



HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN GEORGIA, 2018

WORLD HEALTH ORGANIZATION COLLABORATIVE
CROSS-NATIONAL STUDY (HBSC)



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Executive Summary

Adolescents' health and their rights are challenges for developing countries. Structural and functional changes in adolescents impact their behavior and emotion. Georgia is one of these developing countries. Georgia is facing the transition from Soviet culture. Absence of adolescent-friendly healthcare services influence negatively adolescents' and youths' health and increase the burden of adolescents mortality and morbidity in the country.

Georgia has opportunity to improve adolescent' health and well-being as the country took responsibility to achieve the 17 SDGs and their 169 targets and each of these relates to adolescent development, health or well-being directly or indirectly.

The presented study is the first trail in Georgia to gain new insight into, and increase our understanding of young people's health and wellbeing, health behaviors and their social context.

HBSC is a cross-sectional research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The HBSC international survey runs on an academic 4-year cycle and in 2013/2014 there were 44 participating countries and regions. The overall goal of the study is to improve health and welfare of young people through revealing a wide range of factors affecting their health and development, including health, education, social context, family and personal determinants. HBSC study in Georgia is the only source of information on adolescent health in the country, providing national, international and local data to stakeholders. HBSC provides information on wide-ranging aspects of young people's health and well-being. National wide surveys conducted first time in 2018 by the National Center for Disease Control and Public Health of Georgia.

The national wide HBSC study primarily was done in Georgia in spring of 2018 and the aim of the study was to obtain new evidence and increase the level of awareness in relation to health behaviors, health and lifestyle of adolescents in their social context.

The study population was young students of public and private schools, aged 11, 13 and 15 years. These age groups were selected due to important stages of development occurring these years. The school-based survey is administered at a national level. The representative sample of pupils from each age group is involved in the study. Self-administrated questionnaires are being completed in the classroom during the spring semester.

The HBSC national wide study is conducted in collaboration with the World Health Organization Regional Office for Europe. The national experts of adolescent health are involved in the study analysis.

The Georgian HBSC questionnaire follows the international HBSC survey protocol. The research protocol is developed according to the international standard questionnaire. The HBSC 2018 international mandatory questionnaire comprised 44 and questions. These questions are mandatory for all member countries of the network, including Georgia and focused on social, health and behavioral themes.

Questions for all three age groups were different: the questionnaire for 11 and 13 years old students is the same but for the 15 years old pupils' additional questions about sexual health and substance use was added.

The National Center for Disease Control and Public Health of Georgia (NCDC) in close collaboration with WHO European and WHO country office implemented the HBSC study in 123 schools of Georgia. The mandatory module of the international protocol to develop the national questionnaire was used for the study. The national research protocol was approved by the Ethics Committee of NCDC.

The sample of the study included: 4235 respondents from 123 secondary schools, 123 clusters (study grades/groups). Stratification criteria: 140 secondary public and private schools were asked to participate in the study from the list provided by the Ministry of Education and Science (2321 total secondary schools) and about 87% (123 schools) took part. The main reason for schools non-response was due to the lack of free time. According to the HBSC survey methodology, the following age groups were involved in the study: 11, 13, 15-year-old adolescents (5th, 7th, 9th grades), from the rural and urban settings. The response rate among pupils was high about 87% of students participated in the study. Response rates were higher among 11 and 13 years old than among 15 years old adolescents. The main reason for pupil non-response was illness, unexplained absence or due to their parents' refusal to sign the informed concept. The study was done in the Georgian Language.

Data collection: The self-filled questionnaire was applied as a method of data collection. The questionnaire was developed based on the HBSC mandatory and optional modules, translated and adapted to the Georgian language. A separate questionnaire was used for boys and girls. Data was collected with the active participation of interviewers from NCDC from in the selected schools and selected grades from 6 May till 25 of 8 June 2018. The administration of the

questionnaire in schools was conducted by a skilled interviewer from NCDC. On completion, each pupil placed the questionnaire in an envelope, sealed it and handed over to interviewers.

Data processing and analysis: According to the HBSC study protocol, coding of responses and data entry was conducted according to protocol guidelines. The final national dataset was subjected to cleaning and data quality was checked as required by the HBSC international study. Data were processed and analyzed in the SPSS program. Result chapters present a broad introduction and background to the study, a descriptive summary of the social factors of young people: family life, the school environment, peer relations, and neighborhood environment. The following chapters focus on health and well-being indicators and health and risk behaviors. Most of the findings presented in this report are based on response options to questionnaire items.

The basic national sample size within each age group was set at around 1500 students, to allow more scope in subgroup analyses. The sample was selected using cluster sampling by school class, rather than simple random sampling. Descriptive analysis of dependent and independent variables was done. Means and standard deviations of all variables were computed. 85 % of young people live with both of their parents. 12% of study participants are living only with mothers and 2 % lived only with fathers, just a minority 0.4% report living in the foster. Children and young people are often unable to give sufficient information about their parents' occupational status. Young people were asked to report the number of cars and computers at home, their own bedroom, the number of bathrooms in their home the number of family holidays taken abroad in the previous 12 months and if they have a dishwasher at home. Most of the respondents' fathers' have a job (78.3%). Share of study participants whose fathers have a job among 15-year olds (68.5). 55.5 % of study participants' mothers have a job and this share is higher among 15-year olds (59.8%). Family members of 38.3 % of respondents have no car, minivan or truck. 77 % of pupils have their own room while 22.6 % have not. 9.8 % of respondents don't have their own computers, 42.4 % have one computer and 26.7% have two. 61.4% of study respondents have not traveled with their family for vacation during the last 12 months. 18.3 % of them traveled once and 19.8 % more than twice.

Pupils were asked 'How well off do you think your family is?' in order to obtain a subjective measure of family wealth. 42 % of study respondents describe their family as 'very well off' and 0.2% "not at all well off".

Around 67.9% of students were more likely to find it easier to talk to their mother rather than to their father (49.1%) about things that really bother them. Boys compare to girls find it easier to talk to their father at all three ages.

Adolescents spend a significant proportion of their time at school. School environment influences their physical and emotional development. HBSC collects information about aspects of the school environment, such as how much pupils enjoy school, perceived academic performance, and pressure from schoolwork, support from classmates and teachers.

47% of pupils like school 'a lot', but this proportion decreases with age. Among them, the share of girls is more than boys. 6% report that they feel 'a lot' of pressure from schoolwork. 30 % strongly agree that teachers care about them, this proportion is substantially changing with age.

The number of respondents, who believed that school teachers' think that their performances were very good which increased among boys by age, as opposed to girls.

The share of those who agree and strongly agree with the statement (74%) that teachers care about them. 79.6 % of respondents report that they don't feel or feel 'some' pressure from schoolwork and only 6.1% state "a lot" pressure from schoolwork.

Time spent together with classmates maintained more or less the same in all age groups. 12 % of pupils very strongly agree that they can talk to their best friend about their problems. 9 % of young people report daily contact with their friends by phone, text messages, emails, instant messenger or other social media. Daily electronic media contact with friends is more likely among boys than girls (10% versus 9%). 27% of 11-year olds speak to their friends daily via electronic media, rising to 36% among 15-year olds.

The study also revealed the type of relationships between classmates of respondents. Every second respondent meets with classmates every day after school. Girls are frequently met with each other, rather than boys. Moreover, with the increase in age, this share is increasing. Girls are more frequently stated that they love to spend their free time with classmates in schools. Share was the lowest among 11 -year old boys and girls.

Most respondents believed that their peers accepted them as they are. Among boys, there are almost no significant differences by age. The number of 11- and 13-years old girls, who believe that they are accepted by peers, are higher than among 15.

The HBSC study has measured the frequency with which a range of food and drink items are consumed by young people. The survey also collects data relating to young people's experience of eating family meals, breakfast and school meals. 49.5 % of young people eat breakfast every weekday. Fruit and vegetables are both consumed daily by 14% all of pupils. 13% of them eat sweets or chocolate every day. Cola or other sugary drinks are consumed daily by 9% of young people. More than half respondents (55.2%) are having a meal with the family every day and 24.8% most of the days.

The absolute majority of respondents have indicated spending time watching TV, videos (including YouTube or other similar programs), DVDs and other entertainment programs, which uses screen projection, 2 hours a day and more during weekdays, and during weekends.

36% of adolescents have indicated using daily, for 2 hours and more, information technologies for entertainment for socializing and studying during the weekday and 68% - during the weekend.

The respondents of the HBSC study were asked about their health status. Pupils assessing their health status as excellent or good are respectively (40.3% and 42.8%). But the share of boys among 13 and 15-year-olds who thought that their health is excellent was twice more than girls. Share of those who negatively assess their health status is the following: among 11-years old was 1.4%, 13-year old was 0.8% and 15-year olds 1.7%.

The HBSC studied also pupils' opinion about their body images and depression. 11% of girls are actively trying to lose weight and 9% of boys. 3% of boys and 2% of girls in Georgia report that they are 'much too fat'. 54% of boys and 50% of girls in Georgia report that they are 'about right'. Perception of being too fat changed with age and at age 15, one in three young people report feeling "much too fat".

According to the study respondents 26% 11 years old, 44% 13 years old and 30% 15 years old of those who try to control weight perceive themselves as 'fat'.

The HBSC study also asked questions about depression. According to the HBSC share of girls reported they "felt depressed all the time (5-7 days)" increased with age and reaching 52% among 15-year-old girls. At the same side, the share of pupils reported that they felt "happy all of the time (5-7 days)" slightly decreased with age for both sexes.

About 11.6% of adolescents mentioned that they feeling low every day during the last six months. Respectively 6.1% and 7.4% experience head and back pain during the last six months. Every third of participants stated that they experienced abdominal pain and every sixth mentioned that they had back pain. The frequency of health complaints increases with age.

Introduction

HBSC is a cross-sectional a research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The HBSC international survey runs on an academic 4-year cycle and in 2013/2014 there were 45 participating countries and regions. The overall goal of the study is to improve the health and welfare of young people by revealing a

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The study the population was young students of public and private schools, aged 11, 13 and 15 years. These age groups were selected due to the important stages of development occurring these years. The school-based survey is administered at a national level. The representative sample of pupils from each age group is involved in the study. Self-administrated questionnaires are being completed in the classroom during the spring semester.

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The Georgian HBSC questionnaire follows the international HBSC survey protocol. The research protocol is developed according to the international standard questionnaire. The HBSC 2018 international mandatory questionnaire comprised 44 questions. These questions are mandatory for all member countries of the network, including Georgia and focused on social, health and behavioral themes.

Objectives: The main objective of the HBSC survey was to assess the problems related to the health and health behaviors of adolescents and to examine how these were influenced by the family, socio-economic, educational and a range of other factors which may have either had a protective role or, conversely, increased the health risks of adolescents. In addition, the healthcare as well as behavioral problems allowed for better planning and implementation ion of further actions for the benefit of adolescents.

Methodology: The national survey was conducted using the methodology and the standard anonymous questionnaire of the HBSC network. The questionnaire administered contained two subsets of items: a) core items mandatory for all the participating countries; b) optional items that can be included in the national survey according to the country requirement. In total, the administered questionnaire contained 254 items covering physical and mental health, eating habits, physical activity, family bonds, peer interactions, health knowledge, sexual behavior, and the use of tobacco, alcohol and drugs. Questions for all three age groups were different: the

questionnaire for 11 and 13 years old students is the same but for the 15 years old pupils' additional questions about sexual health and substance use were added.

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Results

The sample of the study included: 4235 respondents from 123 secondary schools, 123 clusters (study grades/groups). 4235 adolescents aged 11, 13 and 15 from 123 schools were included in the survey; 2109 of these (49.7%) were male, and 2133 (50.3%) – female. Distribution by places of residence of all surveyed pupils are presented in Table 1

Table 1: Composition of the HBSC study sample, 2018

	Age			Total
	11 year old	13 year old	15 year old	
Tbilisi	289	370	329	988
Region, town	477	437	476	1390
Region, village	624	693	540	1857
Total	1390	1500	1345	4235

Table 2. Age and gender breakdown of 11 -15 years-old pupils

Gender	Age			Total
	11	13	15	
Boy	674	776	655	2105
Girl	716	724	690	2130
Total	1390	1500	1345	4235

Results

Health and Wellbeing

Self-rated health is a subjective indicator of general health. In adolescence, it refers not only to the presence or absence of chronic disease or disability but also to a more general understanding of self.

Empirical studies have shown that self-rated health is an independent predictor of future morbidity and mortality (1). Poor health in early childhood may result in long-term negative effects that can continue throughout adolescence into adulthood and may also influence the use of health services (2). Adolescent self-rated health is influenced by a broad range of health indicators, including medical, psychological, socioenvironmental, and behavioral (3, 4), and wider social contextual factors such as family, peers, school, and cultural status.

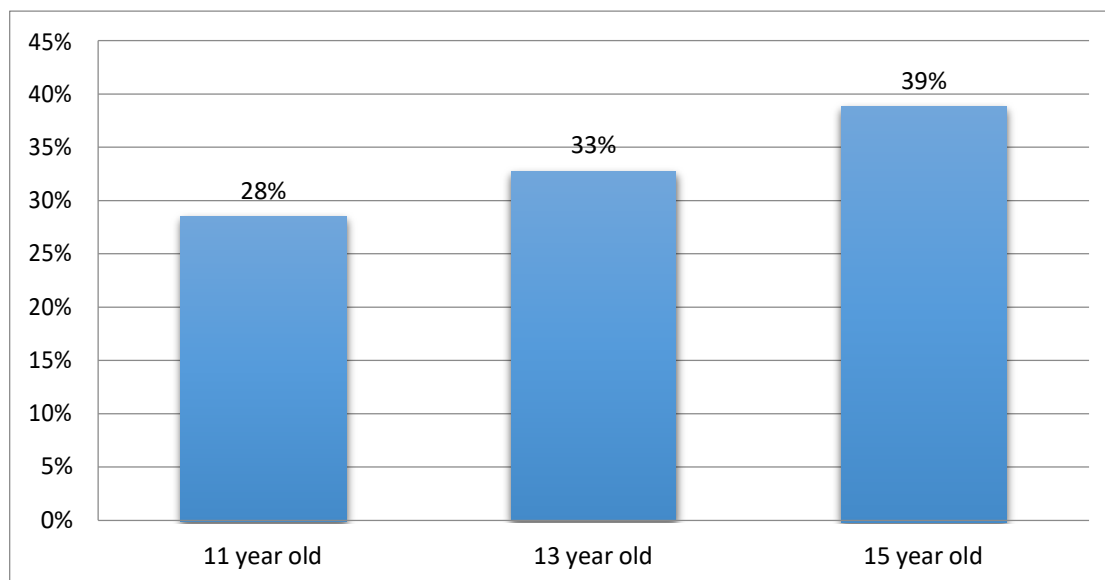
The majority of study participant teenagers assess their health as excellent or good, 40.5% and 42.6% respectively. Boys more often assess their health as excellent or good than girls. Girls reported fair or poor health more frequently across all age groups. Gender differences were significant at age 11 but were significant for nearly all at 15. Differences increased with increasing age. Some adolescents reported different health complaints. The complication frequently was reported by the girls than boys. About 4.7% of adolescent boys and 15% of adolescent girls aged 11 -15 reported having had a headache at least once a week in the six months preceding the survey. Approximately 13 % of respondents reported episodes of stomach ache once a week or more often. Boys reported more frequently the episodes of stomach ache than girls. Episodes of backache and difficulties in getting to sleep at least once a week were more prevalent among girls than boys. Toothache at least once a week or more was reported by 11 % of adolescents, with a higher prevalence in urban residences.

Having multiple health complaints is an an important indicator for measuring subjective well-being, as it reflects individual burden and personal experience related to negative life events in the social context of family, school, and peers. Multiple health complaints were analyzed in the study to assess the health status of respondents. About 43% of 11 -15-year olds adolescents reported having multiple health complaints at least once per week. In all age groups girls were found to have a higher prevalence of multiple health complaints.

The study participants were asked about body image and whether they are on a diet or doing something else to lose weight at present. The response options were 'no, my weight is fine', 'no, but I should lose some weight', 'no, I need to put on some weight' and 'yes'. The findings below present the proportion of children trying to lose weight at present.

10 % of all study participant young people actively trying to lose weight, weight control behavior increases with age, such that most one third (39%) of 15-year old girls are trying to lose weight.

Figure 1: Age and gender breakdown of adolescents with weight control behaviour



3% of boys and 2% of girls of study participants report that they are ‘much too fat’. Majority of students stated they are satisfied with their own body weight, 54% of boys and 50% of girls reported that they are ‘about right’. Perception of being too fat was changed with age and at 15, one in three young people report feeling "much too fat". Moreover, about 14.5% of students were on a diet or undertook some other action to reduce weight.

Dissatisfaction with body image and low self -esteem affect young people’s health and promote depression, psychosomatic and nutrition disorders, and risk behavior.

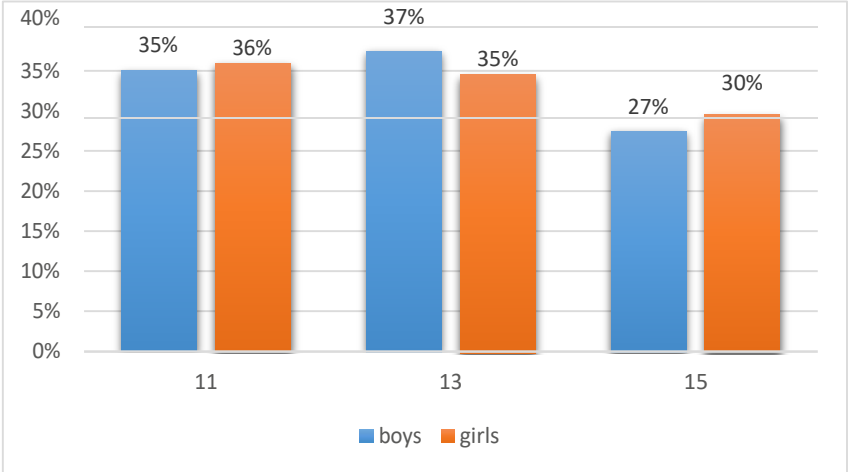
Mental Health

Mental well-being declines as young people move through adolescence. With increased reporting of multiple health complaints, a reduction in levels of life satisfaction and a raise in adolescents rating their health as fair or poor. Moreover, life satisfaction is associated with subjective mental health and well-being. It is considered to be relatively stable over time, in contrast to spontaneous feelings related to immediate experiences. During adolescence, it is strongly influenced by life experiences and relationships, particularly in the family environment

Results

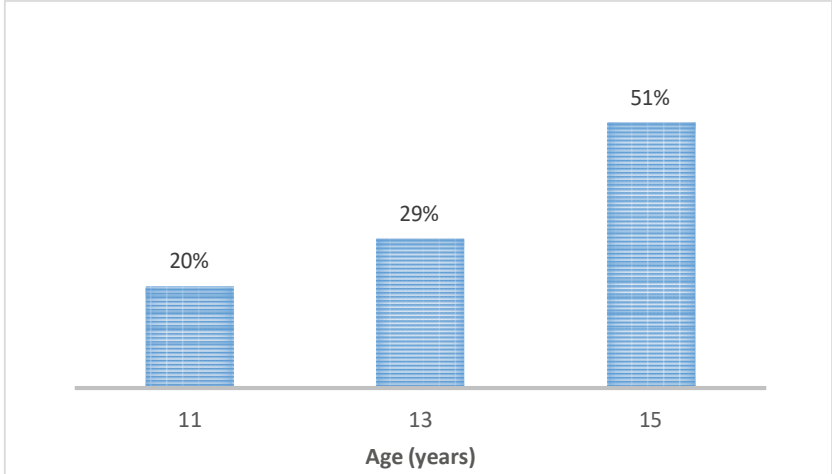
and with peers. Family structure and psychosocial factors play a role, especially in relation to self-perception and self-esteem (4). The Cantril ladder score was used to measure life satisfaction: scores of 0 and 10 represent the lowest and highest possible life satisfactions for the study participants. The score 6 and above is accepted as satisfaction with life. Most young people reported high life satisfaction (76%), 40% of young people report their health as ‘excellent’ and a further 43% describe their health as ‘good’. Prevalence changes with age for sex. Life satisfaction decreases with age for girls. Life satisfaction varies with place of residence. The highest score was observed in Tbilisi.

Figure 2. Life Satisfaction: proportion of satisfied teens by age and gender



Feeling “ down “at least once a week was reported by 15% of boys aged 11- 15 and 24 % of 11-15-year-old girls. The prevalence of this complaint increased with age and the highest is 51% among 15-year-olds.

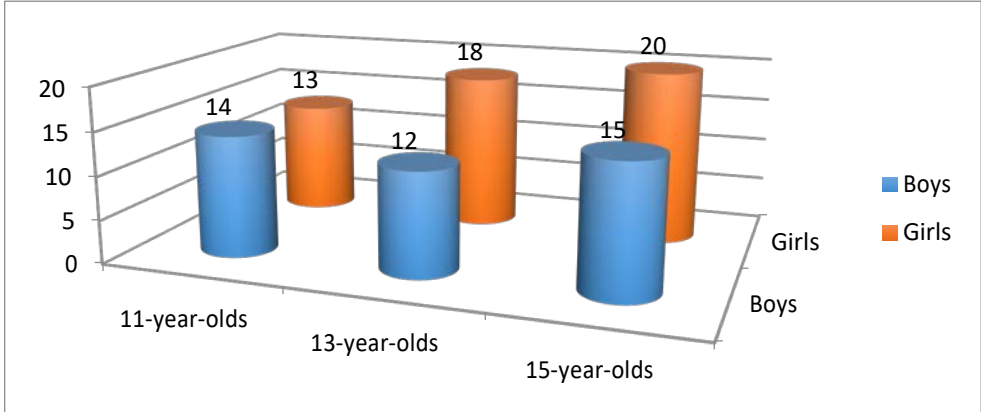
Figure 3: Girls felt depressed all of the time (5-7 days)



Results

It was found that 11.5 % of 11 -15-year-olds reported feeling sad in the week preceding the survey. About 13% of 11 -15-year-olds reported that they are feeling lonely. This percentage is increasing in older age groups, about 17% of 15 year olds reported feeling lonely; the percentage varies by gender, age and place of residence. Most of teenagers reported that they “woke up feeling fresh and rested”. Only 8% boys and 10.3% girls “feeling nervous” about every day. However majority of teens reported that they rarely have similar problems.

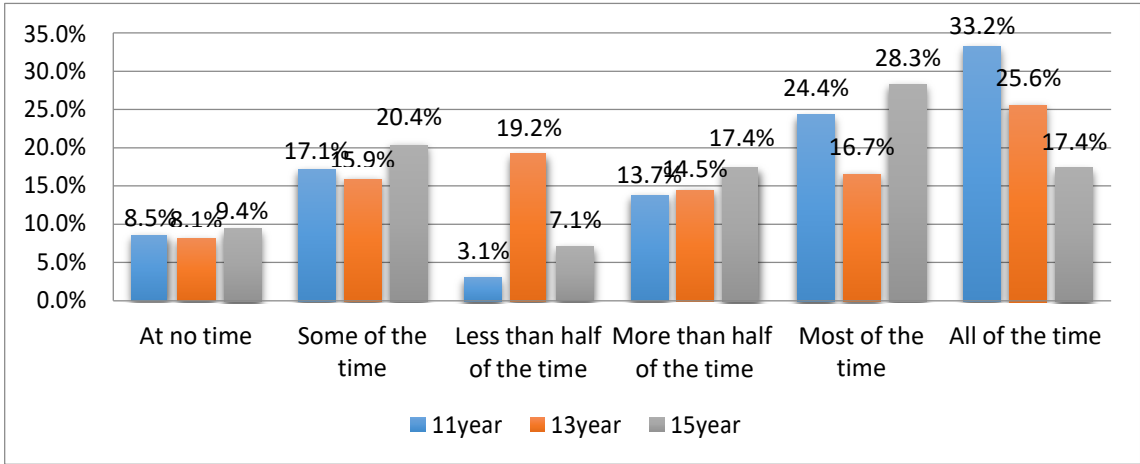
Figure: 4 Prevalence of feeling nervous more than once a week



About 1.5% and 1.3% of girls reported feeling low and irritability/bad temper respectively. These percentages were lower among boys. Only 1% of girls and 0.8% of boys reported Feeling nervous every day.

More than half of the teens reported feeling “happy,” “cheerful” and “in a good mood,” as well as “vigorous” and “full of energy.” About 55% of 11 -15-year-olds reported feeling “calm” and “mentally balanced.” Among the teens surveyed, 44% of 17-year-olds reported feeling this way.

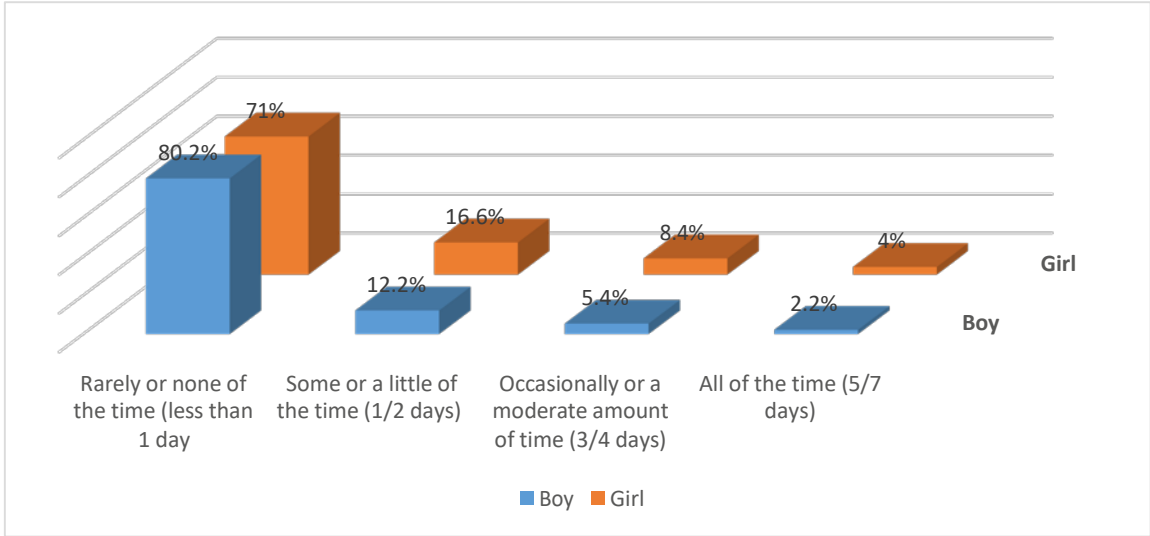
Figure 5: Adolescents who feel cheerful and in good spirits



Results

About 4% girls and 2.2% boys reported having depression signs almost all of the time within 12 months preceding the survey. The prevalence of depression is higher among 15 years old girls.

Figure 6: Adolescents who feel depressed



The survey indicated that in general, teens were friendly and very rarely feel lonely. About 89% of boys and 85% of girls reported rarely feeling lonely. Most of the teens reported that they easily communicate with peers. Among 11-15-year-olds, 87% reported that they easily made friends. Among urban inhabitant teenagers, depression and feeling lonely was more prevalent than among rural adolescents.

Chronic Conditions

Global adolescent death rates have fallen by approximately 17% since 2000 but remain highest in LMICs in Africa. The main causes of death are very different between younger (10–14 years) and older adolescents (15–19 years) and between males and females. Early marriage and early childbirth are associated with a range of maternal and neonatal health complications. Among other interventions, the primary and secondary prevention of non-communicable diseases is a priority in the field of adolescent health (4).

Results

The study explored that 7% of 11-15-year-old teens had a chronic condition or disability, as diagnosed by a doctor. Moreover, 6.1% of adolescents used medications for their chronic conditions. In 3.1% of the cases, diseases influenced school attendance and participation.

Oral Hygiene

Oral health is a key indicator of overall health, well-being, and quality of life. It encompasses a range of diseases and conditions that include dental caries and etc. Oral hygiene skills should be formed at an early age (5). Our study found out that 54 % of young people brush their teeth at least once a day.

Significant variation was observed in gender: in all age groups, girls brushed their teeth more often than boys. 57% of urban teens reported that they are brushing teeth more than once a day. This data decreased by 9% and reached 48% among rural adolescents.

Figure 7. Proportion of adolescents who brush teeth more than once a day, by age

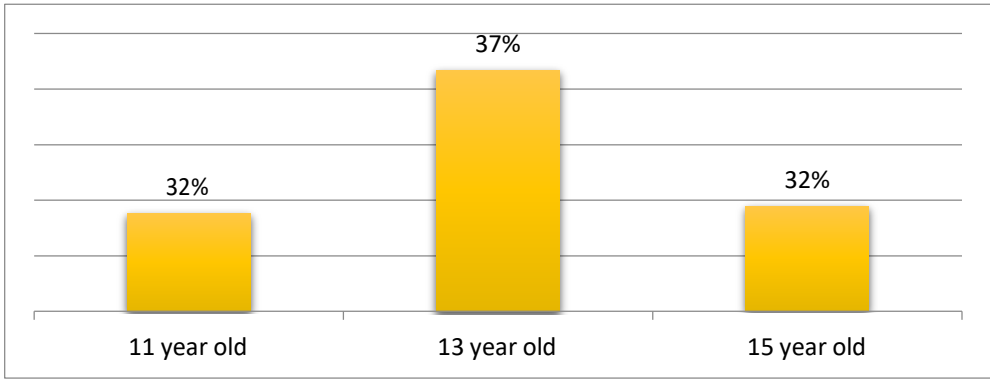
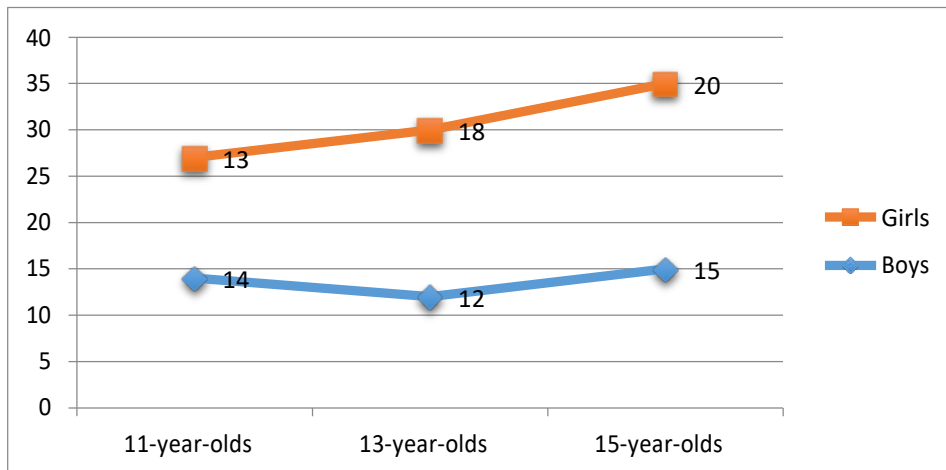


Figure 8: Prevalence brush their teeth more than once a day, by gender



Risk Behaviors in Adolescents

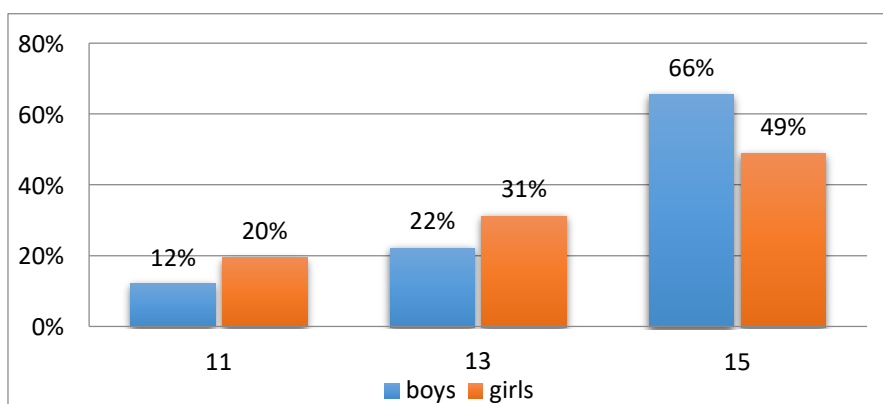
Every tenth of 11 years old adolescent (23% among girl and 19% boys) have tried smoking during their lifetime, the share of these pupils is increasing by age.

Table 3: Pupils who tried smoking in their life

Tried smoking in their life	11 years old	13 years old	15 years old
Boys	19%	22%	59%
Girls	23%	28%	48%

As it was expected from the age of 15, the share of adolescents who starts to smoke to increase significantly compared with previous age groups. 53% of girls and 57% of boys indicate that they started smoking currently.

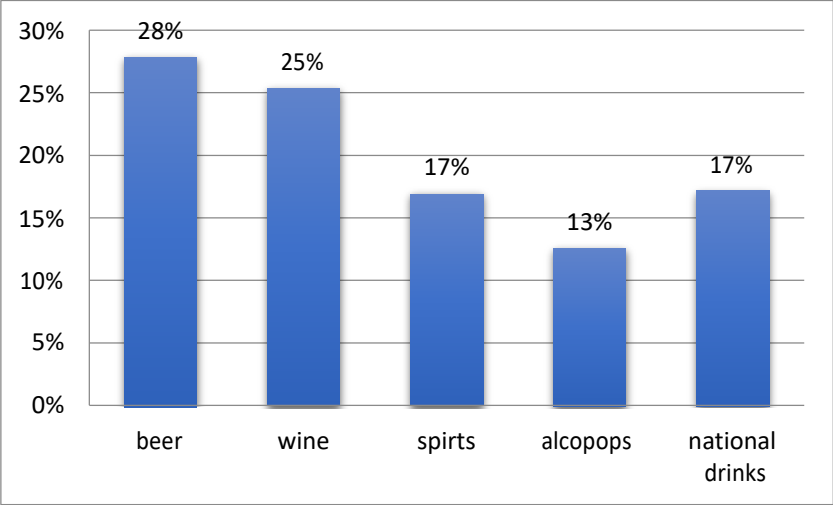
Figure 9: Share of Adolescents Indication Smoking Once last 30 days



Use of psychoactive substances, alcohol

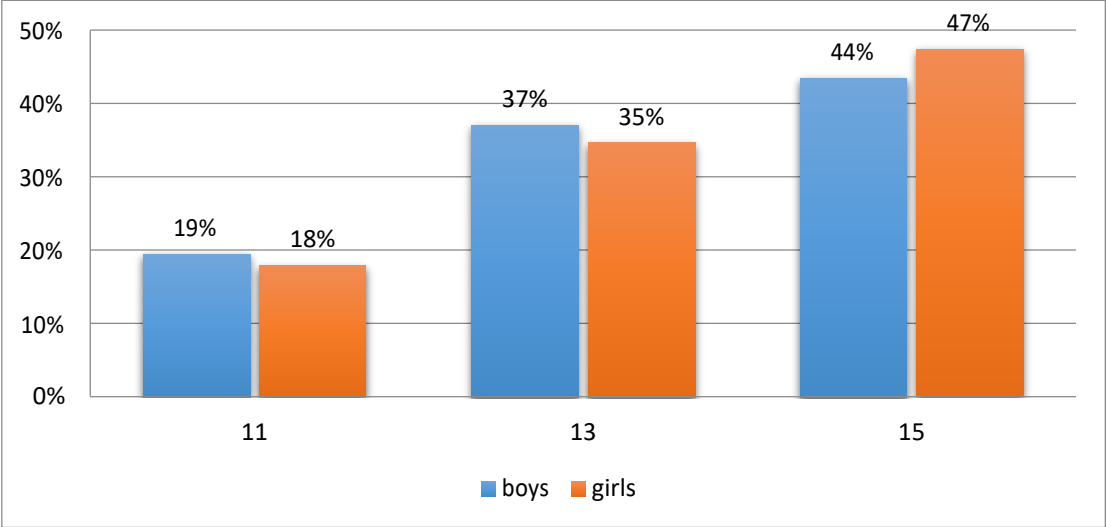
28% of 15-year olds report they have been drunk at least once in a life time (34% of boys and 23% of girls). Alcohol consumption among 15-year olds is quite significant.

Figure 10: alcohol consumption among 15-year olds



Nearly every fifth in 11-year olds and every third in 13-year olds have been drunk at least once in their life. This share is highest among 15-year olds.

Figure 11: share of adolescents who have gotten drunk at least once



Use of psychoactive substances, cannabis

Only 3% of 15-years old respondents have indicated using cannabis (marijuana, hashish, weed) during their lifetime, and 2.45% - recently, in the last month. Boys reported 10 times more often than girls experimenting with cannabis during their lifetime. Boys are more likely to use marijuana rather than girls during last month.

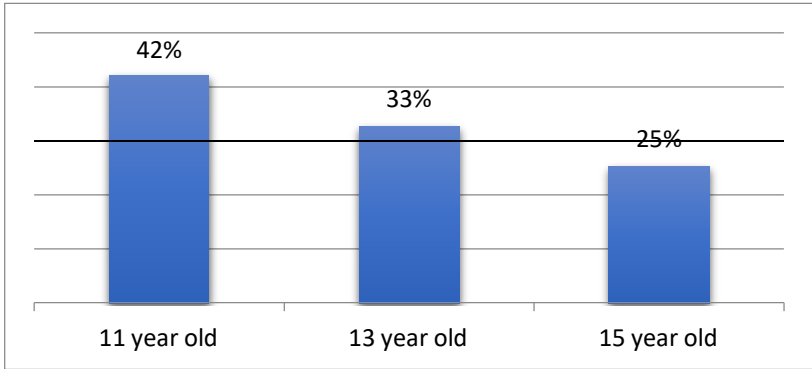
Gambling

34.6% of 15-year olds gambled in the lifetime while 27.5% gambled in the last 12 months, boys more frequently than girls.

School environment

General education institutions, the secondary schools in Georgia are public or private. The study in general educational institutions carried out according to the National Curriculum, developed by the Ministry of Education and Science. Besides providing education, school is the main social environment for children. Our study explored that 47% of study participants like school ‘a lot’, but this proportion decreases with age. 6% of pupils report that they feel ‘a lot’ of pressure from schoolwork. 30 % of study participants strongly agree that teacher care about them, this proportion substantially changes with age.

Figure 12. Percentage of students who like school by age, 11-15-year-olds



Some students reported overload at schools. It was found that 27% of 11-year-olds, 35.5 % of 13-year-olds, 34% of 15-year-olds year-olds were overloaded. The percentage of students that overloaded at school varies by age, gender, and place of residence. About 85% of 11 -year-olds think that teachers accept them; this percent is decreasing by age. As teenagers reported that they are very supportive of their classmates. Overall 67% of students reported that the classmates were kind and supportive.

Online Communication

Online communication is extremely prevalent in our current society, especially among teenagers. It can be used to support one-to-one or one-to-many interaction, and also to convey information in the body of the message (including links to websites) or via attachments. In the context of online learning and assessment, it is particularly valuable for private communication but is cumbersome for communication between groups. 12 % very strongly agree with study participant teenagers that they can talk to their best friend about their problems. 9% of young people report daily contact with their friends by phone, texting, email, instant messenger or other social media Daily electronic media contact with friends is more likely among boys than girls (10% versus 9%). 27% of 11-year olds speak to their friends daily via electronic media, rising to 36% among 15-year olds.

Figure 13. Percentage of students who online daily contact with friends

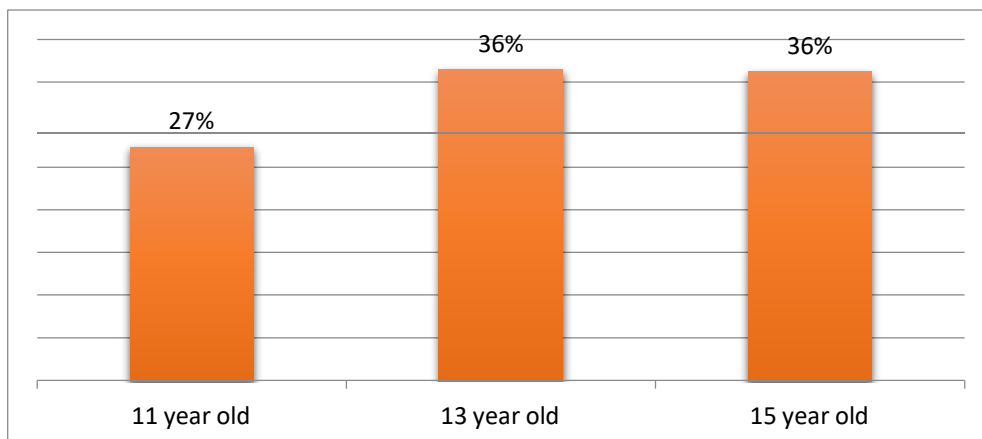
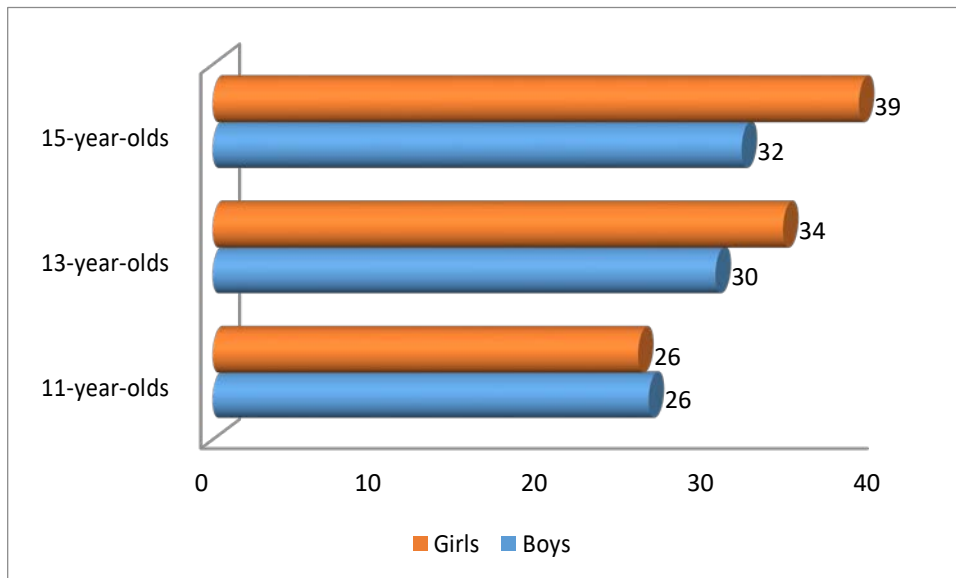


Figure 14. Prevalence of intensive electronic media communication



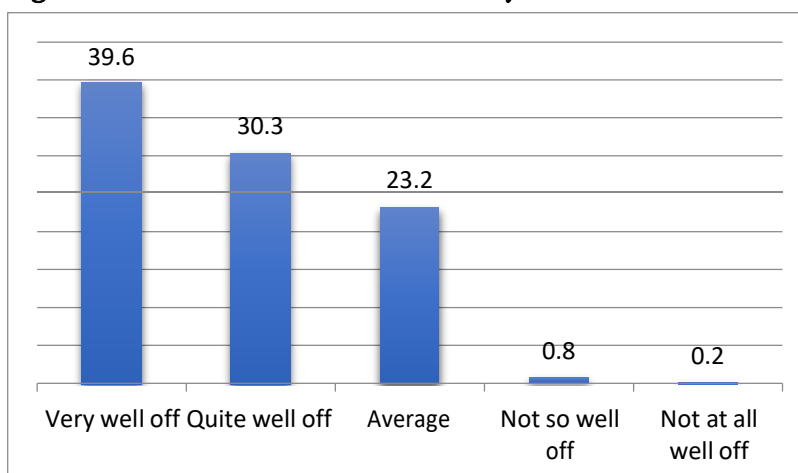
Family relation and Social Status

Parent-child relationships are among the most important relationships for adolescents. Adolescence is a period of rapid biological, cognitive, and neurological changes, which have a salient impact on psychosocial functioning and relationships. During adolescence, parent-child relationships are thought to become more equal, interdependent, and reciprocal, changes that

co-occur with a temporary decrease in the quality of the relationship and an increase in conflict.

The survey studied the characters of the social well-being of the families. We found that 85 % of young people live with both of their parents, 12% of them live with only mothers and 2% live with fathers. 42 % of the study participants describing their family as 'very well off' and only 0.2% of them described their family as 'not at all well off'.

Figure 15. Students evaluation of family well of



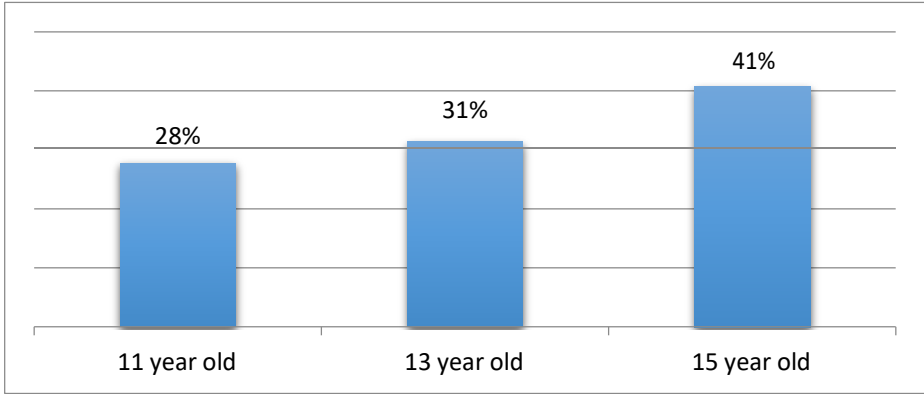
Most of the teens informed that family members are trying to support them, also 66.7% of teens reported that they have emotional support from the family members and helping them in the decision-making process. Only 9% of adolescents stated that they have a conflict with family and 11.3% of them trying to escape from the family. This percentage increased by age. 62% of children on average had not been vacationing or traveling with their families. In the age group of 11-15-year-olds, 54% of urban children traveled once, while in rural areas – 29 %.

Eating Behaviour

A healthy diet protects against malnutrition in all its forms and is a foundation for adolescent health and development. It also prevents noncommunicable diseases such as diabetes, cardiovascular diseases, some cancers, and other conditions linked to obesity. Analysis proved that the benefits of a diet high in fruit, vegetables, legumes, nuts, and grains, but lower in salt, free sugars, and fats, particularly saturated and trans fats. Developing a healthy diet begins early in life with breastfeeding and educational initiatives for young children. These benefits are reflected in higher educational outcomes, productivity, and lifelong health (6).

The presented study showed that 49.5 % of teens eat breakfast every weekday. The greater the age of the adolescents, the less they consumed to have had breakfast. Adolescents of all ages in urban areas were found to have had the most irregular breakfast eating habits. Fruit and vegetables are both consumed daily by only 14% of study participants. However, the daily consumption of fruit increased by age. The share of the study participants who consume sweets and chocolate every day or cola and other sugary drinks every day is 13% and 9% respectively.

Figure 16. Daily consumption of fruits by age

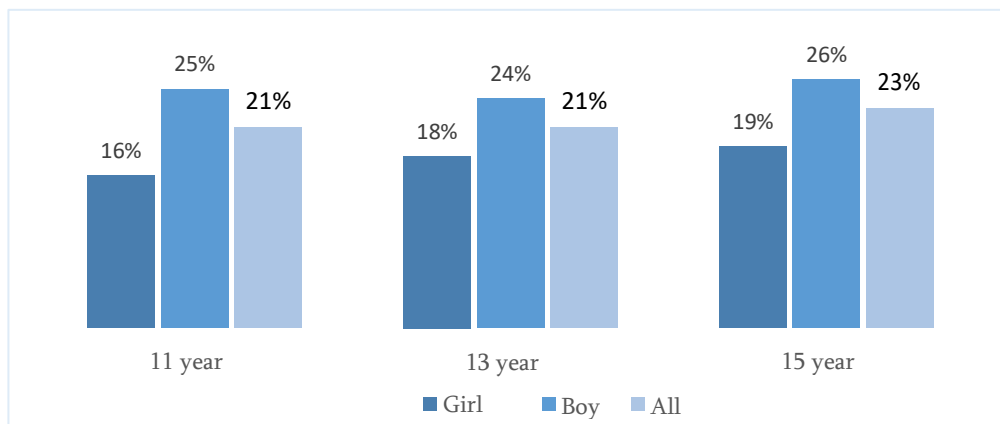


Physical Activity

Physical inactivity is one of the leading risk factors for death worldwide. Physical activity has significant health benefits and contributes to preventing NCDs. According to WHO more than 80% of the world's adolescent population is insufficiently physically active (6). Children and adolescents aged 5-17years should do at least 60 minutes of physical activity daily. Moreover, physical activity of amounts greater than 60 minutes daily will provide additional health benefits.

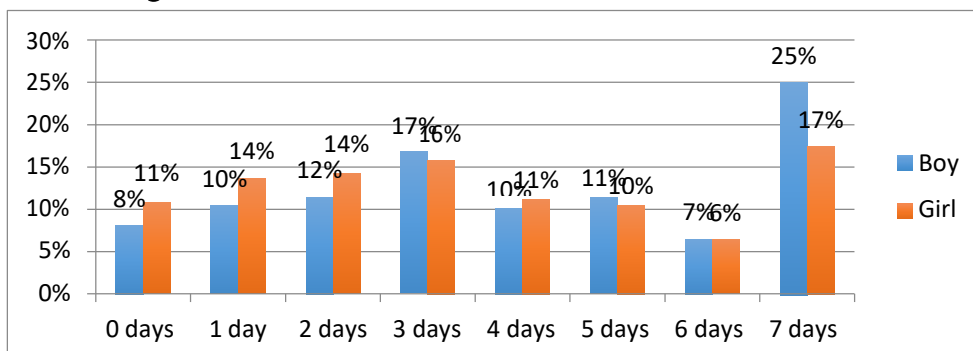
According to study results, boys are more physically active, than girls.

Figure 17. Daily physical activity for 60 minutes (%) by age and sex, HBSC, Georgia, 2018



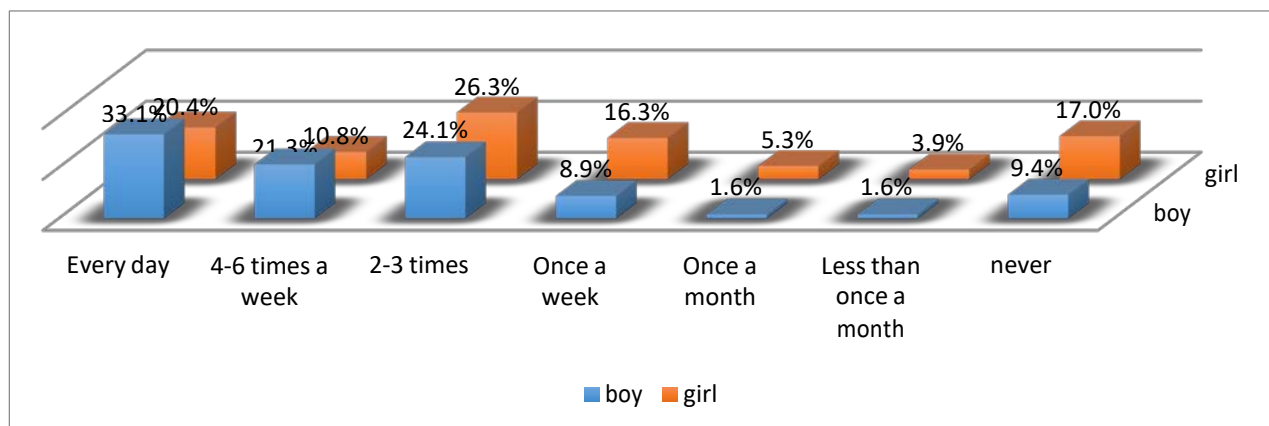
The study has shown that 21.2% of adolescents aged 11-15 have been physically active for at least 60 minutes a day during last 7 days – out of them 17% of girls and 25% of boys. The study has revealed a slight difference between adolescents from urban and rural settings. Specifically, 23% of girls from rural settings are physically active for at least 60 minutes a day, while 25% of girls from urban settings are engaged in the same level of physical activity. There is almost no difference between boys from rural and urban settings - 32% of boys are physically active for 60 minutes every day.

Figure 18. Adolescents with at least 60 minutes of physical activity in the last 7 days (%) by gender, HBSC, Georgia, 2018



It also was found that 35% of 11 year-olds had intensive physical activity 4 -6 times a week and more and among 13 or 15-year-olds, 30%, and 24% respectively.

Figure 19. Vigorous physical activity by gender



Physical violence

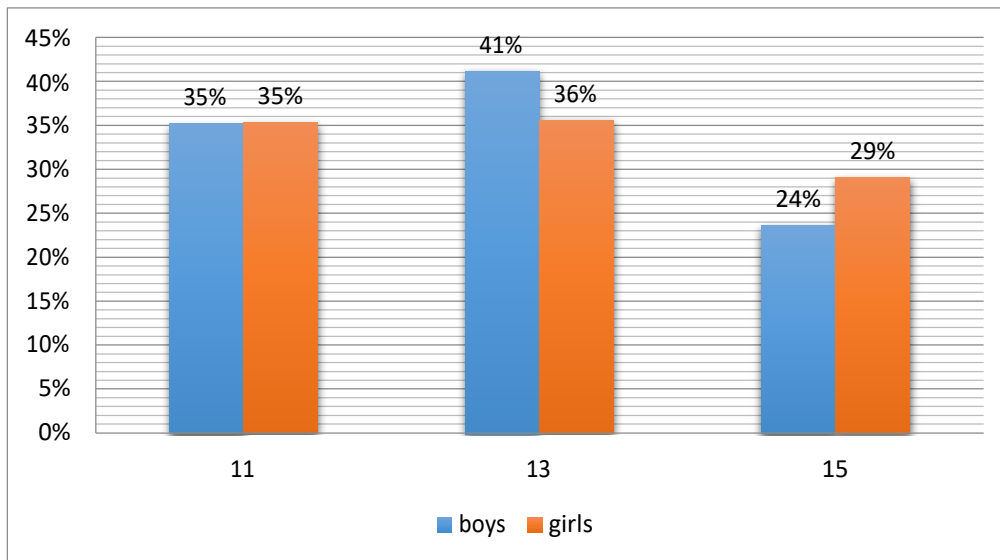
36.9% of respondents indicated their involvement in a fight in the last 12 months once or more time. Boys reported involvement in a fight in the last 12 months 3 times more often than girls.

36.9% of respondents have been repeatedly involved in physical aggression one of more time during the last year, among them, boys are twice more than girls. Involvement of boys in physical aggression is increasing with age.

Harassment

17% of young people report bullied others once or twice in the past couple of months. 14 % of young people report having been bullied at school at least once a month in the past couple of months. At the age 15, fewer adolescents (27%) report of being bullied than 11- and 13-year olds (35% and 38% respectively). at the age of 15 more girls reported being bullied than boys (29% versus 24%). 5 % of girls and 17 % of boys report that they have been involved in a physical fight.

Figure 20: share of adolescents being bullied at least once a month



The study implications

Adolescents aged between 11 and 15 years face many pressures and challenges, including the physical and emotional changes associated with growth, growing academic expectations, and changing social relationships with family and peers. Experience received and behaviors established during this transition period can continue into adulthood, affecting mental health, the development of health complaints, alcohol and tobacco use, physical activity levels, and diet. Health Behavior in School-Aged Children study was firstly done in Georgia in 2018. The study highlighted very important areas that need more attention from the stakeholders. The findings showed that mental health is a significant issue among teens in Georgia. Besides this, a proportion of adolescents reported frequent headaches and other health-related complaints. The study identified that brushing teeth regularly is an issue among teens in Georgia.

The phenomenon of bullying is quite common in Georgia as our findings suggest. We also found that physical activity is insufficient among teens. Moreover, we found that computer games are very popular. Social media and internet is also very popular among study participants.

According to the study, the prevalence of smoking among teens remained very high. In addition, the consumption of beer and wine, by teens is also significant. The unique eating patterns of adolescents were identified: most of them consumed breakfast regularly, however they insufficiently consume vegetables or fruits more often. At the same time, it was found that they still consumed large amounts of soft drinks and sweets.

Majority of adolescents liked school despite the fact that they are overloaded with lessons. Teens trusted teachers. Most of adolescents reported living with both parents, spending a significant amount of time communicating with family. They also reported that they trust family members and discussed their problems with their parents. However, few of them reported

having difficulties with their families.

Based on comprehensive analysis of the findings following recommendations were worked out:

- Develop comprehensive strategies to promote adolescent health and well-being.
- Introduce Adolescent Friendly Approaches into the Health, Education, Social systems.
- Sensitize the general population, government, civil society, mass media, and private sector to promote and protect the health of adolescents.
- Introduce Healthy Lifestyle topics into the State Education Curriculum.
- For a better understanding of the current issues in such fields like adolescents nutrition, violence among adolescents, risk behavior, health status, health-seeking behavior, mental health, and sexual behavior further studies are needed.
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