

ATTACHMENT 1.**ADOLESCENT HEALTH AND ADOLESCENT RISK BEHAVIOR ***

Given information is based upon the survey conducted with students with incomplete secondary education (9 – 10 years of education). The survey was based on self-reported, anonymous interviews with 599 classes of students. The survey was designed to collect information from a random cluster sample of classes. The universe from which the respondents were selected included all 9 – 10 classes in the country (excluding South Ossetia and Abkhazia). Although the most of interviews were conducted in Georgian, questionnaires in Russian, Armenian and Azeri languages (languages, which are used for teaching at schools) were also available. The questionnaire consisted of 87 questions. Collected data were keyed in the database, processed and analyzed using EpiData and SPSS 13.0.

Of the 9,499 collected questionnaires, 7,031 (74.0%) were filled in Georgian, 775 (8.2%) in Russian, 765 (8.1%) in Armenian, and 928 (9.8%) in Azeri languages. From the total number of respondents 5,431 (57.2%) were girls and 3,815 (40.2%) were boys. The average age of the respondents is 15.57 ± 1.04 years; 33.0% of the respondents live in the rural area and 62.2% - in the urban area.

Table 1.**Distribution of respondents by their ethnic background**

	Total number of cases	%
Georgian	6,956	73.2
Abkhazian	17	0.2
Ossetian	62	0.7
Russian	113	1.2
Armenian	1,001	10.5
Azeri	920	9.7
Ukranian	25	0.3
Jew	13	0.1
Curd	41	0.4
Other nationality	39	0.4
Unknown	312	3.3
Total	9,499	100

* The results of the survey conducted in 2002 – 2004 years with a support of Swiss scientific found (SCOPES: 7GEPj065646) are presented in this chapter. Participating organizations: Pediatric and Adolescents' Health Department of Tbilisi State Medical University, Adolescents' Health Center of the Institutes of Social and Preventive Medicine of Lozane University; Child and Adolescent Health and Development Lab existing under Medical Biotechnic Institute. Main participants of the study and authors: Karaman Pagava, Pier – Andre Misho, Helen Pagava, Andre Zhanin, Teimuraz Chanturishvili, George Abashidze.

Table 2.

Distribution of respondents by the regions of residence

	Total number of cases	%
Tbilisi	1274	13.4
Abkhazia	37	0.4
Ajara	1,159	12.2
Guria	146	1.5
Imereti	1,766	18.6
Racha-Ichkhumi and Kvemo Svaneti	85	0.9
Kakheti	883	9.3
Mtskheta-Mtianeti	401	4.2
Samegrelo and Zemo Svaneti	531	5.6
Poti	164	1.7
Samtskhe-Javakheti	865	9.1
Kvemo Kartli	1,472	15.5
Shida Kartli	716	7.5
Total	9,499	100.0

Of the total number of respondents 17.1% and 18.7% respectively assessed their health status as excellent and very good; 37.4% as good; 22.0% as fair; and 1.0% as poor.

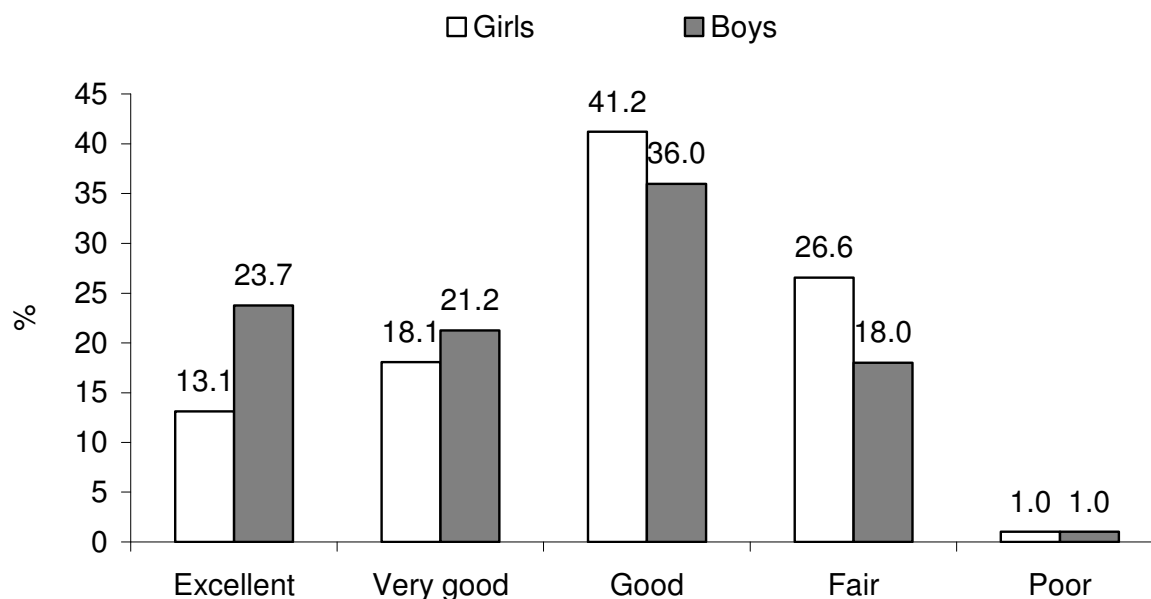


Figure 1. Self-reported health status assessment according to the sex of respondents

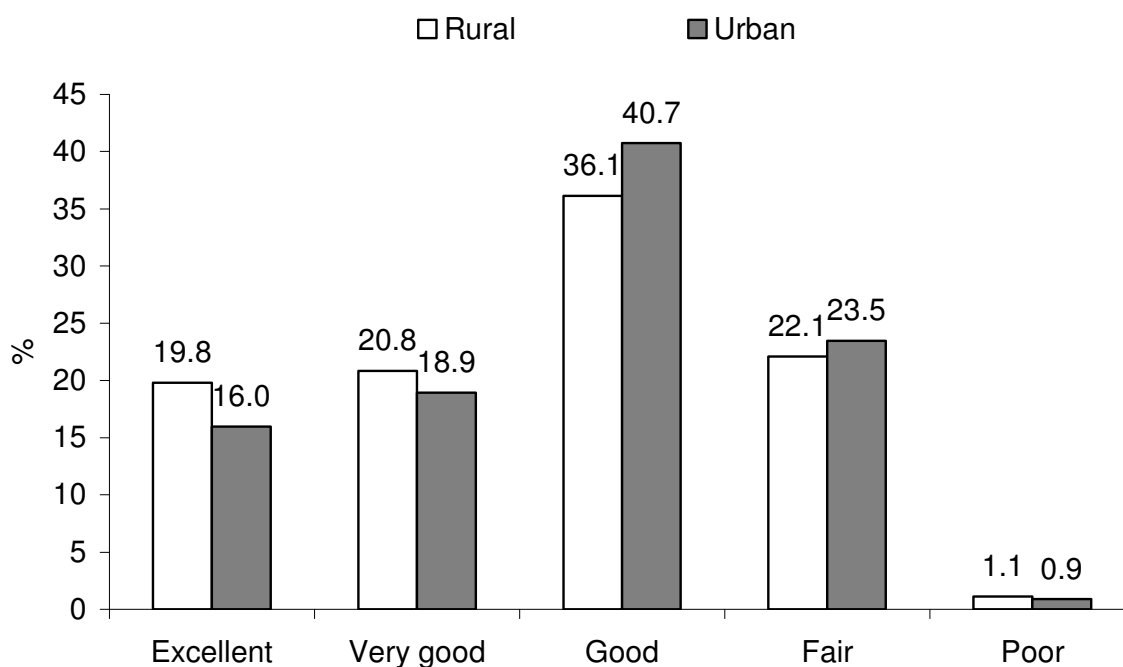


Figure 2. Self –reported health status assessment according to the residence of respondents

6.2% of respondents (6.3% of girls and 6.0% of boys; 6.4% of urban population and 5.7% of rural population) thinks that they have got “physical demerits, which are breaking the unity of their body and somehow limiting their life activities (functioning)”. 3.9% of these group (4.2% of girls and 3.4% of boys; 4.3% of urban residents and 3.3% of rural residents) is complaining about some chronic diseases.

7.9% of respondents (9.5% of girls and 6.1% of boys; 9.0% of the urban residents and 6.2% of the rural residents) have thought about suicide during the last year; 3.3% (3.7% of girls and 2.7% of boys; 3.6% of the urban residents and 2.7% of the rural residents) attempted a suicide during the same time period. While 5.1% of the respondents (6.3% of girls and 6.1% of boys; 5.8% of the urban residents and 3.8% of the rural residents) has attempted a suicide during the lifetime period. Standard deviation equals to 2.24, median – 1.0.

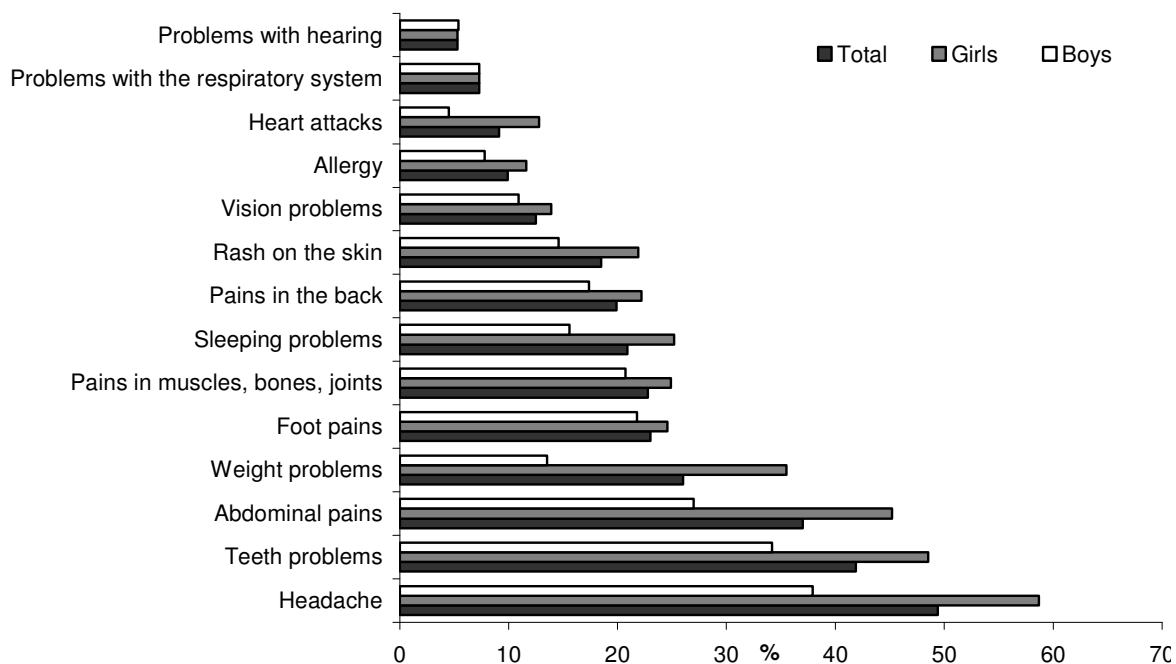


Figure 3. Prevalence of the self-reported health problems according to the sex of the respondents

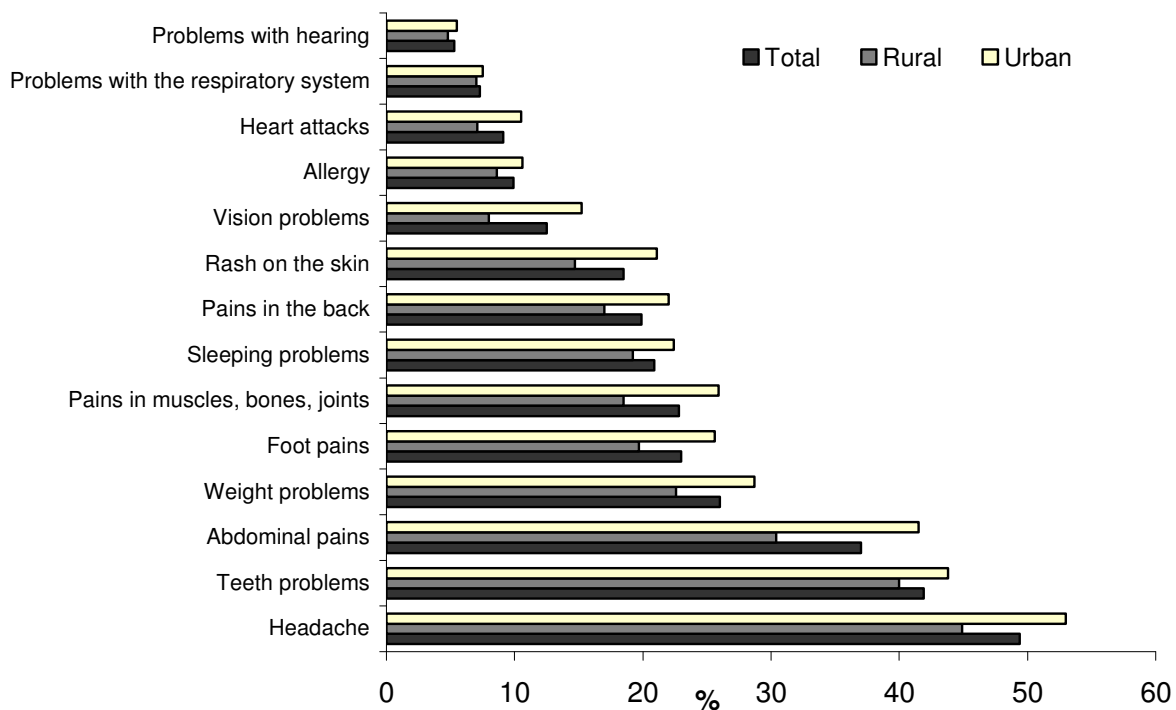


Figure 4. Prevalence of the self-reported health problems according to the place of residence of the respondents

Table 3.

Prevalence of the self-reported health problems according to the sex and place of residence of the respondents (%)

	Total	Girls	Boys	Rural area	Urban area
Vision problems	12.5	13.9	10.9	8	15.2
Problems with hearing	5.3	5.3	5.4	4.8	5.5
Teeth problems	41.9	48.5	34.2	40	43.8
Rash on the skin	18.5	21.9	14.6	14.7	21.1
Allergy	9.9	11.6	7.8	8.6	10.6
Problems with the respiratory system	7.3	7.3	7.3	7	7.5
Pains in muscles, bones, joints	22.8	24.9	20.7	18.5	25.9
Pains in the back	19.9	22.2	17.4	17	22
Headache	49.4	58.7	37.9	44.9	53
Abdominal pains	37	45.2	27	30.4	41.5
Foot pains	23	24.6	21.8	19.7	25.6
Heart attacks	9.1	12.8	4.5	7.1	10.5
Sleeping problems	20.9	25.2	15.6	19.2	22.4
Weight problems	26	35.5	13.5	22.6	28.7

56.5% of respondents absolutely agree with the statement: “I am satisfied with my appearance”; more 14.6% agrees with the statement, 6.6% disagrees and 6.7% absolutely disagrees; 15.5% of the respondents have not answered the question.

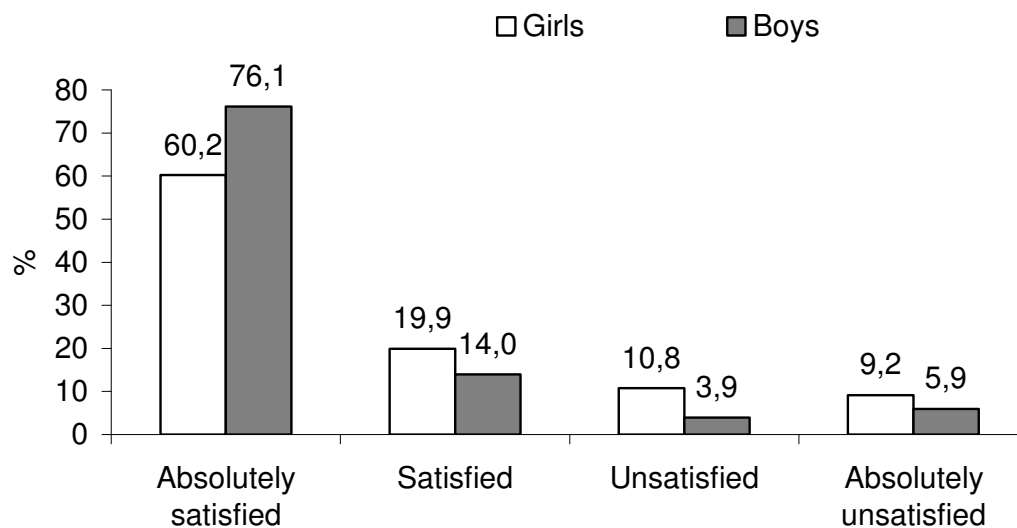


Figure 5. Degree of satisfaction with self-appearance according to the sex of respondents

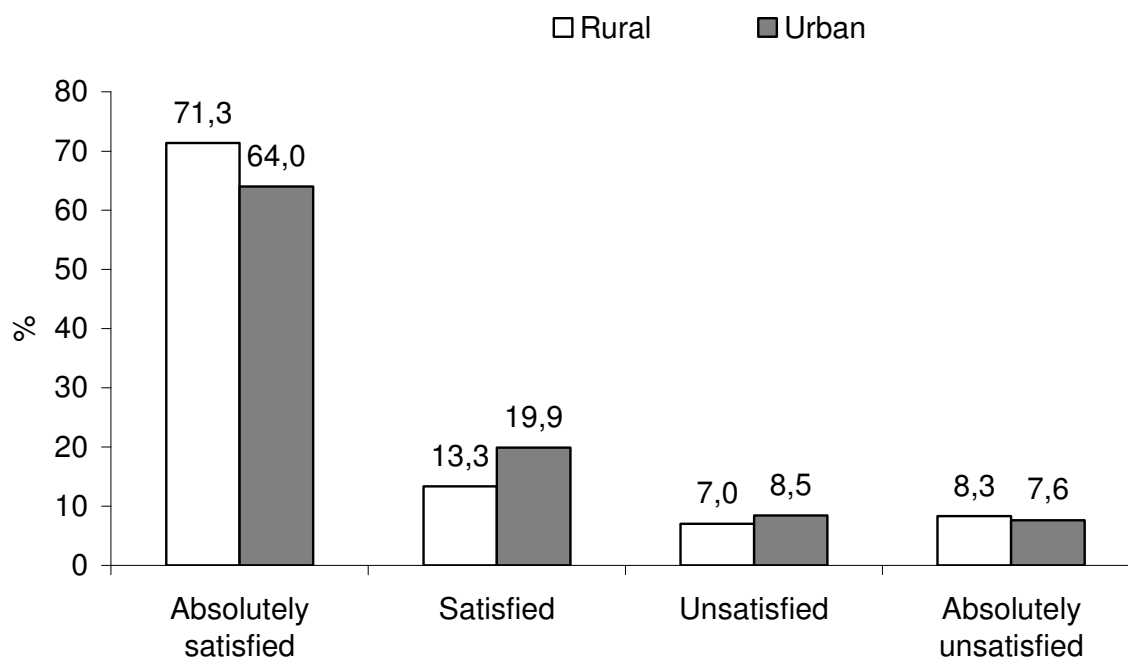


Figure 6. Degree of satisfaction with self-appearance according to the place of residence of respondents

49.6% of respondents consider their own weight as normal, 4.4% and 15.4% respectively think that they are too underweight and underweight; 20.2% and 2.4% consider themselves as overweight and too overweight.

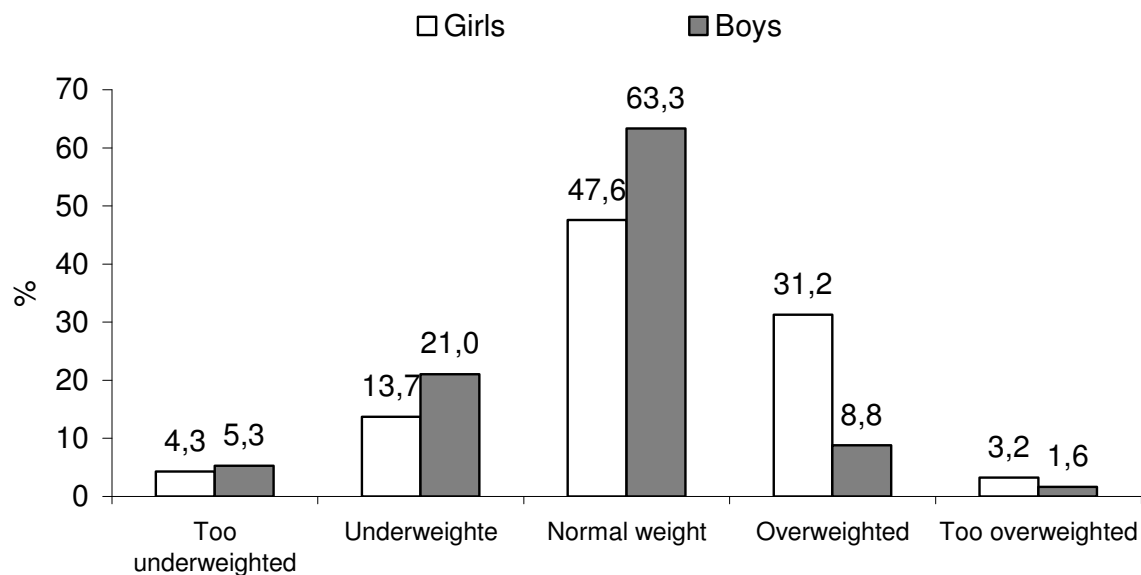


Figure 7. Assessment of self-weight according to the sex of respondents

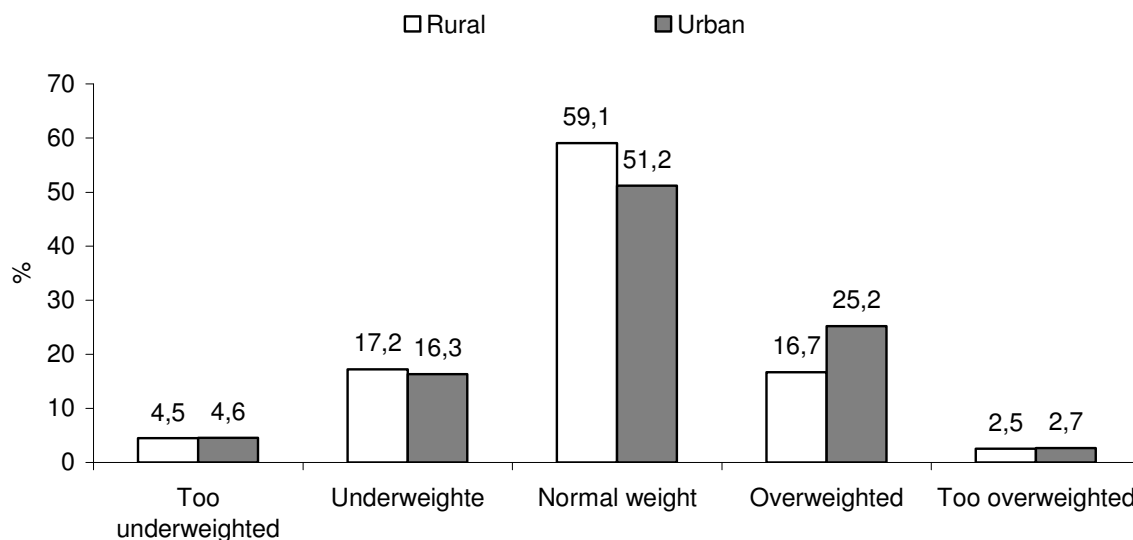


Figure 8. Assessment of self-weight according to the place of residence of respondents

73.0% of respondents reported that they have never smoked a cigarette; 2.4% has already quit smoking; 6.1% and 3.9% respectively smoke irregularly (20.3 cigarettes per week in average) and regularly (13.8 cigarettes per day in average).

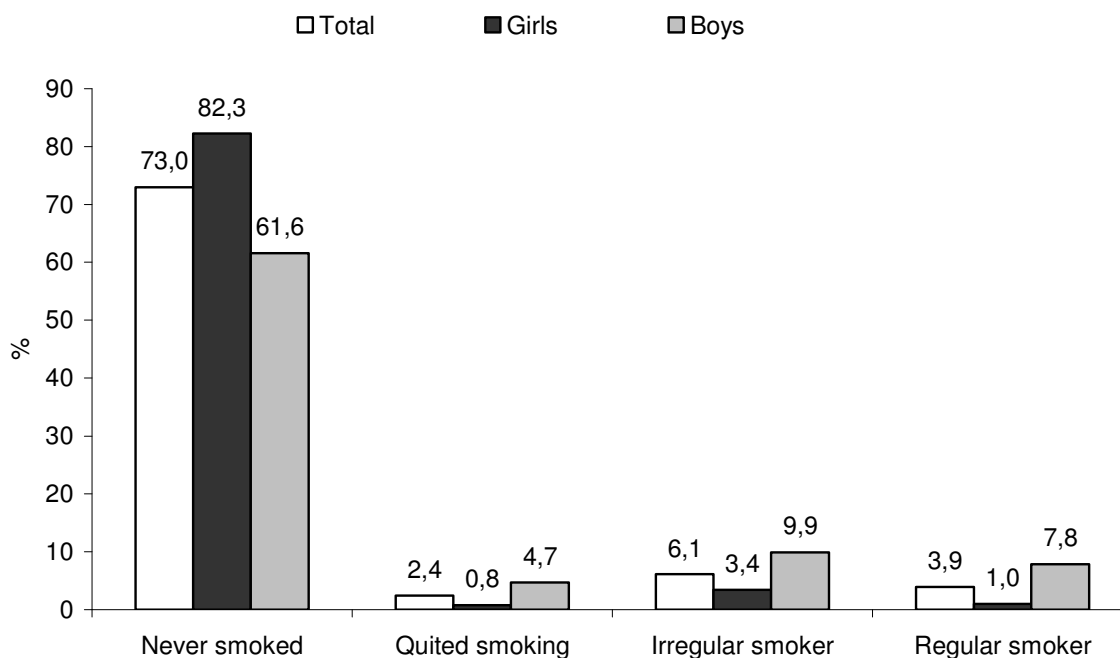


Figure 9. Self-reported degree of tobacco smoking according to the sex of respondents

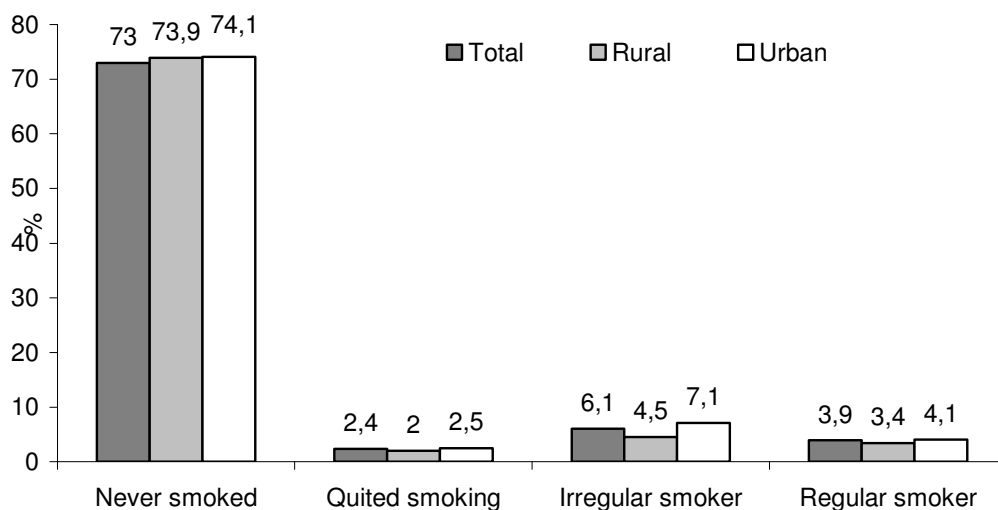


Figure 10. Self-reported degree of tobacco smoking according to the place of residence of respondents

A positive answer to the question: «Have you ever got drunk?» was given by 28.5% of respondents (20.7% of girls and 40.1% of boys; 31.2% of urban residents and 24.7% of rural residents).

Last year 17.9% of respondents (13.3% of girls and 24.6% of boys; 19.7% of urban residents and 15.1% of rural residents) drank more than 5 “standard” (12 gram of the pure alcohol in average) doses successively.

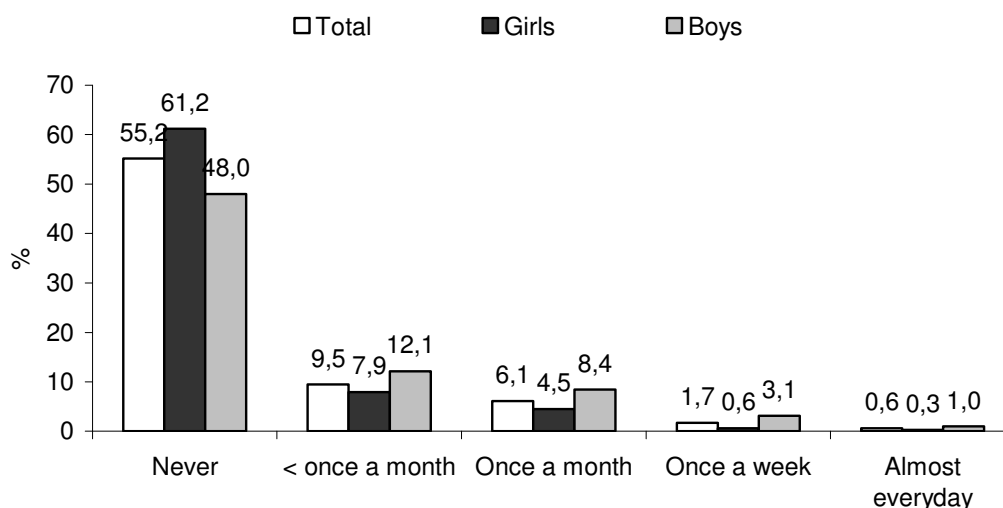


Figure 11. Frequency of drinking 5 and more doses of alcohol according to the sex of respondents

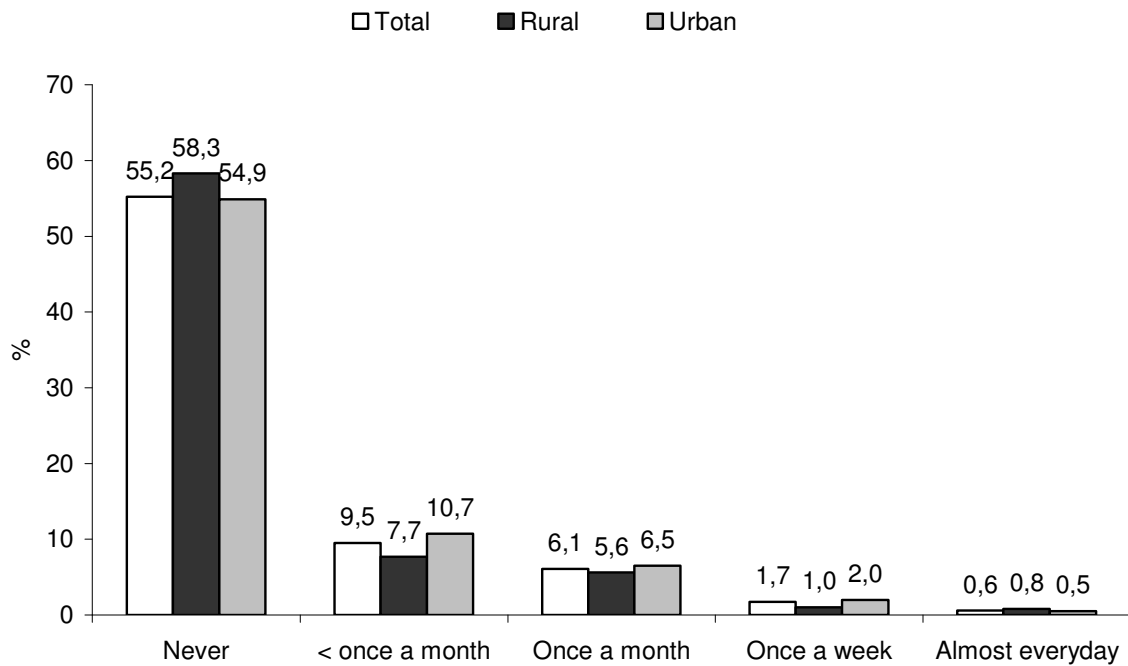


Figure 12. Frequency of drinking 5 and more doses of alcohol according to the place of residence of respondents

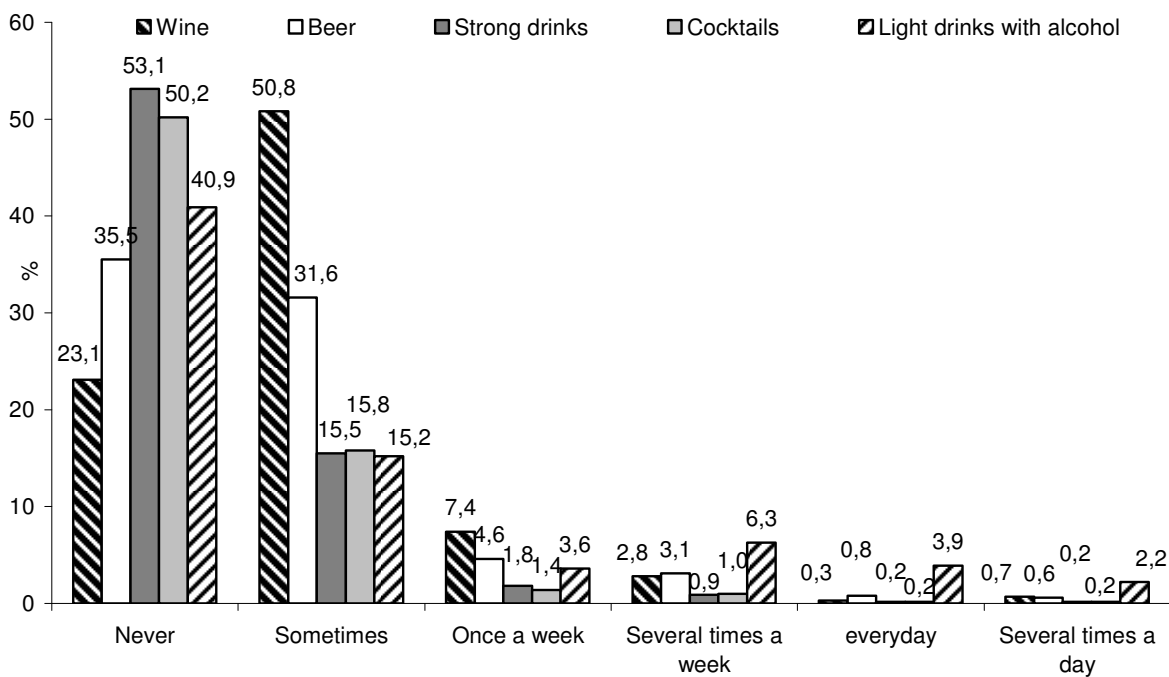


Figure 13. Frequency of drinking according to the types of alcohol beverages

1.4% (0.8% of girls and 2.3% of boys; 1.3% of urban residents and 1.3% of rural residents) reported that they had tried intravenous drug use.

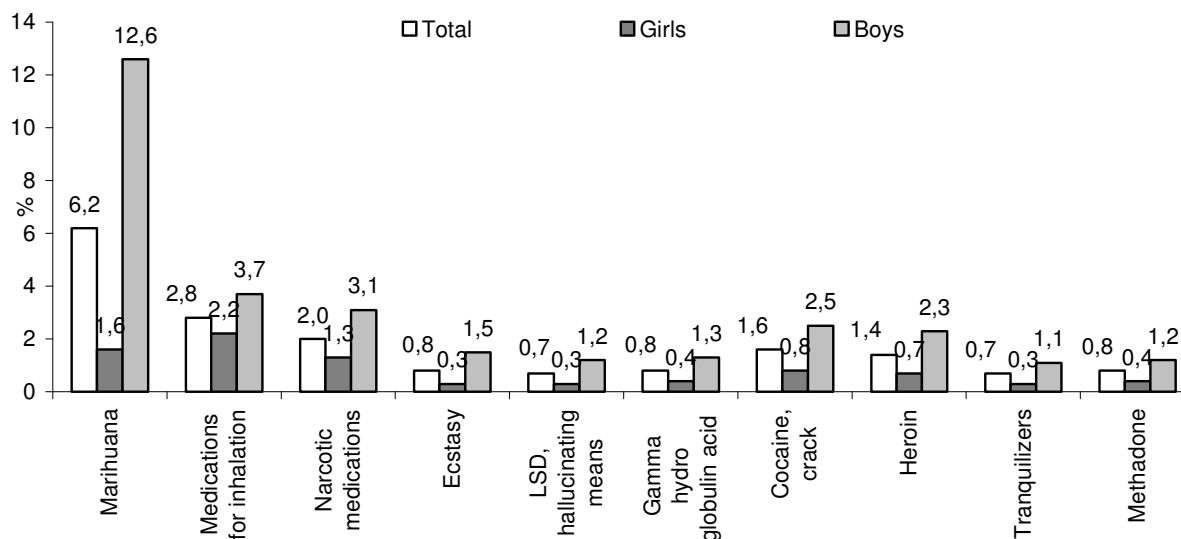


Figure 14. Use of narcotics according to the sex of respondents

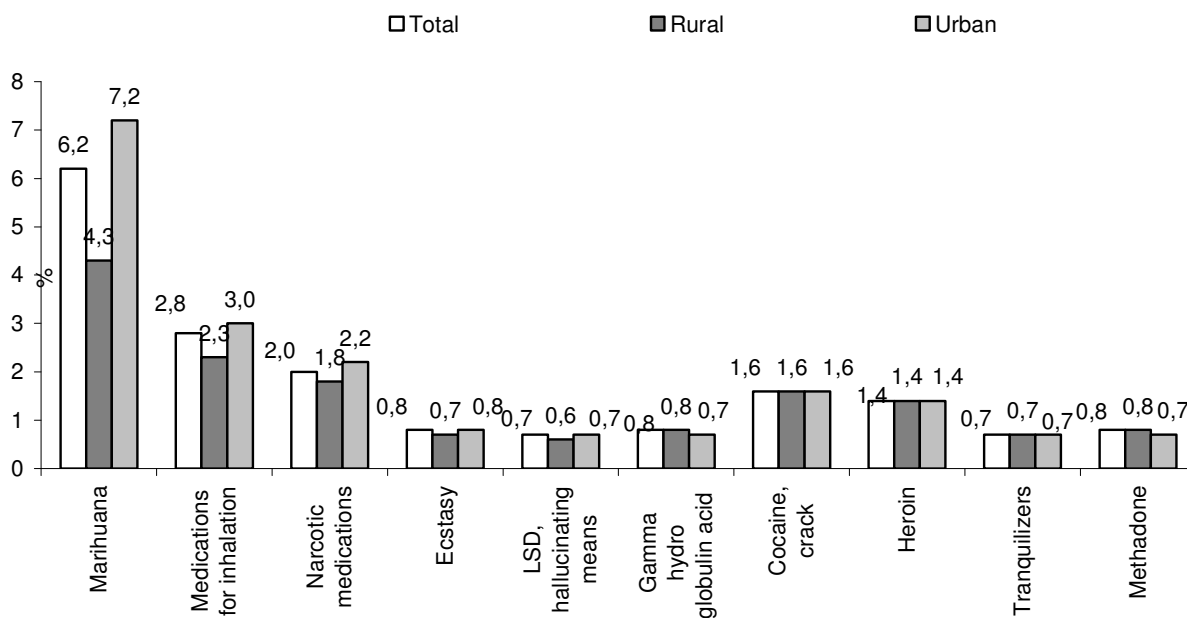


Figure 15. Use of narcotics according to the place of residence of respondents

4.7% of respondents (1.0% of girls and 10.0% of boys; 5.2% of urban residents and 3.2% of rural residents) reported that they had exchanged sex for money or drugs.

3.5% of respondents (2.1% of girls and 5.3% of boys; 2.9% of urban residents and 4.0% of rural residents) suffered from a rape.

A chance to list disturbing problems was given to respondents.

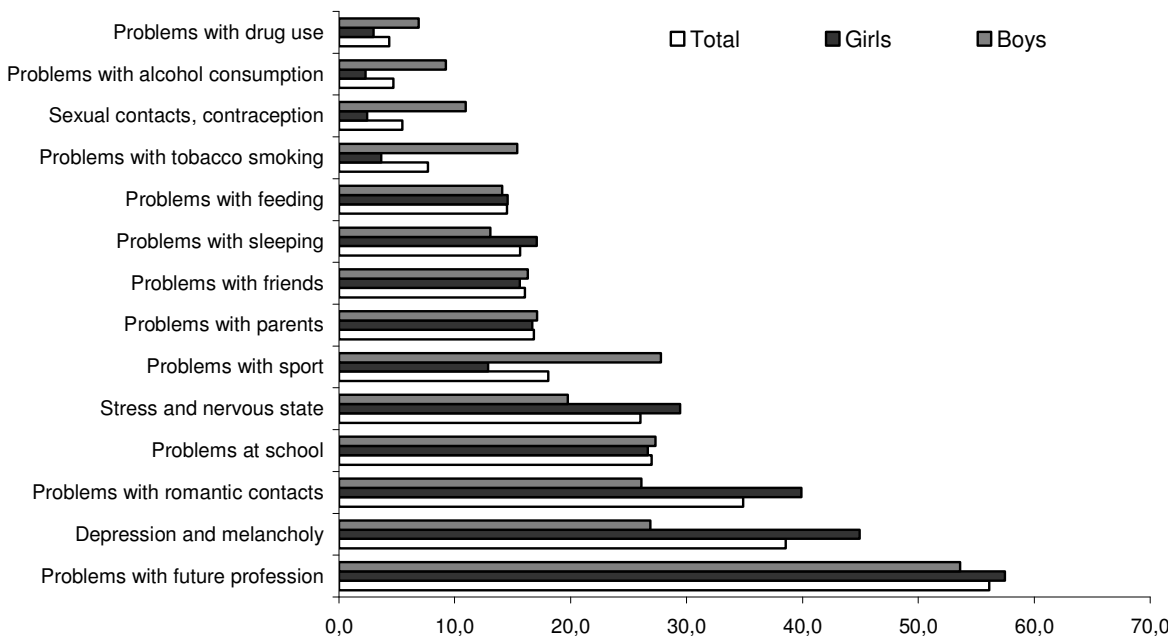


Figure 16. Disturbing problems according to the sex of respondents

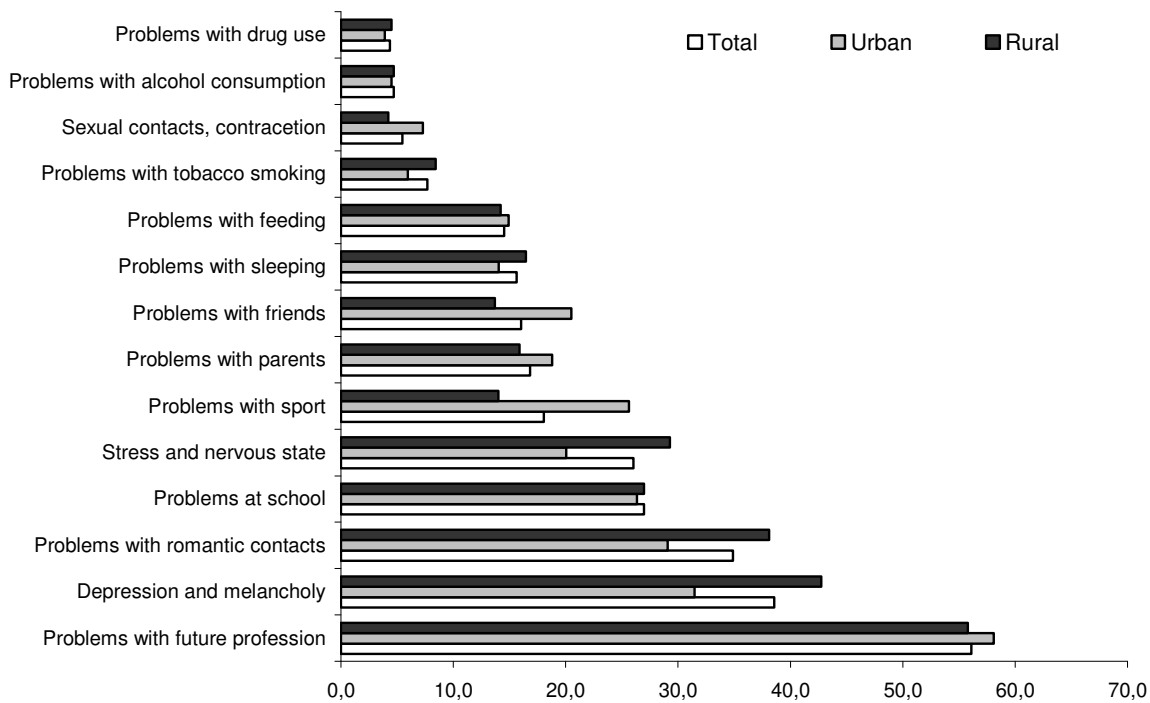


Figure 17. Disturbing problems according to the place of residence of respondents

Table 4.
Distribution of the disturbing problems by sex and place of residence of respondents

Problems	Total	Girls	Boys	Rural	Urban
with feeding	14.5	14.6	14.1	14.9	14.2
at school	27.0	26.7	27.3	26.3	27.0
stress and nervous state	26.0	29.5	19.8	20.0	29.3
depression and melancholy	38.6	44.9	26.9	31.5	42.7
with sleeping	15.6	17.1	13.1	14.0	16.5
with tobacco smoking	7.7	3.7	15.4	6.0	8.4
with alcohol consumption	4.7	2.3	9.2	4.5	4.7
with drug use	4.3	3.0	6.9	3.9	4.5
with romantic contacts	34.9	39.9	26.1	29.1	38.1
with sexual contacts, contraception	5.5	2.5	11.0	7.3	4.2
with sport	18.1	12.9	27.8	25.6	14.0
with friends	16.0	15.6	16.3	20.5	13.7
with parents	16.8	16.7	17.1	18.8	15.9
with future profession	56.1	57.5	53.6	58.1	55.8

Priorities of respondents were self-assessed on 1 to 10 rating scale with 1 being “the most important priority” and 10 – “the least important”. The average scores for each priority are given in the figure below.

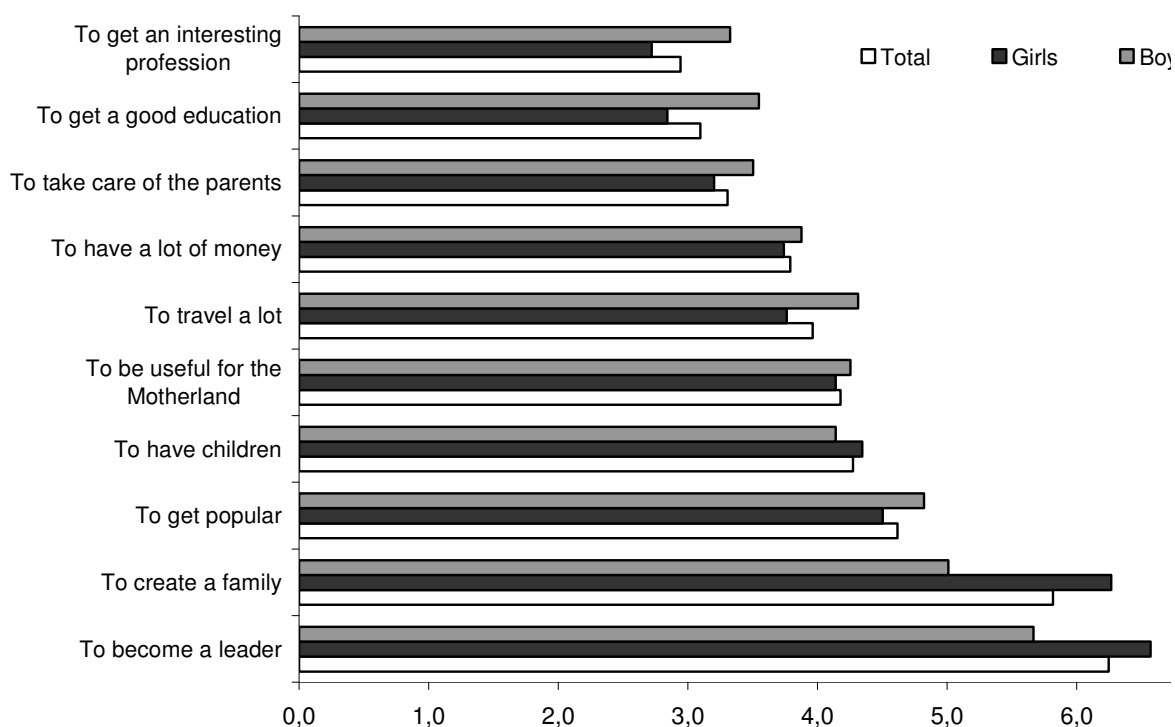


Figure 18. Distribution of scores for future priorities according to the sex of respondents

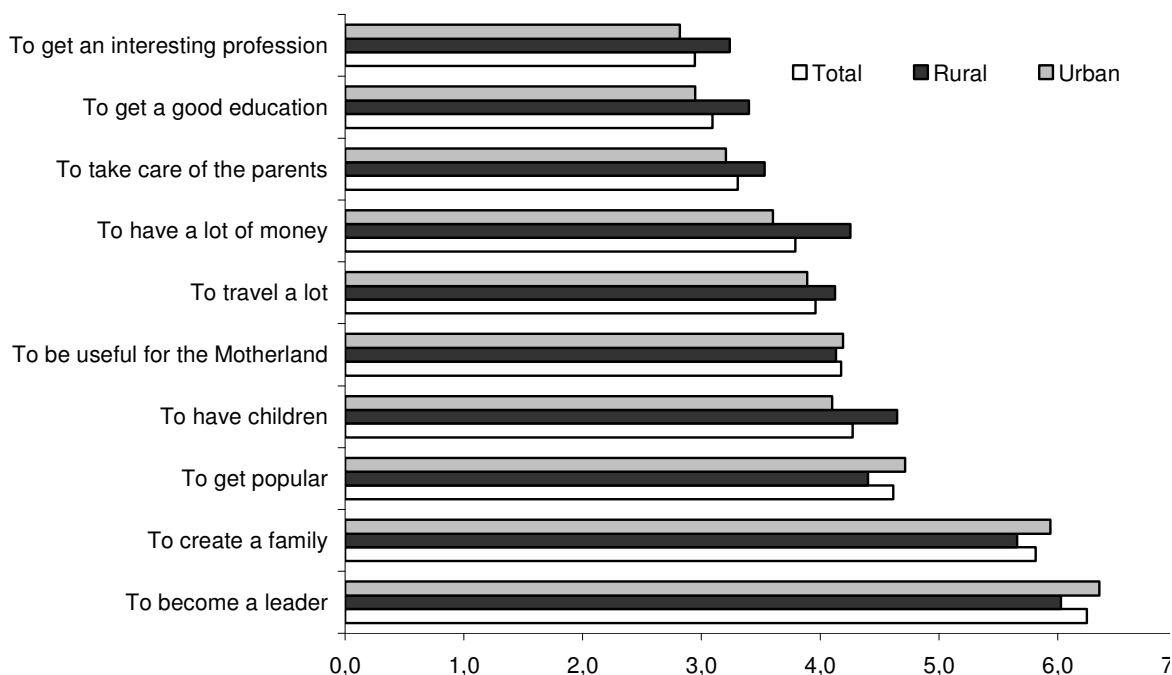


Figure 19. Distribution of scores for future priorities according to the place of residence of respondents

Table 5.

Distribution of scores for future priorities according to the sex and place of residence of respondents

	Total	Girls	Boys	Rural	Urban
To create a family	5.8	6.3	5.0	5.7	5.9
To get an interesting profession	2.9	2.7	3.3	3.2	2.8
To get a lot of money	3.8	3.7	3.9	4.3	3.6
To have children	4.3	4.3	4.1	4.6	4.1
To get a good education	3.1	2.8	3.5	3.4	2.9
To take care of the parents	3.3	3.2	3.5	3.5	3.2
To be useful for the Motherland	4.2	4.1	4.3	4.1	4.2
To be popular	4.6	4.5	4.8	4.4	4.7
To travel a lot	4.0	3.8	4.3	4.1	3.9
To become a leader	6.2	6.6	5.7	6.0	6.4