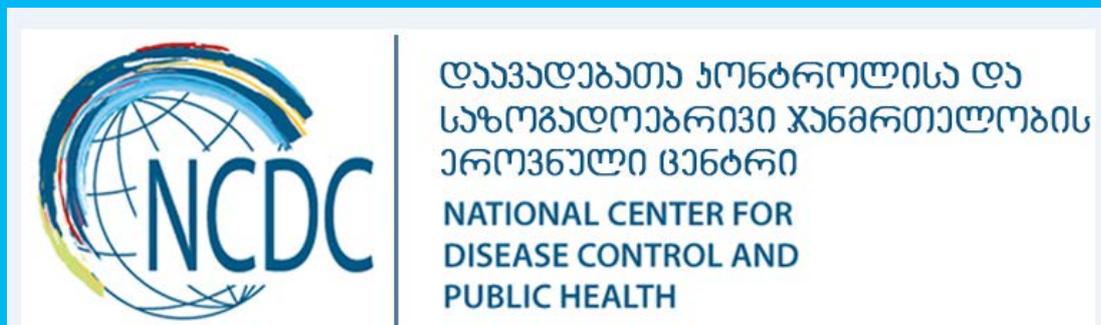




**HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN GEORGIA,  
2018**

**WORLD HEALTH ORGANIZATION COLLABORATIVE  
CROSS-NATIONAL STUDY (HBSC)**



## Contents

Executive Summary	5
Introduction	7
Results	8
Health and Wellbeing	9
Mental Health	10
Chronic Conditions	13
Oral Hygiene	13
Risk Behaviors in Adolescents	14
School environment	16
Online Communication	17
Eating Behaviour	19
Physical Activity	20
Conclusions and Recommendations	24
References	26

## Tables

Table 1: Composition of the HBSC study sample, 2018

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

Table 3: Pupils who tried smoking in their life by age and sex

Table 4: Using Cannabis during lifetime

## Figure

Figure 1: Age and gender breakdown of adolescents with weight control behaviour, HBSC, Georgia, 2018

Figure 2. Life Satisfaction: proportion of satisfied teens by age and gender, HBSC, Georgia, 2018

Figure 3: Adolescents who feel depressed by age, HBSC, Georgia, 2018

Figure: 4 Prevalence of feeling nervous more than once a week, by age and sex, HBSC, Georgia, 2018

Figure 5: Adolescents who feel cheerful and in good spirits, by age, HBSC, Georgia, 2018

Figure 6: Adolescents who feel cheerful and in good spirits, by sex and living place, HBSC, Georgia, 2018

Figure 7. Proportion of adolescents who brush teeth more than once a day, by age and sex, HBSC, Georgia, 2018

Figure 8: Share of Adolescents Indication Smoking Once last 30 days, by age and sex, HBSC, Georgia, 2018

Figure 9: alcohol consumption among 15-year olds, by sex and age, HBSC, Georgia, 2018

Figure 10: Share of adolescents who have gotten drunk at least once, by age and sex, HBSC, Georgia, 2018

Figure 11 : Share of adolsecents who during last 30 days by age and sex, HBSC, Georgia 2018

Figure 12: Share of 15 years old who have gambled during lifetime by sex and living place, HBSC, Georgia, 2018

Figure 13. Percentage of students who like school by age, 11-15-year-olds, by age and sex, HBSC, Georgia, 2018

Figure 14. Percentage of students who online daily contact with Friends, by age and sex, HBSC, Georgia, 2018

Figure 15. Prevalence of intensive electronic media communication, by age and sex, HBSC, Georgia, 2018

Figure 16. Students' assessment of family well off, by age and sex, HBSC, Georgia, 2018

Figure 17. Daily consumption of fruits, by age and sex, HBSC, Georgia, 2018

Figure 18. Eating vegetables everyday (%), by age and sex, HBSC, Georgia, 2018

Figure 19: Everyday physical activity during 60 minutes (%), by age and sex, HBSC, Georgia, 2018

Figure 20. Physical activity during last 7 days (%), by age and sex, HBSC, Georgia, 2018

Figure 21: Physical violence during last 12 months (%)by age and sex, HBSC, Georgia, 2018

Figure 22: Conduct Bullying (%) during last several months, by age and sex, HBSC, Georgia, 2018

Figure 23: Victims of Bulling (%) during last several months, by age and sex, HBSC, Georgia, 2018

Figure o 24: Conduct cyberbullying (%) during last several months, by age and sex, HBSC, Georgia, 2018

Figure 25: Victims of cyberbullying (%) during last several months, by age and sex, HBSC, Georgia, 2018

#### Abbreviation

HBSC

NCDC National Center for Disease Control and Public Health of Georgia

WHO World Health Organization

## Executive Summary

Adolescents' health and their rights are challenges for developing countries. Georgia is one of these developing countries. Georgia is facing the transition from Soviet culture. The absence of adolescent-friendly healthcare services influence negatively adolescents' and youths' health and increases the burden of adolescents' mortality and morbidity in the country.

Georgia has the opportunity to improve adolescent' health and well-being as the 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.

HBSC 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 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 44 participating countries and regions. The overall goal of the study is to improve the health and welfare of young people by 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 study 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. The self-administrated questionnaires are being completed in the classroom during the spring semester. The questionnaire was developed based on the HBSC mandatory and optional modules, translated and adapted to the Georgian language.

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. 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.

Descriptive analysis showed that bullying, low physical activities and popularity of online gambling, social media, and internet are very prevalent in the country. According to the descriptive analysis risk factors such as alcohol and smoking are significant problems among adolescents. Eating habits are also a very important health determinant among adolescents. Our study defined that the majority of adolescents regularly were eating breakfast and very rarely eating vegetables or fruits. However, they eat a significant amount of sugar and soft drinks.

Adolescents spend a significant proportion of their time at school. The school environment influences their physical and emotional development. The HBSC showed that most adolescents like school 'a lot', but this proportion decreases 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 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. Adolescents frequently stated that they love to spend their free time with their family members, they trust them and frequently discuss with the family members their own problems. Some adolescents stated that they have relationship problems with there family members. Some of the study participants also informed that they frequently have headaches and other health-related problems. The study revealed that regular tooth brushing is quite big problem in the country.

## Introduction

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 2017/2018 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 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 the 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 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. The 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.

**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 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. Georgian version of the questionnaire is based on HBSC standard international questionnaire and consists of 44 questions. The questions focused on social, health, and behavior thematic.

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 the questionnaire contained 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 are the same but for the 15 years old pupils' additional questions about sexual health and substance use were 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 a national questionnaire was used for the study. The national research protocol was approved by the Ethics Committee of NCDC.

## 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; 2105 of these (49.7%) were male, and 2130 (50.3%) – female. 23% of the study participants live in Tbilisi, 33% are from the urban and 44% from rural places.

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
<b>Total</b>	<b>1390</b>	<b>1500</b>	<b>1345</b>	<b>4235</b>

Sex distribution of study participants according to the age-groups were the following: among 11 years old 48% are girls and 52% are boys, among 13 years old 52% are girls and 48% are boys, and among 15 years old 49% are girls and 51% are boys.

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

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

## 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.

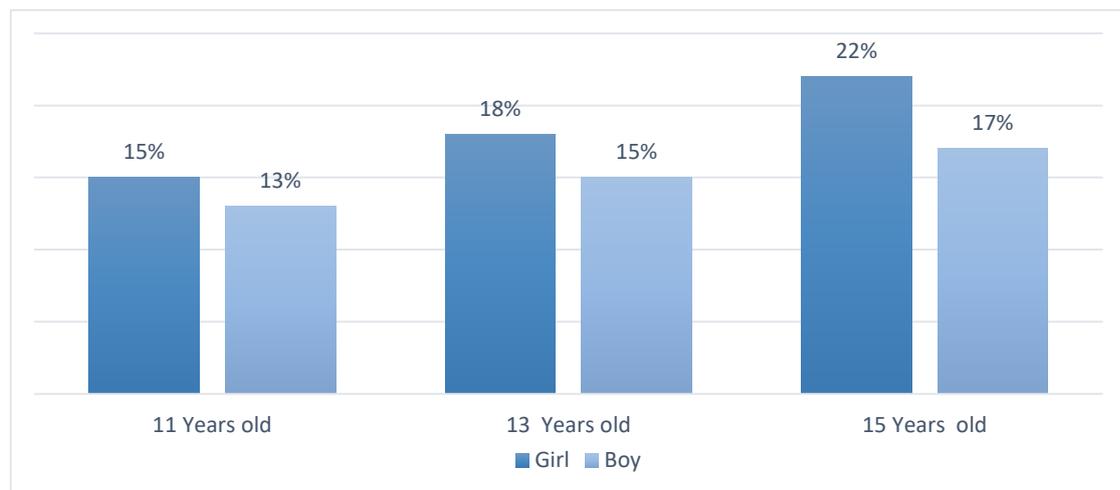
Empirical studies have shown that self-rated health is an independent predictor of future morbidity and mortality (1). Poor health in early childhood may result in long-term negative effects that can continue throughout adolescence into adulthood and may also influence the use of health services (2). 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, 41% and 43% 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 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, such as headache, backache, abdominal pain, dizziness and etc. About 43% of 11 -to 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 almost 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, by age and sex, HBSC, Georgia, 2018**



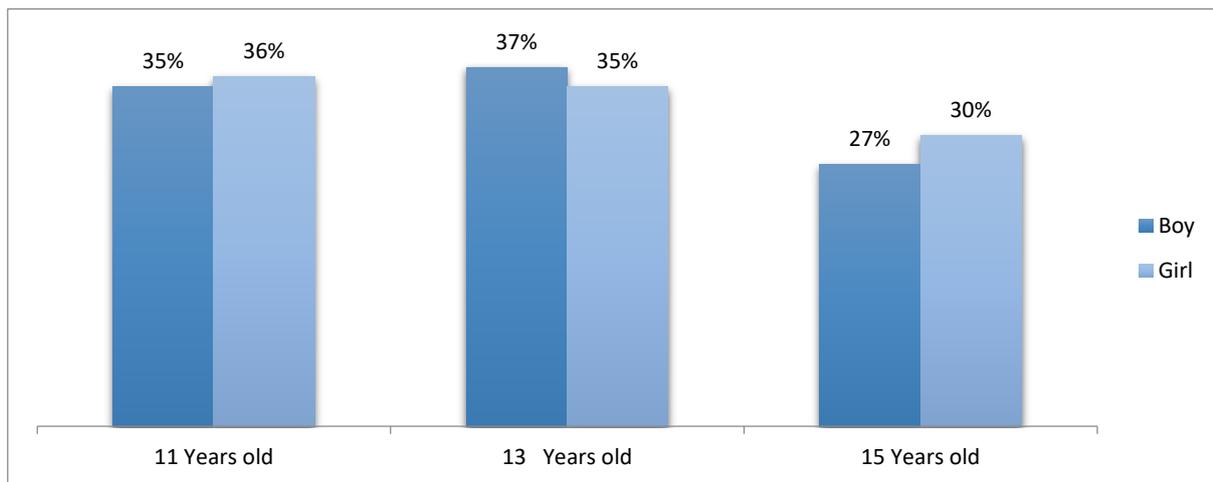
3% of boys and 2% of girls of study participants report that they are ‘much too fat’. The majority of students (67%) stated they are satisfied with their own body weight, 54% of boys and 50% of girls reported that they are ‘about right’. The perception of being too fat was changed with age and at 15, one in three young people report feeling "much too fat". Moreover, about 15% 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**

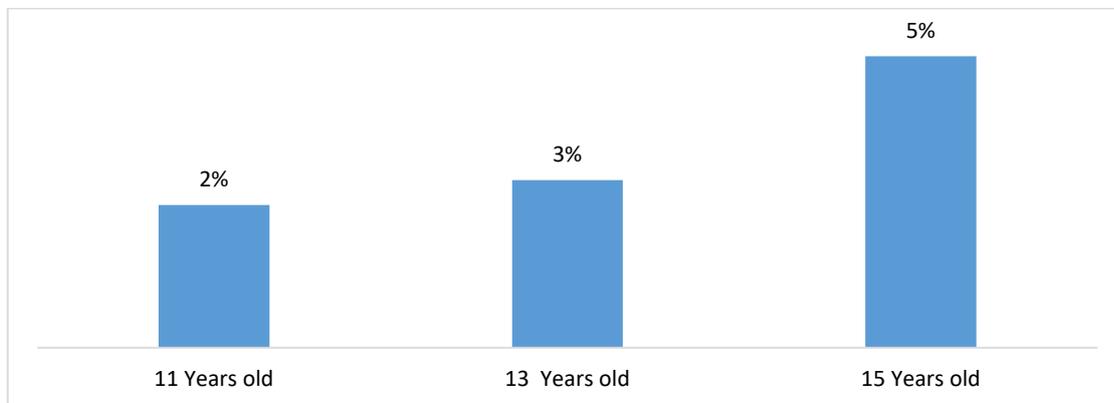
Mental well-being declines as young people move through adolescence. With increased reporting of multiple health complaints, a reduction in levels of life satisfaction, and a raise in adolescents rating their health as fair or poor. Moreover, life satisfaction is associated with subjective mental health 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 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 satisfaction for the study participants. Score 6 and above are 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 sex, HBSC, Georgia, 2018**



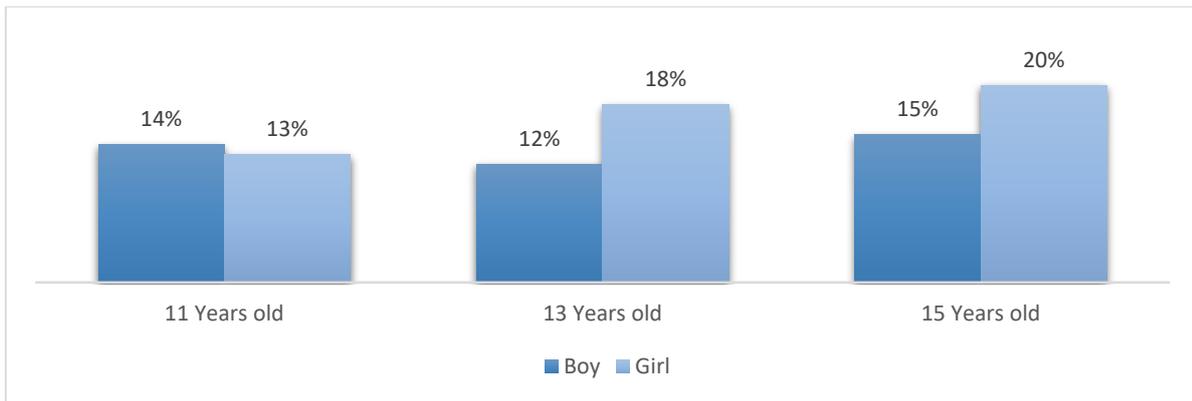
Feeling “down “at least once a week was reported by 15% of boys aged 11- 15 and 24 % of 11- 15-year-old girls. The prevalence of this complaint increased with age and the highest is 51% among 15-year-olds. 2.2% of boys and 4% of girls stated that they are depressed frequently. The frequency of the depression is two times higher among adolescents in the capital than in the village areas. Whenever the prevalence of depression was 3% in the regional center and big cities.

**Figure 3: Adolescents who feel depressed by age, HBSC, Georgia, 2018**



It was found that 12 % 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 the teenagers reported that they “woke up feeling fresh and rested”. Only 8% of boys and 10 % of girls “feeling nervous” about every day. However, the majority of teens reported that they rarely have similar problems.

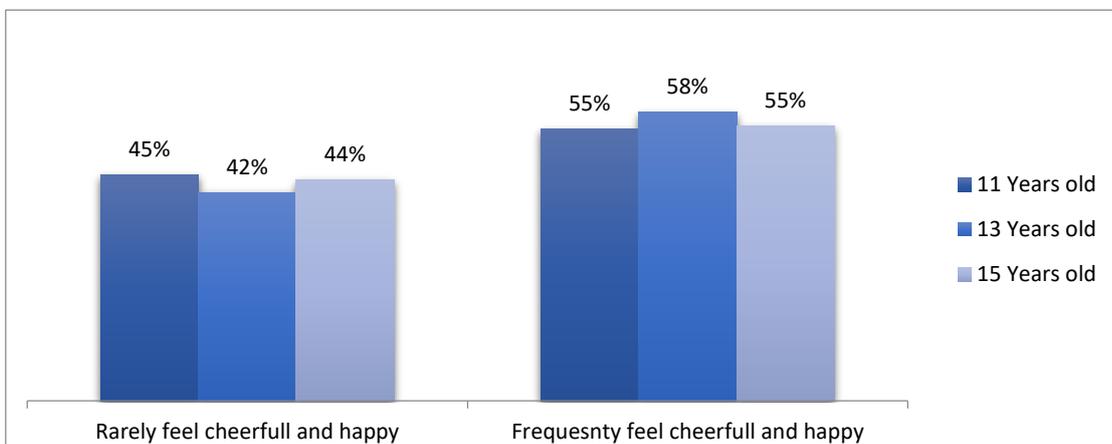
**Figure: 4 Prevalence of feeling nervous more than once a week, by age and sex, HBSC, Georgia, 2018**



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.

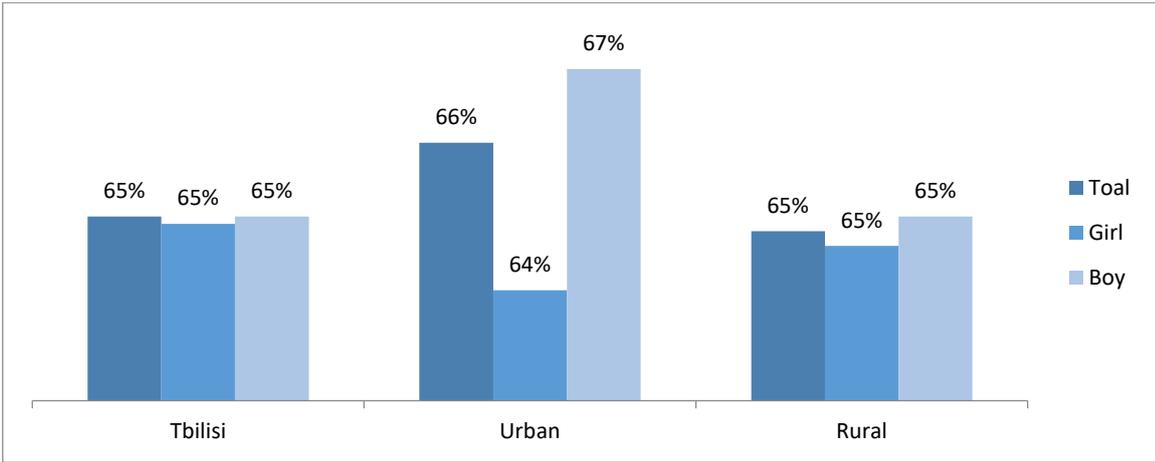
More than half of the teens reported feeling “happy,” “cheerful” and “in a good mood,” as well as “vigorous” and “full of energy.” About 55% of 11 -15-year-olds reported feeling “calm” and “mentally balanced.” Among the teens surveyed, 44% of 15-year-olds reported feeling the same way.

**Figure 5: Adolescents who feel cheerful and in good spirits, by age, HBSC, Georgia, 2018**



About 65% of teenagers from the capital, as well as from the urban and rural settings feeling happy and cheerful.

**Figure 6: Adolescents who feel cheerful and in good spirits, by sex and living place, HBSC, Georgia, 2018**



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 were more prevalent than among rural adolescents.

Among those girls who feel depressed and lonely, 55% are inhabitants of the capital, 25% live in big towns, and 20% live in the villages.

**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).

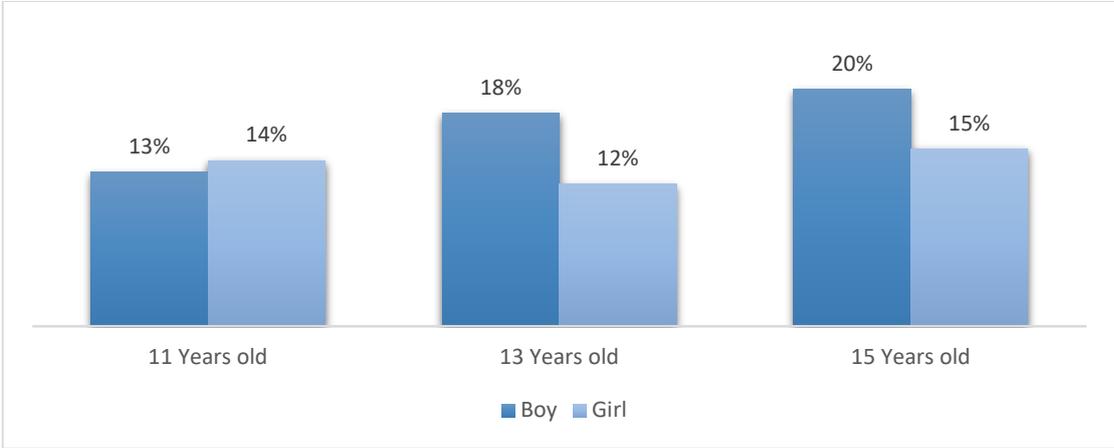
The study explored that 7% of 11-15-year-old teens had a chronic condition (diabetes, arthritis, allergy, and etc.) or disability (hearing problems, dystopia, movement problems, and etc.), as diagnosed by a doctor. Moreover, 6% of adolescents used medications for their chronic conditions. In 3% of the 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 and sex, HBSC, Georgia, 2018**

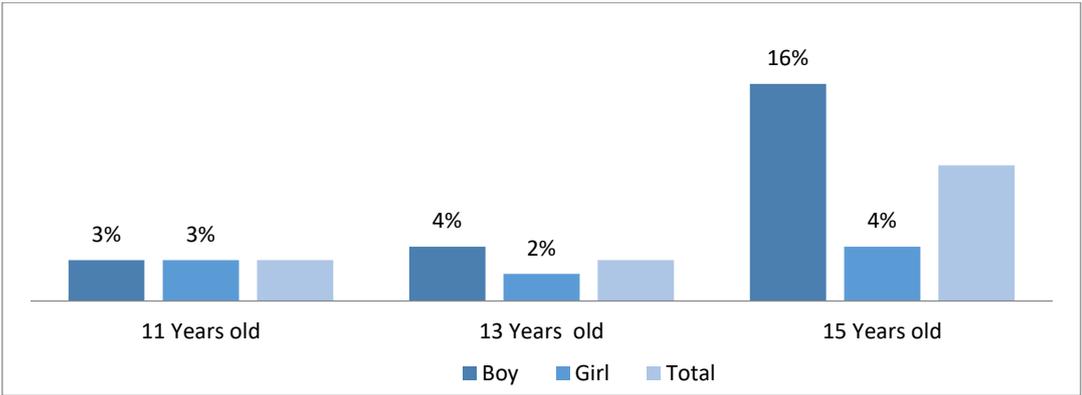


**Risk Behaviors in Adolescents**

Every tenth of 11 years old adolescent (2% among girl and 5% boys) have tried smoking during their lifetime, the share of these pupils is increasing by age.

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. Among those who at least once smoke in their life are more boys than girls.

**Figure 8: Share of Adolescents Indication Smoking Once last 30 days, by age and sex, by sex and living place, HBSC, Georgia, 2018**

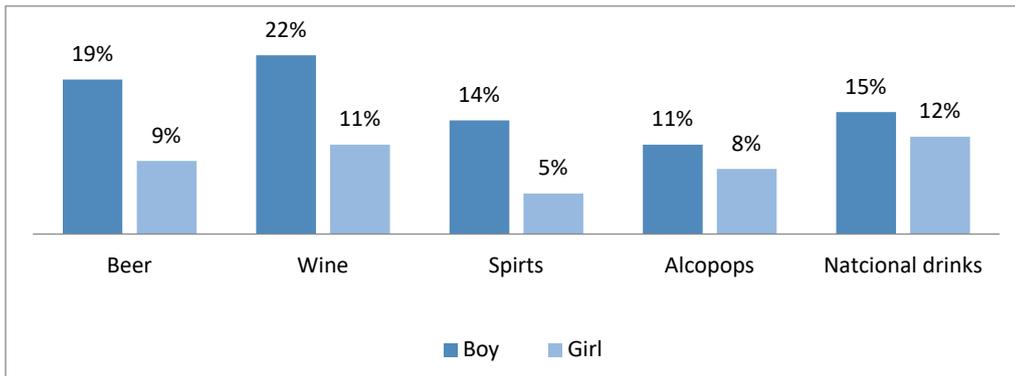


**Use of psychoactive substances, alcohol**

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

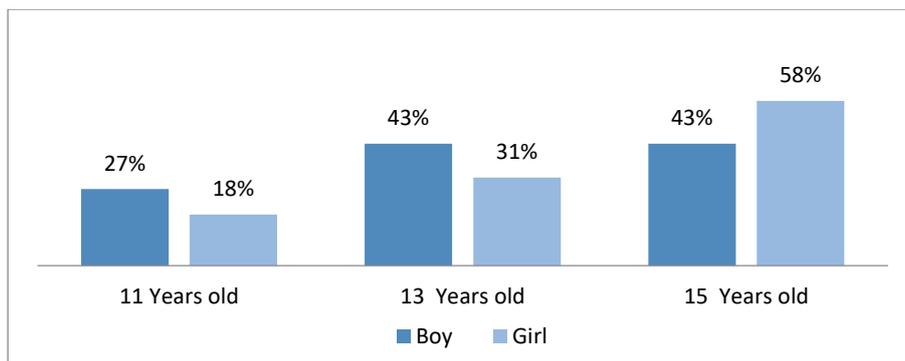
Results

**Figure 9: alcohol consumption among 15-year olds by sex and age, by sex and living place, HBSC, Georgia, 2018**



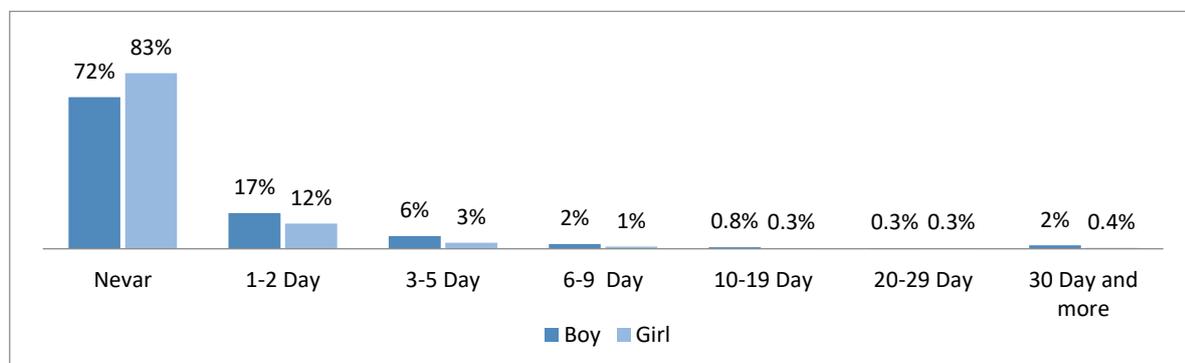
Nearly every fifth in 11-year olds and every third in 13-year olds have been drunk at least once in their life. This share is highest among 15-year olds.

**Figure 10: Share of adolescents who have gotten drunk at least once, by age and sex, HBSC, Georgia, 2018**



Those who have gotten drunk during the last 30 days presented in the figure below.

**Figure 11: Share of adolescents who during last 30 days by age and sex, HBSC, Georgia, 2018**



Results

### Use of psychoactive substances, cannabis

Only 3% of 15-years old respondents have indicated using cannabis (marijuana, hashish, weed) during their lifetime, and 2% - 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.

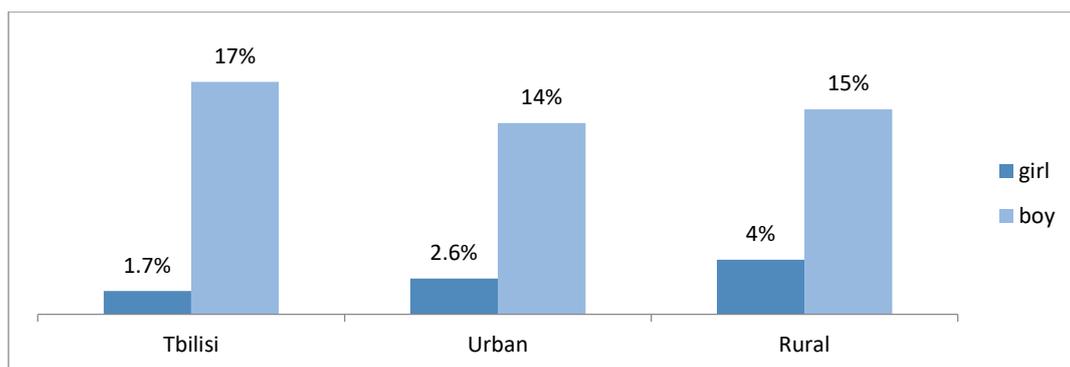
**Table 3: Using Cannabis during lifetime, HBSC, Georgia, 2018**

Living Place	Share of participants		
	girl	boy	Total
Tbilisi	0.9%	4.2%	2.55%
Urban	0.21%	2.1%	1.15%
Rural	0.18%	1.1%	0.64%
Total	0.7%	4.5%	2.6%

### Gambling

Most of 15 years old participants (84%) stated that they never were gambling. 16% of participants were gambling at least once, among them 28% who were gambling during the last 12 months. Boys were gambling more frequently than girls. 45% of the study participants during the last 12 months. They also stated that they lied due to gambling. 13% of respondents who have gambled once or more time during the last 12 months, mentioned that they would like to stop gambling. However, 7% mentioned that they play due to money.

**Figure 12: Share of 15 years old who have gambled during lifetime by sex, HBSC, Georgia, 2018**

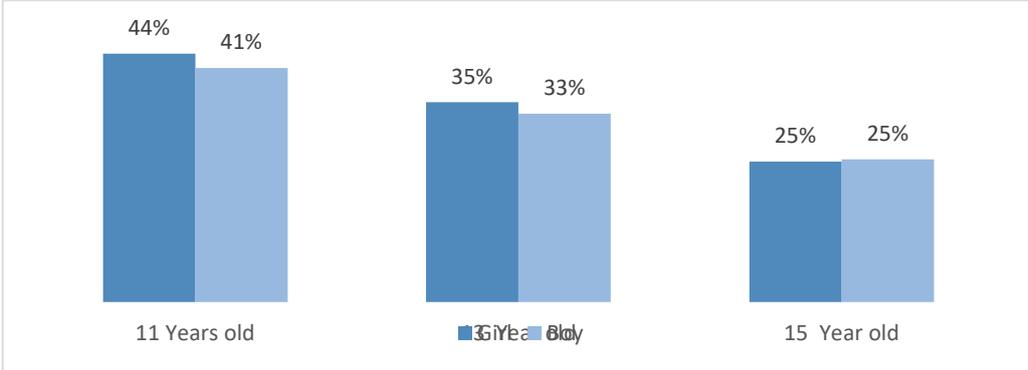


### School environment

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 teachers care about them, this proportion substantially changes with age.

**Figure 13. Percentage of students who like school by age, 11-15-year-olds, by age and sex, HBSC, Georgia, 2018**

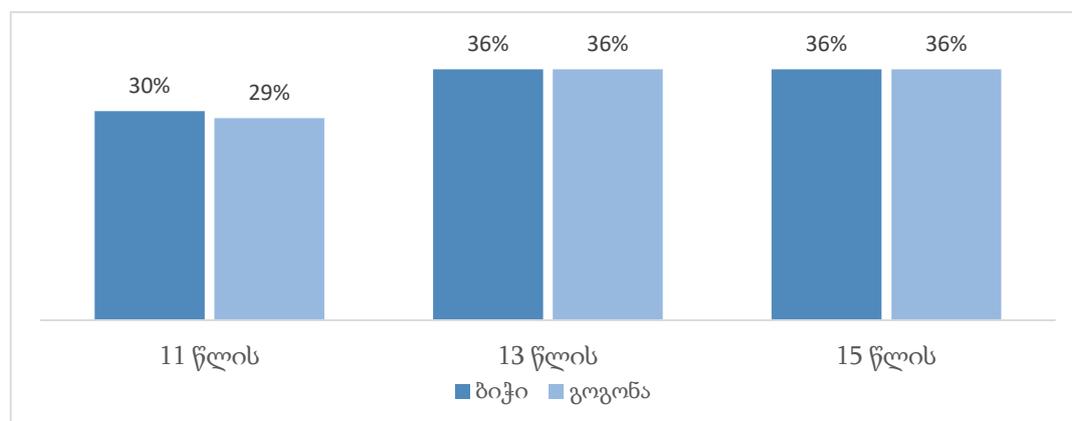


Among those who are liking schools 18% lives in Tbilisi, 31% urban, and 52% in rural areas. Some students reported overload at schools. It was found that 27% of 11-year-olds, 35.5 % of 13-year-olds, 34% of 15-year-olds were overloaded. The percentage of students that overloaded at school varies by age, 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**

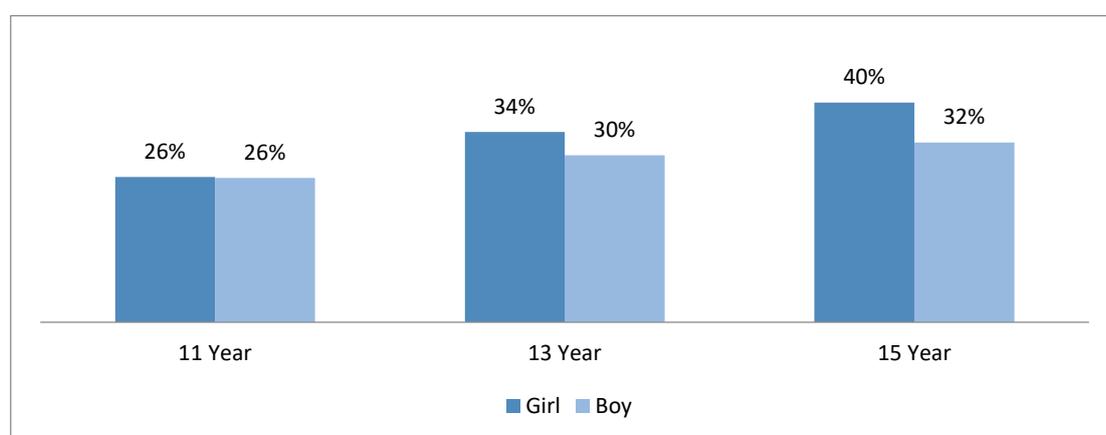
Online communication is extremely prevalent in our current society, especially among teenagers. It can be used to support one-to-one or one-to-many interaction, and also to convey information in the body of the message (including links to websites) or via attachments. In the context of online learning 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 14. Percentage of students who online daily contact with Friends, by age and sex, HBSC, Georgia, 2018**



The study clarified that social media is very popular among adolescents. Social media is twice popular among rural adolescents (42%) than among the capital inhabitants (21%). 25 % of adolescents living in urban places using social media frequently.

**Figure 15. Prevalence of intensive electronic media communication, by age and sex, HBSC, Georgia, 2018**

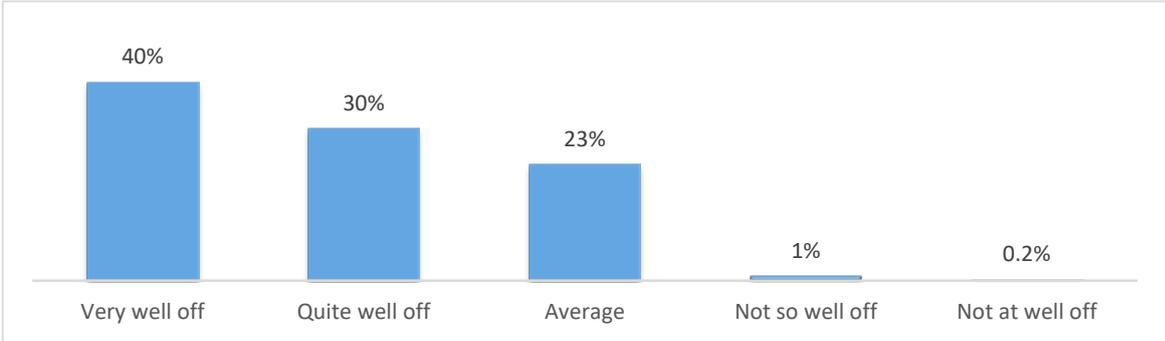


### Family relation and Social status

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 16. Students assessment of family well off, HBSC, Georgia, 2018**



Most of the teens informed that family members are trying to support them, also 67% 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% of them are trying to escape from the family. This percentage increased by age. Among those who are escaping their families 23% lives in the capital, 37% in the urban and 40% in rural places.

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 %.

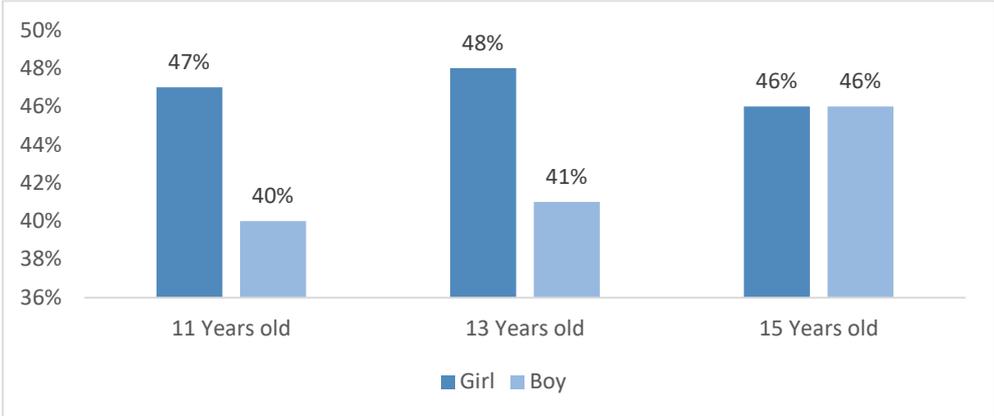
**Eating Behaviour**

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 % 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. 29% of girls, as well as boys every day, utilize sweets,

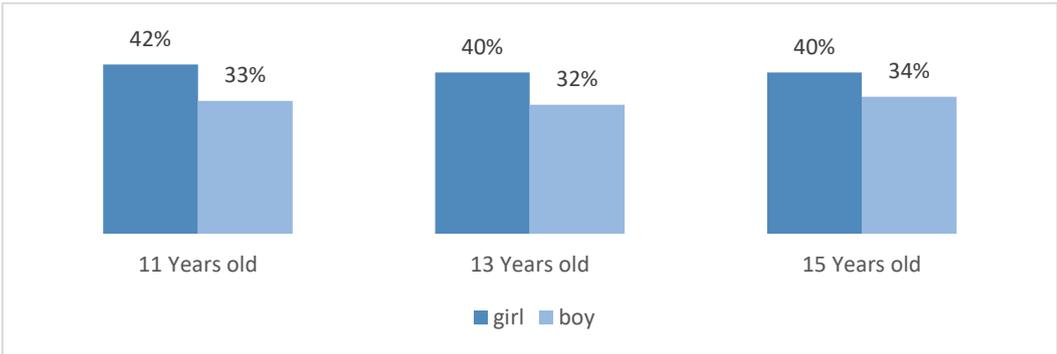
chocolates, cola, and soft drinks. Among 11-year-olds, 37% of girls and 38% of boys eat sweets every day, whenever, 20% of girls and 27% of boys drink soft drinks every day. 44% and 29% of 13-year-olds girls eat sweet drink soft drinks every day, respectively. Consumption of sweets and soft drinks are significant among 13-year-old boys, 7% and 29% consume sweets and soft drinks, respectively. Among 15 year-olds, the share of those who consume sweet drink soft drinks is high; 45% of girls and 40% of boys eat sweets every day among 15 year-olds. Whenever, 29% of girls and 31% of boys' dring soft dring in the same age category. However, the consumption of fruits and vegetables is increased with age.

**Figure 17. Daily consumption of fruits, by age and sex, HBSC, Georgia, 2018**



The study participants from rural places more eating fruits (13%) that those who are living in urban settings (10%), moreover, adolescents living in the capital eating fruitless (8%). 24% of adolescent (21% girls and 16% boys) everyday eating vegetables; in the capital - 9%, urban- 12%, rural - 16%.

**Figure 18. Eating vegetables everyday (%) by age and sex, by sex and living place, HBSC, Georgia, 2018**



**Physical Activity**

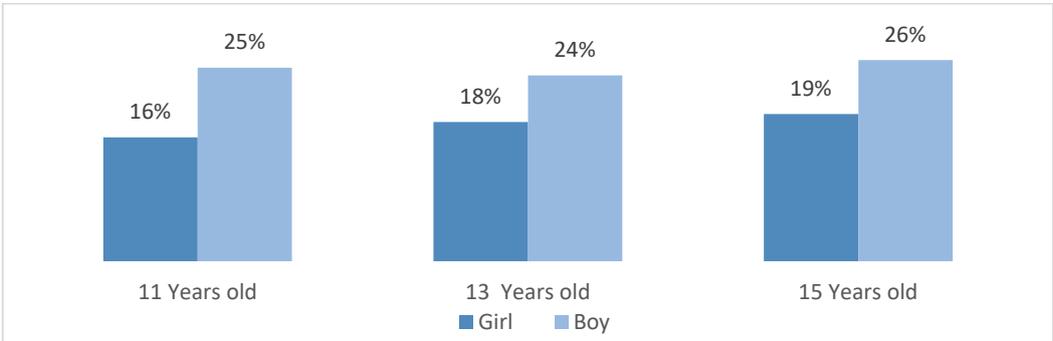
Physical inactivity is one of the leading risk factors for death worldwide. Physical activity has significant health benefits and contributes to preventing NCDs. According to WHO, more than

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.

Based on guidelines, physical activity was defined as an *activity, that* According to the study, physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football.

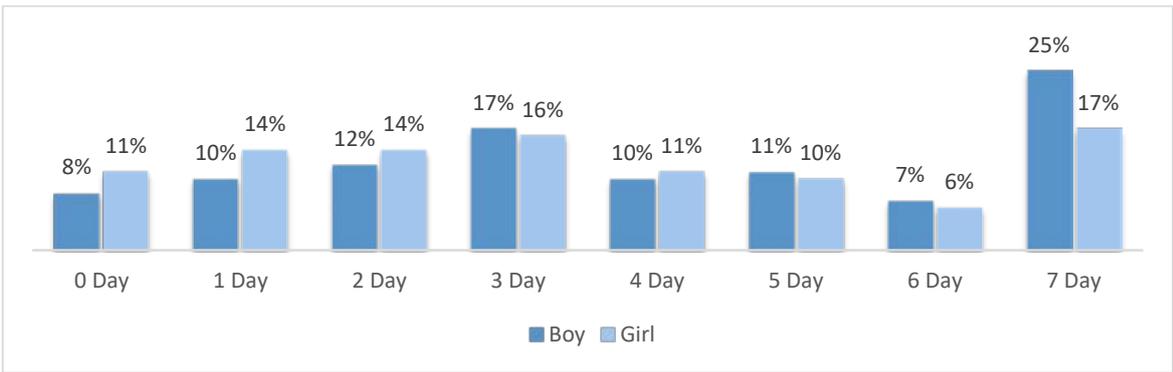
The study explored that about 32% of boys and 23% of girls were physically active for at least 60 minutes a day in the last 7 days. The rural adolescents were slightly more active than the urban once. The study revealed that boys are more active than girls.

**Figure 19. Everyday physical activies (%) by age and sex, HBSC, Georgia, 2018**



It also was found that 35% of 11-15-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 20. Physical activity during last 7 days (%) by sex, HBSC, Georgia, 2018**



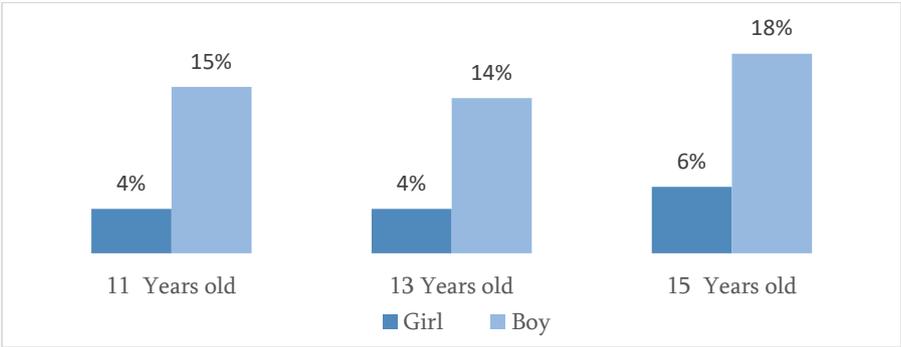
35% of the study participants stated that they had intensive physical activities 4-6 and more times per week, whereas 13 and 15 year-olds 30% and 24%, respectively.

**Physical violence**

Physical violence, according to the study is defined as a physical fight during the past 12 months.

36.9% of respondents stated that they were involved in physical violence during the last 12 months. Moreover, boys are more frequently involved in physical violence than girls.

**Figure 21: Involvement in physical violence during last 12 months (%), by age and sex, HBSC, Georgia, 2018**



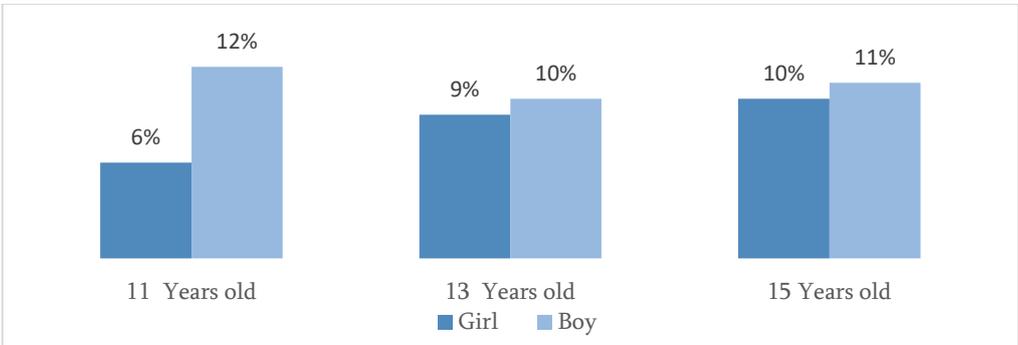
40% of respondents stated that they participated in physical violence during the last year. The involvement of the boys in physical violence increases with age. The prevalence of physical violence is the highest among inhabitants of the capital (8%). However, the prevalence among urban adolescents was 6% and among rural once was 5%.

**Bullying**

*According to the study, bullying is defined as a young person is being bullied when another young person or a group of young people, repeatedly say or do unwanted nasty and unpleasant things to him or her. It also is bullying when a young person is teased in a way he or she does not like or when he or she is left out of things on purpose. The young person that bullies have more power than the young person being bullied and want to cause harm to him or her. It is not bullying when two people of about the same strength or power argue or fight.*

17% of the respondent declared that they were involved in bullying. For instance, they bullied others 1-2 during last month. 14% of adolescents stated that they were victims of bullying during last month. The prevalence of bullying is increasing with age. The prevalence of bullying is higher among 15 year-olds (42%) than among 11 and 13 year-olds (32% and 31%, respectively). Victims of bullying are higher among 15 year-olds girls than among boys. 5% of girls and 17% of boys also stated that they participated in physical violence.

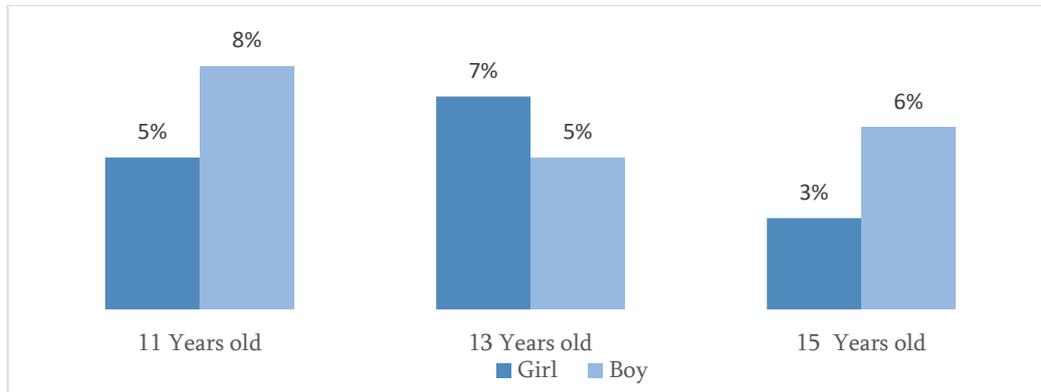
**Figure 22: Bullying (%) during last several months, by sex and age, HBSC, Georgia, 2018**



Results

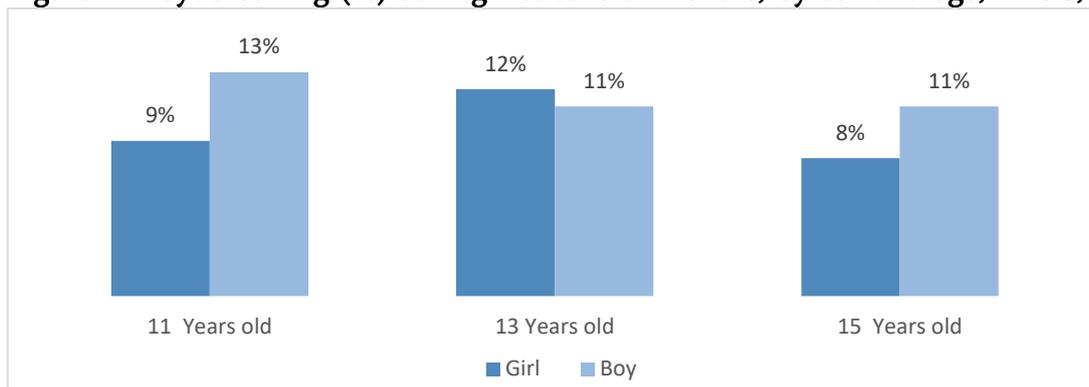
The study participant adolescents also stated that they were victims of the bullying by themselves.

**Figure 23: Victims of the bullying (%) during last several months, by sex and age, HBSC, Georgia, 2018**



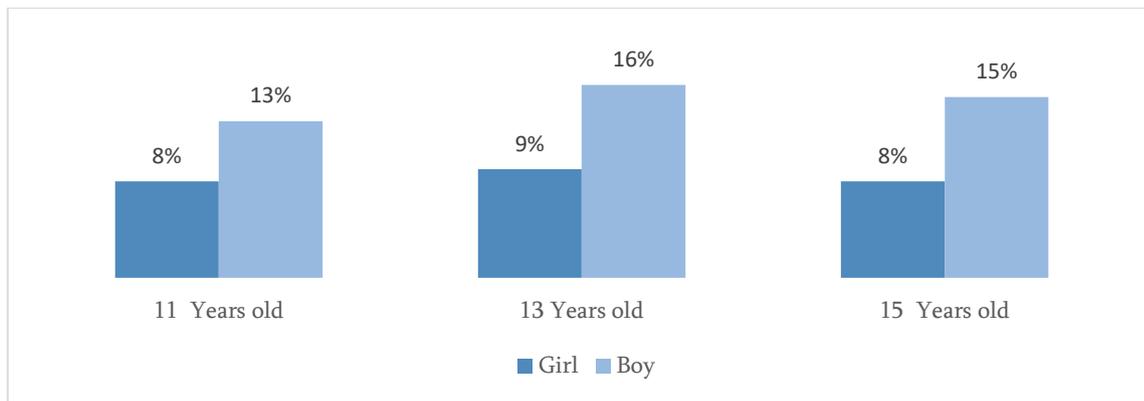
Cyberbullying becomes popular during the last period. Cyberbullying in the study is defined: sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures without permission and posted them online or sent them to others.

**Figure 24: Cyberbullying (%) during last several months, by sex and age, HBSC, Georgia, 2018**



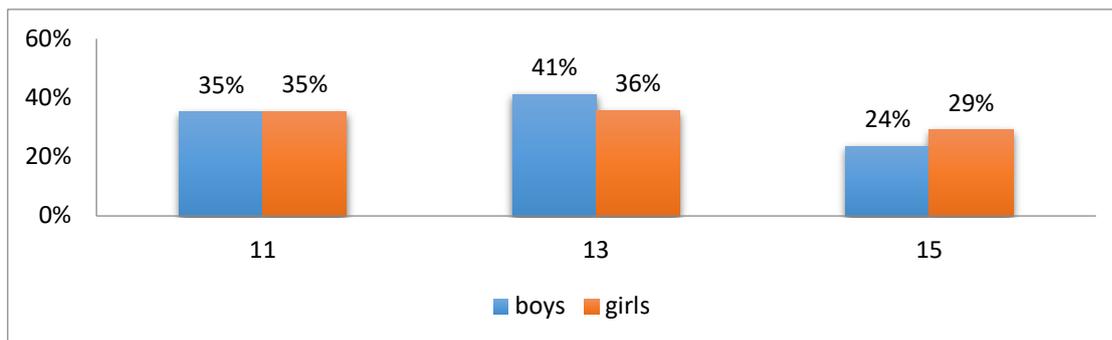
It is important to discuss openly with adolescents issues of cyberbullying. They are ready to declare openly that they participated in cyberbullying. Among boys, the share of victims of cyberbullying is higher than those who committed cyberbullying.

**Figure 25: Victims of cyberbullying (%) during last several months, by sex and age, HBSC, Georgia, 2018**



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 19: share of adolescents being bullied at least once a month, by age and sex, HBSC, Georgia, 2018**



### Conclusions and Recommendations

There are some children and adolescents worldwide who have limited access to basic needs, such as healthcare services, education, clean air and water, adequate nutrition, and sanitation. Girls and boys should be equally protected within their family, school, and community. If these protective environments are lacking, children are more vulnerable to violence, abuse, sexual exploitation, trafficking, child labour, harmful practices, and discrimination.

For 2030 children and adolescents have to fulfill their basic rights, namely, they have to have rights for physical development and well-being and access to healthcare service. To improve adolescent health is one of the targets of women, children, and adolescents' global health strategy for 2016-2030. Adolescents have to have an adequate environment for social and economical development, they have to be involved in the sustainable development of society. 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. During adolescence period they may face lots of challenges such as violence, bullying and etc. Accordingly, the possibility to have mental health problems, such as depression, disturbance, self-mutilation, nutritional disorder, or various types of addiction and even suicide, increase. Almost all the above-mentioned risk factors are closely related to social and cultural determinants. These determinants sometimes might cause of racism, gender-related discrimination or other types of violations of human rights. Frequently, adolescent girls are discriminated due to misconceptions that are widely spread in the society.

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 the internet are 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 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 a 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 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 school 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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