voice and participation.
- Engage with faith-based organizations and community networks to promote social inclusion and peacebuilding.
- Engage with UN agencies, regional institutions, bilateral organizations, non-governmental organizations, the private sector and youth to promote adolescent participation in policy reform.



Governance, policy and budgets

- Promote the participation and engagement of girls and boys in developing policies that affect their lives, particularly around learning and adolescent health (e.g., sexual reproductive health, mental health, nutrition and violence prevention).
- Support national governments to develop operational frameworks in support of the Convention of the Rights of the Child General Comment No.20 on the implementation of the rights of the child during adolescence.
- Advocate for legislative and policy frameworks in schools, health structures and juvenile justice systems that ensure the systematic and institutionalized participation of adolescents.



Behavior change

- Invest in behavioural change interventions addressing social norms and cultural values that constrain the participation of girls and boys, partnering with organizations to influence the attitude of governments and communities on adolescent rights to civic engagement.

3.6 SAFE AND RESPONSIBLE USE OF INFORMATION AND COMMUNICATIONS TECHNOLOGIES

Key issues in East Asia and the Pacific



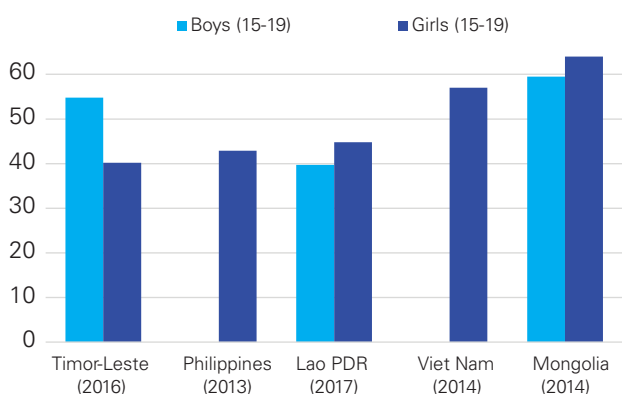
In East Asia and the Pacific, young people are among the most active and influential users of new technology. In the Philippines, around 44 million Internet users are children aged 17 and below. In Thailand, 60 per cent of children aged 6–14 are online, and in Indonesia around 60 per cent of children are accessing the Internet through mobile devices. A 2014 study conducted in 18 cities by the China National Youth Palace Association found that 72 per cent of children aged 10 or over in China owned a mobile phone, and 30 per cent of children aged under 6 have used a tablet. It also noted that the age of 10 was the turning point when children began using the Internet not only for online gaming, but

also for entertainment, communication, learning and self-expression. By 13, as adolescents, they become not only online content consumers, but also creators.

New developments in information and communications technology (ICT) have introduced significant opportunities for children and adolescents in terms of access to information, learning, communication, civic engagement and entertainment. ICTs also pose unique threats to children's safety. They provide a means of rapidly and widely sharing child sexual abuse materials, they provide a relatively unregulated space, and neither children nor their caregivers always understand the risks involved in their use. Adolescent girls and boys are particularly at risk of various forms of online sexual abuse and exploitation, threats of violence and bullying. Online risks are also affected by a combination of offline factors, including: poverty and socio-economic inequality; social norms that tolerate these forms of violence; impunity from or a lack of legislation; weak regulatory framework governing ICTs; weak or non-existent reporting and referral mechanisms; and weak child protection services. In most countries, a lack of awareness, political will, coordination, capacity and resources continue to pose major challenges; and the rapid speed and breadth of ICT development has outpaced efforts to address cyber security for children.

Corporations increasingly collect, analyze, and sell browsing data about children and young people, and some governments are using data gathered online for surveillance purposes. Each of these activities poses a potential threat to children's privacy, personal information and reputation. There are also growing concerns regarding overuse of gaming and social media by children, leading to a lack of engagement in other important areas of life including education, physical exercise and family life. It is difficult to obtain quality evidence on these issues because it requires modern and effective case management systems, as well as access to the growing body of data about children's Internet usage and behaviour online that is harvested and maintained by the private sector.

Adolescents aged 15–19 who used the internet at least once a week in the last month (%)



Driving results for children

'Safe and responsible use of ICTs' means that children are able to fully engage with the multitude of positive opportunities they present, while employing sensible safeguards to protect themselves and others, in the context of informed parental guidance and appropriate legal and regulatory frameworks. UNICEF prioritizes support to: (1) protecting children from risks and harm online, through the WePROTECT Global Alliance (an international movement dedicated to national and global action to end the sexual exploitation of children online), particularly the implementation of the Model National Response framework, which has become the international normative framework; (2) improving opportunities for children online, through improved understanding, empowerment of young people, digital literacy and innovation; and (3) ensuring prioritization of ethics and privacy in data collection and sharing.

Key programme strategies



Systems and capacity

- Identify and roll out innovation in the delivery of open educational tools that can promote access to quality information for both structured learning and teaching methods that utilize gaming.
- Support education about coding, artificial intelligence and virtual reality technologies, including related ethics issues, and promote digital innovation amongst youth.
- Empower children and young people to use digital platforms for civic engagement and activism around social causes.
- Strengthen law enforcement through training, staff retention programmes, and improvements in investigatory techniques and treatment of child victims of online crime.
- Improve reporting mechanisms such as child helplines, whereby children can receive professional help, advice and assistance regarding problems they are experiencing online; and hotlines whereby the public can report crimes against children online, connected to responsive law enforcement.
- Bridge the gap between offline and online prevention and response initiatives, and strengthen social services to respond to the psychosocial needs of child victims of online violence, support vulnerable children and prevent them from becoming future victims.
- Foster innovations in technology to enable victim identification online; and innovations to respond to cyberbullying and prevent harm to children (especially adolescents) online, such as suicide prevention tools developed by Facebook.
- Promote and support educational initiatives aimed at reducing peer-to-peer abuse online, which address the gender aspects of sexual harassment online, including victim blaming and the particular risks experienced by girls and lesbian, gay, bisexual, transgender and intersex children.



Behavior change

- Build parents' understanding of ICT through cross-generational learning and educational materials.
- Raise awareness and understanding of children and adolescents of the opportunities and risks of ICT.



Data, evidence and knowledge

- Evaluate educational materials aiming to combat child sexual exploitation, both online and offline.
- Support digital evidence gathering by law enforcement, and its use in court systems, and enable necessary information sharing across international borders.



Governance, policy and budgets

- Promote the use of digital technology to provide children with useful and accurate information and opportunities to voice their ideas and opinions.
- Promote digital literacy modules as a core and assessed element of national school curricula.
- Advocate for multi-sectoral approaches to addressing online child sexual exploitation and abuse.
- Support the updating of legal and regulatory frameworks on cybercrime against children.
- Advocate for the prioritization of ethics and privacy in data collection and sharing.



Partnerships and alliances

- Engage ICT companies as duty bearers for children's rights (products should be safe to use by children), and support partners to teach and empower children and parents to stay safe online.
- Collaborate with UN agencies (the International Telecommunication Union, UN Office on Drugs and Crime) and INTERPOL in strengthening law enforcement and developing effective regulatory frameworks.
- Build partnerships with Internet service providers and mobile phone companies to promote improved connectivity and hardware such as computers, laptops and tablets.
- Promote South-South collaboration and alliances between a wide range of stakeholders in promoting youth digital engagement and protecting their rights.

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**FOR EVERY CHILD,
HOPE**



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