Cultural Study Centre

Reproductive Health Initiative for Youth in the South Caucasus

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REPRODUCTIVE HEALTH INITIATIVE FOR YOUTH IN THE SOUTH CAUCASUS

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ADOLESCENT REPRODUCTIVE HEALTH SURVEY IN GEORGIA

The survey was conducted by the Cultural Study Center

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Preface

To address the needs and reproductive health concerns of the population in Georgia, UNFPA started its assistance after the International Conference Population and Development (ICPD) in Cairo September 1994. UNFPA supports the Georgian Government in the implementation of the ICPD Program of Action and the MDGs, which lays the foundation for improved reproductive health, poverty reduction and economic empowerment of the population. Working with youth has been a special priority for UNFPA. In order to provide data on youth for policy development and programming, the first national "Adolescent Reproductive Health Survey" was conducted in 2002. The survey provided essential baseline data on the reproductive health status of young people. The 2008 follow–up survey was conducted in the framework of the Reproductive Health Initiative for Youth in the South Caucasus (RHIYC). Launched in 2006, RHIYC, a partnership led by UNFPA, with the generous support from the European Union, has made impressive improvements in the sexual and reproductive health of youth aged 15 to 24 in Georgia. RHIYC aimed at empowering them to realize their rights to accessible, youth-friendly, high quality sexual and reproductive health services and information in order to reduce unwanted pregnancies, prevent the spread of sexually transmitted infections including HIV/AIDS, and eliminate gender based violence.

The 2008 follow–up "Adolescent Reproductive Health Survey" provides accurate information on adolescents in Georgia. The survey also allows for studying trends in Reproductive Health awareness, knowledge, behaviors, opinions and practices, as well as to determine the basic cultural relations for effective realization of the sexual education and training system.

The 2008 follow–up "Adolescent Reproductive Health Survey" will make available appropriate national and regional specific data on adolescent's reproductive health status and will contribute to enhance the ability of local organizations to collect, analyze and disseminate information and to foster collaboration among all stakeholders, whose main goal is to develop policies and advance appropriately designed reproductive health sector reforms.

It is my pleasure to express my gratitude to the participating organizations and experts for their dedication and for bringing this work to a successful completion.

My deepest thanks for your invaluable contributions

Dr. Peer Sieben
UNFPA Rep. Turkey, Country Director for Armenia, Azerbaijan and Georgia

Introduction

The first adolescent reproductive health survey was conducted in Georgia in 2002. The survey covered adolescents of both sexes between the ages of 14 and 17 years. For the second survey in 2008, the age limit of the surveyed adolescents was expanded to 14-19 years. Furthermore, quantitative research was supplemented by qualitative research with the participation of adolescents and parents of both sexes. This allowed the survey to obtain more in-depth, necessary and important data. In comparison with 2002, components of the quantitative research were expanded and the level of knowledge of adolescents about normal variations and abnormalities of puberty was established. Research into adolescents' reproductive and sexual behavior and study their use of reproductive health services were also added.

We believe that identification of adolescents' awareness, knowledge, behavior, opinions, values and needs in the field of adolescent reproductive health, and the analysis of changes in these data, considering opinions of parents, will make it possible to develop an adequate, efficient and acceptable educational program. The program will promote the improvement of adolescents' knowledge on issues of reproductive health, responsible reproductive and sexual behavior and, ultimately, improve the reproductive health of the population.

General Demographic Portrait of Adolescents in Georgia

- According to the data of the Department of Statistics, the number of adolescents in Georgia aged 15-19 years was 366,500 (boys -185,900, girls – 180,600) in 2008. The survey, however put this number at only 277,400 (boys – 143,300, girls – 134,100), i.e. about 90,000 fewer.[1]

Department of Statistics data show that the share of adolescents aged 15-19 made up 8.3% of the whole population of Georgia in 2008 (according to the evaluation data – 7.3%). Both the survey and the Department of Statistics found that boys outnumber girls.

- According to Department of Statistics data, mothers aged 15-19 gave birth to 6,549 live newborns in 2007 (according to the research data – 6,688), which made up 13.3% of all live births in Georgia at that time.

According to the data of the Department of Statistics, 36.3 live newborns were born per 1,000 women age 20 years and younger (according to the research data – 49.2).

- The share of children born to parents not involved in civic marriages aged up to 20 years is quite high. According to the data of the Department of Statistics, more than a half of children (55%) born to mothers aged up to 20 years were born to parents not in registered marriages. This is mainly due to the high number of marriages which have not been officially registered (though a church wedding may have been performed)[2]. Only a small share (5.6%) of newborns were born to single mothers.

- According to the data of the Department of Statistics, 896 men and 4,035 women under the age of 20 years got married in 2007 in Georgia, which makes up 3.7% of all men and 16.2% of all women married during that year.

- Only 10 men and 23 women under age 20 were divorced during the same year. It should be noted that the frequency of divorces among those under age 20 is not significant, and makes up 1.1% for the men and 0.6% for the women per 100 marriages.

- According to heath care statistics, girls aged up to 20 years had 1,045 pregnancies terminated legally in 2007 - 7.8 terminations per 1,000 women of the relevant age. According to a Women's Reproductive Health survey conducted in Georgia in 1999-2000, there were an average of 29 pregnancy terminations per 1,000 women in the 15-19 age group[3]. This number was cut to 13 in 2005. While this latter number is several times higher than the official data the positive trend is obvious – the abortion rate for this age group was more than cut in half.

- According to the specific surveys, the share of women who know how to use some contraception method at 15-24 years is 65.9 per cent, lower as compared with the women of other age groups. The share of young women at 15-19 years of age who use any method of contraception

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[1] Here and below the data of the Department of Statistics, Health Care and evaluation data are cited from the work - G. Tsuladze, N. Maglaperidze, A. Vadachkoria. Demographic Yearbook of Georgia. 2007. Tbilisi, 2008

[2] Adolescent' Reproductive Health Survey, Tbilisi, 2002. The report was prepared by A. Khomasuridze, J. Kristesashvili., G. Tsuladze, Tbilisi, 2002

[3] Women's Reproductive Health Survey, Final Report prepared by F. Serbanescu, L. Morris, N. Nutsubidze, P. Imnadze, M. Shakh-Nazarov, Tbilisi, 1999

(2.8%)[4] is even less.

- According to the data of the Department of Statistics, 143 adolescents (86 boys and 57 girls) between 15 and 19 years of age died in Georgia in 2007 year, although in accordance with evaluation data, the number of adolescents who died at the above-mentioned age was 161 (101 boys and 60 girls). In accordance with the evaluation data, there were 0.7 deaths per 1,000 boys and 0.4 deaths per thousand girls.

- Blood circulation disorders, traumas, poisoning and the results of other external factors were the main causes of death among boys and girls aged 15-19 in 2007.

It is worth mentioning, that one of the main causes of death among adolescents at 15-19 years of age – diseases of blood circulation – is a relatively new and has been observed since 2004. Before that, respiratory diseases were among the leading causes of death for this age group.

- According to the evaluation data, life expectancy was 54.3 years for the boys and 62.5 years for girls of age 15 years (– life expectancy from birth was 67.3 years for men and 75.6 years for women) in 2007 in Georgia. The above-mentioned rate was much lower than the life expectancy for adolescents living in developed countries. For example, in Sweden in 2004 the life expectancy for boys and girls at age 15 was 63.7 years and 68.1 years, respectively (while the life expectancy from birth was 78.4 for males and 82.7 for females).[5]

[4] Reproductive Health Survey Georgia, 2005. Final Report. Editors: F. Serbanescu, P. Imnadze, Z. Bokhua, N. Nutsubidze, D. B. Jackson, L. Morris. Atlanta, 2005.

[5] Recent Demographic Development in Europe 2004. Strasburg, 2005.

Purpose

The main aim of the **quantitative survey** was to determine awareness, knowledge, opinions and behaviors related to the reproductive health of adolescents between the ages of 14 and 19 years, through interviews.

The aim of the **qualitative research** was to determine the baseline cultural directions for the effective realization of the sexual education and training system, an important aspect of reproductive health. In the context of cultural-background influences, ideas, approaches and moods (family, family functions, early marriages, children and prospects, choice of wedding partner, ideal models of a woman and a man, etc.), gender perceptions (premarital sex, the institution of virginity, taboos), as well as values were studied and presented.

The research also sought to show the moods and relations towards the organization of the sex education system (main sources of information, appropriate time for starting sex education, periodicity and format of information supply, literature, etc.), notions about the role of relevant institutional forums and social institutions, in general the model for creating an environment conducing to supporting reproductive health.

Methodology

Quantitative Survey

The survey was conducted applying the method of individual inquiry, in particular, the method of interviewing.

The selection of respondents was conducted in accordance with the principles of multi-level cluster selection, in a manner striving for maximum randomness.

The data of the 2002 Georgian census was used as a basis for selection.

Interviewers were provided with geographic points of selection (in ten districts of Tbilisi) and a space range for relocation according to streets.

Before the main survey, a pilot survey was conducted on whose basis the questions were revised.

The selected interviewers were provided with instructions on relocation in accordance with selection scheme and training.

The selective model was meant for 600 adolescents. Sex, age and place of residence (region) were applied as selection criteria.

The information received as a result of the survey was processed by software SPSS v.13. The margin of error was 3.8%, confidence interval - 95%, probability -0.074.

The blocks of questions mainly sought to study adolescents' attitude and behavior towards the following issues:

- Sex and reproductive health;
- Education concerning sex and reproductive health;
- Awareness and knowledge about sexual maturation;
- Sexual relations;
- Contraception;
- Abortion;
- Pregnancy;
- Childbirth;
- Attitude towards the number of children in a family;
- Awareness and knowledge about sexually transmitted infections;

- Visit to doctor regarding reproductive health;
- Respondents' appraisal of their own health condition.

A complete version of this publication with questionnaires and tables can be found at: http://www.foryouth.ge/en/elibrary

The survey was conducted in Tbilisi in September 2008. Fourteen highly qualified interviewers conducted the inquiry. The average length of each interview was 45 minutes.

The 2008 survey ("Adolescent reproductive health survey: Awareness, Knowledge, Opinions and Behavior") was preceded by similar survey conducted in 2002 ("Adolescent reproductive health survey, Georgia, 2002")[6].

In 2002 the survey was conducted in Tbilisi and several villages. In total, 753 adolescents from the age of 14 to 17 years were interviewed, including 553 in Tbilisi and 200 in villages.

Although the questionnaire for the 2008 survey was revised to some extent based on the experience of 2002 survey, a similar number of questions were asked.

This makes it possible to compare the outcomes of surveys conducted in 2002 and 2008 and establish and analyze the changes that occurred.

Comparison was made only between respondents in Tbilisi and adolescents between the ages of 15 and 17 from the 2008 survey, since adolescents of only that age were involved in the survey in 2002.

Qualitative Research

The conceptual support for the methodology used in the research is the cultural/context approach, according to which the common historical-cultural context of human cooperation and cohabitation represents the framework for defining the cultural specifics of normative systems. This includes the hidden, implied, unspoken, implicit, so-called "background" knowledge by the members of the society. In our view, this kind of a strategy makes it possible to avoid inadequately reflecting specific indicators in the Georgian cultural context. Accordingly, the priority of the methodology of the research is gaining an in-depth understanding/comprehension of the tasks of the research in the local socio-cultural (Georgian) context.

For the study of the researched tasks the focus group method was used. We chose this method for two reasons:

- The topic of the research is a pressing social problem for contemporary Georgian society (correct gender self-identification, the definition of the most important values for the formation of the personality and the development of cohabitation abilities, the need to reduce the reproductive health risks prevalent in modern society, etc.). Accordingly, discussing these matters is important;
- In the process of the group interview the so-called camaraderie effect is active. This means "opening up" the respondents to speaking about intimate, culturally tabooed topics.

In parallel with the focus group, elements of "involved action research" were used in order to find ways to resolve problems in getting the informants to open up.

The focus groups were surveyed on the basis of a special guide created according to the research aims.

[6] Adolescent Reproductive Health Survey, Georgia, 2002. The report was prepared by A. Khomasuridze, J. Kristesiashvili, G. Tsuladze, Tbilisi, 2002.

Data analysis of the qualitative research

The discourse analysis model was used in the study. This kind of analysis makes it possible to display the following: the diversity of opinions in society based on personal experience or popular explanations of behavior; often unconscious inner psychic dispositions (moods, values, approaches, expectations and etc.), existing preconditions Discourse analysis also makes it possible to advance tasks of strong social interest.

Proceeding from the methodological priority, the interpretation of the texts of the research is based on local, i.e. Georgian socio-cultural sensibilities and typology features of the culture. One of the leading paradigms in the classification of cultures is used in the typology feature- "individualism/collectivism"[7] based on the principle of the social group and personal interrelationship. Unlike individualism, whose central attributes are defined as the orientation of the personality in the portability and distinction from the inner group and emotional independence, while the defining feature of collectivism is a strong orientation on inner group unity and solidarity. .On a personal level collectivism is seen as an aspiration towards inner group unity and to interconnection.

According to modern understanding, collectivism and individualism are not discussed as mutually exclusive poles. It is believed that in the margins of one culture the co-existence of both cultural paradigms is possible meanwhile, each of them according to the situation may be less or more obviously displayed in both individual cultures and individual personalities. The majority of modern culture researchers share the synthesis concept of individualism (the respect of the main rights of the personality) and collectivism (care for the welfare of the family and the society).

According to the importance of the social unit, the group is distinguished as the "big group" (nation, state, religious unity) and the "small group" (blood relatives, friends, loved ones) collective cultures. Georgian culture belongs to the category directed to the small group collectivism cultures. Meanwhile it should be pointed out here the family, as the most important inner group, may be conceived as the symbol of the inner group's value.

The interpretation of the data was based as on these typological peculiarities, as well as on the substantive definitions of the set, implied mental-cultural codes.

Selection - A targeted selection method was used for the research.

Target groups
12 focus groups:
High school students (VII, VIII, IX, X) – 36 girls; 36 boys.
Parents of the both sexes, of 25-45 years age – 36 mothers, 36 fathers.
Only Georgian-speaking respondents participated in the research.

Geography
Four groups were selected in three cities in Georgia – Tbilisi, Telavi, Batumi. Each group consisted of two teenagers and two parents.

[7] Individualism means a worldview, a behavior principle, which places emphasis on the value of the individual, and, in comparison with collectivism, gives priority to individual interests. Collectivism, on the other hand, gives priority to the aims of the group (as a rule, the family) over personal aims. Within the given paradigm, collectivism is conceived to be the ethical principle of giving priority to common interests, as opposed to individualism. Western cultures are widely seen as individualist. To the collectivist societies belong some countries of southern Europe (Spain, Greece, Albania), Latin America, the majority of the Asian and African cultures, traditional pre-industrial societies, as well as the countries of the post-Soviet space.

Outcomes of Quantitative Research

Social-demographic characteristics of adolescent respondents

Of the 600 respondents, 303 were boys and 297 were girls. They included 157 boys and 153 girls between the ages of 14 and16 years, and 146 boys and 144 girls between the ages of 17 and 19 (Table 1). The majority of the adolescent respondents (99.2%) had never been married.

66% of the adolescents age 14-19 were schoolchildren, while 25.8% - students receiving higher education. 1.4% of schoolchildren and 2.7 % of university students worked. 4.4% of the adolescent respondents neither studied nor worked, while 3.8% - did not study but did work.

The majority of the adolescent respondents (73.8%) were of average economic status, 23.9% were from more affluent backgrounds while and only 2.3% can be considered to be of lower economic status.

34% of the adolescent respondents had graduated high school. Of these, 4.2% live independently and assist their parents, while the majority – 73.7% live at the expense of their parents.

Issues related to reproductive health and sex

More than half of adolescent respondents (58.5%) consider 20-24 years the best age range for males to get married while one third chose the 25-29 range (Table 2). A larger percentage of girls (40.5%) think that this age for the boys should be higher (25-29 years). Both the girls and the boys of the younger age group (14-16 years) were more likely to consider 18-19 years of age as the best time to marry, than the older adolescents (17-19 years). On the other hand, most boys and girls of the older group consider 25-29 to be the best marriage age (Figure 1, Table 2).

In opinion of the majority of respondents (63.4%), the 20-24 years range was considered the best marriage age for women, with the 18-19 range named second most frequently by boys (28.4%)

Figure 1

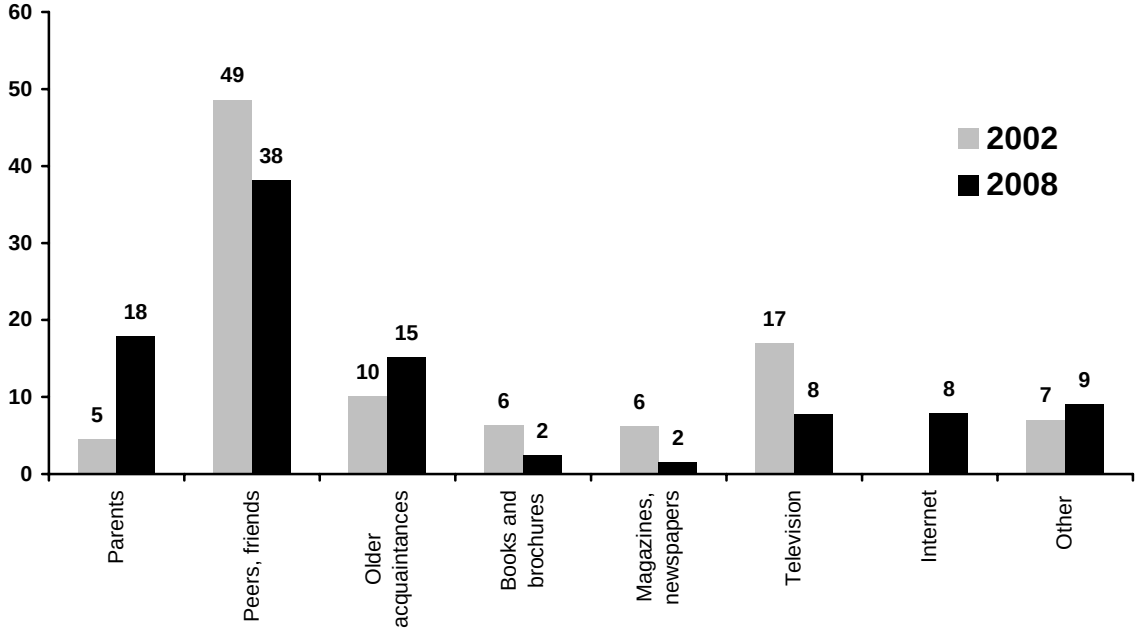
Opinion of adolescents on the best age for marriage

Discussing the actual age of marriage would not have revealed real tendencies due to the small

number of married adolescents, but it is evident from this scanty material that the actual age at which girls marry is lower than the age deemed most appropriate for them to marry by respondents (Table 2a). In both 2002 and 2008, coevals and friends were the main sources of information received on issues related to sex and reproductive health, although a decrease in adolescents' reliance on their peers for information is observed (Figure 2, Table 2).

Figure 2

Main sources of information for adolescents regarding sex/gender and reproductive health-related issues (%) (Tbilisi 2002 and 2008)



The fact that in 2008, as compared to 2002, parents and older acquaintances became more important sources of information should undoubtedly be assessed as a positive tendency. At the same time, the share of information received from books and booklets, magazines and newspapers and radio and TV on issues related to sex and reproductive health decreased, which can probably be explained by the fact that mass media does not pay sufficient attention to providing informational-educational materials to young people, or such information is provided in uninteresting form (Table 3).

It is noteworthy that the significance of the internet as a source of information about issues related to sex and reproductive health has grown, especially in the case of boys. In 2002, adolescents did not name the Internet, although this can be explained by the fact that at that time the Internet was less widespread and available as compared with 2008. Another reason should also be noted: the internet was not listed among the possible answers in the 2002 study, which could also have some influence on the data (Table 3).

The situation changed to some extent in terms of reliability of sources of information about issues related to sex and reproductive health.

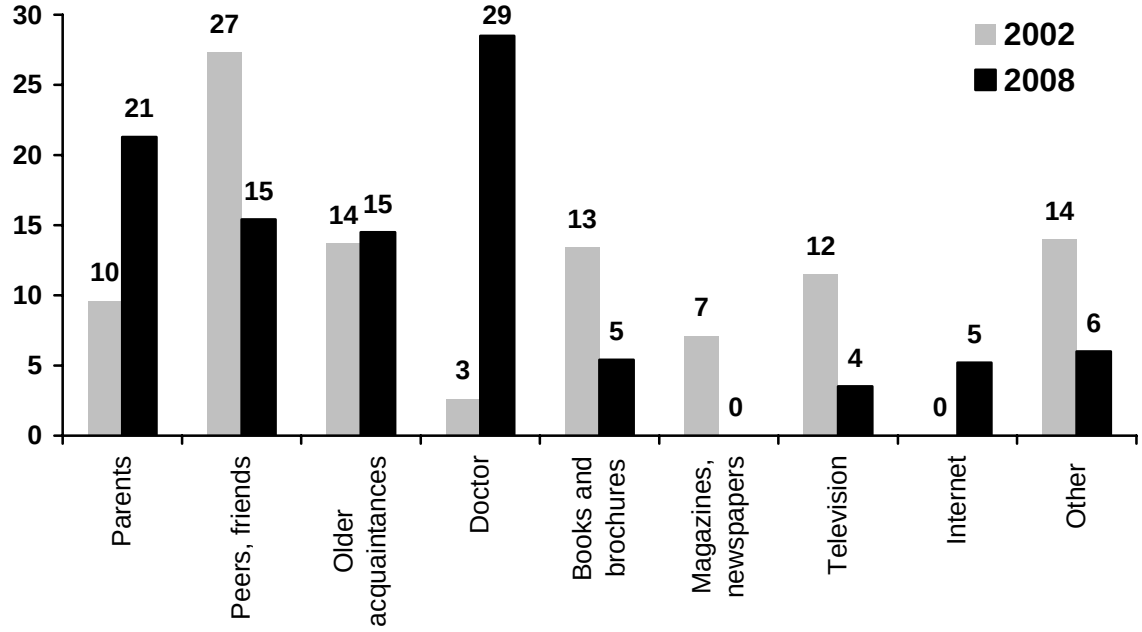
In 2008, adolescents considered doctors to be the most reliable source of information, while in 2002 only a few did so. At the same time, the number of adolescents who named friends and coevals as a reliable source significantly decreased. (Figure 2a, Tables 3 and 3a).

Parents were considered a more reliable source of information in 2008 than in 2002. As for magazines, newspapers and radio, adolescents were unlikely to name them in 2008 as reliable sources of information regarding issues of sex and reproductive health.

It is worth mentioning that both in 2002 and 2008 coevals and friends were named as main sources of information regarding issues of sex and reproductive health, but in adolescents' judgment, their reliability has decreased.

Figure 2a

Reliability of the main sources of information on sex-related issues for adolescents (%) (Tbilisi 2002 and 2008)



In a survey of adolescents 14-17 years of age conducted in Germany in 2006, parents were named by adolescents of both sexes, especially mothers by girls (70%), as the most frequent source of information regarding issues related to sex. Besides, quite often the source of such information is printed media (23-42%), more for the girls. Boys in both Georgia and Germany are more likely to seek information through the Internet. In both Germany and Georgia, friends are one of the most frequent sources of information regarding issues related to sex.

Interestingly, German adolescents consider their parents to be a preferred source of information regarding sex, while in case of Georgian adolescents, information received from the doctor is deemed to be most reliable. In addition, German adolescents quite often prefer information received from the printed media, while in Georgia, as is evident from the results of the survey, information received from printed media and media, in general, plays a very insignificant role in adolescents' education.

In both 2002 and 2008 years adolescents thought that the boys knew more with regard to issues related to sex and reproductive health than girls (Table 4 and 4a).

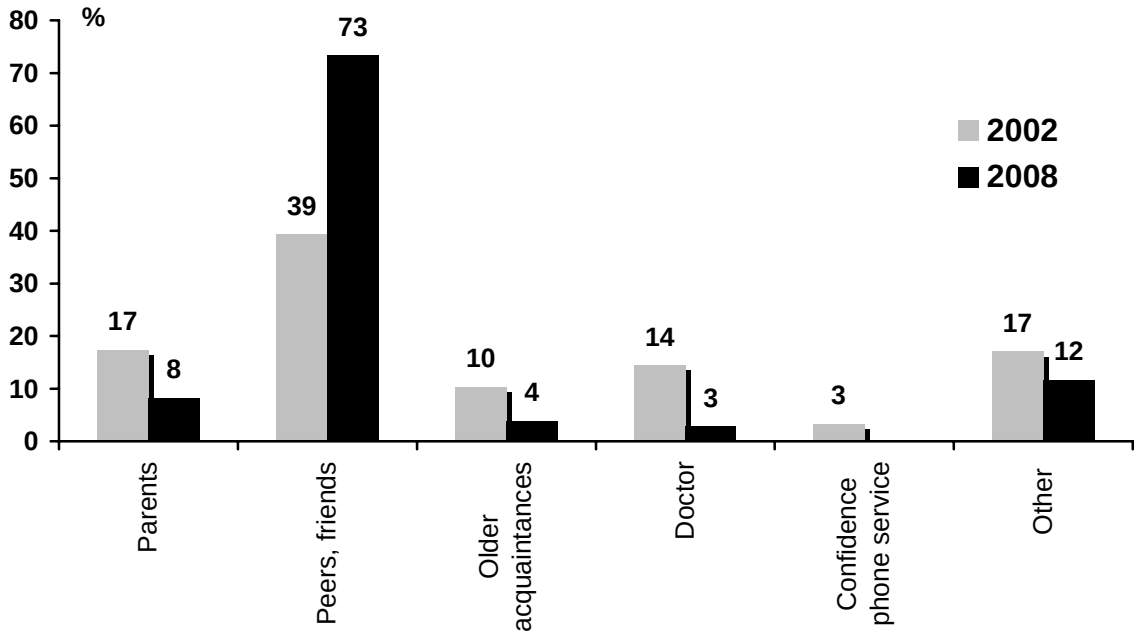
The majority of adolescents considered and still consider that it is more or less permissible to talk freely about issues related to sex and reproductive health. Only a small number of adolescents consider talking about sex to be unacceptable. The share of adolescents (especially girls) who considered it permissible to talk about issues related to sex decreased from 2002 to 2008 (Table 4 and 4a).

Adolescents talk about issues related to sex and reproductive health mostly with their coevals and friends. Besides, in 2008 the share of such adolescents increased considerably as compared with 2002. At the same time, the share of adolescents who talked about issues related to sex and reproductive health mostly with their mother and father, elder acquaintances, the doctor decreased during the past period (Figure 3, Table 4 and 4a). The above-mentioned tendency should be assessed negatively, since adolescents can generally receive better information from a doctor and more or less from their parents and elder acquaintances than from their coevals.

In 2002 small share of adolescents was using telephone advice hotline to talk about issues related to sex and reproductive health. In 2008, adolescents practically did not use such services.

Figure 3

With whom speak most commonly adolescents about issues related to sex and reproductive health (%) (Tbilisi 2002 and 2008)



Sex and reproductive health education

The majority of adolescents think that issues related to sexual and reproductive health should be taught at school. An additional question regarding the place where the adolescents would consider it expedient to receive education on issues related to sexual and reproductive health was included in the 2008 survey. A plurality of respondents said that such education should be received at school (38.1%), a smaller share thought that the process of education on the above-mentioned issues should be conducted outside school (6.7%), or at both places (8.1%) (Table 5).

The share of adolescents, especially girls, who think that issues related to sex and reproductive health should be taught at school, decreased from 2002 to 2008. At the same time the share of adolescents who think that such subjects should not be taught increased (Figure 4, Tables 5 and 5a). Against the background of a reduction in the frequency of adolescents informed about the pressing issues of reproductive health within the same period, this is disturbing. It can be explained by the fact that both adolescents and their parents do not have a correct impression about the subject area of this study. Some TV talk shows have promoted unhealthy attitudes. For some representatives of society, speaking out against sexual education became part of a public relations campaign. The public was persistently provided with inaccurate information by TV that it was planned to introduce the study of sexology at schools and people were given the wrong impression about the instruction of practical lessons of sex with homework.

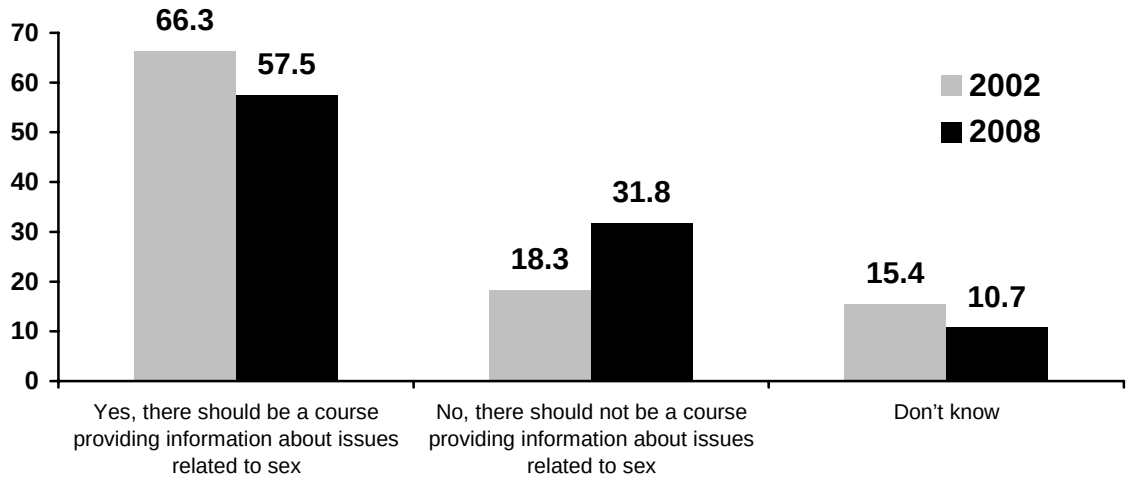
As European experience shows, balanced and well thought-out school sexual education already covers several generations in the majority of developed countries and ensures correct sexual and reproductive behavior[8]. In Germany the share of adolescents who received sexual education at school increased from 75% up to 91% between 1994 and 2005[9].

[8] Duberstein Lindberg L., Ku L., Sonenstein F., Adolescents' Reports of Reproductive Health Education, 1988 and 1995, Family Planning Perspectives, 2000, 32(5):220–226

[9] "Youth Sexuality" – Repeat survey of 14 to 17 year olds and their parents – BZgA, 2006

Figure 4

Opinion of adolescents on whether sex and reproductive health-related issues should be taught at school (%) (Tbilisi 2002 and 2008)

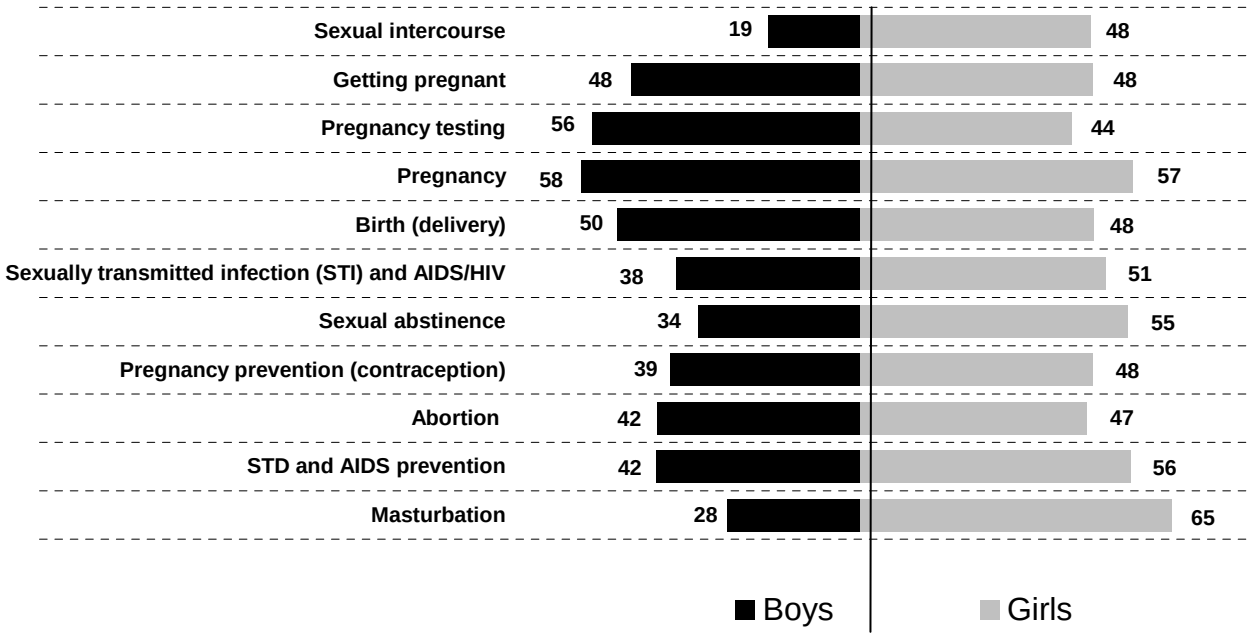


Both in 2002 and 2008, the majority of adolescents said that subjects related to sexual and reproductive health should be taught mainly in grades 8-10. In 2008, some schoolchildren mentioned XI and XII grades, which did not exist in 2002 and for this reason were not named by adolescents at that time (Table 5 and 5a).

Data concerning the terms of study of issues related to sexual and reproductive health should be considered. The fact that the majority of adolescent respondents consider it optimal to start study in later grades is indicative of their incomplete knowledge about such education. In particular, adolescents do not consider such issues as the biological, academic part of the study, healthy life style and hygiene, which should be taught earlier.

Figure 5

Needs of adolescents for more information on some issues of sexual relations and reproductive health (%)



One of the main issues was to determine adolescents' opinion regarding whom they consider to be

most acceptable for providing sex education. It was established that in the majority of adolescents' opinion, this person should be a specially trained teacher (59.4%) up to 40 years of age (81.2%). For a quarter of the adolescent respondents teacher of biology is also acceptable. No significant differences were revealed by adolescents' sex and age (Table 6).

The study determined there was a need for more information on different issues of reproductive health among adolescent respondents. It was revealed that they need more information about sexual intercourse, impregnation, pregnancy testing, pregnancy and childbearing, prevention of sexually transmitted infections (including HIV/AIDS), unintended pregnancy, abortion, masturbation, etc., within the range of 33-57% on each issue (Table 7).

At the same time, it was revealed that girls are in greater need of information about sexual intercourse and self-satisfaction of sexual needs than boys. Also, a bigger share of the girls need information regarding sexual abstinence, sexually transmitted infections, HIV/AIDS and the ways of their prevention, as well as contraception (Figure 5, Table 7).

According to the age of respondents, as a result of analysis, it was established that younger-age adolescent boys are more in need of information about different issues of sexual relations than older adolescent boys. The differences by the age groups among the girls are less marked (Table 7).

Awareness and knowledge about puberty

It was important to establish what the adolescents knew about physiological changes taking place during puberty and abnormalities revealed during this period, as well as male and female reproductive organs and reproduction in general.

Despite the fact that the majority of respondents had already studied anatomy, only two thirds of them knew the differences between female and male internal genitalia (Table 8). It was revealed that the majority of adolescents have knowledge about differences between female and male external genitalia (95.7%). Furthermore, boys are better informed about these differences. With the increase in years, awareness of these issues increases.

Both boys and girls were asked questions about specific physiological and pathological changes related to sexual development in both sexes (Table 8). As was expected, adolescents are better, although still insufficiently aware of what happens during puberty to members of their own sex. Among older adolescent respondents, however, the number of informed persons decreases somewhat. In particular, only two thirds of adolescents know about normal variations of puberty and the correct sequence of development of secondary sexual features among girls. A similar picture was revealed among the boys. The fact that a little more than a half of female respondents and less than half of the boys knew about hygienic measures that should be employed during puberty (in response to increased production of sweat, menstruation, etc), is disturbing.

It is also worth mentioning that despite the fact that they have studied anatomy and physiology at school, only fifth of adolescents know how fertilization happens. In addition, while determining the level of awareness/knowledge about menstruation among the girls, as well as the terms and sources of receiving such information, it was found that a fifth of the girls did not have any information about menstruation before they had their first period (Table 9). Despite the fact, that almost half of respondents believed that they knew what the normal menstruation cycle is and how its abnormalities are revealed, answers to specific questions revealed that only from 1/10 up to 1/5 of the girls can correctly assess abnormalities of the menstrual cycle and determine the need for medical assistance, which is indeed a disturbing fact. Without the involvement of elders, wrong assessment of menstrual abnormalities by girls may lead them to life-threatening conditions, such as

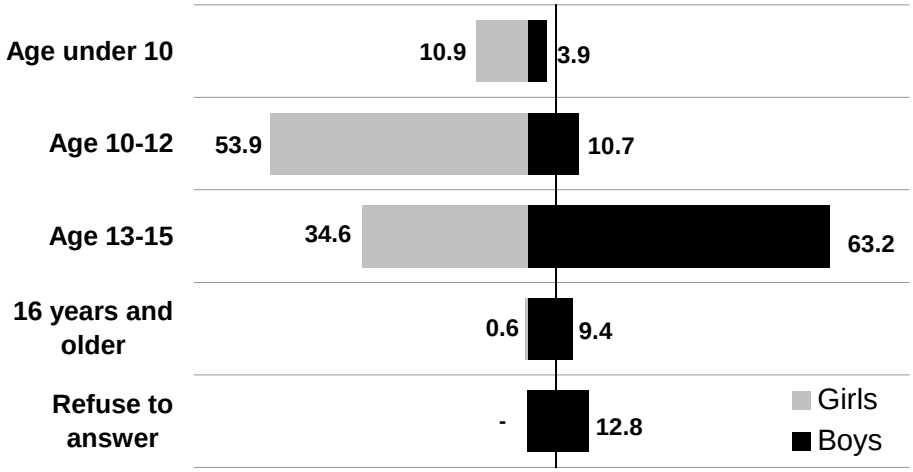
development of heavy post-hemorrhagic anemia. In addition, the majority of gynecological and endocrine diseases are revealed precisely through abnormalities of menstrual cycle, and failing to properly assess these irregularities could lead to health problems later on. Girls' knowledge about the menstrual cycle does not significantly increase with age.

The survey revealed that a little less than half the boys had information about wet dreams in puberty before they experienced them and the number of those who are aware of this phenomenon as a characteristic of puberty, was only half of the respondents (Table 10).

Special attention should be paid to the fact that boys' knowledge about abnormalities revealed in puberty is quite insufficient. In particular, only a fourth of respondents think that it is necessary to refer to a doctor in case of cryptorchidism, even less share – in case of varicocele (14.3%) and delayed sexual development (8.4%). Only some adolescent boys (36%) consider bad smelling discharge from the penis relatively noteworthy (Table 10). Thus, it is clear that boys are less informed about abnormalities of sexual development and, therefore, they are at higher risk of developing infertility and reproductive system diseases in future.

Figure 6

Distribution of adolescents (%) according to age of receiving information and knowledge about sexual development

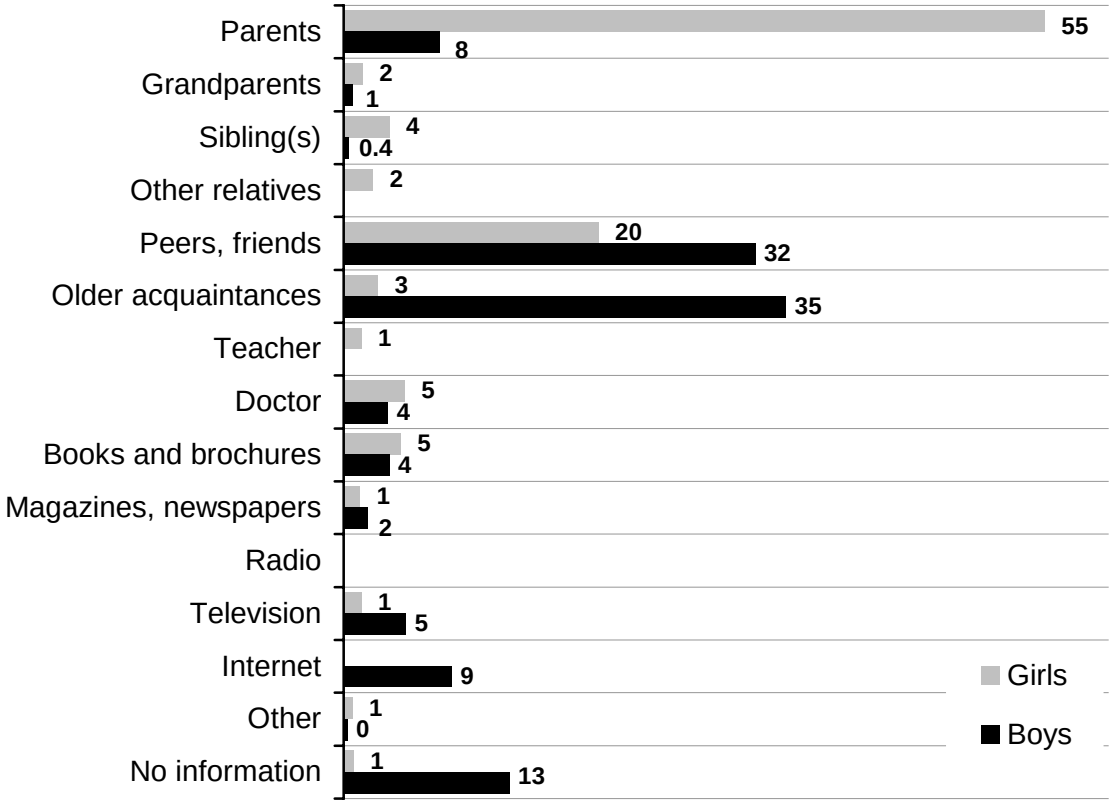


It was established that awareness and receiving knowledge about physiology and pathology of sexual development among girls more often takes place at 10-12 years of age (53.9%) and then at 13-15 years of age (34.6%), while among the boys, more often at 13-15 years of age (63.2%) and less often at 10-12 years of age (10.7%). This is logical considering the fact that puberty starts later for boys than girls (Figure 6, Tables 9 and 10).

The analysis of sources of knowledge and information received in connection with sexual development among both boys and girls proved to be very interesting (Tables 9 and 10). In particular, the main source of information and knowledge among the girls were parents (55%), while coevals and friends are sources of information and knowledge only in a fifth of the cases. On the other hand, coevals (29%) and elder acquaintances (31.1%) have the leading role among sources of information and knowledge for boys, while the role of parents, as of the educators for the boys is very insignificant (6.8%). Some boys (7.6%) seek information on the Internet, while girls did not list this as a source. (Diagram 7, source: Tables 9 and 10)

Figure 7

Sources of information and knowledge about sexual development for adolescents (%)



Sexual relations (opinions, behavior)

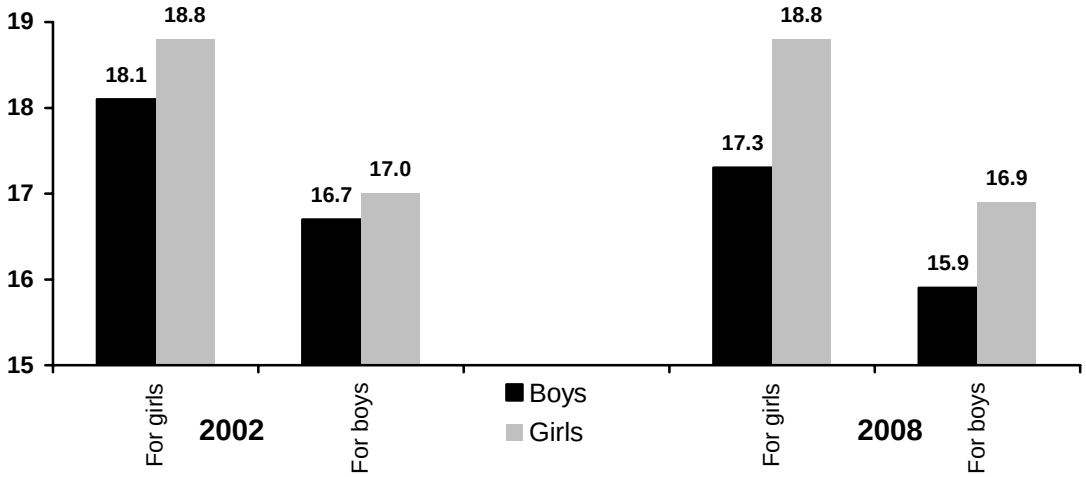
Both in 2002 and 2008, 18 years was named as the permissible age for starting sexual relations, although in most cases, especially among the girls, the share of those who consider it expedient to start sexual life only after marriage prevails (Tables 11 and 11a). The increased popularity of sexual abstinence before marriage should mainly be attributed to the activities of the church. Besides, it is possible that there is some influence from America, for example, where particular emphasis made on abstinence.

Most boys named 16-18 years as the permissible age for starting sexual life. In the given case dispersion is obviously more in comparison with the girls. Besides, in the case of the girls, the biggest share considered it permissible to start sexual relations only after marriage. The opposite is the case with boys: in 2002 no respondents thought boys should abstain from sex until marriage, while in 2008 the number of respondents who thought so was insignificant.

The average age deemed permissible for beginning to engage in sexual relations lowered from 2002 to 2008. Such situation is mostly conditioned by the boys, whose answers determined the reduction in the average age. As for the girls, this rate remained practically unchanged. It should be noted that the average permissible age for starting sexual relations named by both girls and boys is less for the boys than for the girls (Figure 8, Tables 11 and 11a).

Figure 8

Opinion of adolescents on average age named by them as permissible for starting sexual relations (%) (Tbilisi 2002 and 2008)

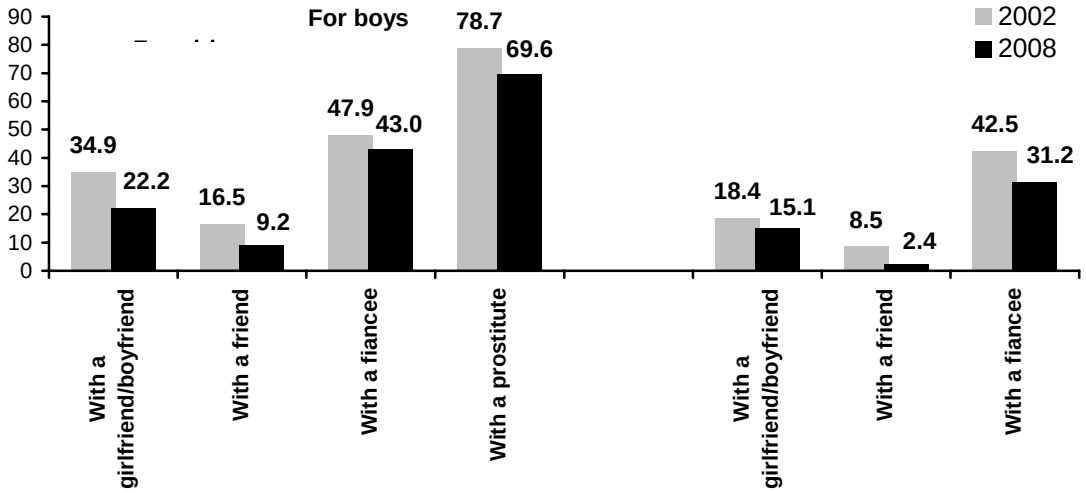


The majority of adolescents, both boys and girls, think that it is permissible for boys to have premarital sexual relations with a prostitute. The share of such adolescents in 2008 decreased in comparison with 2002, like the share adolescents considering premarital sexual relations with a girlfriend permissible. The share of the girls who think that premarital sexual relations with fiancée is permissible for the boys decreased in 2008, as compared with 2002 (Tables 12 and 12a).

In both 2002 and 2008, the majority of adolescents considered premarital sexual relations with fiancée permissible for girls. The share of such adolescents decreased in 2008, as compared with 2002, especially in case of the girls (Figure 8a, Tables 12 and 12a).

Figure 8a

Adolescents' opinion to whom they consider it permissible to have premarital sexual relations with (%) (Tbilisi 2002 and 2008)

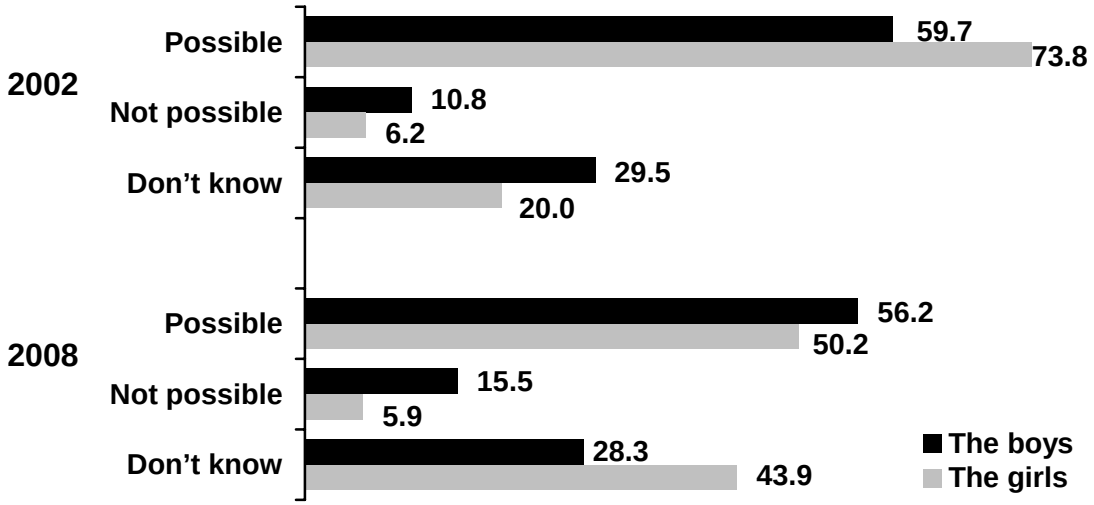


The majority of both boys and girls think that it is possible to become pregnant during first sexual intercourse. Besides, the share of adolescents, especially girls, who think that it is possible to become pregnant during first sexual intercourse decreased, i.e. knowledge decreased in 2008, as compared with 2002 (Table 11 and 11a).

It should be noted that the share of the girls who do not know if it is possible to become pregnant during first sexual intercourse doubled from 2002 to 2008 and reached 44% (Figure 9, Tables 11 and 11a). This signals a decrease in awareness and knowledge regarding the given issue and requires taking appropriate measures in this direction.

Figure 9

Adolescents' opinion if it is possible to become pregnant during first sexual intercourse (%) (Tbilisi 2002 and 2008)



The majority of adolescents do not know whether abstinence is harmful or not. Besides, the share of adolescents who considered abstinence harmless to the health decreased in 2008 as compared with 2002 and, at the same time, the share of both adolescent girls and adolescent boys who considered abstinence harmful increased (Table 11 and 11a).

Adolescents' answers are indicative of a lack of awareness, which requires the provision of relevant information on these matters and improvement of knowledge.

The majority of adolescents consider casual sexual intercourse dangerous. It is true that in both 2002 and 2008 the share of adolescents who do not consider casual sexual intercourse dangerous is not big, but there is one circumstance which requires attention. The share of those who consider casual sexual intercourse dangerous increased considerably among boys and decreased among girls, which is an alarming fact (Table 11 and 11a). The fact that the majority of adolescents (¾) consider casual or unprotected sexual intercourse harmful as compared with abstinence, due to its negative results, should undoubtedly be given a positive assessment (Table 11). This correct consideration of adolescents will decidedly promote responsible sexual behavior.

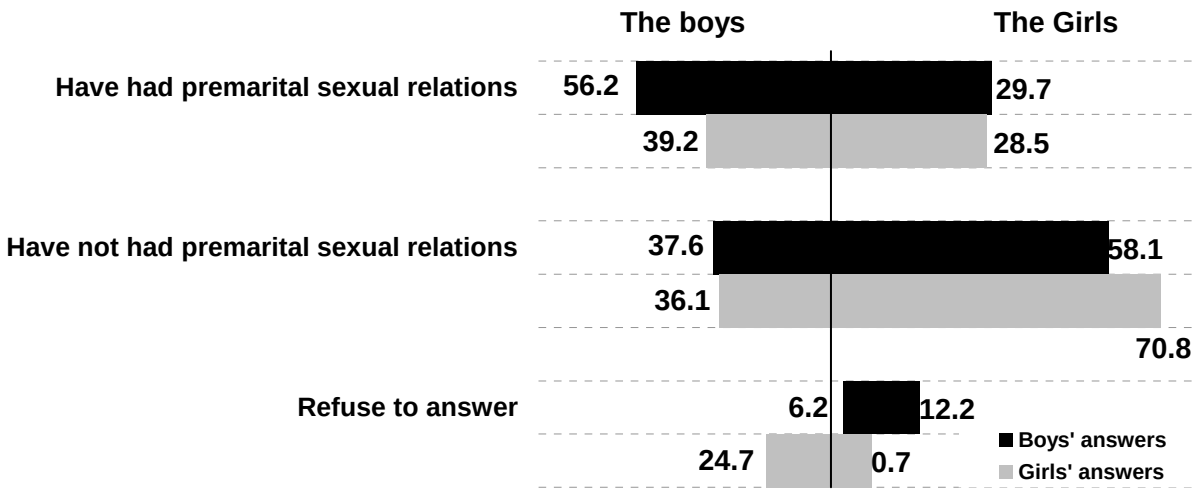
The reduction in the number of adolescents who are aware of issues related to sexual and reproductive health once again denotes the need to introduce systematic, proper school sexual education developed on the basis of consensus.

Proceeding from the cultural-traditional characteristics of Georgia, premarital sexual relations are assessed negatively, especially for females. Therefore, girls were not expected to be especially frank during the interviews. Indirect questions were used for receiving information about sexual relations among the adolescents. However, even with such an approach, inaccuracies could have been conditioned by girls' tendency to conceal their own sexual activity, and boys' tendency to exaggerate their own experiences. It is well known that boys consider sexual activity a tool of self-affirmation.

The survey confirmed that coevals of respondent boys had premarital sexual relations more often than girls. Besides, data received about the girls from boys and girls effectively do not differ. At the same time, the frequency with which boys speak of boys having sexual relations was not matched by the responses from the girls. With the increase age, the frequency of premarital sexual relations increases for both sexes (Figure 10, Table12).

Figure 10

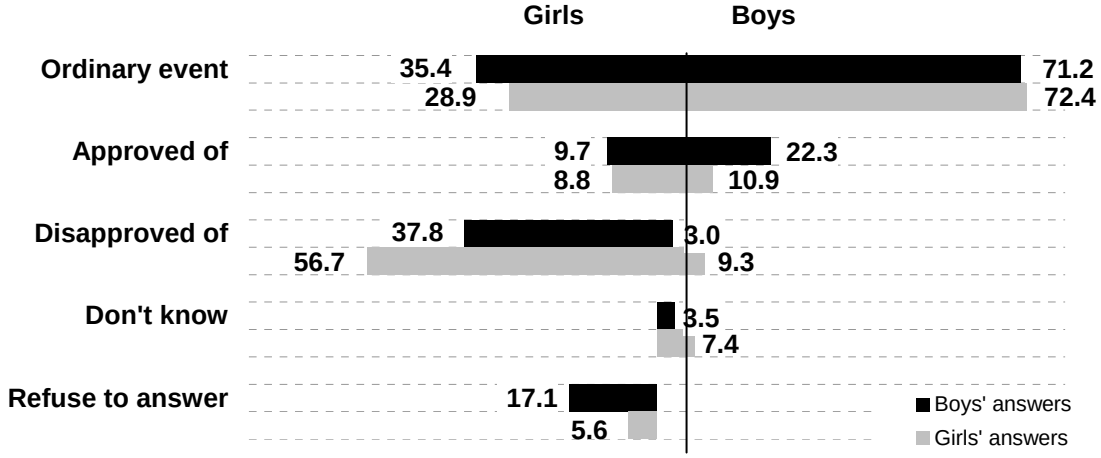
Distribution of adolescents (%) according to reported premarital sexual activity of their coevals



Proceeding from the above-mentioned, the results received with regard to the assessment of coevals' premarital sexual relations are logical. In the case of the boys, such relations in almost ¾ of cases were assessed at equal frequency as a regular occurrence from the side of both boys and girls. Girls' sexual activity, however, was assessed negatively (Figure 11, Table12).

Figure 11

Assessment of premarital sexual relations by adolescents (%)

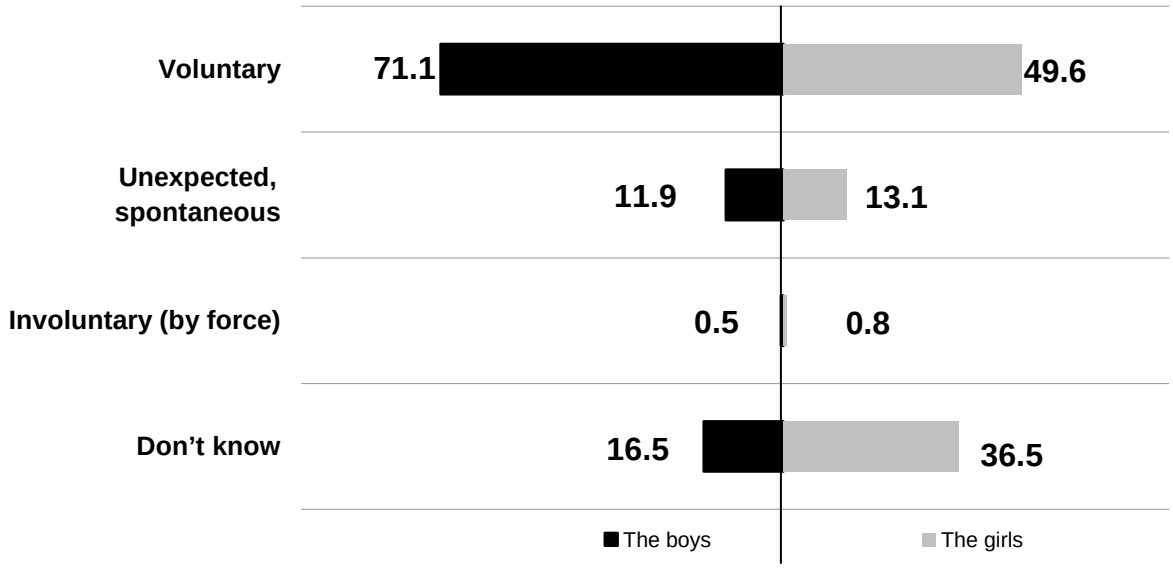


Respondents said one third of their coeval boys had had sexual relations at 14-15 years of age, almost the same share - at 16-17 years of age. A small share (8.4%) had had sexual relations before 14 years of age, also a small share at the age of 18-19 years. Thus, the majority of adolescent boys admit to having premarital sexual relations before 20 years of age. As it is mentioned above, these data may be exaggerated. A somewhat smaller share of respondents' coeval girls also had sexual relations, but at an older age (16-19 years). The age of the majority of partners of both the boys and the girls was 20 years and older (Table 13).

The assessment made by the adolescents regarding their first sexual relations was interesting. It was identified that according to the majority of adolescent boys (71%), mostly of younger age, this sex act took place because of their own desire. For girls, the first sexual act was stipulated by their own desire only for half of the respondents, most of them from older age groups. The first sexual act was unexpected and spontaneous for an almost equal share of respondents of all ages (no more than 14%). The first sexual act was described as non-consensual very rarely (1%). About a fourth of the adolescents, mostly girls did not make any assessment of their first sexual encounter (Figure 12, Table 13a).

Figure 12

Assessment of the first sexual encounter by adolescents (%)



According to all surveys conducted earlier[10,11,12], as well as the current survey, sexual violence is not frequent in Georgia. Only a small share of respondents' coevals were said to have been for the target of sexual violence (3.6%), mostly older girls (Table 13a).

The data about the sexual activity of the respondents themselves was quite interesting. In particular, the rate of sexual activity of the respondent boys (62.5%) more or less approached the rate of sexual activity of the coeval boys (56.2%), while the rate of sexual activity of the respondent girls (2.8%) was a tenth that of the sexual activity of their coeval girls (28.5%) (Table 14).

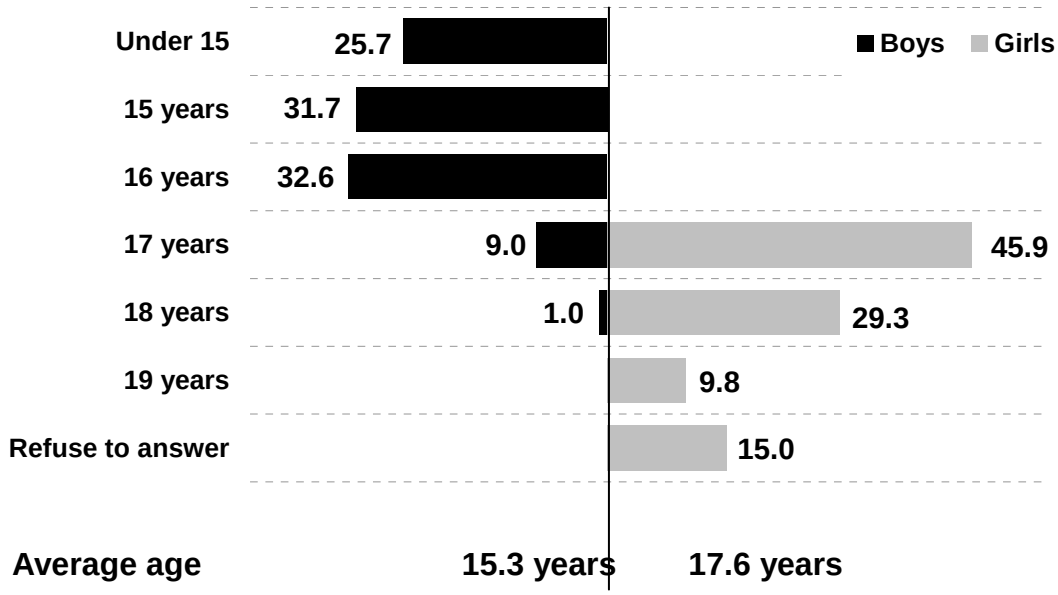
The average rate of the respondent boys during the first sexual encounter was found to be lower (15.3 years) than of the girls (17.6 years). Besides, the average age of the partners, in case of both boys and girls was higher than their average age (20.3 years and 21.1 years, respectively) (Figure 13, Table 14).

The study asked what advice the adolescents would give if a coeval became pregnant outside of marriage. A little more than a half of adolescents think that their coeval should give birth and bring up the child if the pregnancy was wanted. More girls expressed this opinion than boys. In case of unwanted pregnancy, the shares of teenagers who think that their coevals should terminate the pregnancy, or give birth and bring up the child, or refer to parents for advice, are nearly the same. In case of both wanted and unwanted pregnancies, the share of adolescents who consider it expedient to give a birth to the child and then give it up for adoption is rather small (0.5% and 2.7%, respectively) (Table 14)..

[10] Women's Reproductive Health Survey, Tbilisi, 2005
[11] Adolescents' Reproductive Health Survey, Tbilisi, 2002
[12] Men's Reproductive Health Survey, Tbilisi, 2005

Figure 13

Distribution of adolescents (%) according to the age of their first sexual intercourse

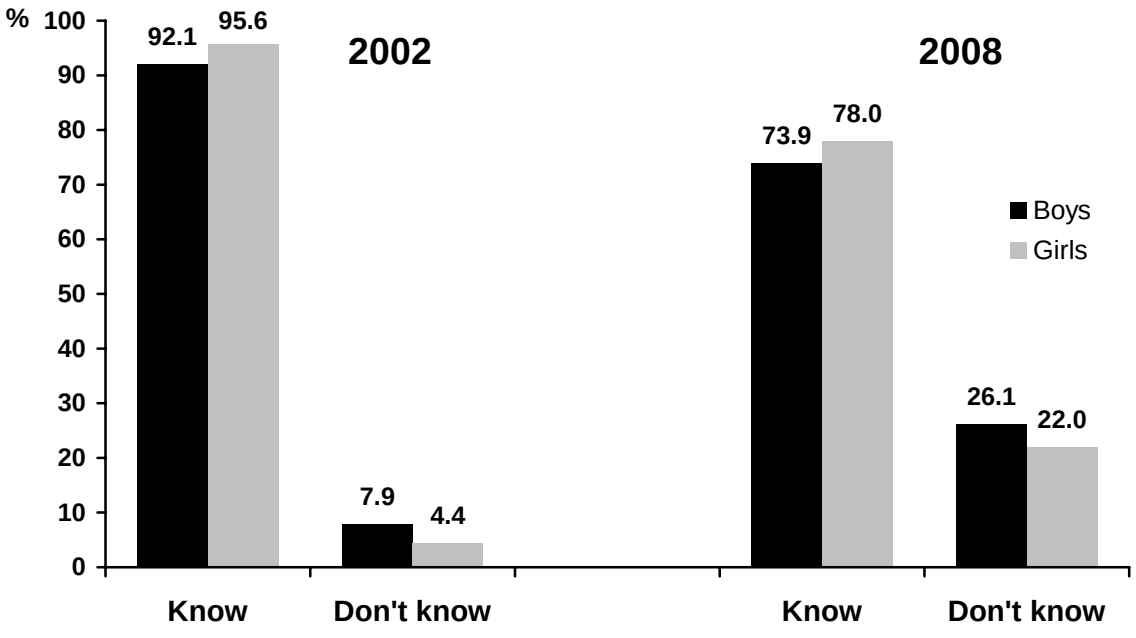


Abortion and contraception (awareness, knowledge, use, considerations)

The majority of adolescents (up to 98%) know what abortion is (Table 15). The majority (78.2%) consider abortion a sin. 42% of respondents think that abortion is dangerous for the mother's health. Fewer adolescents consider abortion to be a result of both negligence and not having information and knowledge about methods of preventing unintended pregnancy (13.8% and 10%, respectively). Some respondents (14%) realize that abortion causes psychological stress (Table 15).

Figure 14

Awareness of adolescents about prevention of unintended pregnancy (%) (Tbilisi 2002, 2008)



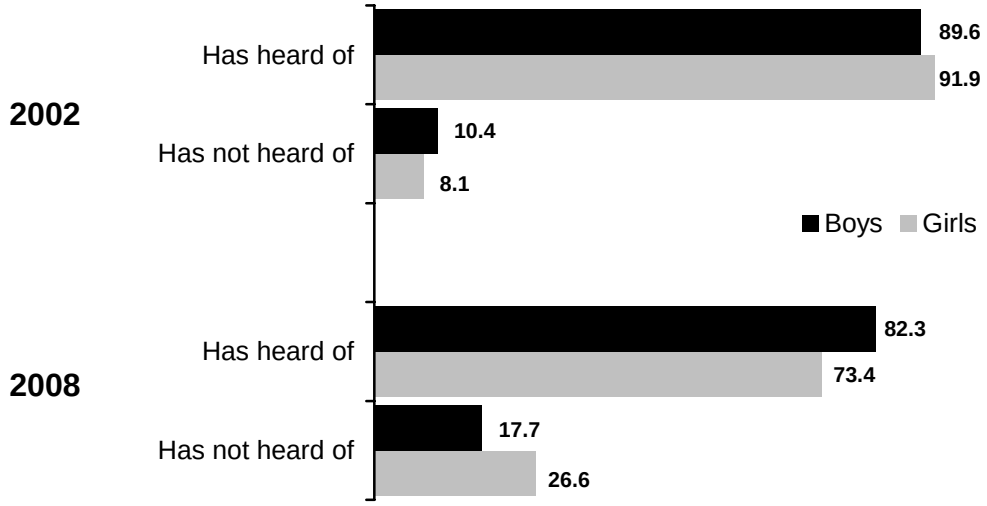
In both 2002 and 2008 adolescents considered infertility, damage to the uterus and bleeding from the uterus as negative medical consequences of abortion (Tables 15 and 15a).

The majority of adolescents know that it is possible to prevent unintended pregnancy. One circumstance attracts attention with regard to this issue. Namely, the share of those who know that the prevention of unintended pregnancy is possible reduced from 2002 to 2008 and, accordingly, the share of those who are not aware increased (Figure 14, Tables 15 and 15a).

An undesirable tendency has taken shape in terms of awareness about prevention of unintended pregnancy. In the given case, the share of those, who had heard about methods of preventing unintended pregnancy decreased in 2008 as compared with 2002 (especially among girls). At the same time, naturally, the share of those who had not heard about the above-mentioned increased (Figure 15, Tables 15 and 15a).

Figure 15

Awareness of adolescents about methods of preventing unintended pregnancy (%) (Tbilisi 2002 and 2008)



As for awareness of specific methods of preventing undesirable pregnancy, the adolescents had mainly heard about daily hormonal pills, intrauterine devices and condoms (in both 2002 and 2008). In 2008, most respondents knew about sexual abstinence, which was not in the picture in 2002 at all. The reason for this is that "sexual abstinence" was not included in the list of contraception methods in 2002, as an emergency contraception (pills, intrauterine device) and breast feeding (Tables 16 and 17).

Despite the above-mentioned, it should be noted that the share of adolescents who had heard about such methods of contraception as injection, implant, spermicides, diaphragm, sterilization of, the rhythm method and the withdrawal method (Figure 16, Tables 16 and 17) increase considerably from 2002 to 2008.

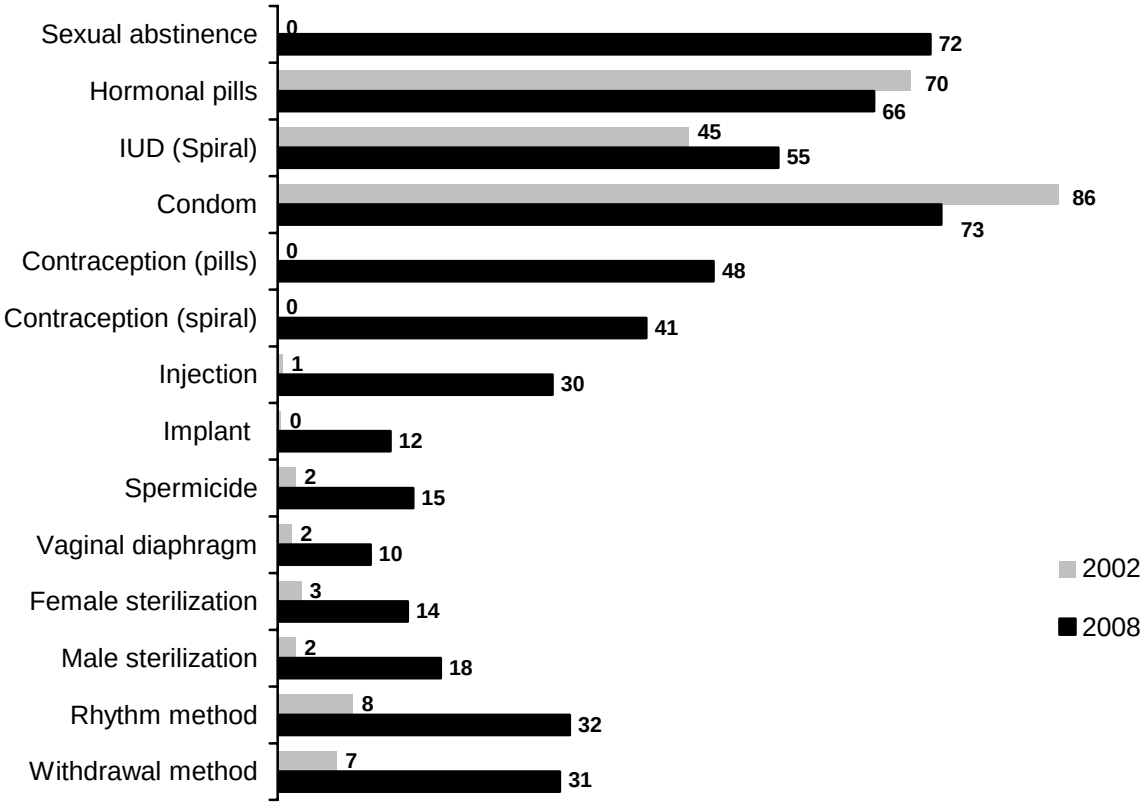
As for knowledge about use of specific methods of contraception, three methods were named in both 2002 and 2008 - daily hormonal pills (named in 2002 year, also named in 2008 by a very small share of respondents), intrauterine devices and condoms. The share of those who knew how to use the latter increased considerably in 2008, as compared with 2002. The share of girls who named emergency contraception (pills) and breastfeeding in 2008 was also noteworthy (Tables 16 and 17).

Both the boys and the girls considered condoms to be the most effective in both 2002 and 2008, while only girls also named breastfeeding in 2008. In 2002, some adolescents considered daily hormonal pills and intrauterine devices to be effective, but during the 2008 survey, either none or just a small share of adolescents named them. In 2002, a small share of adolescents considered the

injection means, implants, sterilization, the rhythm method and the withdrawal method to be the most effective, while they were not in the picture in 2008 (Tables 18 and 19).

Figure 16

Awareness of adolescents about specific methods of contraception (%) (Tbilisi 2002 and 2008)



Some methodological as well as substantive differences in the 2002 and 2008 questionnaires should be taken into account. In particular, a small number of participants were asked about contraception. This circumstance makes it difficult to establish a comprehensive picture of the current situation, but it can be indicative of some tendencies

One of the most popular methods of contraception among the youth in Europe[13] is daily hormone pills and, significantly, they are often used in parallel with a condom. Parallel use of the above-mentioned two methods not only increases efficiency of preventing unintended pregnancy, but also has double function – contraceptive protection and protection from sexually transmitted infections.

Coevals and friends, as well as older acquaintances, remain the main source of information about contraception for adolescents. In 2008, as compared with 2002, the role of TV and parents significantly decreased and the role of the Internet was noted. Also, the share of respondents getting information from books and booklets, magazines and newspapers and doctors significantly decreased (Figure 17, Tables 18 and 19).

According to a survey conducted in Germany in 2006[14] 7 out of 10 girls and 6 out of 10 boys 14-17 years of age receive information about contraception from parents; this rate has been on the increase since 1980. 25-40% of German adolescents receive reliable information about contraception from the media, special magazines and books, unlike Georgian adolescents. As for the Internet, it is being used at the same frequency by Georgian and German adolescents, especially by the boys, for receiving information about contraception.

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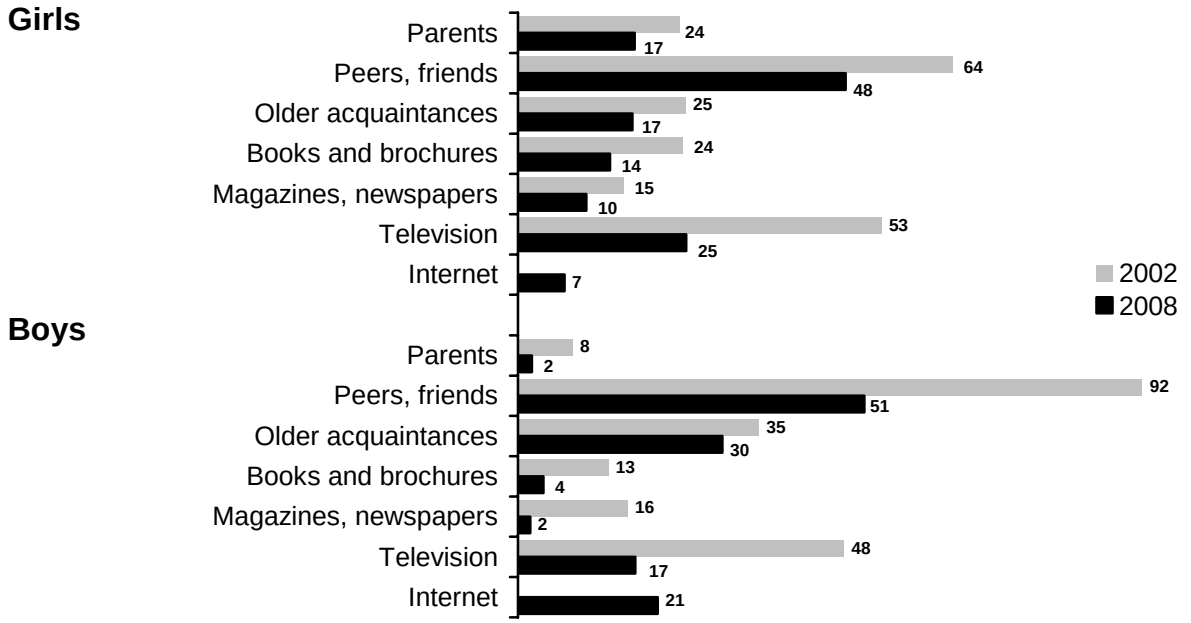
[13] Skouby S.O. – Contraceptive use and behavior in the 21st century: comprehensive study across five European countries. - European Journal of Contraception & Reproductive Health Care, 2004, 9, 2, 57-69

[14] "Youth Sexuality" – Repeat survey of 14 to 17 year olds and their parents – BZgA, 2006

The majority of respondent girls and boys in the Georgia survey (67-93%) know that they can obtain at pharmacies means of contraception such as pills, condoms, intrauterine devices, and injections. The majority know that they can also obtain intrauterine devices, hormonal pills, injected contraceptives and implants at health care facilities. Adolescents do not consider health care facilities to be proper places for obtaining condoms (about 5% do) (Table 20).

Figure 17

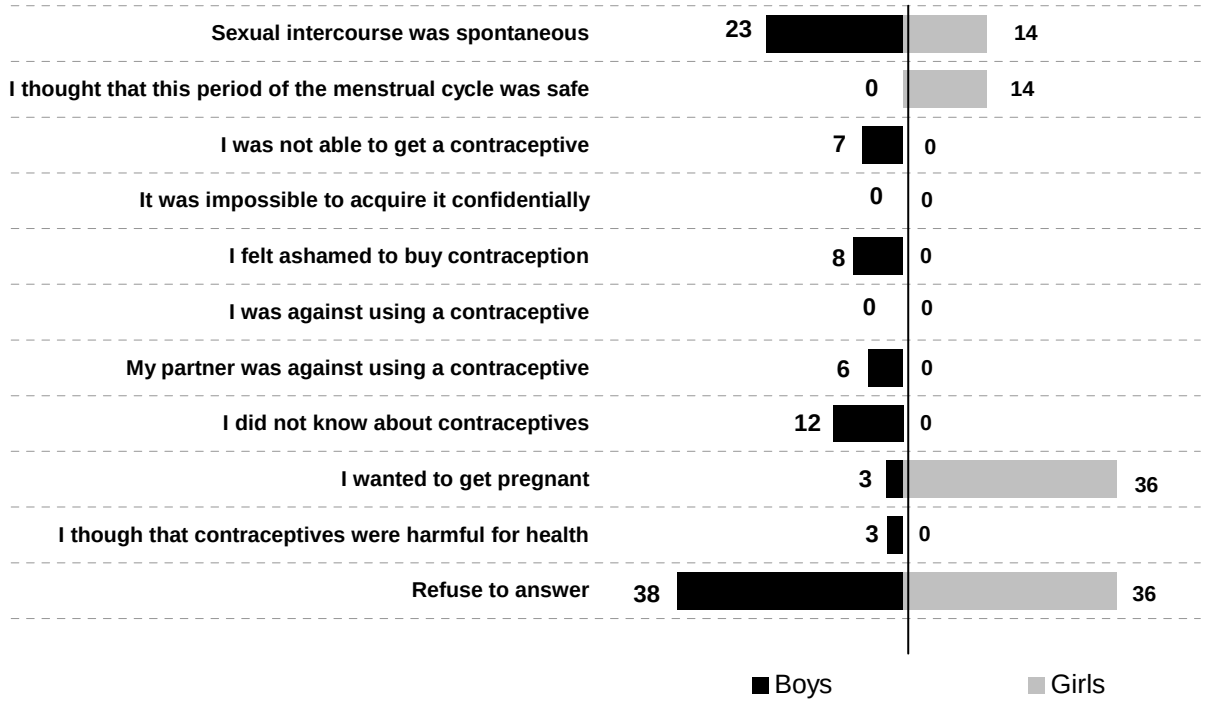
Adolescents' main sources of information about contraception (%) (Tbilisi 2002 and 2008)



The fact that the majority of sexually active respondents had sexual relations before marriage and that four fifths of them used some method of contraception, mainly condoms (96.7%), during first sexual intercourse shall definitely be regarded as a positive development (Table 21).

Figure 18

Reasons for non-use of contraception by adolescents during first sexual intercourse (%)



Among reasons cited for not using contraception during first sexual intercourse, spontaneity was named as the leading cause (21.7%). 10% citied lack of awareness/knowledge about methods of contraception as the reason. The other reasons played insignificant roles in terms of contraception non-use during first sexual intercourse. The girls' desire to become pregnant was found to be the leading cause for contraception non-use (36%) (Figure 18, Table 21).

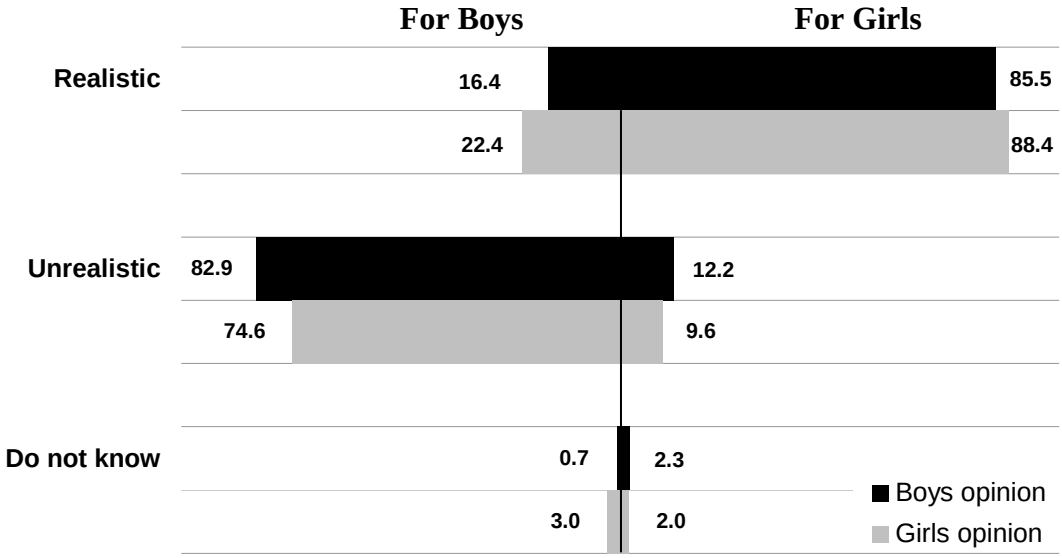
It was identified by the survey that a rather small portion of respondents use any contraception methods consistently, mainly due to the fact that the majority of them do not have sexual relations. One of the most frequent reasons for using this or that method of contraception is safety (39.7%). Efficiency, acceptable price and acquaintances' advice were found to be significant for using this or that method of contraception by the adolescents (from 10% up to 14%). Among reasons for discontinuing use of this or that method of contraception by the adolescents who were using them before, not having of sexual relations was found to the leading one (86.5%). Also, not having sexual relations was found to be one of the most important reasons for complete non-use of contraception by the adolescents (91.7%) (Table 22).

At present, the efficacy of promoting premarital abstinence is a matter of discussion in the world, especially in the United States of America[15,16]. Therefore, it was of some interest to identify the opinions of Georgian adolescents with regard to these issues.

The majority of respondents (69.6%), regardless of age, mostly the girls (85.8%), consider premarital sexual abstinence expedient (Table 23). Well-marked differences were revealed in assessing the real world efficacy of abstinence. In particular, the majority of adolescents of both sexes consider premarital sexual abstinence realistic for girls (86.9%). The figure for boys was less than a quarter of that (Figure 19, Table 23).

Figure 19

Adolescents' opinion about efficacy of teaching premarital sexual abstinence (%)



The fact that four fifths of adolescents think that both sexual partners should take measures to prevent unwanted pregnancy, (though girls (84.3%) are more likely to have this opinion than boys (76.8%)) can be considered a positive development. It is interesting to note that a larger share of boys than girls think the man should take the initiative when it comes to preventing unwanted pregnancy (9.6% and 2.3%, respectively) (Table 23).

[15] Adolescent Pregnancy and Childbearing in the United States, www.advocatesforyouth.org

[16] Myths & Facts about Sex Education. www.advocatesforyouth.org

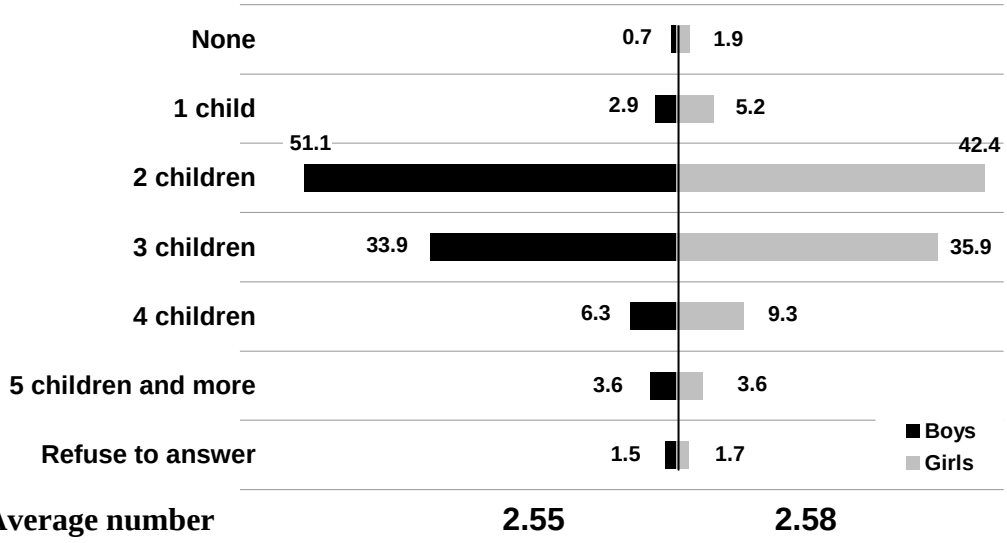
Adolescents' reproductive plans and function

Despite the fact that the inquiry was conducted among adolescents, the majority of whom did not have their own families, almost ¾ of them had already thought about the number of children they want to have. Their majority name 2-3 children as desirable number (46.8% and 34.9% accordingly). With the increase in years, the share of those who name 4 as desirable number of children increases insignificantly (Figure 20, Table 24).

Since the majority of those participating in the survey were not married (up to 99%), the actual number of children was found to be quite low, mostly due to young women of elder age (17-19 years). The number of expected children does not exceed one child in any of the cases. Thus, the actual and expected number of children (1.0) considerably falls behind the average number of children adolescents eventually want to have (2.56). This is clear evidence of negative demographic tendencies.

Figure 20

Distribution of adolescents (%) according to number of children they want to have



Only 2% of respondent girls and young women said they had been pregnant, with those of age 17-19 years twice more likely to respond in the affirmative than those of age 14-16 years (Table 25). Data comparison about the number of pregnancies and outcomes was quite interesting. In particular, half of respondents aged 14-16 years said they had been pregnant twice, while refusal to answer the question regarding the outcomes was observed in all cases.

The fact that artificial abortion was not named in any of the cases and refusal to answer the question regarding outcomes of pregnancies was observed at a very high frequency, almost in half of the cases, is also indicative of such possibility. Some of the respondents of the older group (17-19 years) said they had given live birth in both their first and second pregnancies, though in the case of first pregnancies, the rate of miscarriage was 20.5%, which is typical of adolescent pregnancies.

In slightly more than a half of the first pregnancy cases (55.6%), the pregnancy was wanted and timely. In a fifth of the cases, it was desirable, but not timely (Table 26). In all cases, the second pregnancy was desirable, but not timely, which is indicative of the young women's insufficient knowledge and non-use of modern and effective methods of family planning.

Of the pregnancy and delivery complications, excluding toxicosis, in the first trimester (23.9%), serious complications characteristic to gestosis as increase of arterial pressure during pregnancy was observed quite often. Among delivery complications, increased frequency of premature breaking of

water was observed (23.9%) (Table 27), which is also characteristic to adolescent pregnancy and childbearing.

Sexually transmitted diseases (awareness, knowledge, opinions)

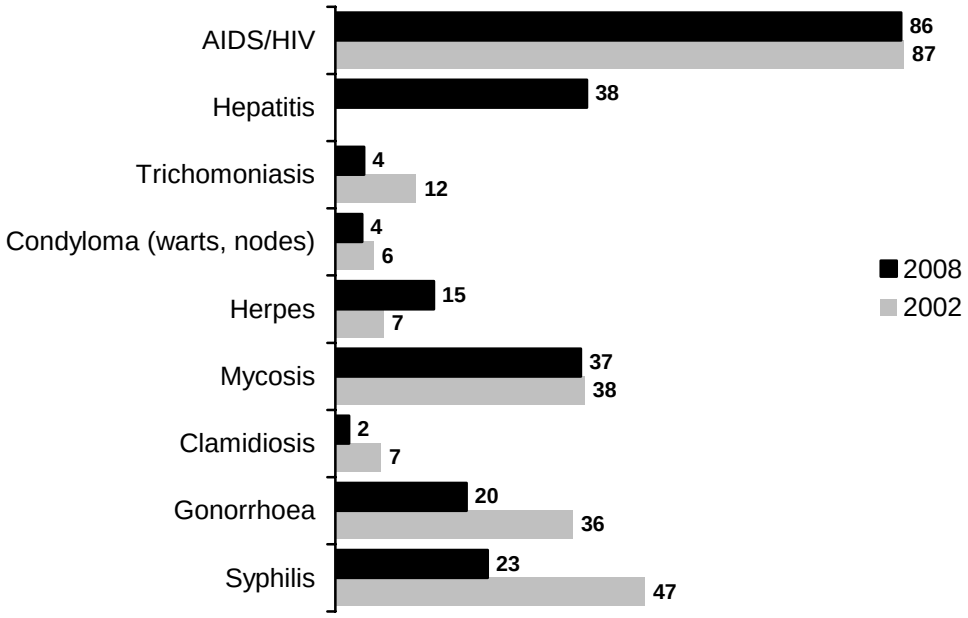
The majority of adolescents (≈90%) know about sexually transmitted diseases and HIV/AIDS (Table 28).

Majority of adolescents know about such sexually transmitted infections as HIV/AIDS, fungal disease, syphilis and gonorrhea. Adolescents know less about such sexually transmitted infections as condyloma, trichomoniasis, chlamydia and herpes of genitalia.

There is a difference between the boys and the girls with regard to the given issue. The boys know more about infections like syphilis and gonorrhea.

Figure 21

Awareness of adolescents about sexually transmitted infections (%)
(Tbilisi 2002 and 2008)



As a whole, the share of adolescents who knew about such infections as syphilis, gonorrhea, chlamydia, condyloma and trichomoniasis decreased in 2008 as compared with 2002, which is clearly a very alarming fact. At the same time, the share of adolescents who are aware of genital herpes. Hepatitis, named by significant share of adolescents, was not included in the list of possible answers to questions in 2002 (Figure 21, Table 29).

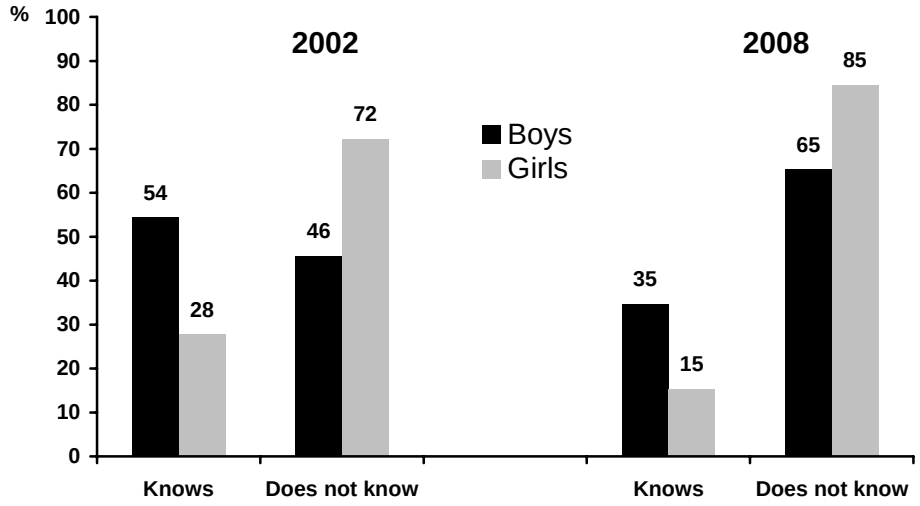
It proceeds from the outcomes of the survey conducted in 2002 that the majority of adolescents, especially girls, do not know about any of the signs of sexually transmitted infections. A similar situation was also noted during the survey conducted in 2008. Unfortunately, during the past period knowledge about the given issues not only did not increase, it actually decreased (Figure 22, Tables 28 and 29).

As for specific signs of sexually transmitted infections, adolescents know mainly about burning and/or pain during urination, purulent discharge and itching in and around the genitals. Signs such as warty rash and ulcers in and around the genitalia are less known to adolescents (Table 28).

It has been established that the majority of adolescents (68.2%) know that sexually transmitted diseases may not display obvious symptoms (Table 28).

Figure 22

Share of adolescents (%) who are aware of any signs of sexually transmitted diseases (Tbilisi 2002 and 2008)

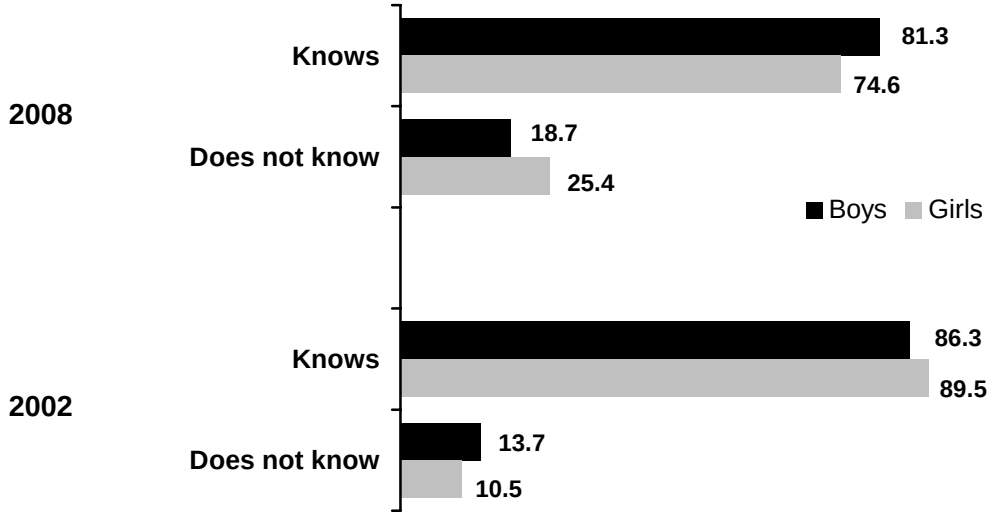


80% of adolescents (in about equal numbers for boys and girls) think that they should refer to a doctor if they suspect they have a sexually transmitted infection. With the increase in years, the frequency of those who are aware of sexually transmitted diseases increases (Table 28). Understandably, the share of younger adolescents who think that they should refer to a parent in such a situation is greater in comparison with older adolescents.

The majority of adolescents said they were aware of the ways in which HIV/AIDS is transmitted. It is noteworthy that the share of such adolescents, especially girls, less in 2008 than in 2002 (Figure 23, Table 28 and 29).

Figure 23

Share of adolescents (%) who stated that they know about the ways AIDS is transmitted (Tbilisi 2002 and 2008)



Most adolescents know that transmission of HIV/AIDS is possible via transfusion of infected blood. In addition, adolescents name the use of unsterile syringes and needles and any form of sexual intercourse between a woman and a man. In 2008, a significant number of adolescents also named insufficient sterilization of medical instruments (Table 30).

The share of adolescents who considered it possible to have HIV/AIDS transmitted via sexual intercourse between men, handshakes, insect stings, using tableware and instruments during

treatment of teeth by the dentist decreased in 2008 as compared with 2002. This can probably be explained by the fact that in the beginning, HIV/AIDS was more frequently transmitted via homosexual intercourse and later on cases of transmission between spouses became more frequent (Table 32).

The given outcomes indicate that knowledge about the ways of transmitting HIV/AIDS improved in 2008 as compared with 2002.

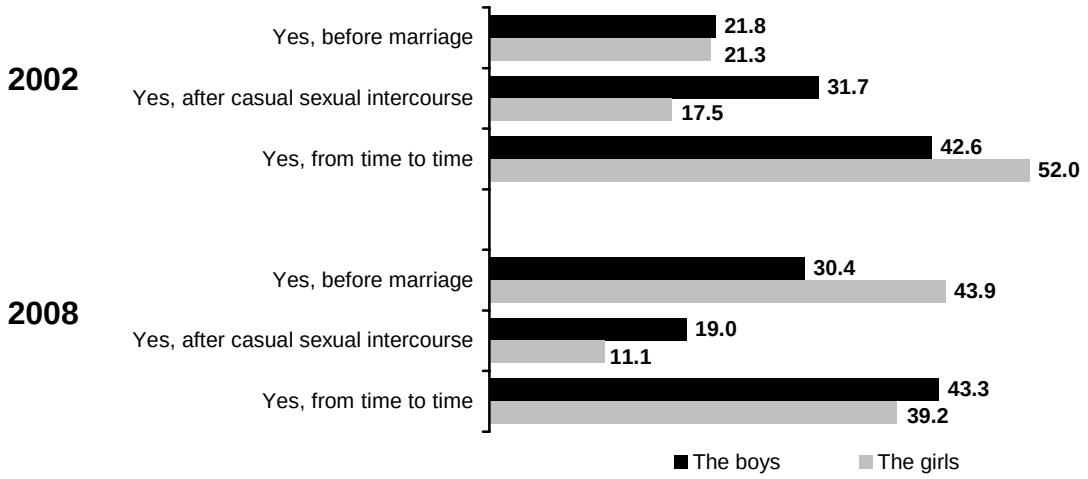
In both 2002 and 2008 more than a half of adolescents had heard about hepatitis B and C, but they did not know that hepatitis B is often transmitted through sex (Tables 31, 32).

The majority of adolescents consider it necessary to get examined for sexually transmitted infections and HIV/AIDS. In addition, it was interesting to find out in which case the adolescents consider it expedient to get examined for sexually transmitted infections and HIV/AIDS. The majority of adolescents think that such examinations should be conducted periodically. Also, they think that such examinations are expedient before marriage and after casual sexual intercourse (Table 33).

The share of adolescents, especially girls, who considered it expedient to have an examination conducted before marriage increased considerably in 2008 as compared with 2002. At the same time, the share of adolescents who considered it expedient to get examined after an episode of casual sexual intercourse decreased. The share of girls who considered it expedient to undergo periodical examinations also decreased (Figure 24, Table 34).

Figure 24

Share of adolescents (%) who consider it expedient to be examined for sexually transmitted infections and HIV/AIDS (Tbilisi 2002 and 2008)



The majority of adolescents think that risk of getting sexually transmitted infections and HIV/AIDS can be reduced by using a condom, avoiding sexual intercourse with prostitutes and not using unsterile needles. In the opinion of a smaller share of respondents, the risk of transmission can be reduced through not having casual sexual intercourse and having only one sexual partner (Figure 25, Tables 33 and 34).

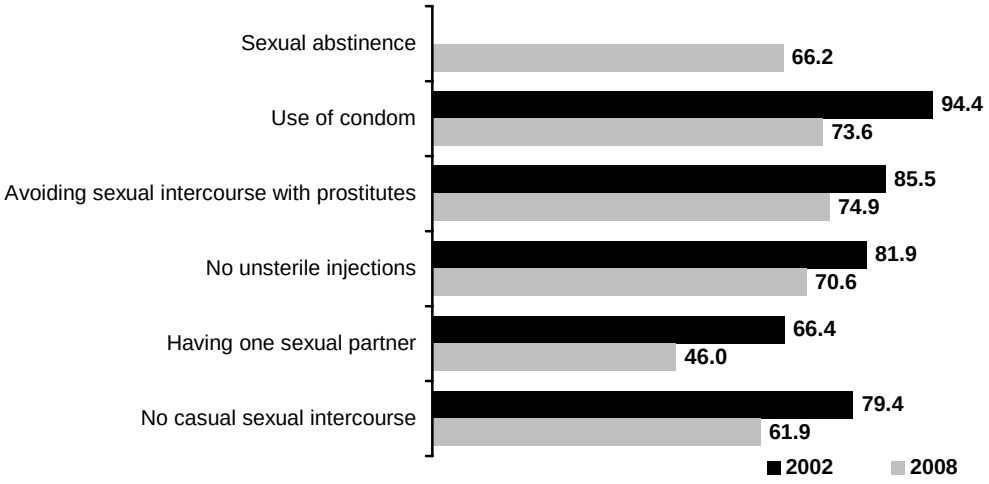
In 2008, two thirds of adolescents named sexual abstinence as a way of reducing the risk of transmitting sexual infections. In 2002 "sexual abstinence" did not appear among the options for the relevant question and it was not named under the option "other".

It is interesting to discuss why adolescents do not consider sexual abstinence to be a guarantee for preventing sexually transmitted infections and HIV/AIDS. It is possible that in this case adolescents are referring to other possible ways of transmitting HIV/AIDS and some other infections, which is

indicative of high level of knowledge and can be definitely considered as a positive fact (Table 35).

Figure 25

Share of adolescents (%) who named ways of reducing the risk of sexually transmitted infections and HIV/AIDS (Tbilisi 2002 and 2008)

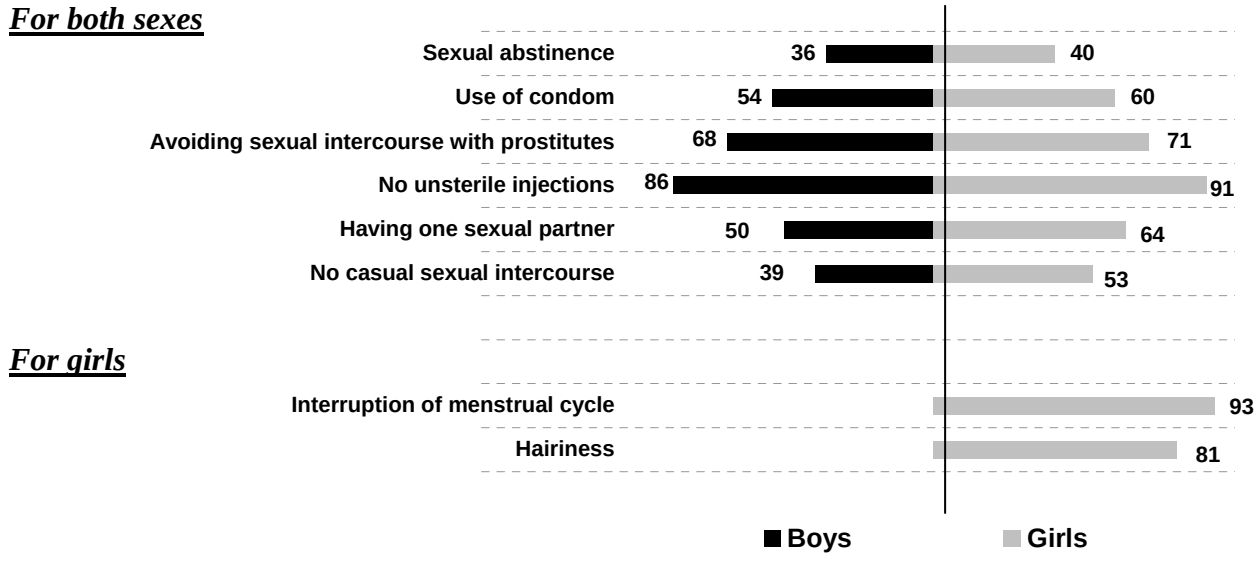


Use of Reproductive Health Services by Adolescents and Self-assessment

The vast majority of adolescents of both sexes (at average 88.5%) think that referral to a doctor is necessary in case of delayed puberty. Two thirds of them also consider growth retardation and excessive thinness to be noteworthy. In case of premature puberty, a little more than a half of the adolescents also consider it expedient to refer to a doctor. A smaller share thinks they should refer to the doctor in case of acne and obesity. Significant changes were not revealed by age and sex (Figure 26, Table 36).

Figure 26

Opinion of adolescents on circumstances in which they consider it necessary to refer to a doctor (%)



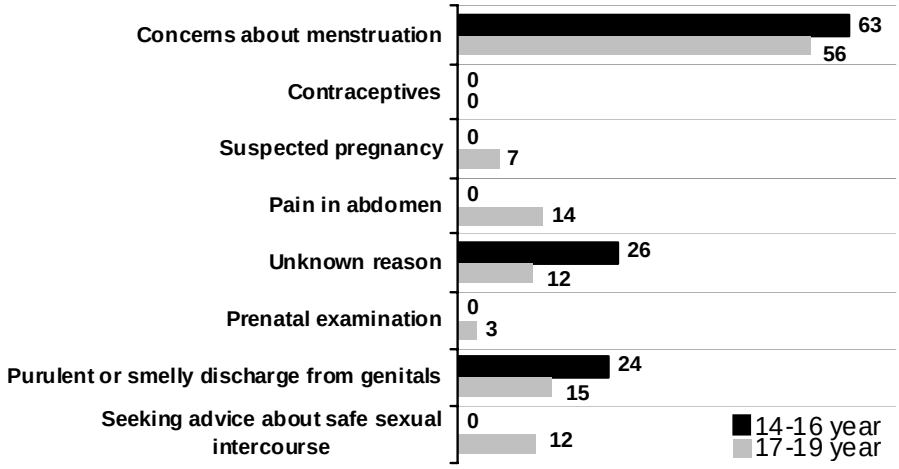
It was identified by the research that majority of girls (93.3%), regardless of age, perceive abnormalities in the menstrual cycle the most seriously and consider it necessary to refer to a doctor in such case. Also, excessive hairiness was found to be sufficient reason for older adolescent girls, to refer to a doctor (Figure 26, Table 36). It should be noted, however, that the girls often do not have enough knowledge to assess disorders of the menstrual cycle (Table 9).

Only 12% of the respondent girls had visited a gynecologist. This percentage increases with age. Between 11 and 17-19 years of age, the average number of visits increases from 1 to 2 (Table 37).

Concerns about menstruation were the leading reason (57.7%) for girls to refer to a gynecologist. About one fifth of visits to the doctor were related to vaginal discharge. Stomach pain and seeking advice about safer sex were less significant factors. Given that most adolescent respondents were unmarried, it is understandable that a very small portion had referred to a gynecologist because they suspected they were pregnant (Figure 27, Table 37).

Figure 27

Reasons of adolescent girls of different ages for visiting gynecologist (%)



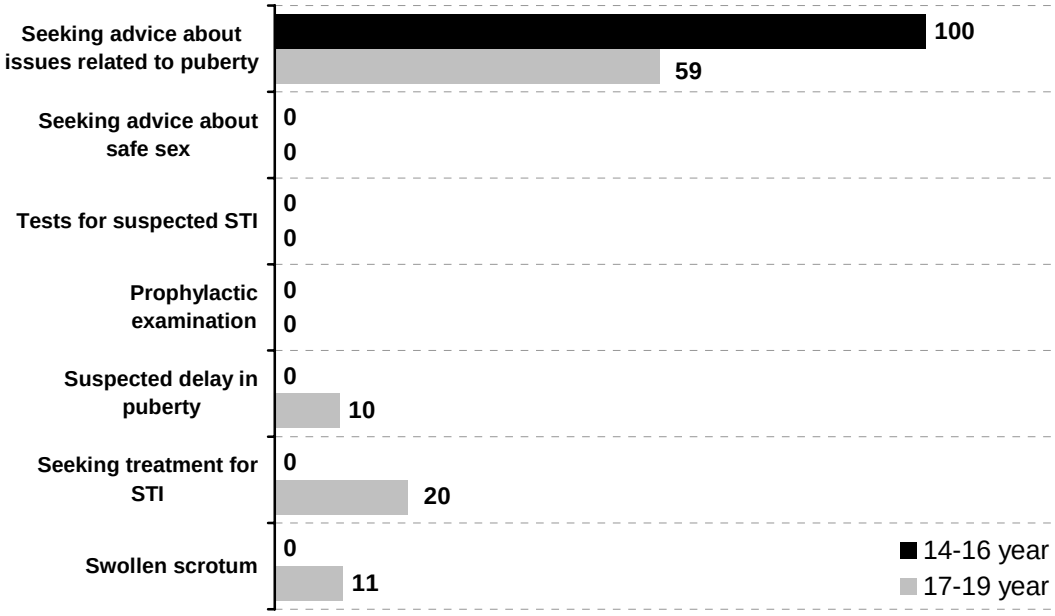
Boys' referrals to reproductive health specialists or venerologists were rather rare (3.9%). With the increase in years, the frequency of referrals increased, although the average number of visits between ages of 11 and 17-19 years decreased from 2.0 to 1.5. This could probably be explained by the fact that the leading reason boys refer to the doctor is for consultations about puberty. One fifth of adolescent boys of elder age had referred to the doctor for examination and treatment of the sexually transmitted deceases and one tenth over swelling of the scrotum. It is worth mentioning that none of the adolescent boys had referred to the doctor for advice concerning safe sexual relations and preventive examination. Although, as the above-mentioned data showed, they were certainly in need of such advice (Figure 28, Table 38).

About two thirds of adolescents (more boys than girls) consider themselves to be in good health. The difference by the age groups is insignificant. As compared with boys, more girls consider their health satisfactory (43.5% and 34.9% respectively). The share of those who consider their health unsatisfactory does not exceed 1%.

The majority of adolescents completely (3/4), or partially (1/5) believe they are of a normal build and feel comfortable with their body. Also, most adolescents consider themselves attractive (completely 44%, partially 47%). The majority of adolescents to some extent care about remaining in good physical shape (9/10). Of personal hygiene products, adolescents use deodorant most frequently (up to 90 %). Half of them use cream, while smaller numbers use lotion and hair gel (42.2% and 32.7% accordingly) (Table 39).

Figure 28

Reasons of adolescent boys of different ages for visiting reproductive health specialists or venerologists (%)



Findings

(Quantitative Research)

1. The majority (92%) of adolescent respondents study (either in secondary or higher education institutions); a small portion (8%) do not study and half of them work. The majority of respondents (74%) are of average economic status and only a small part (2.3%) can be said to be of low economical status.

   The majority of respondents (99.2%) have never been married. More than 90% of adolescents consider 20-25 years as the best age for getting married by boys and 18-24 years of age for the girls.

2. For adolescent respondents, coevals remain the main source of information regarding sex and issues of reproductive health, although from 2002 by 2008 coevals became a less important source, giving way to an increase in the number of adolescents who get such information from their parents and elder acquaintances. The current research noted that the internet was a significant source of such information, especially for boys.

   From the standpoint of reliability of information sources, a positive tendency has been observed, as adolescents were more likely to name doctors and parents as reliable sources of information about sex and reproductive health issues. At the same time, it was observed that adolescents still talk about such issues mostly with coevals, and less with parents and doctors and, accordingly, have less opportunity to get reliable information.

3. More than half of respondents believe that education about sex and issues of reproductive health should be provided both at school and elsewhere. Although, in comparison with 2002, the share considering such education as unnecessary increased. The majority of adolescents think that education about the above-mentioned issues should start from the 8^{th} grade. A teacher, in the opinion of the majority, should be a specially trained person aged up to 40 years or a teacher of biology. The majority of adolescent respondents (33-57%) say they need more information about sex and different issues of reproductive health.

4. The adolescent respondents are better aware, but not sufficiently aware of the phenomena taking place during puberty that are characteristic to their own sex. Three fourths of respondents are aware of normal variations of the onset of puberty and the correct sequence of secondary sexual development. A little more than half of girls and less than half of boys know about hygienic measures that should be taken during puberty. Only one fifth of adolescents know when the impregnation occurs. Besides, one fifth of adolescent girls can evaluate correctly abnormalities of menstrual cycle and determine the need to visit a doctor. The majority of the boys (3/4) also are not aware of abnormalities taking place during puberty that require a doctor's attention. The majority of the girls (4/5) and a little less than a half of the boys had information about phenomena taking place during puberty before their development. The main source of information concerning the above-mentioned issues was the mother for the girls, and coevals and elder acquaintances for the boys.

5. Some changes were revealed between 2002 and 2008 in adolescents' opinions with regard to aspects of sexual relations. The later survey found boys naming a younger age at which it is permissible for both boys and girls to have sex. The age named by the girls for both sexes practically did not change, meanwhile. The share of adolescents who found premarital sexual relations acceptable did not decrease sharply, although permissive attitudes towards boys' behavior are still observed. Between 2002 and 2008, the share of adolescents aware of issues of reproductive health such as impregnation, consequences of casual sex, and sexual abstinence decreased.

6. Coevals of respondent boys were said to have had sexual relations more often than girls. In the case of boys, such relations were mainly (3/4) evaluated as "an ordinary affair", while in case of the girls, the behavior was highly disapproved of. For the majority of adolescent boys (71%) and half of girls, premarital sexual relations took place because of their own desire. The first sexual encounter was unexpected and spontaneous for only a small portion (14%) of adolescents of both sexes. There were very rare (1%) cases of the forced sexual relations. In addition, a small portion of respondents' coevals (at average 3.6%), more frequently adolescent-girls of elder age, were said to have been the target of attempted sexual violence.

7. The frequency of sexually active respondent boys (62.5%) more or less approaches the rate of sexual activity that they reported for their coeval boys (56.2%), while the frequency of respondent girls' sexual activity (2.8%) was a tenth that of the rate they reported for their coeval girls (28.5%). The average age of respondent boys during the first sexual encounter was lower (15.3 years) than the girls' (17.6 years). The average age of the partners in case of both sexes was higher as compared with the age of respondents (20 years and more). The majority of adolescent respondents said coevals involved in a wanted pregnancy outside marriage should keep and raise the baby. For unwanted pregnancies, the numbers of respondents who would advise keeping the baby, versus getting an abortion, were roughly equal.

8. The majority of adolescent respondents are aware of abortion and its possible negative medical consequences. In addition, the share of adolescents who know that it is possible to prevent unintentional pregnancy and the methods to be used for such purpose, decreased. The method of preventing undesirable pregnancy most widely known among adolescents was sexual abstinence. The condom is popular, however, and awareness and knowledge are increasing. On the other hand, the number of adolescents who are informed and aware of other specific methods of contraception decreased in past years. It has been identified, that some adolescents have information about emergency contraception means and the contraceptive effect of breastfeeding. The adolescent respondents mostly did not evaluate the efficiency of specific contraceptive means individually though they mostly view condoms as being highly efficient. The majority of respondents know places where contraceptive means are available.

9. The fact that 80% of adolescents used any contraceptive methods, mainly condoms (96.7%), during their first premarital sexual encounter can be considered a positive development. A very small portion of respondents currently use any method of contraception – mainly because only the minority are sexually active. The majority of adolescent respondents (69.6%), mainly girls (85.8%) consider sexual abstinence before marriage expedient. However, the majority (86.9%) of adolescents of both sexes consider this a realistic option for girls, while less than 20 per cent say the same of boys. Four fifths of adolescents believe that both sexual partners should beware of the risks of unwanted pregnancy.

10. In spite of the fact that the majority of adolescents involved in the research (90%) were not married, they had already thought about the number of children they wanted to have. The majority (80%) named 2-3 children as the desired number. The number of children adolescent respondents actually have (on average 0.9), and, even more significantly, the number they expect to have (1.0) are considerably lower than the number they want to have (2.6). Only 2% of respondent girls and young women said that they had been pregnant. Among the outcomes of pregnancy, apart from giving live birth, special attention should be paid to the increased frequency of miscarriages, also pregnancy and childbirth complications, which are characteristic for pregnancies of adolescents. None of the respondents named artificial abortion as the outcome of a pregnancy.

11. On the whole, adolescents were less aware about sexually transmitted diseases – except HIV/AIDS - in 2008 than they were in 2002. The majority of adolescents, especially girls, consider it expedient to be examined for sexually transmitted diseases, including HIV/AIDS, before marriage, and a smaller portion thinks that such examinations are needed after casual sexual intercourse. While the majority of adolescents were informed about ways to prevent the transmission of HIV/AIDS and other STDs, their number reduced from 2002 to 2008.

12. The majority of adolescents know that they should refer to a doctor in case of disorders revealed during puberty. Adolescent girls (93%) take disorders in the menstrual cycle especially seriously, though they often do not have sufficient knowledge to assess them properly. The frequency of boys seeking reproductive health is quite low.

13. The majority of adolescents (66%) assess their own health as good and a very small portion (1%) consider it unsatisfactory. The majority of adolescents (95%) think that they have a normal build and feel good about their bodies. The majority (90%) say they try to stay in shape and maintain good hygiene.

Outcomes of the Qualitative Research

Information, parents, children and family

Thoughts on sources of information

According to the opinion of the parents of adolescents of both sexes, apart from printed educational media, internet and television, the main source of information for children is the street and each other.

Teenagers of both sexes effectively bear this out: they name television as the main source of information (in their opinion, these questions are quite widely covered in the talk-shows of Georgian television channels), advertisements, internet, pornography sites, anatomy lessons, and educational lectures, though they still view information exchange outside the family (in the street) and among themselves (including with representatives of the opposite sex) as the main source. The boys also name conversations with older men. In general, in contrast to the parents, teenagers of the both sexes show a positive attitude towards information they get from television though they also note the need for some level of censorship. The teenagers name parents as a less important source of information.

The teenage respondents show sufficient awareness about sexual issues; the boys know specific terms and their meanings, and they know about AIDS and infectious diseases; the girls have heard about venereal and other diseases that affect women, about protection means and about the risks connected to reproductive health; though according to the opinion of young respondents, boys are overall better informed about sexual matters than girls.

In the contrast to the boys, who consider personal experience to be an important source of information, girls said that girls should have only a "general" idea about sex before they get married. In contrast to the boys, the girls resolutely deny having interest in "forbidden" topics while using internet. And those who do acknowledge being exposed to such information deny having any "conscious" interest.

Girls highlight the exchange of interests between adults and teenagers (e.g. the measures for the prevention of AIDS) and note that often they are not conceived as the problem by them. Meanwhile, they say they want more diverse and practically useful information in connection with reproductive health.

The opinion of the parents and the youth coincide in the consideration that in comparison with the preceding generation, modern teenagers are better informed about sexual relations and have more opportunities to satisfy this requirement. According to representatives of the four groups, modern boys, in comparison with the preceding generation begin their sexual life earlier – at the age of 14-15 years.

Teenage boys positively assess their opportunity to satisfy their interests in the sexual field. In contrast, girls say they need more diverse and practically useful information. In the opinion of parents of both sexes, the information on reproductive health in general is quite sparse and poorly accessible, and the distribution of education booklets is quite limited. While noting the possibility of getting information from non-Georgian internet sites, respondent parents say the lack of such information on the Georgian internet is a hindering factor. According to the parents, the accessibility of the information on the internet is a problem "to be solved globally".

Sexual themes: parents and children

Parents and children also say it is hard to engage each other in conversation on sex-related topics. Parents confirm the existence of barriers to connect with their children.

Fathers link the difficulty of conversation with children on sex-related topics to the typical notions in the traditional cultures of "senior/junior" and "parent/child". According to them, the closeness between parent and child should neither violate the traditional distance and nor the authority of the parents and the trust towards them. Thus, the distance between the parent and the child on the one hand considered as hindering openness between them and on the other hand as a value which should be maintained. Mutual trust is conceived as the most important construct in relationships between parents and children.

In connection with the supply of information on these "tender and quite delicate topics", fathers distinguish the two problematic components. The first is maintaining the already mentioned traditional distance between the parent and the child, and the second is linked to the control of information about sex and the sexual activity of the child. In this context the term "family agent" (guide, informer) is introduced. This person is generally the parent of the same gender as the child, or another relative or person close to the family. According to the discourse of the parent respondents, the sex of the child defines the sex of the "family agent": the mother should talk to the girl (or woman - friend of the family) and accordingly, the prerogative of conversation with the boys is left to the fathers or a male relative or family friend. Meanwhile the role of "mentor" in connection with the boys means the organization of the first sexual contact even then when in connection with the girls this function is connected only with marriage and "the first night". The survey confirms that it is quite common for fathers, uncles or family friends to guide boys as they begin their sex lives. Furthermore, this phenomenon is regarded as acceptable by members of both sexes.

The mothers link the problem of speaking with the children on sex-related topics to exiting cultural taboos.

The teenagers also speak of barriers existing with parents. It is interesting that they, unlike their parents, try less to talk with their parents about issues related to sex. For example, despite the fact that boys say that their parents could be the best informers, as a rule they "never" talk about it with them and the majority of them do not see the need to speak to their parents at all, bringing as an argument the accessibility abundant information from other sources. As the girls say, some of the mothers try to talk to the children and others "do not try and there is also no initiative from their side". The reasons named for this situation is the difference in age, shame and "complexes". The girls say they feel different from their parents ("our generation is different. In your time kissing was unacceptable and girls were difficult to access…")

Children and their prospects

According to the parents, the problems they have with their children increase together with the development of their consciousness and in general, together with the growing up. Their attitudes reflect the traditional tendencies of active participation in the lives of children and differ from the Western cultural practices in which children become more independent from their parents as they grow older.

According to the mothers, the distance between parents and children has decreased, meanwhile, they say managing their children and regulating their behaviour become more difficult as they get older. With greater independence comes more disobedience, they say. According to the mothers, modern children view freedom as having their way and imposing their ideas on others (parents); they maintain a certain traditional distance with the parents (adults) though express their aims and desires freely. According to the respondents, the problem of sexual relations for the current

generation has been substantially detached from emotional meaning and has become more like a business transaction. Under these circumstances, in the opinion of most of the parents, censorship from the parents' side would not be effective, first of all, because it could encourage opposite tendencies and secondly because of the existence of the alternative means of information (Internet, printed material, persons of the same age) which are impossible to control.

One important fact found during the survey is also remarkable. In light of prospects for the future between the points of view of the parents and the children there is no progress - in connection with this matter the vector of the desires of the parents and the notions of the children are fully coincide. From the point of view of future prospects, the respondents - representatives of all categories - attribute special importance to the formation of the young person as an individual, social achievement and personal development based on material success, personal happiness and satisfaction. The most valuable seem to be "good education" and personal achievement in general, which, according to the respondents, are more important than status (origin, family, etc.). In light of this, the orientations towards the strengthening individualistic tendencies are revealed (especially by the parents). This implies first and foremost more emphasis on achievement, but not in a traditional Western sense. Here the inner group harmony maintains its value inside the group (among the family, relatives, friends) and accordingly, together with the success and achievements in the social plane, the value of achievement means the strengthening of traditional roles and group relationships.

Tendencies towards the nuclear family becoming predominant are clearly seen. According to the parents, the children have internalized the values in the family, though they are more pragmatic when it comes to socioeconomic development.

Family

"The family is the head of itself" – this phrase is the main leitmotif of the debates connected with the family. The fathers have a holistic vision. The family in their mind is represented as a whole system, and accordingly, its functions are driven by the interests of this system. The ability of the self-structuring is attached to the family, which as a base support defines the motivation vector of its members and the necessity of reaching consensus in the conflict situations. Accordingly, the interests of family are declared to be the leading motivator of the family members. First of all, the family unity, mutual respect, mutual understanding and devotion to one's responsibilities are thought of as the motivation vectors. Mothers pay attention to the intra-family harmony. They were unanimous in saying that training, tradition and religious life begin from the relationship between the family members; the family is represented as a place to study certain necessary patterns for normal relationships and, accordingly, is a "mini society", where the child learns the models for the society and his/her relationship to society.

The respondent mothers pay great attention to the importance and strength of family traditions.

Family functions

The distribution of the functions within the family must not be asymmetric, both parent and teenage respondents said. These functions should be distributed equally between the wife and the husband. This disposition also applies to the provider of the family. Thus, under the influence of modern transformation processes, views of the construct of "provider" are changing: the absolute majority of our respondents do not view providing for the family as the exclusive prerogative of the man.

Though the notion of "provider" is not semantically tied to a man, the understanding of the "head of the family" is substantially ingrained in tradition. There is a difference in how mothers and fathers

view this role: fathers speak of an aspiration towards family unity but also of hierarchy. They see themselves as the head of the family though do not think of themselves as "sole governor". In contrast, the mothers pay attention to the role of women in the task of ensuring the material welfare of the family and see the "head of the family" as the person who "decides financial matters". Against the backdrop of sharp social changes, mothers do not see the need to act as "family provider" as liberating them from their traditional family duties (in Georgia the substitution of a man by a woman is historically approved tradition reflected in Georgian language by the word "meughle/ "person whom one shares a yoke with"). When it comes to teenagers, some of them say the parents should equally share family responsibilities while others single out "mother" and the "father" roles.

Mothers said that both spouses should share equally in the responsibilities of managing the family and bringing up the children. They also speak about the father's authority in the family and the mother's role in shoring up that authority. Mothers and teenagers both saw fathers as protectors of the family.

The prerogative of decision-making is considered by the parents according to the situation and here they recognize the principle of equality. In these processes the interests of the family and future generations are deemed decisive.

"Outside the family" activities are considered the prerogative of the father while family management issues are seen as the responsibility of the mother. The tendency of the conceiving family functions differently is highlighted in the discussions though in light of behavior and values, different patterns are tied to the future generations. Teenagers do not show signs of diverging significantly from traditional notions.

For fathers, the concepts of men, responsibility, independence are tightly interconnected. In regard to the family, the construct of the responsibility includes protection, discipline and regulation of conflicts.

So the consideration of the family roles remains in traditional frames though the man is not considered as the "sole governor" of the family. The ideas on "family management" undergo definite transformation - according to parent respondents, sex does not define the management abilities, thus the even distribution of management functions of the family is considered acceptable. According to the research, the daily life of the family is ruled and controlled by the mother and the man is generally responsible for the welfare, security and peace of the family.

The ideas of the teenager-respondents were in complete agreement with those of the parents.

Choice of marriage partner

In the discussions on the problems of sexual education for the respondents of all four groups, the choice of the marriage partner was considered one of the most important. It is notable that in the medical literature this question is considered for reflection of the cultural-typological specifics. It is agreed that the aspects of the social interrelation characterizing the cultures of the collectivism type (belonging to the family, empathy, emotional closeness of family members, cooperation and functional interdependence and recognition of the importance of the normative responsibilities) are connected to thinking of the construct of freedom in selection of a marriage partner, also to the interconnection of the personal choice and referent group ("important others").

Based on a comparison with the Western cultural practice, all the groups of respondents display cultural perceptions of personal freedom that differ from Western ones.

They emphasize the strong influence of the reference groups on the individual, both in terms of mentality and behavior. Contradictory opinions were expressed only about the quality of the

influence on the reference group ("taking into consideration others' opinion") but no one negates the substantial decisions or the cultural practice of the participation of the "important others" on lifestyles.

Choosing a marriage partner according to the social-economical approval of the person is discussed in the context of life prospects. The thematic on the father's discourse in interpersonal and outside group directions concerning his child choosing his/her own marriage partner is not outlined, but against the background of the high value of family interests, the acceptance aspect of the culturally valuable social attributes (family, education and the like) is implied from the very beginning. So, the positive approach of the fathers is indisputable in regard to the functional maintaining of the traditional controlling rights over the decisions of their children. The other question is to what extent and in what form can pressure be exerted on children in certain situations.

Mothers, by in large, do not agree. The majority of the mothers stated quite permissive attitudes towards her child choosing his/her own marriage partner. They connect the personal happiness of the child less with the realization of the traditional normative values, though they still maintain the function of appraiser of the moral visage of potential future marriage partners of their child. The latter is conceived by them in the context of cultural values.

In regard to the teenage respondents, their notions about the choice of marriage partner are vividly reflected in the opinions on sexual freedom.

Early marriages

Practically all the respondent parents think that, under the conditions of physiological maturity, early marriages among the youth are prompted by the cultural environment wherein the realization of sexual demands is accepted as legitimate only within the confines of marriage.

The vividly negative attitude towards early marriages by the parents is largely based on the cultural definition of the family construct: the family is considered as one of the most important social institutes, which organizes the career, marriages and personal identifications. The sexual relationships are considered in this context ("the family is not only sex"). So, the family is considered as the social field where only a mature person may have prospects. Accordingly, respondents said, the relation to the family considers the unity of the social and personal responsibilities. The early creation of the family is considered a hindering factor for the youth's life by the parents. As a result the main argument against early marriages is the total psychological and social unpreparedness of the youth for the family life. Thus, they do not doubt that such marriages have little chance for success.

It should be emphasized that the substantial factor for evading the early marriages named by the mothers and the fathers is the preparation of the parents as providers of sex education. In regard to the teenagers, their notions about early marriage substantially coincide with the ideas of the parents.

Among respondent boys a negative mood towards the early marriages is not vividly expressed, though on verbal level they realize the responsibilities linked to the creation of a family (maturity, economical and social independence, etc.). The notion of readiness for marriage appeared to be a very vague construct from the point of view of personal attributes. On the whole, the leading topic of their discussions about marriage is less connected to real family life. According to them, the decision to create a family is "individual" and "there is no specific standard". The boys consider the marriage as early as at age 14-15 years to be acceptable and the prematurity of marriages of this type is connected with the immaturity of the marriage partners. Boys said the ages of 18 to 25 years (the best age is named 22 years) were the best time to start a family and for girls- 18-20 years. Only two respondents named 28-30 years as the best age range for starting a family.

In contrast to the boys, the negative attitude towards early marriages by the girls is based on several arguments, namely: hasty decision, the resistance by the parents (family), changing the priority

from the husband (sexual partner) to the child after childbirth and, accordingly, viewing the family as a burden. The responsibilities and the lack of personal-social readiness (education, profession, economic independence of marriage partners) are the main support of the negative mood towards family life. In their point of view, ahead of marriage the girl should be aware of the behavior rules, should not shame the family, should be rude or too meek, should be able to avoid conflicts, should remember that she should spend the rest of the life with this person. So the ideas of the girls in connection with family creation more clearly emphasize the normative requirements connected with the family creation.

In this case, too, the views of the respondents about the family fully coincide with the general orientations of collectivist cultures, where in the understanding of the family the social responsibilities and the social image are conceived as the leading features. Once again, the respondents approve of the tendency wherein, unlike the individualists who are married "as long as they love each other", collectivists get married "forever for the rest of their lives".

It should be noted that none of the adolescent respondents cast doubt on the need to start and maintain families.

Background influences. Gender perceptions

Georgian culture is an Orthodox Christian culture where religion has considerably defined the priorities of mental orientations. Its influence is also apparent in gender consciousness.

Gender consciousness in Georgian culture is based upon sexuality being tabooed and the value of virginity is in conformity with the religious worldview. According to the analogy with the image of the Mother of God, where the mother and the virgin are in confluence, virginity is attributed supernatural value and is understood as a gift from God. In Georgian tradition virginity is a symbol of the cleanness of a woman and her value. That is why the tarnishing the sanctity of the sexual purity of a woman has traditionally been views as a tragedy by both the women themselves and their referent groups.

Generally the attitude towards women is based on two main images of a woman: positive (pure, irreproachable, innocent, uninterested in sex) and negative (personified as hypertrophied, aggressively sexual and connected with sin and the fall).

Accordingly, the gender-based notions of "fornication" and "prostitution" are central elements to this traditional worldview. Both the accepted and unaccepted behaviors in the sexual field are considered to arise from these perceptions. In real life practice of the Georgian culture, under the conditions of the gender asymmetry, premarital sexual experience for women is viewed negatively while single men engaging in sexual behavior is regarded as normal and acceptable.

These mental orientations form red lines, judging from discourse of our respondents in regard to topics like attitudes towards virginity and premarital sex, as well as towards the images of ideal woman and ideal man.

Contacts outside family, institution of virginity, taboo

The attitude of the parents towards sexual contacts outside marriage and in general, towards free sexual life of the teenagers may be characterized as "cautious", in some cases, as "covertly aggressive". These tendencies in fact are displayed in connection with the behavior of girls and not boys.

While the parent respondents realize the strong influence of biological drives in sexual behavior at an early age, their attitudes towards such kind of activity are obviously reflected in the sexual double standard: for the boys it is just "amusement" and is acceptable while for the girls it is unacceptable because "for women it is different" and it "will create problems in future". The double standard is revealed by the fact that boy's first sexual contact should take place before marriage while for girls that is unacceptable.

The topic of virginity was raised by the fathers in the context of early marriages and is considered in the context of traditional male responsibility. The ideas about change in the opinion of the society towards this matter are expressed rarely, very cautiously and not categorically. There were also signs that the institution of virginity may be on its way out. Fathers feel awkward talking about this topic. Meanwhile, as a result of the discussions on the reflexive level they do not consider the institution of virginity to be a sign of morality in general; on the normative level the attitude towards the existence of this institution remains positive. In the context of daily life, fathers seek a compromise approach to the issue whose substantial core is the differentiation of non-virgins based on how they lost their virginity: divorced vs never married. Finally fathers consider virginity or non-virginity in the context of the interests of the family's life.

In contrast to the fathers, the majority of the mother respondents link the taboo of sexual relations to the well-known negative experience of previous generations. This experience inclines mothers to be more intimate with and understanding of their children.

In their opinion, despite the greater "dose" action of tabooed activities in society, the taboos remain in force because the society is not ready for the new reality. Mothers said a removal of the taboo on the sexual field would open the door to rampant non-marital sex, which they see as problematic in the context of the traditional culture. They show definite tolerance towards the removal of the taboo on virginity though they still consider the loss of the virginity without marriage as a "mistake". It is notable that the majority of the mother respondents realize the essence of the Christian regulation of sexual life, but do not realize the semantics of the words – "adulterer" and "prostitute". The both words are conceived as synonyms of immorality in everyday use and because of that they are used interchangeably. In reality, mothers are tolerant towards single mothers, who according to these traditional notions, are "prostitutes" than towards married women who commit adultery.

According to the parent respondents, the acceptability of sexual contacts before marriage was clearly based on the sex of the child- the mothers of the boys were more tolerant than of the girls; This is connected the regulation of the woman's sexual life and, accordingly, the mothers consider the sexual behavior of the children in the context of their own cultural roles.

The mothers consider their approach to this issue as ("If I accept this she/he will accept it also") one of the important factors in the formation of relationship with the children.

The attitude of the parent respondents towards their children having casual sexual contacts is harshly negative. They cite health concerns as their main argument. Unlike them, the teenage boys do not display differentiated mood towards it.

The respondents, particularly mothers and teenage boys, draw attention to the contrast between Western and Georgian cultures when it comes to sexual liberation. The mothers pay attention to the cultural-traditional regulations of the sexual behavior of women. Meanwhile their attitude towards sexual life of single women outside marriage is obviously influenced by Westernizing tendencies towards individualism (urbanization, migration, accessibility of the varied information, etc.). This begets a weakening of social controls and more tolerance towards women engaging in sexual behavior before marriage.

Our respondents though traditionally stress responsibility for sexual behavior and also take into consideration the different cultural practices, in this way justifying this kind of position. They consider the acceptability of sexual contact in regard to the single unmarried women in the context

of the physiological health. It seems the realities of globalization are conditioning a change in traditional views of single women in Georgia.

This clarifies the ideas the mother-respondents against the traditional institution of virginity. And the opposition accompanying their discussion is from one side the complete admittance of the Christian dogmas and from the other side- the evasion of it (non-dogmatic evaluation of virginity, tolerance for normatively unacceptable sexual behavior of a single woman) is an outcome as well from the traditional moral still strongly existing in society, as well as from the non-differentiated perception of the concepts the "prostitute" and the "adulteress".

In contrast to the mothers, the teenagers largely accept the traditional mores - the majority of them, the boys and the girls, think of Georgian morals with pride and prefer them to the Western model. They say they reject notions of sexual freedom and hail the importance of traditional values.

They show negative attitude towards Western values in the field of morality. Virginity and morality are equated though it is marked that the virginity does not always unambiguously define purity. There was still consensus, however, that "proceeding from the mentality, the nature of the Georgian woman is different". In general, the discourses of teenagers of both sexes in about being a virgin and sexual contact before marriage fully coincide with the traditional cultural orientation.

So according to our respondents: the woman should always be virgin before marriage. An honest woman should not have sexual contacts before marriage. A woman should have sexual experience only with her husband. According to respondent- girls: "before marriage a woman should be virgin and after she gets married she should be devoted to husband. A woman should not betray these principles. It is wonderful tradition of which we should be proud". Meanwhile the girls say the institution of virginity "regulates the honesty" and evaluate this value from the point of view of the opposite sex. Boys should begin their sexual lives as soon as they are physically mature and girls - after marriage.

A person should prepare for the first sexual act - the boy should receive counsel from an elder friend or brother, and the girl- by another woman. These people need not be parents. Boys it consider necessary to tell the parents about the virginity status of their future wife. The traditional norm existing in Georgian culture- taking into consideration the inner group (family) interests and notions during creation of a marriage unity – for the teenager respondents, despite sex, does not evoke protest or even doubt.

During marriage choice, the fundamental influence of normative requirements of the inner reference groups is implicit, despite expressions of commitment to the principle of free will. The first sexual contact for the boy, unlike the girls, is connected with sexual maturity ("becoming a man") and personal freedom. It is interesting, that according to the teenagers, the younger generation "is more like Europeans and Americans" and they "are advanced in everything and do it in a different manner".

Some of the male adolescent respondents were openly sexist. This is especially obvious not only in their attitudes towards the opposite sex but while also while thinking about the sex of future children. The absolute majority of the boys would wish to have a male child. The argumentation of this wish is seen in opinions reflecting gender asymmetry.

Though the teenagers note the existence of elements of Western life in the Georgian reality, on a normative level, adolescents of both sexes support a gender asymmetry model where premarital sexual behavior is unacceptable for women. The collectivism-based cultural attitudes define the leading social vectors, namely: orientation in inner group integration and de-orientation for being independent from the inner group; action ability of the normative and evaluation of the entities of the reference groups ("I should behave the way as the family and the friends expect me to do"), authority of the stable inner groups on the control of a person's personal life ("I should inform my family if my fiancé is not a virgin"; "You should marry the way not to harm/hurt the family"); especial importance of the support of society; considering the attributes of the inner world of a

personality - thoughts, evaluations, personal features from the point of view of social context; subordination of the internal (personal, intimate) occurrences to the cultural demands ("I have the willpower not to fall in love with this kind of a woman (who is not a virgin)"); the priority of self-anxiety and of others' in the social unit – as an integral part of the context, the substantial aim of which is the relationship. Accordingly, group thinking clichés are activated. Aspiration towards appropriation, interconnection, empathy, mutual trust and the "honest" (according to the rules) behavior are the substantial characteristics of this field.

Abstinence

The topic of abstinence is important in the context of the discussions about sexual freedom. According to parent respondents, abstinence is required for both males and females, though in real practice the violation of the norm is quite widespread. According to them, the traditional tolerance of the culture towards men engaging in non-marital sex is defined by physiological specifics. As a rule, the majority of the both sexes share this opinion. Parent respondents said the need for women to abstain from non-marital sex was due to "traditional pressure".

The respondents note the importance of abstinence in sex education. It is deemed as the best way to prevent the spread of the infectious diseases among both sexes during various sexual contacts. A large majority of the parents note the double aspect of the problem- "physiology" (nature) from one side and from the other side, the study of abstinence on the basis of education and correct information. Meanwhile they say, the appeal for the tradition of abstinence in the "modern epoch" "may be quite ineffective". In their view, in the context of today's situation the popularization of abstinence is of special importance- "the young people should consider that abstinence is the best preventive measure".

In the opinion of young people, abstinence is deemed as positive and is supported by arguments in the context of social-normative requirements.

Ideals

Mothers

According to the mother respondents, the real leader by his nature is the man and not the woman. Taking into consideration the physiological context, men's ability to reason based on logic, not emotion, makes them better decision makers than women, who are seen as more emotional. For the absolute majority of women, the function of a woman is to bring up a child and this responsibility is sacred for the family. According to the mothers:

The ideal man is: steady, "less" emotional, rational, sexy, intellectual, strong (physically, morally); principled, hard working, responsible, economically strong; devoted to his family, an authority figure for his wife and children;

The ideal woman is: gentle, mother, good manners, educated, beautiful, sexy, feminine.

The opinion of the ***fathers*** mainly echoes the notions of the mothers with the additional nuance that the main ideal context for the ideal woman is the family.

The teenagers

Because of the age specifics of the teenagers participating in the research, the attitude towards the opposite sex is highly relevant. In general, the specifics of Georgian culture and the influence of transforming modern processes are felt in this field. In regard to the obvious aggressiveness revealed in the research in the direction of the opposite sex, it is the display of the general

psychological rule of the self–establishment age, during which the opposition with the opposite sex represents an important element of self-study in teenagers. So it is clear that the respondents form the ideal of the opposite sex in polemics mainly with the "unacceptable" construct. According to the teenagers:

The attitude towards the opposite sex expressed by male respondents practically does not go beyond traditional gender notions. The responsibility of a man is patronage: protection of a girl (what they consider as pleasant for the girls), "control", though "the opinion of a girl has to be taken into consideration"; they mention the necessity of studying women's psychology.

Women, in general, unlike men, are illogical- "think in a totally different way, does not think logically", "is always absent-minded", "is subjective and always has a subjective opinion".

Boys

The ideal woman:

Honest, beautiful, attractive, clever, educated, traditional (respects elders, behaves appropriately); modest, reserved, "talks appropriately for a girl and for a woman", religious, gentle, "domestic", devoted to the family, husband, children, easy manageable. The woman should love and trust her man.

"Though freedom is good", girls should not "dress in a sexy or provocative manner or be cheeky", said one respondent. "I don't like modern girls, they think in a different way".

The ideal man:

Active (aspires towards advancement, innovation), professional but not careerist, takes into consideration others, loving, joyful, self-confident.

The common features for representatives of both sexes:

Honor, realism, friendly, loves family, prestigious, interesting for representatives of the opposite sex.

Girls

The girl respondents know the meaning of the term "gender equality". In their view, a man, in comparison to a woman, enjoys more privileges and rights. They attribute this advantage to religion ("during all the rituals – during communion – then men go ahead, then children and the women - after them. This should not be so").

They display distrust towards the opposite sex: "Boys sometimes mock girls. If you hate a boy even then you should not be taken up by the emotions, they believe boys more. You can see in the eyes of the boys that they lie just to get a girl". "Georgian men see women in a totally different light".

The ideal woman is:

Mother, hard-working, clean, devoted to her husband, modern, professional, tends to her appearance ("a woman that never forgets herself").

The ideal man is:

Honest, strong, religious; clever; patient, courageous, family lover, good mannered, respecting others, loving, handsome.

It seems the mental orientations are the main bases for the ideals held by the representatives of all groups. It should be mentioned that during the research process there was not a single case of a respondent deviating from the traditional stereotype.

Values

The perception of the strong connection between sexual relations and appropriate training/education in cultural values is a red line in the discourse of the parents. They connect the efficiency of education in this field - taking into consideration the experience of the various countries of the world - with the cultural factors of sex education. In regard to the teenagers, the cultural values represent the main support base for their opinions. The discussions mainly touched the tendencies of the westernization and the conception of their influence.

The participants of the research name freedom, belief, hope, patriotism, love and safety (peace) as the main values.

Besides these universal values, all the groups of the respondents listed the same traditional values.

They are: family, reference groups (blood relatives, family friends, familiars, neighbors, colleagues etc.), closeness, cooperative spirit, mutual respect, mutual understanding, good interpersonal relationship, good manners, social support, education, social and economic strengthening/progress, unity, country, orthodox religion, belief in God (being a believer).

Teenagers express this main list of traditional values in exact forms:

Boys: having many children, mutual support, devotion, parents, virginity, respect of peoples of other nationalities and religions, objectivity. ***Girls*** list virginity, honesty, honor, decency.

As a rule, for the absolute majority of the participants in the research - both adults and teenagers - traditionalism is viewed as positive; all the groups of respondents see respect for elders and good manners as among the best Georgian traditions while boys placed further emphasis on hospitality and girls on virginity. A critical approach towards some traditional values was also observed. For example, mothers, unlike the fathers, cautiously but clearly express negative perceptions about virginity; boys were critical of post-funeral banquets and girls found the tradition of bride-napping ("motatseba") unacceptable. Despite the aforementioned, it should be noted that substantially the criticism does not apply to the main cultural principles: respect for family (parents), co-habitation, social support, etc.

During the debates in the process of the research, the interconnection of the cultural values and the tendencies of westernization were among the most pressing topics. It should be pointed out that the attitude towards westernization is quite ambiguous.

In general, all the groups of respondents evaluate positively Georgia's close relationship with the Western world. Critical attitudes are connected to Western influence in lifestyles. From this point of view, the attitude of one part of the parent respondents was negative, while others view this tendency in the context of the development and personal freedom. In general, parents conceive the influence of media on lifestyles and traditions in Georgia as a natural process and view it from a procedural point of view ("we lose something, we get something, life goes on"; "The good part of Western civilization should co-exist with our traditions"). The attitude of the parent respondents towards westernization is quiet and does not show signs of anxiety about losing cultural identity.

In contrast, teenagers see a danger in the sexual freedom inherent in Western traditions. This is reflected in the opinions of respondents of both sexes, who express concern about sex outside of marriage and value virginity.

It should be noted that the value priorities widespread in society are among the most central elements of the culture; they have close contact with the emotional side of a personality, with the evaluation systems and its aims. The value is the universal statement about acceptable and unacceptable – though it says nothing about the reaching a goal. From this point of view, the results of the research obviously reveal the normative directions of the participants of the research and, accordingly, the specifics of the cultural context, and the typological specifics of Georgian culture. Our respondents, who in their discussions opposed the Western way of life to Georgian traditions despite sex and age, confess consideration of requirements of "important" others, as the objective moral value ("you should take society into consideration, you are not alone"); also the special value of the family, in general, inner social groups, their support, co-habitation; solitude, which first of all means the absence of the family, is viewed as suffering. Our respondents –the parents as well as the teenagers - do not conceive the respect of elder people as unconditional subordination to elder people, because the existence of an individualist, personal position is also seen as important, something that is displayed in the orientation of internal locus control ("you rule your life yourself"); mutual trust, which is one of the supporting constructs of collectivism, recognized as a characteristic feature of the Georgians.

The standards of the research are collectivistic, in our particular case they are the typical specifications of collectivism cultures oriented at small groups. Accordingly, they are the basic elements of the modern Georgian social-cultural context.

Thoughts on the organization and forms of the sex education system

The research revealed that respondents' attitudes towards the organization of the sexual education system are supportive. Parents, especially fathers, discuss sexual education in the context of important social aspects and consider it a component of a comprehensive approach to promoting healthy lifestyles. Accordingly, the participants of the research do not doubt the pertinence and necessity of sex education.

Parents said the aim of such study should by the provision of correct information on sexual relationships and issues related to sex based on age differentiation and giving the right direction to teenagers, preparing them for adulthood. According to the parents, this kind of education should include the comprehensive information: sexual differentiation, sexual hygiene, human physiology, issues related to reproductive health, psychological issues, and family matters. The consideration of the cultural specifics provides base support for such education.

The teenagers - girls and boys - though less prone to in-depth reflection on the problem, also perceive the necessity of sex education. Despite the common positive attitude, one group of the respondent boys revealed a strongly negative attitude towards systemic organization of the sex education. Their argumentation is based on comparing the morals of other peoples to the recognition of the priority of Georgian morals, and is characterized by aggressive ethnocentrism. One of the important arguments is the tabooing of sexual themes by the Georgian Orthodox religion, and the unacceptability openly discussing these topics[17].

The point of view of the respondent boys and girls co-exists with the opinions describing this position. According to them, sex education means comprehensive discussions about anatomy,

[17] Apart from this group, during the research there were revealed teenagers who had wrong notions about sex education and revealed especially aggressive and categorically negative reactions towards the system of sex education. Only in the conversation with the mediator it was determined that the topic of the conversation and the interpretation itself was not only acceptable but very important to them.

physiology, relationships between women and men in general, about family, bringing up children, and cultural traditions. According to the teenagers participating in the research, this kind of education should be based on the values of love, safety and health. Respondents, irrespective of sex and age, consider that this information should be received by a person at different ages, systematically, in stages and in a targeted manner; meanwhile, opinion is unanimous this kind of education should be offered in schools.

According to the father respondents, the contradictions between the various elements of the system, from the one side, and, from the other side, the overcoming of existing barriers in connection with this field is a substantial matter. The respondents consider various social institutes (school-education system, church, executive governmental structures). In the opinion of the majority of the respondent fathers, a state program should be formed with the common participation of various fields of science, medicine, church and executive governmental structures.

The model of institutional form

Periodicity of the provision of information

From the point of view of the provision of educational information, the main reference point of the ideas of the respondents is the recognition of the fact that children start asking questions before they undergo puberty, a fact that demands context differentiation of the information provided according to age. Unlike the parents, the teenagers avoid speaking about early interests, though under certain circumstances (e.g. when asked about sex by a younger person) different reactions are revealed according to the sex: the boys said it was too early to give an answer while the girls said it was acceptable to do so. Beginning sex education at the pre-school age ("kindergarten age") is not considered reasonable (though mothers thought it was acceptable for children to play games that teach family roles). In general, the most valuable source of information is considered to be the family of the respondents (at early, pre-school age).

The absolute majority of the respondent mothers consider the best period for beginning sex education to be the age of 7-8 years; in contrast to the mothers, the fathers and the teenagers think it should begin at around the onset of puberty (eighth grade).

Agent

The matter of the agent-informer is one of the most important for the parents, as in their opinion, this "delicate matter" may be entrusted only to a "specialist", to a "specially trained person", a professional. Most frequently a psychologist is named for the adequate implementation of the task, a specially trained teacher (for example, biology teacher), a doctor, and in general, a "person who is not an amateur, who is completely aware of the different information and answers the questions asked by the child competently". Parents are also named as appropriate agents of information provision. One of the most important matters for teenagers is the culture of the relationship of the agent to them (respect, democracy).

It should be emphasized that, according to the research, practically all the parents share the opinion about the provision of necessary information about the training of the parents. The creation of an information database on sexual matters, also a special training system for the parents of schoolchildren, are named as priority tasks. In their opinion, the institutional system of the education of the parents should be based on conversations at school (with the parents of both sexes) as well as on the training of the parent-trainers. The parents consider that the system of the sex education and the program of preparation of the trainers should be financed by the state.

Information Dissemination Format

In the opinion of the respondents of all the four categories, sex education should be introduced in schools as a separate academic subject, while the title thereof still remains debatable. According to the results obtained through the analysis of discourses, the conditional definition "family institute" seems to be more or less acceptable. As the respondents state, this definition must cover a wide spectrum of issues. Targeted teaching of the subject is seen as most essential. As to the format, a negative attitude towards the current system was expressed by adolescents, since they demand both higher systematization and diversity of content of sex education. They think that the school should provide the following measures: explanatory lectures, seminars, conversations; the subject must be optional, not compulsory; it must be possible to create a special web-page of the school, within the framework of teaching computer science; demonstration of relevant educational movies in the schools is also considered acceptable. A majority of the adolescents think that boys and girls must participate in such conversations separately from each other, unlike their parents, who consider it acceptable to discuss general issues in the mixed groups. In general, a large number of the respondents gave priority to conversations over lessons, though they often use the term "individual conversations". As evidenced from the contextual analysis, they imply a form of conversation that may be realized both through individual talks and in small groups.

Literature

The development of special literature in this field should be the first priority, according to the respondent parents. They say such literature must include the comprehensive information presented at a high scientific level (anatomy, physiology, psychology, family, family relations, cultural traditions, values), be written in good Georgian and be interesting and understandable. Respondent parents specifically underline both the necessity of familiarity with the relevant issues existing in other countries, and a reliance on the Georgian cultural traditions. In their view, the content of such literature should become a subject of wide public discussions where the parents must have a decisive voice. The need to widely distribute this information is also noted.

Television

Parents - especially respondent fathers - consider it urgently essential for the government to regulate (not prohibit) the influence of television through the legislative instruments (e.g. coding of TV broadcasting). They think that the Georgian TV channels should have educational, interesting, and entertaining programs for children.

Social Institutions

Parent respondents, especially fathers, often spoke about state policy in regard to sex education issues. Their views about the role of the legislative and the law enforcement institutions cover a set of problems related to healthy lifestyles. However, they consider certain things culturally unacceptable not only from the point of view of their traditional values, but also in the context of human rights. The respondent parents focus on the theme of social control and civil responsibility of adults, with emphasis on both development/further refinement of the relevant legislative base and the responsibility of parents for their children's behavior outside the family environment. According to the respondent fathers, the core problem is the formation of an appropriate social environment where the efforts of civil society should play a leading role, together with the law. According to the respondents, a comprehensive approach to the problem based on cultural traditions is the only way to introduce healthy life-style policies.

Religion and Sex Education

According to the respondents participating in this study, the Orthodox Church is the most important value. All respondents adhere to the Orthodox confession. Most of the respondents are well familiar with the main ecclesiastical customs and dogma, since church is very important for them. They acknowledge the role of the Orthodox Church in social life and the influence of its values on sexual behavior, as well as the religious-dogmatic limitations of sexual behavior.

Notwithstanding the verbal acknowledgement of the important role of the church in sex education, a certain ambivalent attitude of the respondents towards this role of the religion is reported, especially in the case of female respondents. Teenage girls have a basic knowledge of religious norms and dogma and consider them acceptable, but at the same time, they pose questions about the lifestyles advocated by the church: ("dancing and singing are sins, but I can't understand why" "I suppose, to give birth is not a sin")

As for respondent mothers, despite their respect for religion and the Church, they do not consider the clergy's participation in sex education advisable because of the "different" attitude of the church to this theme. According to mothers, a bishop should explain only religious-dogmatic information, while a child's psyche is not ready (mature) for such conversations. They say the agent function should be performed by a psychologist or other specially trained person. Fathers, in contrast, say the church should play an important role in sex education.

Findings
(Qualitative Research)

- The main sources of information related to the sex education were: printed educational materials, electronic media (Internet, TV), biology class, educational lectures, "the street", and exchange of information with peers. The role of parents is considered less important. The adolescents illustrate a positive attitude to the information obtained via existing TV programs.
- In the view of the respondent parents (of both sexes) information regarding reproductive health is rather scarce and unavailable. They say that the most important problem is inaccessibility to such information via the Georgian Internet.
- According to all categories of respondents, contemporary teenagers are better informed about the sexual relations than their parents' generation and have much greater access to such information.
- Among adolescent respondents, boys are better informed than girls in this field. They assess as satisfactory their ability to fulfill their interests, while the girls think that they must have a "general" idea about this sphere before marriage and, as opposed to boys, they do not need to have "personal" experience with sexual contacts. The girls need greater access to comprehensive and practically useful information in the field of the reproductive health.
- In Georgian cultural practice, a so called "family agent" is considered the supplier of acceptable (controlled) information about sex. Such an "agent" may be one of the parents (with taking into account a child's sex) or a member of the reference group (relative, friend) in general.
- The respondents, regardless their sex and age, say it is difficult to speak about sexual themes. The respondent parents say that this barrier in relations with their children is difficult to overcome.
- According to respondent mothers, this problem of having conversations with their children on sexual themes is related to the existing cultural taboo, while according to the respondent fathers the problem is the nature of relationships like "senior-junior", "parent-child". The existence of a certain "distance" between parents and their children is considered to be the factor creating obstacles to "openness", on one hand, and a value that should be preserved, on the other hand.
- Adolescents think that there is no need to talk with parents about the sex-related themes. Boys substantiate their opinion by accessibility of comprehensive information, while the girls – by the differences between their generation and their elders.
- The respondent parents speak of higher independence, freedom and disobedience on the part of the children.
- As for future prospects, all the categories of respondents think it is most essential to strengthen the role of individualistic tendencies (independence, personal achievements).
- The values of achievement are not understood as the western-type self-development or self-realization. In line with the progress/success, the traditional roles and intra-group relationships carrying the positive features are implied here.
- The category of self-realization is related to social and economic events and their development.

- At the given moment, the ideas of parents and children concerning the children's future coincide to each other and do not create a basis for conflict.
- Family is understood as the most important cultural institute organizing a person's life.
- Understanding the roles in a family is essentially placed within the traditional frames: the main sphere of a man's activity is "outside the family", while for a woman "household" activities are priority. In a woman's duties, her professional activity is implied also, in line with her family-related functions. As for the different behavioral and value patterns of parents in connection with family functions, they should be prescribed to the future generation. To this end, the responses of adolescents regarding the updated or traditional family functions have not declined from renewed or traditional ideas.
- The respondents, regardless their age and sex, share the principle of equal distribution of family functions between husband and wife. They consider the decision-making prerogative in the situational context, in which the interests of both family and future generations are regarded decisive.
- The term "guardian" is not semantically connected to a male. "Head of the family" still preserves a traditional meaning, however, different tends are reported in relevant perception of sex: fathers consider themselves as the "head" of family, while according to mothers, the "head" is the person who ensures the material welfare of the family. Most teenagers think that father is the "family leader". All categories of the respondents say that a man should exercise the functions of control and protection of family.
- In the opinion of fathers, the concepts of responsibility and independence of a man are closely tied to each other. In regard to family, the idea of responsibility integrates its protection and discipline and settlement of conflicts.
- The orientation to the nuclear family is outlined in connection with children.
- When speaking about desirable family partners, parents consider social/economic strength, and, accordingly, future prospects.
- Most of the respondent mothers demonstrate a permissive orientation regarding her child's choice of family partner and, non-standard (non-traditional) choice is considered acceptable by them.
- According to parents, in conditions of physiological maturity, the cultural environment, which dictates that sexual needs can be met only within the confines of marriage, encourages people to marry young.
- A clearly expressed negative attitude is observed regarding early marriage. Such marriages are viewed to be without prospects, as the bride and groom are seen as being not fully mature psychologically or ready for family life.
- Both mother and father respondents think that the most essential factor for avoiding the early marriage is that parents, should be well prepared to educate their children about sex.
- According to boys and girls, the appropriate age for marriage is 18-25 years and 18-20 years, respectively. Their parents, meanwhile, think that the psycho-social readiness of the youth is most important
- The attitude of the respondent parents towards premarital sex reveals the double standard characteristic of the Georgian mentality: for boys it is permissible, for girls it is not.
- According to the great majority of respondent mothers, taboos about speaking about sexual contacts are an important problem, as society is not accepting the new realities. However,

despite a certain tolerance towards the premarital sex, they still view the loss of virginity as a "mistake".

- On a normative level, attitudes towards the virginity institute are positive, but certain tendencies indicate that the value of the institution of virginity is decreasing.
- The tolerance of the respondent mothers covers single mothers only and not women (wives) who are legally married but have another partner outside her family.
- Parents are more tolerant of their sons engaging in premarital sex than their daughters. Therefore mothers consider the sexual behavior of their children in the context of the cultural practice of the roles of the sexes.
- According to the respondent mothers, a decisive factor for forming the attitude to the virginity institute and non-marital sex, as a pattern, is the attitude of parents to these issues.
- As for casual sexual contacts, the respondent parents' attitude is sharply negative. They substantiate such an attitude proceeding from reproductive health interests.
- The influence of transformational processes over the attitude to non-marital sexual contacts is observed.
- Adolescents hold traditional Georgian sexual morals in high esteem and unconditionally give it priority in comparison over western-type sexual morals. Discussions of the adolescents of both sexes regarding virginity and premarital sexual contacts are in full conformity with traditional cultural orientations.
- Sexism is revealed expressly in the groups of the respondent boys. This is reflected in their attitude towards the girls, as well as their desire to have sons.
- On a normative level, adolescents of both sexes support the environmental model where the gender asymmetry typical to the patriarchal society and the taboo on a woman's sexual life are preserved within these frames. The essential features of this field are the social vectors determined by collectivistic and cultural factors: Orientation to the intra-group integration; Priority of the normative and assessing indicators of the reference groups over the individual-personal ones; Striving to belong to the certain groups, empathy, mutual trust, strong social support
- According to the respondent parents, reproductive education should include abstinence, which should be based upon education and right information
- Regardless of sex and age, there is no conflict in recognition of values by the respondents.
- According to the participants of the given study, the core values are freedom, belief, hope, patriotism, love, and security (peace).
- Among the traditional values, the following are counted: family, reference groups (next of kin, family friends, relatives, neighbors, colleagues, etc.), close relations, corporation, mutual respect, public support, education, social and economic growth/progress, unity, the state, Orthodox religion, politeness, having many children, mutual assistance, devotion, parents, virginity, respect to other nations and religions, honesty, dignity, objectivity)
- According to all groups of respondents, the best Georgian traditions are respect for elders and politeness. Besides, the boys underline hospitality and the girls – virginity.
- For an absolute majority of the respondents participating in this study, traditionalism is considered a positive factor.
- On the cultural-normative level, the value "senior/junior" does not imply a strong hierarchy in the form of unconditional obedience by juniors. On the individual level,

individualistically independent position, as well as the internal locus of control ("manage your life at your own discretion") are considered positive values

- A critical perception of traditional values by the adults is reflected in demanding higher independence from their children, where mothers demonstrate a negative attitude to the value of virginity, boys have a negative attitude to post-funeral banquets ("kelekhi" in Georgian), while for the girls bride-napping is unacceptable. But this criticism is not related to the basic cultural principles: respect of family (parents), unity, social support, etc.
- All the groups of respondents assess positively Georgia's relations with Western countries. According to the respondent parents, the influence of informational streams on the Georgian life-style and traditions is a natural process, their attitude to "westernization" is moderate; they do not see a danger of Georgia losing its cultural identity.
- A negative attitude of adolescents to "Westernization" is reflected in their assessment of the western-type individualism ("person/social group") on one hand and the unacceptability of sexual freedom for women on the other hand.
- One of the supporting constructs for collectivism - mutual trust - is considered as a special value of Georgian culture.
- Traditional values revealed by the given study are the typical features of the collectivistic cultures oriented to smaller groups. Accordingly, they should be considered as the basic elements of the modern Georgian social-and-cultural context.
- Regarding the systemic organization of sex education, the respondents' attitude is positive. Parents consider the sex education-related problem to be a component of the comprehensive approach to the formation of a healthy life-style.
- According to all respondents, regardless of age and sex, the effectiveness of relations between the sexes and of the relevant educational system, in line with taking into account the experience of different countries in this field, is linked to building a sex education system that pays due deference to cultural factors.
- Respondent parents think that the objective of education in this sphere is to provide adolescents with correct information on sexual relations and sex-related issues based on age differentiation and thus, show them the right way and prepare them for adulthood.
- According to the majority of the respondents, the state program should be developed with joint participation in this process of experts of various scientific fields, medicine, religion, and governmental structures.
- According to respondent fathers, the formation of a social environment is the most important problem, where, in line with the law, the efforts of civil society should play the leading role. According to them, a comprehensive approach to the problem attributing special importance to cultural specifics, is the sole correct way to develop healthy life-style promotion policies.
- According to the respondent parents, the system of education in this field should cover a certain set of information on the following: sexual differentiation, sexual hygiene, human physiology, reproductive health-related issues, and psychological and family problems. As to the content of such information, traditional values, first of all the notion of the family as the major value and its preventive role should be emphasized.
- In the opinion of the adolescent respondents, sex education should be based on such values as love, security, heath.
- According to the respondents, information should be distributed in the schools in an age-differentiated manner, systematically, in stages, and in a targeted manner.

- An absolute majority of the respondent mothers think that the age 7-8 is the best time for starting sexual education. On the other hand, respondent fathers think that for this education it is better to start from the onset of puberty (eighth grade).
- As to the adequate institutional model, the respondents underline the supplier of information (agent), the format of the information to be delivered, special literature, problems of TV influence, as well as the roles of various social institutions.
- As performers of the agent's mission, professional psychologists, teachers (e.g. biology teachers), physicians, persons specially trained for this purpose, as well as the parents themselves, are listed by the respondents.
- According to the respondents, training of parents for dissemination of the appropriate information is advisable, including the establishment of a special training system for parents, according to the interests of the sexual education. According to the parents, both the sexual education system and the trainers qualification program should be funded by the state.
- The majority of all four groups of respondents said sexual education should be introduced at schools as a specific academic subject.
- According to the adolescent respondents, schools should offer explanatory lectures, seminars, conversations; the subject should be optional, not compulsory. It must be possible to create special Internet sites within the framework of teaching computer science.
- A large number of the respondents give priority to conversations rather than lessons, and, such conversations may be realized both through individual talks and in small groups.
- According to the respondent parents, special literature in this field should contain information to be developed at a high scientific level. Their requirements for this literature include taking into account cultural factors, while the content of such literature should become the subject of wide public discussions. The necessity to widely distribute this information was also noted.
- The respondent parents consider it urgently essential for the state to regulate the influence of television through the legislative instruments. They think it acceptable to demonstrate the relevant educational films both on Georgian TV channels and at schools.

Both the respondent parents and respondent children verbally recognize the important role of the Church in sex education. However, the respondent mothers do not consider the clergy's participation in sex education advisable because of the church's "different" attitude towards this topic. According to mothers, clergy should present only religious-dogmatic information. Parents say psychologists or specially trained people should carry out the agent function. On the other hand, the majority of respondent fathers said the Church can play an important role in sex education.

Recommendations

1. Proceeding from the outcomes of the survey (insufficient awareness and knowledge of adolescents in the field of reproductive health, high frequency of premarital sexual relations among youth, acknowledgement by adolescents and parents of the need for education concerning issues of reproductive health) and the opinions of respondents (parents, adolescents), it is expedient to develop and establish in the field of reproductive health age-differentiated school educational programs, with deference to traditional cultural values.
2. Considering the opinions of the respondent parents and the incomplete level of knowledge of adolescents concerning issues of reproductive health, the above-mentioned education should start in schools at the age of 7-8 years in form of explanations, seminars and conversations (individual, in small groups), and both compulsory and elective courses should be offered.
3. It is necessary to pinpoint issues of reproductive health while teaching biology, especially anatomy and physiology, since, as the survey showed, the majority of adolescents interviewed do not have sufficient knowledge about normal variations of puberty and disorders, pregnancy, required hygienic measures and others, which increase the risks to their health.

   Considering the opinion of respondent parents, special literature in the field of reproductive health should cover complex information processed on a high scientific level and based on cultural specifics.
4. Proceeding from the outcomes of the survey (reduction in the frequency of adolescents supporting school education in the field of reproductive health, wrong views on the stages and content of studies), it is expedient to bring educational programs in the field of reproductive health to the attention of society and to improve them on the basis of consensus before their large-scale implementation. Considering the opinion of respondents (parents, adolescents), special people shall be trained as educators (physiologists, medical personnel, including those working at schools) and, also, teachers of biology.
5. Increase the role of parents as sources of reliable information for adolescents in the field of reproductive health. Also, considering the opinion of respondent parents, it is expedient to ensure their broader involvement in the education of their children after they are properly trained (establishment of schools for parents, development of special training program and system for parents, preparation and publication of supplementary literature) with the participation of the state.
6. Proceeding from the outcomes of the survey (insufficient use of adolescents' reproductive health services), in parallel with strengthening educational work in the field of reproductive health, it is also necessary to improve accessibility of reproductive health consultation and medical services for adolescents (popularization of the service, preferential prices on the services, establishment of the concept of youth-friendly services throughout the health system, reception hours and days convenient for adolescents).
7. To improve the demographic situation in the country, it is necessary to strengthen the youth policy in the direction of developing a social safety net for young people (employment, family and child assistance, preferential credits for studies, purchase of apartments), which will instill in them the faith in a stable future and helps them bring the number of desired children closer to the number of children they actually have.
8. For the purpose of improving youth reproductive health and protection of reproductive rights, advocacy is necessary on governmental and legislative levels.

Appendix 1 – Questionnaire

Questionnaire

Adolescent Reproductive Health Survey: Awareness, Attitudes and Behavior

Hello, my name is ..... and I represent the Center for Cultural Studies. We are studying adolescent awareness, knowledge, needs, and opinions in the field of reproductive health.

Please, answer the questions below honestly. Your answers will facilitate us to develop measures aimed at reproductive health improvement.

The research is confidential. Your answers, along with others' ones, will be used in a generalized form for gaining statistical data.

Interviewer. . . . .
Interview date. . . . .
Interview start time. . . . .
Interview end time. . . . .
Interview duration. . . . .

1. Sex

1. Male
2. Female

2. Age

1. 14
2. 15
3. 16
4. 17
5. 18
6. 19

3. Marital status

1. Never married
2. Only legal marriage
3. Only religious marriage
4. Legal and religious marriage
5. Neither legal nor religious marriage (cohabitation)
6. Divorced
7. Widow/widower

4. In your opinion, what is the best age for marriage?

		For males	For females
4.1	Under 16	**1**	**2**
4.2	16-17	**1**	**2**
4.3	18-19	**1**	**2**
4.4	20-24	**1**	**2**
4.5	25-29	**1**	**2**
4.6	30 and over	**1**	**2**

5. What was your age when you got married? (*Interviewer! Ask only those who are married, divorced or widowed*)

		For husband	For wife
5.1	Under 16	**1**	**2**
5.2	16-17	**1**	**2**
5.3	18-19	**1**	**2**
5.4	20-24	**1**	**2**
5.5	25-29	**1**	**2**
5.6	30 and over	**1**	**2**

6. Please indicate:

1. I am a secondary school student and I don't work
2. I am a secondary school student and I work
3. I am a university student and I don't work
4. I am a university student and I work
5. I am unemployed
6. I am employed

7. Please indicate (*Interviewer! Ask only those who graduated from a secondary school*)

1. I lead an independent life
2. I lead an independent life, however my parents assist me
3. I am dependent on my parents

8. How would you assess your (family) economic status?

1. We can spend money freely, easily satisfy our daily needs
2. We can satisfy our daily needs to a more or less extent
3. Our income is sufficient only for food or even not sufficient for food

9. Mainly from where or whom have you obtained the information about the issues related to sex? (indicate only one answer)

1. Parents
2. Grandparents
3. Sibling(s)
4. Other relatives
5. Peers, friends
6. Older acquaintances
7. Boyfriend/Girlfriend
8. Teacher
9. Doctor
10. Books and brochures
11. Magazines, newspapers
12. Radio
13. Television
14. Internet
15. Other (indicate).....
16. None

10. Which source do you consider most reliable concerning the information about the issues related to sex? (Indicate only one answer)

1. Parents
2. Grandparents
3. Sibling(s)
4. Other relatives
5. Peers, friends
6. Older acquaintances
7. Boyfriend/Girlfriend
8. Teacher
9. Doctor
10. Books and brochures
11. Magazines, newspapers
12. Radio
13. Television
14. Internet
15. Other (indicate).....

11. In your opinion, who is more aware of the issues related to sex among your peers - boys or girls?

1. Boys
2. Girls
3. Both equally
4. Don't know

12. In your opinion, to what extent is it acceptable to freely (honestly) discuss the issues related to sex?

1. Acceptable
2. Acceptable to more or less extent
3. Not acceptable

13. Who do you discuss the issues related to sex with?

1. Parents
2. Grandparents
3. Sibling(s)
4. Other relatives
5. Peers, friends
6. Older acquaintances
7. Boyfriend/Girlfriend
8. Teacher
9. Doctor
10. Stranger on internet
11. Acquaintance on internet
12. Other (indicate).....

14. In your opinion, should a course providing information about the issues related to sex be taught?

1. Yes, at school
2. Yes, outside school
3. Yes, both at and outside school
4. No
5. Don't know

15. From which grade should the issues related to sex be taught at school?

1. V
2. VI
3. VII
4. VIII
5. IX
6. X
7. XI
8. XII
9. None
10. Don't know
11. Other (indicate).....

16. In your opinion, who should teach this course?

		Male or female according to a student's sex	A single one for both sexes
16.1	Biology teacher	**1**	**2**
16.2	Other teacher (indicate)	**1**	**2**
16.3	Class-master	**1**	**2**
16.4	School doctor	**1**	**2**
16.5	Specially trained teacher	**1**	**2**
16.6	Doctor	**1**	**2**
16.7	Other (indicate)	**1**	**2**

17. In your opinion, what is this person's desirable age?

		Under 30	30-39	40-49	50 and Over
17.1	Biology teacher	**1**	**2**	**3**	**4**
17.2	Other teacher (indicate)	**1**	**2**	**3**	**4**
17.3	Class-master	**1**	**2**	**3**	**4**
17.4	School doctor	**1**	**2**	**3**	**4**
17.5	Specially trained teacher	**1**	**2**	**3**	**4**
17.6	Doctor	**1**	**2**	**3**	**4**
17.7	Other (indicate)	**1**	**2**	**3**	**4**

18. What type of information have you obtained about the issues related to sex and how sufficient do you consider it?

		have sufficient information	need more information
18.1	Sexual intercourse	**1**	**2**
18.2	Pregnancy	**1**	**2**
18.3	Pregnancy identification	**1**	**2**
18.4	Pregnancy flow	**1**	**2**
18.5	Birth (delivery)	**1**	**2**
18.6	Sexually transmitted infection (STI) and AIDS/HIV	**1**	**2**
18.7	Sexual continence	**1**	**2**
18.8	Pregnancy prevention (contraception)	**1**	**2**
18.9	Undesirable pregnancy interruption	**1**	**2**
18.10	STD and AIDS prevention	**1**	**2**
18.11	Self-satisfaction of sexual desires	**1**	**2**
18.12	Other (indicate).	**1**	**2**

19. Do you know the differences between female and male:

		Yes	No
19.1	Outer sexual organs	**1**	**2**
19.2	Inner sexual organs	**1**	**2**

20. What do you know about sexual maturity?

		True	False
20.1	It is normal for girls to have menstruation from the age of 7	**1**	**2**
20.2	It is normal for girls to have breasts grown from the age of 9	**1**	**2**
20.3	Not having menstruation at the age of 16 is a sign of delay in sexual maturity	**1**	**2**
20.4	Not having breasts grown at the age of 15 is a normal event for girls	**1**	**2**
20.5	Menstruation is the first sign of sexual maturity in girls	**1**	**2**
20.6	Having breasts grown is the first sign of sexual maturity in girls	**1**	**2**
20.7	Systematic painful menstruations, requiring taking painkillers, is a normal event	**1**	**2**
20.8	Menstruation for 8 days is a sign of dysfunction of menstrual cycle	**1**	**2**
20.9	Both boys and girls may have rash on face in the period of sexual maturity	**1**	**2**
20.10	Hairiness on face in the period of sexual maturity is a normal event for both boys and girls	**1**	**2**
20.11	Hairiness on genitals is the first sign of sexual maturity for boys	**1**	**2**
20.12	Having breasts swollen in the period of sexual maturity is a normal event for boys	**1**	**2**
20.13	Having a genital organ involuntarily hardened and erected in the period of sexual maturity is a normal event for boys	**1**	**2**
20.14	Involuntary discharge of semen at night is a sign of sexual maturity in boys	**1**	**2**
20.15	In the period of sexual maturity sweating increases only among girls	**1**	**2**
20.16	It is not desirable to take a shower while having menstruation	**1**	**2**
20.17	It is not desirable to have a bath while having menstruation	**1**	**2**
20.18	It is desirable to often take a shower and use a deodorant in case of increased sweating in the period of sexual maturity	**1**	**2**
20.19	Fecundation takes place in the middle (14-15th days) of the 28-day menstrual cycle	**1**	**2**
20.20	Fecundation is not dependent on the duration of menstrual cycle (21 or 35 days)	**1**	**2**

Interviewer! Ask only females

21. Did you have any information about menstrual cycle before its commence?
1. Yes 2. No

22. Did you know the characteristics of a normal menstrual cycle and the signs of its disorder before its commence?
1. Yes
2. No → Go to Question 31

23. In your opinion, in which cases should a doctor be addressed?
1. Menstruation delay for 1-2 days
2. Menstruation delay for 1-2 months
3. Menstruation interruption after regular ones
4. Painful menstruations
5. Frequent menstruations (once in two weeks)
6. 5-day duration menstruations
7. 9-day duration menstruations
8. 1-day duration menstruations

24. From where or whom have you obtained the abovementioned information and knowledge?
1. Parents
2. Grandparents
3. Sibling(s)
4. Other relatives
5. Peers, friends
6. Older acquaintances
7. Boyfriend/Girlfriend
8. Teacher
9. Doctor
10. Books and brochures
11. Magazines, newspapers
12. Radio
13. Television
14. Internet
15. Other (indicate).....

25. At what age have you obtained the abovementioned information?
1. Under 10
2. 10-12
3. 13-15
4. 16 and over

Interviewer! Ask only males

26. Did you have any information about ejaculation/night pollution (involuntary discharge of sperm) before its commence?
1. Yes 2. No

27. Did you know that it was a physiological/normal phenomenon characteristic to sexual maturity?
1. Yes
2. No

28. In your opinion, in which cases should a doctor be addressed?
1. Having one or both genital glands absent in the period of adolescence
2. Having genital glands swollen from one or both sides
3. Involuntary erections in the period of sexual maturity
4. No hairiness on genitals at the age of 16
5. Pussy, smelly discharge from a genital organ
6. Hairiness on chest in the period of sexual maturity

29. From where or whom have you obtained the abovementioned information and knowledge?
1. Parents
2. Grandparents
3. Sibling(s)
4. Other relatives
5. Peers, friends
6. Older acquaintances
7. Boyfriend/Girlfriend
8. Teacher
9. Doctor
10. Books and brochures
11. Magazines, newspapers
12. Radio
13. Television
14. Internet
15. Other (indicate).....

30. At what age have you obtained the abovementioned information?
1. Under 10
2. 10-12
3. 13-15
4. 16 and over

Interviewer! Ask both males and females

31. In your opinion, what is an acceptable age for girls to start sexual relations?
1. Under 15
2. 15
3. 16
4. 17
5. 18
6. 19
7. 20 and over
8. Only after marriage
9. Other (indicate) . . . . . .

32. In your opinion, what is an acceptable age for boys to start sexual relations?
1. Under 15
2. 15
3. 16
4. 17
5. 18
6. 19
7. 20 and over
8. Only after marriage
9. Other (indicate) . . . . . .

33. In your opinion, is it possible to get pregnant at the first sexual intercourse?
1. Possible
2. Not possible
3. Don't know

34. In case of sexual desire, do you consider continence to be harmful?
1. Harmful
2. Not harmful
3. Don't know

35. In your opinion, which of the following is more harmful in case of sexual desire?
1. Continence
2. Casual, unprotected sexual intercourse that may result in undesirable pregnancy and/or may lead to STI or AIDS/HIV

36. Do you consider dangerous a casual sexual intercourse?
1. Dangerous
2. Not dangerous

37. Do you consider acceptable premarital sexual relations for boys?

		Acceptable	Unacceptable
37.1	With a sweetheart	**1**	**2**
37.2	With a friend	**1**	**2**
37.3	With a fiancee	**1**	**2**
37.4	With a prostitute	**1**	**2**
37.5	Other (indicate)	**1**	**2**

38. Do you consider acceptable premarital sexual relations for girls?

		Acceptable	Unacceptable
38.1	With a sweetheart	**1**	**2**
38.2	With a friend	**1**	**2**
38.3	With a fiance	**1**	**2**
38.4	Other (indicate)	**1**	**2**

39. Do you know if any of your peer girls have had premarital sexual relations?
1. Yes
2. No → Go to Question 45

40. Do you know if any of your peer boys have had premarital sexual relations?
1. Yes
2. No → Go to Question 45

41. How has this sexual relationship been assessed by your peers?

		Boy	Girl
41.1	As an ordinary event	**1**	**2**
41.2	Has been approved	**1**	**2**
41.3	Has been disapproved	**1**	**2**
41.4	Other (indicate)	**1**	**2**

42. Do you know his/her age at that moment?

		Boy	Girl
42.1	Under 14	**1**	**2**
42.2	14-15	**1**	**2**
42.3	16-17	**1**	**2**
42.4	18-19	**1**	**2**
42.5	Does n't know hes/her age	**1**	**2**

43. Do you know his/her partner's age at that moment?

		Boy	Girl
43.1	Under 14	**1**	**2**
43.2	14-15	**1**	**2**
43.3	16-17	**1**	**2**
43.4	18-19	**1**	**2**
43.5	20 and over	**1**	**2**
43.6	Does n't know hes/her age	**1**	**2**

44. Do you know whether it was voluntary or involuntary sexual relationship?
1. Voluntary
2. Unexpected, spontaneous
3. Involuntary (by force)
4. Don't know

45. Do you know whether any of your peers have been a victim of an attempt of sexual force?
1. Has been
2. Has not been
3. Don't know

46. What would you suggest your peer in case of out-of-wedlock pregnancy?

		Desirable pregnancy	Undesirable pregnancy
46.1	To interrupt pregnancy	**1**	**2**
46.2	To give birth and raise the child	**1**	**2**
46.3	To give birth and find adopted parents for the child	**1**	**2**
46.4	To seek doctor's advice	**1**	**2**
46.5	To seek parents' advice	**1**	**2**
46.6	To make a confidence phone call	**1**	**2**
46.7	Other (indicate)	**1**	**2**

47. Have you had sexual relations?
1. Yes
2. No → Go to Question 50

48. Your age at the first sexual intercourse:
1. Under 15
2. 15
3. 16
4. 17
5. 18
6. 19

49. Your partner's age at your first sexual intercourse:
1. Under 15
2. 15
3. 16
4. 17
5. 18
6. 19
7. 20
8. 21-24
9. 25 and over
10. Don't know

50. Do you know what abortion is?
1. Yes
2. No

51. How would you assess abortion?
1. It is harmful for health
2. It causes psychic stress
3. Based on the religious considerations, it is a sin
4. It is a result of inconsideration
5. It is a result of unawareness of the methods of avoiding undesirable pregnancy

52. Can you name negative medical consequences of abortion?
1. Hemorrhage
2. Uterine injuries
3. Exacerbation and upward spreading of inflammatory processes
4. Infections
5. Infertility
6. Other (indicate).....

53. Do you know that it is possible to avoid undesirable pregnancy?
1. Yes
2. No

54. Have you heard about the methods of avoiding undesirable pregnancy?
1. Yes
2. No → Go to Question 58

55. What are these methods and do you know how to use them?

		Has heard	Knows how to use	Considers most effective	Has ever used	Uses now	Does not use
55.1	Sexual continence	**1**	**2**	**3**	**4**	**5**	**6**
55.2	Hormonal pills	**1**	**2**	**3**	**4**	**5**	**6**
55.3	IUD (Spiral)	**1**	**2**	**3**	**4**	**5**	**6**
55.4	Condom	**1**	**2**	**3**	**4**	**5**	**6**
55.5	Contraception (pills)	**1**	**2**	**3**	**4**	**5**	**6**
55.6	Contraception (spiral)	**1**	**2**	**3**	**4**	**5**	**6**
55.7	Injection	**1**	**2**	**3**	**4**	**5**	**6**
55.8	Implant	**1**	**2**	**3**	**4**	**5**	**6**
55.9	Spermicide	**1**	**2**	**3**	**4**	**5**	**6**
55.10	Vaginal diaphragm	**1**	**2**	**3**	**4**	**5**	**6**
55.11	Female starilization	**1**	**2**	**3**	**4**	**5**	**6**
55.12	Male sterilization	**1**	**2**	**3**	**4**	**5**	**6**
55.13	Calendar method	**1**	**2**	**3**	**4**	**5**	**6**
55.14	Interrupted sexual intercourse	**1**	**2**	**3**	**4**	**5**	**6**
55.15	Breast feeding	**1**	**2**	**3**	**4**	**5**	**6**
55.16	Other (indicate).....	**1**	**2**	**3**	**4**	**5**	**6**

56. From where or whom have you hear about these methods?

1. Parents
2. Grandparents
3. Sibling(s)
4. Other relatives
5. Peers, friends
6. Older acquaintances
7. Boyfriend/Girlfriend
8. Teacher
9. Doctor
10. Books and brochures
11. Magazines, newspapers
12. Radio
13. Television
14. Internet
15. Other (indicate).....

57. Where are the following contraceptives available?

		Medical Institution		Pharmacy
		Public healthcare service	Private clinic	
57.1	Hormonal pills	**1**	**2**	**3**
57.2	IUD (Spiral)	**1**	**2**	**3**
57.3	Condom	**1**	**2**	**3**
57.4	Contraceptive pills	**1**	**2**	**3**
57.5	Injection	**1**	**2**	**3**
57.6	Implant	**1**	**2**	**3**
57.7	Spermicide	**1**	**2**	**3**
57.8	Vaginal diaphragm	**1**	**2**	**3**

Interviewer! Ask Questions 58-62 only those who have had sexual relations

58. Have you or your partner used any contraceptive method at the first sexual intercourse?

1. Yes
2. No → Go to Question 60

59. Can you tell us what method it was?

1. Hormonal pills
2. Condom
3. Contraceptive pills
4. Calendar method
5. Interrupted sexual intercourse
6. Other (indicate).....

60. What was the main reason for not using contraception at that time?

1. Sexual intercourse was unexpected
2. I thought that this period of menstrual cycle was safe
3. I was not able to get a contraceptive
4. It was impossible to acquire it confidentially
5. Acquiring it caused the feeling of shame
6. I was against using a contraceptive
7. My partner was against using a contraceptive
8. I did not know about contraceptives
9. I wanted to get pregnant
10. I though that contraceptives were harmful for health
11. Other (indicate).....

61. If you use any contraceptive method(s) at the moment, what is the main reason for using it (them)?

1. Doctor's advice
2. Acceptable price
3. Effectiveness
4. Safety
5. Ease of use
6. It can be acquired confidentially
7. Acquiring it doesn't cause the feeling of shame
8. Partner's preference
9. Acquaintances' advice
10. Information from media
11. Information from internet
12. Other (indicate).....

62. If you have used any contraceptive method(s) and stopped using it (them), what is the main reason for it?

1. It was not effective
2. We want to have a child
3. Partner did not like it
4. It caused side effects
5. It was difficult to get
6. The price was not acceptable
7. We wanted to try a different method
8. It was inconvenient to use
9. We have not had sexual relations
10. Other (indicate).....

63. If you have never used any contraceptive method, what is the main reason for it (indicate only one reason)?

1. It is difficult to get
2. It is expensive
3. We do not consider it safe
4. We do not have sufficient information
5. Partner is against it
6. We are afraid of side effects
7. It is impossible to acquire it confidentially
8. Acquiring it causes the feeling of shame
9. Because of religious considerations
10. Because of health conditions
11. I want(ed) to have a child
12. I have never had sexual relations
13. Other (indicate).....

64. Do you think sexual continence is necessary before getting married?

1. Yes
2. No

65. How realistic do you consider sexual continence before getting married?

		Realistic	**Unrealistic**
65.1	For males	**1**	**2**
65.2	For females	**1**	**2**

66. In your opinion, who should take care of avoiding an undesirable pregnancy?

1. Female
2. Male
3. Both

67. How many children would you like to have (indicate only one answer)?

1 **2** **3** **4** **5** and more **6**. None

68. Have you thought about it before?

1. Yes 2. No

69. How many children do you have?

1 **2** **3** **4** **5** and more **6**. None

70. Are you going to have more children and if yes, how many?

1 **2** **3** **4** **5** and more **6**. None

Interviewer! Ask Questions 71-77 only females

71. Have you ever been pregnant?

1. Yes 2. No → Go to Question 78

72. How many times have you been pregnant?

1 2 3 4 5 and more

73. What were the consequences of your pregnancies?

		Birth	Involuntary abortion	Artificial Abortion	
				Voluntary	By force
73.1	First pregnancy	**1**	**2**	**3**	**4**
73.2	Second pregnancy	**1**	**2**	**3**	**4**
73.3	Third pregnancy	**1**	**2**	**3**	**4**
73.4	Fourth pregnancy	**1**	**2**	**3**	**4**
73.5	Fifth and more pregnancies (indicate the number).....	**1**	**2**	**3**	**4**

74. Was your pregnancy desirable and timely?

		Desirable and timely	Desirable but not timely	Neither desirable nor timely
74.1	First pregnancy	**1**	**2**	**3**
74.2	Second pregnancy	**1**	**2**	**3**
74.3	Third pregnancy	**1**	**2**	**3**
74.4	Fourth pregnancy	**1**	**2**	**3**
74.5	Fifth and more pregnancies (indicate the number).....	**1**	**2**	**3**

75. Did you have any complications while being pregnant and can you specify them?

1. Danger of pregnancy cancellation
2. Anemia
3. Increase of arterial blood pressure
4. Swelling
5. First trimester toxicosis
6. Premature birth
7. Had no complications

76. Did you have any complications while giving birth and can you specify them?

1. Weakness while giving birth
2. Premature discharge of fetus waters
3. Operational intervention
4. Hemorrhage after giving birth
5. Had no complications

77. How did you give birth?

1. In a natural way
2. By Caesarean section

78. Do you know anything about sexually transmitted infections (STI) and AIDS/HIV?

1. Yes 2. No

79. Which of the STI do you know?

1. Syphilis
2. Gonorrhoea
3. Clamidiosis
4. Mycosis
5. Herpes
6. Condyloma (warts, nodes)
7. Trichomoniasis
8. Hepatitis
9. AIDS/HIV

80. Do you know any symptoms of STI?

1. Yes 2. No → Go to Question 83

81. Do you know what signs are these?

1. Burning and pain on urination
2. Pus or other discharge from genitals
3. Genitals itch
4. Ulcers in the genital area
5. Warty rash on the genitals
6. Other (indicate).....

82. Do you know that STI can proceed latently?
1. Yes 2. No

83. Whose advice should your peer seek in case he/she assumes to have STI?
1. Doctor
2. Parents
3. Friends
4. Sexual partner
5. Other (indicate).....

84. Do you know by what ways AIDS/HIV is transmitted?
1. Yes 2. No → Go to Question 86

85. Please, name these ways:
(Interviewer! Read the items below to the respondent and mark "Yes," "No" or "Don't know" for each)

		Yes	No	Don't know
85.1	Transfusion of infected blood	**1**	**2**	**3**
85.2	Use of public toilet	**1**	**2**	**3**
85.3	"Dry" kiss on lips	**1**	**2**	**3**
85.4	"Wet" kiss on lips	**1**	**2**	**3**
85.5	Any kind of heterosexual contact	**1**	**2**	**3**
85.6	Homosexual contact	**1**	**2**	**3**
85.7	Shaking hands	**1**	**2**	**3**
85.8	Blood donation	**1**	**2**	**3**
85.9	Use of unsterile syringe	**1**	**2**	**3**
85.10	Mosquito sting	**1**	**2**	**3**
85.11	Use of things of an AIDS/HIV carrier	**1**	**2**	**3**
85.12	From pregnant diseased with AIDS/HIV to fetus	**1**	**2**	**3**
85.13	Through mother's milk	**1**	**2**	**3**
85.14	Manicure, chiropody, haircutting, shaving, tattooing	**1**	**2**	**3**
85.15	Use of unsterile dental instruments	**1**	**2**	**3**
85.16	Insufficient sterilization of medical instruments	**1**	**2**	**3**
85.17	Other (indicate)	**1**	**2**	**3**

86. Have you ever heard about B and C hepatitis?
1. Yes 2. No

87. What diseases are transmitted in a similar way?
1. AIDS
2. Other (indicate) . . . . . .

88. Is it expedient for every person to be examined for STI and AIDS/HIV?
1. Yes, before marriage
2. Yes, after a casual sexual intercourse
3. Yes, from time to time
4. Not expedient

89. In your opinion, what are the ways of reducing STI and AIDS/HIV risk?

		diax	ara	ar vici
89.1.	Sexual continence	**1**	**2**	**3**
89.2.	Use of condom	**1**	**2**	**3**
89.3.	Avoiding sexual intercourse with prostitutes	**1**	**2**	**3**
89.4.	No unsterile injections	**1**	**2**	**3**
89.5.	Having one sexual partner	**1**	**2**	**3**
89.6.	No casual sexual intercourses	**1**	**2**	**3**
89.7.	Other (indicate)	**1**	**2**	**3**

90. In your opinion, which of the following can guarantee avoiding STI and AIDS/HIV risk?

		Guarantees	Doesn't guarantee	Don't know
90.1.	Sexual continence	**1**	**2**	**3**
90.2.	Use of condom	**1**	**2**	**3**
90.3.	Avoiding sexual intercourse with prostitutes	**1**	**2**	**3**
90.4.	No unsterile injections	**1**	**2**	**3**
90.5.	Having one sexual partner	**1**	**2**	**3**
90.6.	No casual sexual intercourses	**1**	**2**	**3**
90.7.	Other (indicate)	**1**	**2**	**3**

91. Do you consider necessary to seek doctor's advice if you experience:

		Necessary	**Unnecessary**
91.1	Extra weight	**1**	**2**
91.2	Insufficient weight	**1**	**2**
91.3	Delay in growth	**1**	**2**
91.4	Delay in sexual maturity	**1**	**2**
91.5	Premature sexual maturity	**1**	**2**
91.6	Rash on face	**1**	**2**
	For girls only:		
91.7	Interruption of menstrual cycle	**1**	**2**
91.8	Hairiness	**1**	**2**

Interviewer! Ask only females

92. Have you ever visited a gynecologist?
1. Yes
2. No → Go to Question 98

93. At what age and how many times have you visited a gynecologist?

	age	**Once**	**Twice**	**Thrice**	**Four times**	**Five and more times**
93.1	Under 10	**1**	**2**	**3**	**4**	**5**
93.2	10	**1**	**2**	**3**	**4**	**5**
93.3	11	**1**	**2**	**3**	**4**	**5**
93.4	12	**1**	**2**	**3**	**4**	**5**
93.5	13	**1**	**2**	**3**	**4**	**5**
93.6	14	**1**	**2**	**3**	**4**	**5**
93.7	15	**1**	**2**	**3**	**4**	**5**
93.8	16	**1**	**2**	**3**	**4**	**5**
93.9	17	**1**	**2**	**3**	**4**	**5**
93.10	18	**1**	**2**	**3**	**4**	**5**
93.11	19	**1**	**2**	**3**	**4**	**5**

94. Please, indicate the reasons for visiting a gynecologist:
1. Concerning menstruation
2. Concerning contraception
3. Suspect of pregnancy
4. Pain in abdomen
5. Unknown reason
6. Prenatal examination
7. Pussy or smelly discharge from genitals
8. Seeking advice about safe sexual intercourse
9. Other (indicate).....

Interviewer! Ask only males

95. Have you ever visited a venereologist?
1. Yes 2. No → Go to Question 98

96. At what age and how many times have you visited a venereologist?

	Age	Once	Twice	Thrice	Four times	Five and more times
96.1	Under 10	**1**	**2**	**3**	**4**	**5**
96.2	10	**1**	**2**	**3**	**4**	**5**
96.3	11	**1**	**2**	**3**	**4**	**5**
96.4	12	**1**	**2**	**3**	**4**	**5**
96.5	13	**1**	**2**	**3**	**4**	**5**
96.6	14	**1**	**2**	**3**	**4**	**5**
96.7	15	**1**	**2**	**3**	**4**	**5**
96.8	16	**1**	**2**	**3**	**4**	**5**
96.9	17	**1**	**2**	**3**	**4**	**5**
96.10	18	**1**	**2**	**3**	**4**	**5**
96.11	19	**1**	**2**	**3**	**4**	**5**

97. Please, indicate the reasons for visiting a venereologist:

1. Seeking advice about the issue related to sexual maturity
2. Seeking advice about the issue related to safe sexual intercourse
3. Examination for STI suspecting to have it
4. Prophylactic examination
5. Suspecting to have premature or delayed sexual maturity
6. Seeking treatment for STI
7. Having genital glands swollen

Interviewer! Ask both males and females

98. How would you assess your health?

1. Good
2. Satisfactory
3. Unsatisfactory

99. Please, assess yourself on the following:

		Fully agree	Partly agree	Disagree
99.1	I am too thin	**1**	**2**	**3**
99.2	I am too fat	**1**	**2**	**3**
99.3	I have a normal weight	**1**	**2**	**3**
99.4	I feel comfortable with my body	**1**	**2**	**3**
99.5	I consider myself attractive	**1**	**2**	**3**
99.6	I take care of my health through maintaining physical shape	**1**	**2**	**3**

100. Please, tell us whether you use the items listed below:

		Use	Don't use
100.1	Deodorant	**1**	**2**
100.2	Hair styling gel	**1**	**2**
100.3	Lotion	**1**	**2**
100.4	Cream	**1**	**2**

Thank you for assistance

Appendix 2 – Tables

Table 1.

General Demographic Portrait of Adolescents

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
	Number of Adolescents	600	303	297	157	146	153	144
	Percentage distribution							
3	**Marriage status:**						**N=**	**600**
	Never married	99.2	99.6	98.7	100.0	99.2	100.0	97.3
	Only legal marriage							
	Only religious marriage	0.5	0.4	0.6		0.8		1.2
	Legal and religious marriage	0.1		0.3				0.6
	Neither legal nor religious marriage (cohabitation)	0.2		0.4				0.9
	Divorced							
	Widow/widower							
6	**is:**						**N=**	**600**
	I am a secondary school student and I don't work	64.6	65.6	63.6	95.6	33.3	99.3	25.6
	I am a secondary school student and I work	1.4	2.8		3.1	2.4		
	I am a university student and I don't work	23.1	18.0	28.3	0.6	36.6	0.7	57.6
	I am a university student and I work	2.7	3.0	2.4		6.3		4.9
	I am unemployed	4.4	4.4	4.5		9.2		9.2
	I am employed	3.8	6.2	1.3	0.6	12.2		2.7
7	**Scholl graduates:**						**N=**	**204**
	I lead an independent life	4.2	7.3	1.5		7.4		1.5
	I lead an independent life, however my parents assist me	22.1	27.8	17.0		28.3		17.2
	I am dependent on my parents	73.7	65.0	81.4	100.0	64.2	100.0	81.3
8	**Economical status:**						**N=**	**600**
	High	23.9	23.3	24.4	30.5	15.7	29.7	18.8
	Medium	73.8	74.2	73.4	67.2	81.7	67.7	79.5
	Low	2.3	2.4	2.2	2.3	2.6	2.6	1.7

Table 2.

Distribution of adolescents (%) according to the opinion regarding the best marriage age

	Total	Male	Female	Male age		Female age	
				14-16	17-19	14-16	17-19
4	**The best age for marriage**					**N=**	**600**
For the boys							
Under 16							
16-17 years	0.8	1.3	0.3	2.0	0.6	0.6	
18-19 years	6.6	8.5	4.6	12.3	4.4	7.9	1.2
20-24 years	58.5	62.4	54.6	63.6	61.1	55.9	52.9
25-29 years	34.1	27.8	40.5	22.1	33.9	35.6	45.9
30 and over							
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age	23.45	23.05	23.85	22.59	23.49	23.48	24.25
For the girls						**N=**	**600**
Under 16	0.1	0.3			0.6		
16-17 years	2.4	3.7	1.0	7.2		1.3	0.7
18-19 years	28.4	38.8	17.9	42.7	34.6	19.6	16.0
20-24 years	63.4	52.5	74.3	45.1	60.4	70.0	78.9
25-29 years	5.4	4.7	6.2	5.0	4.4	7.8	4.4
30 and over	0.3		0.6			1.3	
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average age	21.19	20.69	21.70	20.38	20.98	21.74	21.65

Table 2a

Distribution of adolescents in accordance with the actual age of marriage

	Total	Male	Female	Male age		Female age	
				14-16	17-19	14-16	17-19
5						**N=**	**5**
For the boys							
Under 16							
16-17 years							
18-19 years	30.0	100.0			100.0		
20-24 years	47.9		68.4				68.4
25-29 years	22.1		31.6				31.6
30 and over							
TOTAL	100.0	100.0	100.0		100.0		100.0
Average age	22.38	18.50	23.67		18.50		23.67
For the girls							
Under 16							
16-17 years	25.8		36.8				36.8
18-19 years	74.2	100.0	63.2		100.0		63.2
20-24 years							
25-29 years							
30 and over							
TOTAL	100.0	100.0	100.0		100.0		100.0
Average age	18.00	18.50	17.83		18.50		17.83

Table 3.
Distribution of adolescents (%) according to main sources and reliability of the information received regarding issues related to sex

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
9	**Main sources of information**						**N=**	**600**
	Parents	19.0	9.4	28.8	13.1	5.5	29.1	28.6
	Grandparents	0.6	1.0	0.3	1.3	0.6	0.6	
	Sibling(s)	0.3	0.4	0.3		0.7	0.6	
	Other relatives	0.9	0.8	1.0	0.8	0.7	1.9	
	Peers, friends	36.3	34.7	37.9	34.4	35.1	36.7	39.1
	Older acquaintances	16.3	26.3	6.2	22.6	30.1	4.4	7.6
	Boyfriend/Girlfriend	0.7	0.6	0.7		1.2	0.6	0.9
	Teacher	2.7	2.2	3.2	3.2	1.2	5.7	0.7
	Doctor	1.7	1.0	2.3	1.2	0.7	2.5	2.1
	Books and brochures	3.6	2.2	5.0	0.7	3.8	2.6	7.5
	Magazines, newspapers	1.8	0.6	2.9	0.7	0.6	1.3	4.7
	Radio	0.1	0.3			0.6		
	Television	6.9	5.0	8.9	5.7	4.2	10.2	7.5
	Internet	8.4	14.6	1.9	16.3	13.2	3.2	0.6
	Other	0.1	0.3			0.6		
	None	0.6	0.6	0.6		1.2	0.6	0.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
10	**Considers as more reliable source of information**						**N=**	**600**
	Parents	23.4	10.0	37.1	13.6	6.2	37.7	36.3
	Grandparents	0.5	1.1		1.3	0.8		
	Sibling(s)	1.1	1.5	0.7	1.4	1.5	0.7	0.7
	Other relatives	0.2	0.4		0.8			
	Peers, friends	13.2	15.3	11.1	15.8	14.8	13.0	9.0
	Older acquaintances	15.7	26.4	4.2	24.6	28.9	3.3	5.2
	Boyfriend/Girlfriend	1.3	1.6	1.0	0.6	2.6	1.3	0.7
	Teacher	2.1	1.0	3.3	1.3	0.6	5.2	1.3
	Doctor	26.4	18.5	34.5	16.1	20.9	29.0	40.4
	Books and brochures	5.0	7.1	3.0	6.8	7.3	3.3	2.7
	Magazines, newspapers	0.8	1.0	0.7		2.0		1.5
	Radio							
	Television	5.0	6.8	3.1	7.3	6.3	4.5	1.6
	Internet	5.1	8.9	1.3	10.4	7.3	2.0	0.6
	Other	0.2	0.4			0.8		
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 3a

Distribution of adolescents (%) according to main sources and reliability of the information received regarding the issues related to sex and reproductive health (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
9	**The main sources of information**					**N=**	**309**
	Parents	4.5	2.4	6.7	17.8	7.7	27.5
	Grandparents	0.4	0.6	0.1	1.0	1.3	0.6
	Sibling(s)	1.2	1.2	1.3	0.3		0.6
	Other relatives	1.6	1.9	1.2	0.6		1.2
	Peers, friends	48.6	51.1	46.2	38.1	36.6	39.5
	Older acquaintances	10.0	13.5	6.0	15.1	25.2	5.4
	Boyfriend/Girlfriend	1.2	1.1	1.4	0.6	0.5	0.6
	Teacher	1.1	0.2	2.0	4.1	3.8	4.3
	Doctor	1.3	1.0	1.7	1.9	1.3	2.5
	Books and brochures	6.3	4.6	8.3	2.4	1.8	3.1
	Magazines, newspapers	6.2	6.5	5.9	1.5	1.2	1.8
	Radio	0.5	0.3	0.7	0.3	0.5	
	Television	16.9	15.4	18.3	7.7	5.0	10.4
	Internet				7.9	14.1	1.9
	Other	0.2	0.2	0.2	0.3	0.5	
	Have no information				0.4	0.5	0.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

10	**Considers as more reliable source of information**					**N=**	**309**
	Parents	9.6	4.5	16.9	21.3	7.4	35.4
	Grandparents	0.8	1.1	0.4	0.7	1.3	
	Sibling(s)	3.5	3.7	3.2	1.0	0.6	1.3
	Other relatives	3.4	5.0	1.1			
	Peers, friends	27.3	30.3	22.9	15.4	18.5	12.3
	Older acquaintances	13.7	19.6	5.2	14.5	25.1	3.9
	Boyfriend/Girlfriend	2.6	2.0	3.5	1.3	0.6	1.9
	Teacher	2.4	0.4	5.3	3.2	1.9	4.5
	Doctor	2.6	1.8	3.9	28.5	22.9	34.2
	Books and brochures	13.4	8.4	20.7	5.4	8.2	2.6
	Magazines, newspapers	7.1	7.3	6.7			
	Radio	1.4	0.4	2.8			
	Television	11.5	14.5	7.2	3.5	4.4	2.6
	Internet				5.2	9.1	1.3
	Other	0.7	0.9	0.4			
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 4.

Distribution of adolescents (%) according to some opinions regarding issues related to sex

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
11	**Knows more about issues related to sex:**						**N=**	**600**
	Boys	46.5	52.5	40.3	51.0	54.1	41.5	39.0
	Girls	14.5	12.6	16.4	12.4	12.9	13.6	19.3
	Both equally	28.3	27.1	29.6	26.7	27.4	29.3	30.0
	Don't know	10.7	7.8	13.7	9.9	5.6	15.6	11.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
12	**Talking freely about issues related to sex:**						**N=**	**600**
	Acceptable	30.0	34.8	25.3	32.7	36.9	21.5	29.2
	Acceptable to more or less extent	58.6	55.2	62.0	54.4	56.1	61.7	62.4
	Not acceptable	11.4	10.0	12.7	12.9	7.0	16.8	8.4
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
13	**Concerning issues related to sex adolescents mainly talk about:**						**N=**	**600**
	Parents	7.9	2.8	13.1	2.5	3.1	15.5	10.5
	Grandparents	0.2	0.3		0.6			
	Sibling(s)	2.4	2.1	2.7	1.9	2.3	2.9	2.4
	Other relatives	0.3		0.6			1.2	
	Peers, friends	71.6	76.2	66.4	79.2	73.2	62.7	70.8
	Older acquaintances	5.5	7.4	3.6	5.8	9.1	4.0	3.2
	Boyfriend/Girlfriend	2.9	3.0	2.9	2.0	4.0	1.7	4.1
	Teacher	0.4	0.3	0.6		0.5	1.1	
	Doctor	2.7	2.6	2.9	1.3	3.9	1.2	4.8
	Stranger on internet	0.8	1.7		2.8	0.5		
	Acquaintance on internet	0.5	1.1		2.1			
	Other	1.4	0.5	2.3		1.1	2.8	1.6
	Refuse to answer	3.4	2.0	4.9	1.8	2.3	6.9	2.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 4a

Distribution of adolescents (%) according to some opinions regarding issues related to sex (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
11	**Knows more about issues related to sex:**					**N= 309**	
	Boys	51.1	50.0	52.4	43.9	45.2	42.5
	Girls	5.1	4.0	6.2	12.7	12.5	12.9
	Both equally	32.0	36.3	27.6	32.6	34.2	31.0
	Don't know	11.8	9.7	13.8	10.8	8.1	13.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
12	**Talking freely about issues related to sex:**					**N= 309**	
	Acceptable	36.2	39.2	33.1	27.7	32.8	22.6
	Acceptable to more or less extent	57.0	54.3	59.6	61.4	59.5	63.2
	Not acceptable	6.8	6.5	7.3	10.9	7.7	14.2
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
13	**Concerning issues related to sex adolescents mainly talk about:**					**N= 309**	
	Parents	17.4	8.9	28.6	8.2	2.3	13.8
	Grandparents	0.1	0.2	0.0	0.3	0.6	
	Sibling(s)	3.2	4.6	1.2	2.3	2.2	2.3
	Other relatives	2.7	4.3	0.5	0.6		1.2
	Peers, friends	39.3	39.1	39.6	73.4	80.4	66.6
	Older acquaintances	10.3	15.1	3.9	3.9	5.6	2.3
	Boyfriend/Girlfriend	6.2	4.5	8.5	2.5	2.1	2.9
	Teacher	2.4	2.4	2.4	0.6	0.5	0.6
	Doctor	14.4	16.1	12.4	2.8	2.1	3.4
	Telephone of the confidence	3.3	4.1	2.2			
	Stranger on internet				0.6	1.3	
	Acquaintance on internet						
	Other	0.7	0.7	0.7	0.9		1.7
	Refuse to answer				3.9	2.9	5.2
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 5.

Distribution of adolescents (%) according to place and time of receiving knowledge regarding sex and reproductive health

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
14	**Shall it be taught or not**						**N= 600**	
	Yes, must be a course providing information about the issues related to sex	52.9	58.5	47.1	67.4	48.9	44.8	49.7
	No, must not be a course providing information about the issues related to sex	36.5	35.4	37.7	29.0	42.3	37.0	38.3
	Don't know	10.6	6.1	15.2	3.6	8.8	18.2	12.0
	Yes, at school	38.1	41.7	34.4	48.0	34.9	31.8	37.2
	Yes, outside school	6.7	7.9	5.5	8.8	7.0	5.8	5.2
	Yes, both at and outside school	8.1	8.9	7.2	10.6	7.0	7.2	7.3
	No	36.5	35.4	37.7	29.0	42.3	37.0	38.3
	Don't know	10.6	6.1	15.2	3.6	8.8	18.2	12.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15	**From which grade it shall be taught**						**N= 600**	
	V	2.8	5.4	0.3	6.2	4.5		0.6
	VI	0.7	0.4	1.0	0.8		1.3	0.6
	VII	3.9	4.2	3.6	4.2	4.2	3.2	3.9
	VIII	4.3	4.9	3.8	7.7	1.8	3.3	4.3
	IX	12.5	11.1	13.8	14.7	7.3	14.3	13.4
	X	15.8	17.3	14.0	19.1	15.5	16.8	11.0
	XI	10.6	10.9	10.3	12.7	8.9	9.8	11.0
	XII	4.0	3.0	5.0	1.4	4.8	1.9	8.3
	None	38.6	36.6	40.8	29.1	44.6	41.0	40.5
	Don't know	6.8	6.2	7.4	4.1	8.4	8.4	6.4
	Other							
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 5a.

Distribution of adolescents (%) according to whether the subject about issues related to sex and reproductive health shall be taught at school and from which grade (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
14	**Shall it be taught or not**					**N= 309**	
	Yes, must be a course providing information about the issues related to sex	66.3	66.2	66.6	57.5	68.0	47.0
	No, must not be a course providing information about the issues related to sex	18.3	18.7	17.8	31.8	26.8	36.8
	Don't know	15.4	15.1	15.6	10.7	5.2	16.2
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
15	**From which grade it shall be taught**					**N= 309**	
	V	1.0	0.0	1.9	3.5	6.9	
	VI	1.2	0.4	1.9	0.7		1.3
	VII	5.5	7.2	4.1	2.6	2.0	3.2
	VIII	13.0	6.8	18.8	4.9	5.2	4.5
	IX	29.3	33.6	25.2	14.2	12.9	15.5
	X	29.2	34.4	24.1	16.2	20.1	12.3
	XI				12.6	14.2	11.0
	XII				4.8	5.3	4.4
	None	7.6	8.0	7.1	34.9	28.5	41.4
	Don't know	11.6	8.4	15.0	5.6	4.9	6.4
	Other	1.6	1.2	1.9			
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 6.

Distribution of adolescents (%) according to the opinion about who shall provide knowledge regarding issues related to sex and reproductive heath

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
16	**Who shall be teaching**						**N= 368**	
	A woman or a man according to sex of schoolchild:							
	Biology teacher	25.1	28.7	21.8	30.4	26.6	25.1	17.7
	Other teacher							
	Class-master	1.7	1.5	2.0	1.2	1.8	3.6	
	School doctor	7.5	7.0	8.0	6.3	7.8	3.7	13.2
	Specially trained teacher	59.4	59.4	59.3	60.8	57.6	59.1	59.5
	Doctor	6.0	3.4	8.3	1.3	6.2	7.3	9.6
	Other	0.3		0.6			1.2	
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	One for both sexes							
	Biology teacher	20.2	22.6	15.3	19.6	27.3	15.6	15.2
	Other teacher							
	Class-master	7.9	8.2	7.3	8.8	7.1	7.7	7.0
	School doctor	5.6	3.8	9.1	3.2	4.6	15.6	4.5
	Specially trained teacher	47.1	47.1	47.3	54.2	36.2	46.0	48.1
	Doctor	8.7	8.4	9.4	8.4	8.4		16.1
	Other (Psychologist)	10.5	9.9	11.6	5.8	16.4	15.1	9.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
17	**Age of the educator**						**N= 368**	
	Under 30	39.8	51.4	26.8	57.7	42.9	27.1	26.6
	30-39 years	41.4	33.0	50.7	30.3	36.7	53.1	48.0
	40-49 years	8.9	4.9	13.5	2.6	8.0	11.5	15.7
	50 and Over	1.9	2.5	1.2	1.9	3.4		2.4
	No answer	8.0	8.2	7.8	7.5	9.0	8.3	7.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 7.
Distribution of adolescents (%) according to types and sufficiency of information received with regard to some issues related to sex and reproductive health

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
18	**Considers the information as sufficient**						**N= 600**	
	Sexual intercourse	63.2	78.8	47.3	66.7	91.9	41.1	53.8
	Pregnancy	46.6	45.2	47.9	38.2	52.8	44.9	51.2
	Pregnancy identification	32.7	23.5	42.0	22.9	24.2	36.6	47.8
	Pregnancy flow	23.7	20.2	27.4	22.3	17.9	29.3	25.3
	Birth (delivery)	32.0	28.1	36.1	29.2	26.9	36.6	35.6
	Sexually transmitted infection (STI) and AIDS/HIV	39.4	43.2	35.5	36.8	50.1	34.0	37.2
	Sexual continence	37.4	47.3	27.3	45.0	49.6	28.8	25.8
	Pregnancy prevention (contraception)	38.3	39.9	36.5	37.1	43.0	33.4	39.9
	Undesirable pregnancy interruption	36.9	36.4	37.4	36.7	36.0	32.8	42.4
	STD and AIDS prevention	35.7	41.2	30.1	33.4	49.6	28.1	32.2
	Self-satisfaction of sexual desires	34.3	52.0	16.2	45.4	59.0	16.4	15.9
	Needs more information							
	Sexual intercourse	33.2	19.1	47.7	29.8	7.5	53.1	41.9
	Pregnancy	47.8	47.5	48.2	55.7	38.6	49.4	46.9
	Pregnancy identification	49.7	55.5	43.9	58.5	52.3	47.3	40.1
	Pregnancy flow	57.2	57.9	56.5	57.8	58.0	52.6	60.7
	Birth (delivery)	49.4	50.3	48.4	51.5	49.0	47.3	49.5
	Sexually transmitted infection (STI) and AIDS/HIV	44.5	38.2	50.8	46.6	29.3	51.2	50.5
	Sexual continence	44.4	33.6	55.4	37.0	29.9	52.4	58.5
	Pregnancy prevention (contraception)	43.7	39.3	48.2	44.3	34.1	49.8	46.4
	Undesirable pregnancy interruption	44.5	42.0	46.9	44.7	39.2	49.8	43.9
	STD and AIDS prevention	49.1	42.4	56.0	50.0	34.2	57.1	54.9
	Self-satisfaction of sexual desires	45.8	27.5	64.5	34.4	20.0	62.9	66.2
	Does not know							
	Sexual intercourse	3.6	2.1	5.0	3.5	0.6	5.8	4.3
	Pregnancy	5.6	7.3	3.9	6.1	8.6	5.7	1.9
	Pregnancy identification	17.6	21.0	14.1	18.6	23.5	16.1	12.1
	Pregnancy flow	19.1	21.9	16.1	19.9	24.1	18.1	14.0
	Birth (delivery)	18.6	21.6	15.5	19.3	24.1	16.1	14.9
	Sexually transmitted infection (STI) and AIDS/HIV	16.1	18.6	13.7	16.6	20.6	14.8	12.3
	Sexual continence	18.2	19.1	17.3	18.0	20.5	18.8	15.7
	Pregnancy prevention (contraception)	18.0	20.8	15.3	18.6	22.9	16.8	13.7
	Undesirable pregnancy interruption	18.6	21.6	15.7	18.6	24.8	17.4	13.7
	STD and AIDS prevention	15.2	16.4	13.9	16.6	16.2	14.8	12.9
	Self-satisfaction of sexual desires	19.9	20.5	19.3	20.2	21.0	20.7	17.9

Table 8.

Distribution of adolescents (%) according to knowledge about period of sexual maturity

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
19	**Difference according to external genitals of women and men**						**N= 600**	
	Knows	95.7	98.1	93.3	98.0	98.2	93.6	93.1
	Dooes not know	3.3	0.9	5.7	0.6	1.2	4.5	6.9
	Refuse to answer	1.0	1.0	1.0	1.4	0.6	1.9	
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
19	**Difference according to internal genitals of women and men**						**N= 600**	
	Knows	62.8	71.0	54.4	62.0	80.7	44.9	64.4
	Dooes not know	33.8	25.8	42.0	34.0	16.9	49.2	34.5
	Refuse to answer	3.4	3.2	3.6	4.0	2.4	5.9	1.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-1	**Starting of menstruation among the girls at 7 years of age is a normal occurrence**						**N= 600**	
	TRUE	4.1	7.1	1.0	8.3	5.8		2.0
	FALSE	78.4	62.4	94.8	58.7	66.2	94.8	94.9
	Refuse to answer	17.5	30.5	4.2	33.0	28.0	5.2	3.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-2	**Growth of mamma among girls from 9 years of age is normal**						**N= 600**	
	TRUE	36.7	33.9	39.7	33.2	34.7	35.7	43.8
	FALSE	42.6	33.3	52.0	31.2	35.5	54.5	49.4
	Refuse to answer	20.7	32.8	8.3	35.6	29.8	9.8	6.8
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-3	**Nonexistence of menstruations among girls at 16 years of age is indicative of the late sexual development**						**N= 600**	
	TRUE	63.2	51.0	75.7	46.2	56.3	72.7	78.9
	FALSE	19.6	20.2	19.0	24.6	15.4	19.5	18.4
	Refuse to answer	17.2	28.8	5.3	29.2	28.3	7.8	2.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-4	**Underdevelopment of mamma among the girls at 15 years of the age is a normal occurrence**						**N= 600**	
	TRUE	17.3	19.5	15.2	17.8	21.3	14.3	16.1
	FALSE	61.6	48.9	74.5	48.9	48.9	71.4	77.9
	Refuse to answer	21.1	31.6	10.3	33.3	29.8	14.3	6.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-5	**The first sign of sexual maturity among the girls is start of menstruation**						**N= 600**	
	TRUE	56.4	46.0	67.1	42.9	49.3	68.2	65.9
	FALSE	22.4	20.6	24.1	21.5	19.8	18.8	29.8
	Refuse to answer	21.2	33.4	8.8	35.6	30.9	13.0	4.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 8. (Continued)

Distribution of adolescents (%) according to knowledge about the period of sexual maturity

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
20-6	**The first sign of sexual maturity among the girls is growth of mammae**						**N= 600**	
	TRUE	57.7	49.4	66.2	45.2	54.0	70.7	61.4
	FALSE	20.6	18.5	22.6	22.8	13.8	15.0	30.7
	Refuse to answer	21.7	32.1	11.2	32.0	32.2	14.3	7.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-7	**Permanent severe painful menstruation, which require use of analgesics is a normal occurrence**						**N= 600**	
	TRUE	33.3	27.6	39.2	24.1	31.3	35.8	43.0
	FALSE	43.7	35.1	52.4	37.6	32.5	51.8	53.0
	Refuse to answer	23.0	37.3	8.4	38.3	36.2	12.4	4.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-8	**Menstrual discharge for more than 8 days is abnormality of the cycle**						**N= 600**	
	TRUE	36.8	29.5	44.2	27.7	31.5	41.0	47.7
	FALSE	37.2	28.5	46.2	29.6	27.1	44.0	48.5
	Refuse to answer	26.0	42.0	9.6	42.7	41.4	15.0	3.8
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-9	**During the period of sexual maturity rash may appear on faces of both the boys and the girls**						**N= 600**	
	TRUE	71.1	59.7	82.7	54.8	65.0	81.3	84.2
	FALSE	9.0	7.1	11.1	7.3	6.8	10.3	11.9
	Refuse to answer	19.9	33.2	6.2	37.9	28.2	8.4	3.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-10	**Appearance of hairiness on the face is a normal occurrence for both the boys and the girls**						**N= 600**	
	TRUE	34.5	31.3	37.7	31.2	31.5	35.1	40.4
	FALSE	40.9	33.7	48.2	30.5	37.2	46.7	49.8
	Refuse to answer	24.6	35.0	14.1	38.3	31.3	18.2	9.8
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-11	**Appearance of hairiness on the underbelly is the first noticeable sign of sexual maturity for the boys**						**N= 600**	
	TRUE	57.5	57.1	58.0	54.3	60.1	50.6	65.8
	FALSE	10.1	9.3	10.9	8.7	9.9	13.1	8.6
	Refuse to answer	32.4	33.6	31.1	37.0	30.0	36.3	25.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-12	**Swelling of mammae among the boys during the period of sexual maturity is a normal occurrence**						**N= 600**	
	TRUE	44.1	69.8	18.0	65.8	74.0	20.1	15.8
	FALSE	21.5	15.9	27.1	15.4	16.4	18.9	35.9
	Refuse to answer	34.4	14.3	54.9	18.8	9.6	61.0	48.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 8. (Continued)

Distribution of adolescents (%) according to knowledge about the period of sexual maturity

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
20-13	**Involuntary hardening of penis and its growth in size (erection) among the boys during the period of sexual maturity is a normal occurrence**						**N= 600**	
	TRUE	55.6	75.6	35.3	70.0	81.5	28.7	42.3
	FALSE	10.5	13.0	8.0	16.3	9.5	7.1	8.9
	Refuse to answer	33.9	11.4	56.7	13.7	9.0	64.2	48.8
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-14	**Involuntary discharge of sperm may occur at night During the period of sexual maturity among the boys**						**N= 600**	
	TRUE	49.2	67.3	30.7	55.5	80.0	23.4	38.4
	FALSE	15.1	17.9	12.3	26.5	8.6	10.4	14.3
	Refuse to answer	35.7	14.8	57.0	18.0	11.4	66.2	47.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-15	**Sweating increases only among the girls during the period of sexual maturity**						**N= 600**	
	TRUE	13.7	18.6	8.7	17.8	19.5	9.1	8.4
	FALSE	51.3	46.5	56.3	45.4	47.6	51.3	61.5
	Refuse to answer	35.0	34.9	35.0	36.8	32.9	39.6	30.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-16	**It is not allowed to take a bath during menstruation**						**N= 600**	
	TRUE	30.2	24.8	35.7	21.9	27.9	36.8	34.6
	FALSE	46.4	41.2	51.7	41.8	40.6	46.3	57.3
	Refuse to answer	23.4	34.0	12.6	36.3	31.5	16.9	8.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-17	**It is not expedient to take a bath during menstruation**						**N= 600**	
	TRUE	48.0	39.6	56.6	36.4	43.0	57.2	55.9
	FALSE	26.4	23.4	29.3	24.6	22.3	24.6	34.4
	Refuse to answer	25.6	37.0	14.1	39.0	34.7	18.2	9.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-18	**It is expedient to take bath frequently and use deodorants in case of increased sweating during the period of sexual maturity**						**N= 600**	
	TRUE	63.1	53.3	73.2	51.0	55.7	66.2	80.6
	FALSE	11.5	13.7	9.3	13.9	13.5	11.6	6.8
	Refuse to answer	25.4	33.0	17.5	35.1	30.8	22.2	12.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-19	**Impregnation happens in the middle of 28-day menstrual period, during the 14th and 15th days**						**N= 600**	
	TRUE	28.5	30.6	26.3	22.9	38.8	14.4	39.0
	FALSE	20.2	23.0	17.4	26.9	18.9	16.2	18.7
	Refuse to answer	51.3	46.4	56.3	50.2	42.3	69.4	42.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
20-20	**Period of impregnation does not depend on duration of menstrual cycle**						**N= 600**	
	TRUE	19.0	20.3	17.8	19.8	20.7	8.4	27.8
	FALSE	28.2	31.7	24.5	29.4	34.3	20.1	29.2
	Refuse to answer	52.8	48.0	57.7	50.8	45.0	71.5	43.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 9.

Distribution of adolescent girls (%) according to awareness and knowledge about menstrual cycle and their sources

		Female Total	Female Age	
			14-16	17-19
21	**Information about menstruation**		**N= 297**	
	Yes	80.7	80.6	80.9
	No	19.3	19.4	19.1
	TOTAL	100.0	100.0	100.0
22	**What is normal menstrual cycle and how its abnormalities are revealed**		**N= 297**	
	Yes	43.7	41.1	46.6
	No	56.3	58.9	53.4
	TOTAL	100.0	100.0	100.0
23	**Considers menstrual cycles as abnormality**		**N= 133**	
	Menstruation delay for 1-2 days	5.1	5.8	4.4
	Menstruation delay for 1-2 months	23.2	24.9	21.7
	Menstruation interruption after regular ones	16.7	17.7	15.9
	Painful menstruations	7.6	6.5	8.5
	Frequent menstruations (once in two weeks)	23.4	21.6	24.9
	5-day duration menstruations	0.9	1.3	0.6
	9-day duration menstruations	8.6	7.1	10.0
	1-day duration menstruations	14.5	15.1	14.0
	TOTAL	100.0	100.0	100.0
24	**Source of awareness-knowledge about the above-mentioned**		**N= 133**	
	Parents	55.0	62.0	48.5
	Grandparents	1.5	1.6	1.4
	Sibling(s)	3.6	3.1	4.1
	Other relatives	2.3	4.7	
	Peers, friends	20.0	15.9	23.8
	Older acquaintances	2.7	3.2	2.5
	Teacher	1.4		2.7
	Doctor	4.8	3.2	6.2
	Books and brochures	4.5	3.2	5.6
	Magazines, newspapers	1.3		2.5
	Radio			
	Television	1.4		2.7
	Internet			
	Other	0.7	1.5	
	No information	0.8	1.6	
	TOTAL	100.0	100.0	100.0
25	**Age of receiving knowledge about the above-mentioned**		**N= 133**	
	Under 10	10.9	11.1	10.7
	10-12 years	53.9	54.2	53.7
	13-15 years	34.6	34.7	34.4
	16 and over	0.6		1.2
	TOTAL	100.0	100.0	100.0
	Average age	11.96	11.94	11.97

Table 10.

Distribution of adolescent boys (%) according to awareness-knowledge of sexual development and sources for receiving them

		Male Total	Male Age	
			14-16	17-19
26	**Awareness about night pollutions before the first ejaculation**		**N= 303**	
	Yes	45.0	38.4	52.1
	No	45.9	53.2	38.1
	Refuse to answer	9.1	8.4	9.8
	TOTAL	100.0	100.0	100.0
27	**Did he know that night pollutions are normal occurrence characteristic for sexual maturity**		**N= 303**	
	Yes	50.2	38.2	63.0
	No	40.7	53.4	27.2
	Refuse to answer	9.1	8.4	9.8
	TOTAL	100.0	100.0	100.0
28	**It is noteworthy and needs referral to the doctor**		**N= 303**	
	Having one or both genital glands absent in the period of adolescence	25.8	27.5	24.3
	Having genital glands swollen from one or both sides	14.3	12.3	16.1
	Involuntary erections in the period of sexual maturity	4.8	6.1	3.8
	No hairiness on genitals at the age of 16	8.4	7.7	9.1
	Pussy, smelly discharge from a genital organ	36.0	34.5	37.3
	Hairiness on chest in the period of sexual maturity	1.3	1.7	1.0
	Refuse to answer	9.4	10.2	8.6
29	**Source of awareness about the above-mentioned**		**N= 303**	
	Parents	7.5	9.0	6.0
	Grandparents	0.7	1.4	
	Sibling(s)	0.4		0.8
	Other relatives			
	Peers, friends	32.3	35.6	28.6
	Older acquaintances	34.7	31.8	37.8
	Teacher			
	Doctor	3.5	2.6	4.5
	Books and brochures	3.6	1.3	6.2
	Magazines, newspapers	1.9	0.8	3.2
	Radio			
	Television	4.9	4.2	5.7
	Internet	8.5	10.1	6.7
	Other	0.3		0.6
	No information	13.0	13.8	12.2
30	**Age of receiving knowledge about the above-mentioned**		**N= 303**	
	Under 10	3.9	4.1	3.7
	10-12 years	10.7	12.2	9.1
	13-15 years	63.2	65.1	61.2
	16 and over	9.4	6.0	13.1
	Refuse to answer	12.8	12.6	12.9
	TOTAL	100.0	100.0	100.0
	Average age	13.66	13.53	13.81

Table 11.

Distribution of adolescents (%) according to opinion and knowledge concerning to some issues of sexual relation

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
	Age permissible for starting sexual relation							
31	**For the girls**						**N= 600**	
	Under 15	1.8	3.2	0.3	2.2	4.2	0.7	
	15 year	3.5	6.6	0.3	8.4	4.6		0.6
	16 year	8.9	16.4	1.3	17.4	15.5	1.3	1.1
	17 year	4.0	5.5	2.4	7.5	3.4	2.6	2.3
	18 year	17.5	22.9	11.9	25.0	20.5	12.4	11.3
	19 year	5.2	3.0	7.4	1.5	4.6	4.5	10.5
	20 and over	10.9	7.3	14.7	7.6	7.0	16.9	12.3
	Only after marriage	46.5	33.8	59.5	29.6	38.4	59.7	59.4
	Refuse to answer	1.7	1.3	2.2	0.8	1.8	1.9	2.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Average age	17.81	17.25	18.75	17.19	17.32	18.81	18.68
32	**For the boys**						**N= 600**	
	Under 15	11.7	18.4	4.9	18.6	18.1	5.2	4.7
	15 year	24.6	31.9	17.1	30.3	33.6	12.4	22.0
	16 year	21.4	25.4	17.3	25.4	25.5	18.2	16.4
	17 year	12.7	7.1	18.5	6.8	7.3	16.2	20.8
	18 year	13.6	9.5	17.7	9.7	9.3	15.6	19.9
	19 year	3.0	2.1	4.0	4.1		4.5	3.4
	20 and over	5.6	1.3	10.0	1.4	1.2	14.9	4.8
	Only after marriage	4.5	2.5	6.5	3.0	2.0	8.5	4.5
	Refuse to answer	2.9	1.8	4.0	0.7	3.0	4.5	3.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Average age	16.38	15.87	16.92	15.95	15.79	17.19	16.65
33	**With the first sexual contract:**						**N= 600**	
	Possible	57.9	63.0	52.7	51.5	75.4	41.8	64.2
	Not possible	10.8	13.6	7.9	15.8	11.3	10.9	4.7
	Don't know	31.3	23.4	39.4	32.7	13.3	47.3	31.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
34	**Restraint in case of sexual need:**						**N= 600**	
	Harmful	43.2	59.4	26.8	48.1	71.5	20.2	33.8
	Not harmful	18.1	15.9	20.3	17.6	14.0	19.5	21.2
	Don't know	38.7	24.7	52.9	34.3	14.5	60.3	45.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
35	**It is more harmful for health in case of existing the sexual need:**						**N= 600**	
	Continence	15.5	21.1	9.6	23.6	18.5	12.4	6.6
	Casual, unprotected sexual intercourse that may result in undesirable pregnancy and/or may lead to STI or AIDS/HIV	79.1	76.2	82.2	72.3	80.3	76.0	88.8
	Refuse to answer	5.4	2.7	8.2	4.1	1.2	11.6	4.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
36	**Accidental sexual connection:**						**N= 600**	
	Dangerous	78.4	63.9	93.2	62.6	65.3	90.9	95.6
	Not dangerous	17.8	31.2	4.2	32.5	29.7	4.6	3.7
	Refuse to answer	3.8	4.9	2.6	4.9	5.0	4.5	0.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 11a

Distribution of adolescents (%) according to opinion and knowledge about some issues related to sexual relation (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
	Age permissible for starting sexual relation						
31	**For the girls**					**N= 309**	
	Under 16	1.4	2.9	0.0	4.1	7.5	0.6
	16	8.5	12.2	4.7	9.2	17.7	0.6
	17	11.0	13.7	8.4	3.6	5.8	1.3
	18	20.0	20.5	19.3	19.0	23.7	14.2
	19	10.5	8.3	12.7	3.7	0.6	7.0
	20 and over	12.3	11.5	13.1	11.2	8.2	14.3
	Only after marriage	36.3	30.9	41.8	47.1	34.9	59.4
	Refuse to answer				2.1	1.6	2.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
	Average age	18.4	18.1	18.8	17.84	17.27	18.81
32	**For the boys**					**N= 309**	
	Under 16	15.6	15.9	15.2	34.9	48.4	21.2
	16	36.2	36.7	35.6	22.7	26.7	18.7
	17	16.6	18.0	15.3	14.0	9.4	18.6
	18	16.3	18.3	14.2	11.2	7.6	14.8
	19	3.4	2.5	4.4	3.3	2.6	3.9
	20 and over	6.5	3.6	9.5	5.8	1.2	10.4
	Only after marriage	5.4	5.0	5.8	4.2	1.2	7.2
	Refuse to answer				3.9	2.9	5.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
	Average age	16.9	16.7	17.0	16.37	15.88	16.91
33	**With the first sexual contract:**					**N= 309**	
	Possible	66.7	59.7	73.8	53.2	56.2	50.2
	Not possible	8.5	10.8	6.2	10.7	15.5	5.9
	Don't know	24.8	29.5	20.0	36.1	28.3	43.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
34	**Restraint in case of sexual need:**					**N= 309**	
	Harmful	22.6	32.7	12.4	39.8	52.5	27.0
	Not harmful	30.4	31.7	29.1	20.2	20.9	19.4
	Don't know	47.0	35.6	58.5	40.0	26.6	53.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
36	**Accidental sexual connection:**					**N= 309**	
	Dangerous	84.2	80.7	87.6	76.6	61.6	91.6
	Not dangerous	15.8	19.3	12.4	19.4	33.5	5.1
	Refuse to answer				4.0	4.9	3.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 12.

Distribution of adolescents (%) considering their opinion about permissibility of premarital sexual relation and having of such relation by any of their coevals acquaintances

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
37	**Premarital sexual relation for the boys**						**N= 600**	
	Considers it permissible							
	With a sweetheart	27.3	34.3	20.1	34.8	33.8	13.7	27.0
	With a friend	10.8	15.4	6.1	12.0	19.1	5.8	6.4
	With a fiancee	46.5	51.5	41.4	51.7	51.3	40.9	42.0
	With a prostitute	71.2	77.1	65.2	70.9	83.8	62.3	68.3
	Other	-	-	-	-	-	-	-
	Does not consider it permissible							
	With a sweetheart	66.8	58.8	74.8	57.1	60.7	81.7	67.6
	With a friend	82.3	77.2	87.6	79.9	74.2	88.3	86.9
	With a fiancee	47.1	41.4	52.9	39.7	43.2	53.9	51.8
	With a prostitute	24.7	20.7	28.7	28.4	12.4	31.2	26.1
	Other	-	-	-	-	-	-	-
38	**Premarital sexual relation for the girls**						**N= 600**	
	Considers it permissible							
	With a sweetheart	13.8	20.1	7.3	24.7	15.1	7.9	6.7
	With a friend	2.6	4.2	0.9	1.3	7.3	0.7	1.2
	With a fiance	31.8	35.8	27.8	41.7	29.4	25.4	30.3
	Other	-	-	-	-	-	-	-
	Does not consider it permissible							
	With a sweetheart	81.9	74.7	89.3	69.7	80.2	88.2	90.4
	With a friend	91.5	88.7	94.3	91.2	86.0	95.4	93.2
	With a fiance	65.3	61.5	69.1	55.7	67.7	71.3	66.8
	Other	-	-	-	-	-	-	-
39	**Any of acquaintance coeval girl's sexual relation before marriage:**						**N= 600**	
	Yes	29.1	29.7	28.5	19.9	40.4	18.9	38.7
	No	64.4	58.1	70.8	68.8	46.5	80.4	60.6
	Refuse to answer	6.5	12.2	0.7	11.3	13.1	0.7	0.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
40	**Any of acquaintance coeval boy's sexual relation before marriage:**						**N= 600**	
	Yes	47.8	56.2	39.2	48.3	64.7	28.7	50.6
	No	36.8	37.6	36.1	45.2	29.4	42.7	29.0
	Refuse to answer	15.4	6.2	24.7	6.5	5.9	28.6	20.4
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
41	**The above-mentioned sexual relation has been assessed by coevals:**							
41-1	**In case of the boys**						**N= 287**	
	As an ordinary event	71.6	71.2	72.4	65.6	75.6	72.9	72.1
	Has been approved	17.7	22.3	10.9	25.8	19.5	6.8	13.4
	Has been disapproved	5.6	3.0	9.3	5.6	1.0	11.4	8.0
	Refuse to answer	5.1	3.5	7.4	3.0	3.9	8.9	6.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
41-2	**In case of the girls**						**N= 175**	
	As an ordinary event	32.3	35.4	28.9	38.0	34.0	27.5	29.6
	Has been approved	9.2	9.7	8.8	9.4	9.7	7.0	9.7
	Has been disapproved	47.0	37.8	56.7	32.2	40.9	58.5	55.8
	Refuse to answer	11.0	17.1	5.6	20.4	15.4	7.0	4.9
	TOTAL	99.5	100.0	100.0	100.0	100.0	100.0	275.0

Table 12a

Distribution of adolescents (%) according to their consideration about permissibility of having sexual relation before marriage (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
37	**Premarital sexual relation for the boys**					**N= 309**	
	Considers permissible						
	With a sweetheart	34.9	36.7	33.1	22.2	25.1	19.3
	With a friend	16.5	29.1	3.6	9.2	12.6	5.8
	With a fiancee	47.9	42.1	53.8	43.0	48.5	37.5
	With a prostitute	78.7	83.8	73.5	69.6	74.8	64.4
	Other						
38	**Premarital sexual relation for the girls**					**N= 309**	
	Considers permissible						
	With a sweetheart	18.4	19.4	17.5	15.1	21.1	9.1
	With a friend	8.5	13.7	3.3	2.4	3.5	1.3
	With a fiancee	42.5	39.2	45.8	31.2	35.9	26.5
	With a prostitute						
	Other						

Table 13.

Distribution of coeval adolescents (%) according to age and sex of premarital sexual relations

	Male	Partner female	Female	Partner male
42-43				
Under 14	8.4	0.6	4.0	1.1
14-15 years	35.9	4.6	11.6	4.7
16-17 years	30.4	12.5	36.6	12.8
18-19 years	7.6	8.8	25.7	17.1
20 and over		19.5		21.2
Does n't know hes/her age	17.7	54.0	22.1	43.1
TOTAL	100.0	100.0	100.0	100.0
Number of respondents	**287**	**287**	**175**	**175**

Table 13.a

Distribution of coeval adolescents (%) according to assessment of the first sexual relation and attempt of sexual violence made

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
44	**Distribution of coeval adolescents (%) according to assessment of the first sexual relation**						**N= 298**	
	Voluntary	62.2	71.1	49.6	74.2	68.8	42.9	54.0
	Unexpected, spontaneous	12.4	11.9	13.1	12.8	11.3	14.3	12.3
	Involuntary (by force)	0.6	0.5	0.8		0.9		1.3
	Don't know	24.8	16.5	36.5	13.2	19.0	42.8	32.4
	TOTAL	100.0	100.0	100.0	100.2	100.0	100.0	100.0
45	**Distribution of adolescents (%) according to assessment of the attempt of sexual violence made on them**						**N= 600**	
	Has been	3.6	2.9	4.4	3.3	2.4	3.9	5.0
	Has not been	82.0	83.0	80.9	84.7	81.2	79.9	82.0
	Don't know	14.4	14.1	14.7	12.0	16.4	16.2	13.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 14.
Distribution of adolescents (%) according to their first sexual relation, age of the partner and advise in case of impregnation without marriage

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
47	**Sexual relation**						**N=**	**600**
	Yes	33.0	62.5	2.8	40.8	85.7		5.9
	No	65.1	35.3	95.6	56.5	12.5	98.7	92.1
	Refuse to answer	1.9	2.2	1.6	2.7	1.8	1.3	2.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
48	**Age during the first sexual relation**						**N=**	**198**
	Under 15	24.6	25.7		40.8	18.0		
	15 year	30.3	31.7		36.7	29.1		
	16 year	31.3	32.6		20.8	38.6		
	17 year	10.6	9.0	45.9		13.6		45.9
	18 year	2.2	1.0	29.3	1.7	0.7		29.3
	19 year	0.4		9.8				9.8
	Refuse to answer	0.6		15.0				15.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	0.0	100.0
	Average age	15.38	15.29	17.63	14.85	15.49	0.00	17.63
49	**Age of the partner during the first sexual relation**						**N=**	**198**
	Under 15	3.4	3.1	11.4	4.6	2.3		11.4
	15 year	2.1	2.2		4.7	0.9		
	16 year	5.5	5.8		4.9	6.2		
	17 year	11.0	11.5		16.1	9.0		
	18 year	8.9	9.2		11.3	8.2		
	19 year	4.3	4.5		4.7	4.4		
	20 year	11.8	11.1	29.3	9.4	12.0		29.3
	21-24 years	19.6	19.6	19.5	17.7	20.6		19.5
	25 and over	17.0	16.6	24.8	10.1	20.0		24.8
	Don't know	16.4	16.4	15.0	16.5	16.4		15.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	0.0	100.0
	Average age	20.30	20.26	21.13	19.34	20.70	0.00	21.13
46	**Distribution of adolescents (5) according to advise in case of coeval's impregnation without marriage**						**N=**	**600**
	In case of desirable pregnancy							
	To interrupt pregnancy	4.2	3.9	4.5	4.0	3.8	5.8	3.1
	To give birth and raise the child	54.1	47.9	60.5	46.5	49.3	59.2	62.0
	To give birth and find adopted parents for the child	0.5	0.7	0.3		1.4		0.6
	To seek doctor's advice	7.6	9.2	5.9	9.3	9.1	5.2	6.6
	To seek parents' advice	11.9	14.7	9.0	18.0	11.3	8.4	9.7
	To make a confidence phone call	0.2	0.4			0.8		
	Other	0.3	0.6		0.7	0.6		
	Refuse to answer	21.2	22.6	19.8	21.5	23.7	21.4	18.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	In case of unintended pregnancy							
	To interrupt pregnancy	21.5	17.2	25.8	16.6	17.8	31.8	19.4
	To give birth and raise the child	23.3	20.8	25.9	16.9	24.9	24.2	27.7
	To give birth and find adopted parents for the child	2.7	2.4	2.9	3.4	1.4	3.2	2.6
	To seek doctor's advice	14.4	16.7	12.1	14.6	19.0	9.7	14.6
	To seek parents' advice	22.0	19.8	24.3	24.7	14.7	20.8	28.0
	To make a confidence phone call	4.8	9.2	0.3	9.3	9.1	0.6	
	Other	1.0	1.7	0.3	1.4	2.0	0.7	
	Refuse to answer	10.3	12.2	8.4	13.1	11.1	9.0	7.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 15.

Distribution of adolescents (%) according to their awareness and knowledge about abortion and possibility of preventing unintended pregnancy

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
50	**What is abortion?**						**N= 600**	
	Knows	97.7	97.1	98.3	95.7	98.6	98.7	97.8
	Dooes not know	2.3	2.9	1.7	4.3	1.4	1.3	2.2
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
51	**Assessment of abortion**						**N= 586**	
	It is harmful for health	42.0	41.2	42.7	43.5	38.8	40.8	44.8
	It causes psychic stress	14.1	8.2	20.0	11.2	5.2	18.3	21.8
	Based on the religious considerations, it is a sin	78.2	72.9	83.6	70.3	75.7	84.9	82.2
	It is a result of inconsideration	13.8	11.5	16.2	14.3	8.6	17.0	15.2
	It is a result of unawareness of the methods of avoiding undesirable pregnancy	10.2	5.6	14.9	5.1	6.0	13.1	16.9
52	**Negative medical consequences of abortion**						**N= 586**	
	Hemorrhage	21.1	11.9	30.3	10.8	13.1	26.3	34.6
	Uterine injuries	28.5	22.7	34.3	21.1	24.5	31.8	37.0
	Exacerbation and upward spreading of inflammatory processes	12.2	8.1	16.4	6.0	10.2	13.8	19.2
	Infections	10.6	4.7	16.5	3.6	5.9	12.6	20.7
	Infertility	53.8	51.7	55.9	47.1	56.6	41.6	71.4
	Other	4.9	5.3	4.5	5.5	5.1	5.8	3.1
	Refuse to answer	15.4	16.7	14.2	22.0	11.1	21.6	6.3
53	**Awareness about possibility of preventing unintended pregnancy**						**N= 600**	
	Knows	74.9	74.1	75.8	70.7	77.8	67.8	84.2
	Dooes not know	25.1	25.9	24.2	29.3	22.2	32.2	15.8
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
54	**Awareness about methods of preventing unintended pregnancy**						**N= 450**	
	Heared	79.0	84.6	73.4	79.5	89.5	67.4	78.5
	Does not hered	21.0	15.4	26.6	20.5	10.5	32.6	21.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 15a

Distribution of adolescents (%) according to their awareness and knowledge about abortion and possibility of preventing unintended pregnancy (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
50	**What is abortion?**					**N= 309**	
	Knows	97.5	95.0	100.0	97.8	97.4	98.1
	Dooes not know	2.5	5.0	0.0	2.2	2.6	1.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
52	**Negative medical consequences of abortion**					**N= 302**	
	Hemorrhage	45.4	41.4	48.6	15.9	13.7	17.6
	Uterine injuries	50.1	52.4	48.2	19.5	18.9	19.9
	Exacerbation and upward spreading of inflammatory processes	16.8	14.3	19.0	6.8	3.9	9.1
	Infections	14.9	11.0	18.2	6.6	4.5	8.3
	Infertility	73.4	75.7	71.5	35.1	38.7	32.4
	Other				3.2	5.2	1.6
	Refuse to answer				12.8	15.0	11.1
53	**Awareness about possibility of preventing unintended pregnancy**					**N= 309**	
	Knows	93.8	92.1	95.6	76.0	73.9	78.0
	Dooes not know	6.2	7.9	4.4	24.0	26.1	22.0
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
54	**Awareness about methods of preventing unintended pregnancy**					**N= 232**	
	Heared	90.7	89.6	91.9	77.7	82.3	73.4
	Does not hered	9.3	10.4	8.1	22.3	17.7	26.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 16.

Distribution of adolescents (%) according to awareness and knowledge about specific methods of preventing unintended pregnancy

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
55-1	**Has heard**						**N= 356**	
	Sexual continence	73.0	72.1	74.2	68.6	75.0	75.8	73.0
	Hormonal pills	65.4	60.1	71.4	48.2	70.5	65.8	75.5
	IUD (Spiral)	60.7	58.0	63.8	53.9	61.5	50.3	73.7
	Condom	68.8	54.3	85.5	62.2	47.4	87.3	84.1
	Contraception (pills)	50.8	52.1	49.3	46.5	56.9	34.6	60.2
	Contraception (spiral)	48.0	50.4	45.1	43.6	56.3	31.7	55.0
	Injection	31.9	38.1	24.8	33.6	42.0	20.2	28.2
	Implant	17.1	20.2	13.4	18.0	22.2	8.6	17.0
	Spermicide	20.8	23.7	17.5	20.8	26.3	11.5	21.9
	Vaginal diaphragm	14.2	16.7	11.3	12.6	20.2	4.3	16.4
	Female starilization	19.3	21.4	16.8	15.0	26.9	10.1	21.8
	Male sterilization	20.9	26.9	13.9	20.9	32.1	7.3	18.8
	Calendar method	32.0	28.8	35.6	24.7	32.4	39.0	33.2
	Interrupted sexual intercourse	34.9	43.5	25.0	40.1	46.4	21.7	27.4
	Breast feeding	40.8	37.3	44.7	37.3	37.3	40.2	48.1
	Other	2.7	3.2	2.0		6.0		3.5
55-2	**Knows how to use**						**N= 42**	
	Sexual continence	18.8	13.4	62.0	14.2	12.9		62.0
	Hormonal pills	2.1	2.4			4.0		
	IUD (Spiral)	11.8	10.8	20.4		17.9		20.4
	Condom	84.9	87.4	65.0	100.0	79.0		65.0
	Contraception (pills)	6.6	4.9	20.4	6.6	3.8		20.4
	Contraception (spiral)	4.8	5.4			8.9		
	Injection	4.8	5.4			8.9		
	Implant	7.4	8.4			13.9		
	Spermicide	4.8	5.4			8.9		
	Vaginal diaphragm	4.8	5.4			8.9		
	Female starilization	2.1	2.4			4.0		
	Male sterilization	2.1	2.4			4.0		
	Calendar method	11.4	7.2	44.5		12.0		44.5
	Interrupted sexual intercourse	9.6	8.6	17.5	14.2	4.9		17.5
	Breast feeding	5.3		47.4				47.4
	Other							

Table 17

Distribution of adolescents (%) according to awareness and knowledge about specific methods of preventing unintended pregnancy (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
55-1	**Has heard**					**N= 183**	
	Sexual continence				71.7	67.3	76.4
	Hormonal pills	69.6	60.7	78.1	65.5	61.6	69.6
	IUD (Spiral)	45.2	30.8	58.8	55.0	51.9	58.4
	Condom	85.8	88.7	83.1	72.9	61.0	85.6
	Contraception (pills)				47.9	49.8	46.0
	Contraception (spiral)				40.5	42.6	38.2
	Injection	0.6	0.4	0.8	30.2	35.3	24.7
	Implant	0.4	0.4	0.4	12.4	16.7	7.9
	Spermicide	2.0	0.4	3.5	14.9	18.2	11.3
	Vaginal diaphragm	1.6	1.2	1.9	10.2	15.5	4.5
	Female starilization	2.6	1.2	3.8	14.3	19.2	9.1
	Male sterilization	2.0	0.8	3.1	17.9	26.1	9.0
	Calendar method	8.3	2.0	14.2	32.1	27.2	37.4
	Interrupted sexual intercourse	6.5	8.5	4.6	31.0	40.8	20.5
	Breast feeding				39.7	37.8	41.7
55-2	**Knows how to use**					**N= 22**	
	Sexual continence				11.0	11.5	
	Hormonal pills	32.3	32.3	32.3			
	IUD (Spiral)	21.6	17.7	25.4	5.0		100.0
	Condom	78.2	92.1	65.1	100.0	100.0	100.0
	Contraception (pills)				14.5	10.0	100.0
	Contraception (spiral)						
	Injection	0.5	0.4	0.7			
	Implant	0.4	0.4	0.4			
	Spermicide	1.8	0.4	3.2			
	Vaginal diaphragm	1.4	1.1	1.7			
	Female starilization	2.3	1.1	3.4			
	Male sterilization	1.8	0.7	2.8			
	Calendar method	7.5	1.8	12.8			
	Interrupted sexual intercourse	5.9	7.7	4.1	11.0	11.5	
	Breast feeding				5.0	..	100.0

Table 18

Distribution of adolescents (%) according to knowledge about specific methods of preventing unintended pregnancy and source of information about these methods

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
55-3	**Considers as the most effective**							**N= 12**
	Sexual continence							
	Hormonal pills							
	IUD (Spiral)	1.5	3.0			6.2		
	Condom	19.6	28.7	10.3	32.8	24.2		21.2
	Contraception (pills)	1.4	2.8			5.9		
	Contraception (spiral)							
	Injection							
	Implant							
	Spermicide							
	Vaginal diaphragm							
	Female starilization							
	Male sterilization							
	Calendar method							
	Interrupted sexual intercourse							
	Breast feeding	1.6		3.2				6.7
	Other							
56	**Sources of information about contraception**							**N= 356**
	Parents	10.0	4.2	16.7	2.5	5.7	21.5	13.1
	Grandparents	0.2		0.5				0.9
	Sibling(s)	1.2	1.2	1.1	1.4	1.1	1.5	0.9
	Other relatives	4.5	1.4	8.0		2.6	7.2	8.5
	Peers, friends	43.5	43.2	43.9	45.7	41.1	44.1	43.7
	Older acquaintances	27.2	33.3	20.1	38.9	28.5	21.2	19.2
	Boyfriend/Girlfriend	2.4	1.4	3.6		2.6	1.4	5.3
	Teacher	1.9	1.1	2.8	2.4		2.8	2.7
	Doctor	4.0	2.7	5.5		5.1		9.6
	Books and brochures	11.4	6.1	17.4	1.4	10.2	11.6	21.7
	Magazines, newspapers	7.0	4.2	10.3	2.7	5.5	7.2	12.5
	Radio	0.5	0.5	0.6		0.8	1.5	
	Television	19.5	14.6	25.2	17.4	12.1	25.6	25.0
	Internet	12.1	16.5	7.0	20.9	12.7	7.2	6.8
	Other	1.1	1.5	0.6		2.8		1.0
	Refuse to answer	4.9	5.5	4.2	5.3	5.7	4.4	4.1

Table 19

Distribution of adolescents (%) according to knowledge about specific methods of preventing unintended pregnancy and source of information about these methods (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
55-3	**Considers as the most effective**					**N= 6**	
	Sexual continence						
	Hormonal pills	30.7	21.2	39.5			
	IUD (Spiral)	18.0	11.7	23.8			
	Condom	58.3	84.2	34.5	100.0	100.0	100.0
	Contraception (pills)				11.0	12.5	
	Contraception (spiral)						
	Injection	0.8	1.2	0.4			
	Implant	0.4	0.4	0.4			
	Spermicide	-	-	-			
	Vaginal diaphragm	-	-	-			
	Female starilization	1.6	0.8	2.3			
	Male sterilization	1.4	0.4	2.3			
	Calendar method	1.4	2.1	0.8			
	Interrupted sexual intercourse	3.0	5.4	0.8			
	Breast feeding				12.3		100.0
56	**Source of information about contraception**					**N= 183**	
	Parents	15.8	8.0	23.7	9.3	2.0	17.1
	Grandparents	1.6	1.2	2.1			
	Sibling(s)	5.1	5.6	4.6	0.6		1.2
	Other relatives	5.1	6.8	3.3	3.8	0.9	6.8
	Peers, friends	83.0	91.6	63.7	49.5	50.8	48.1
	Older acquaintances	30.1	35.3	24.6	23.6	30.0	16.8
	Boyfriend/Girlfriend	1.0	1.6	0.4	1.5	1.8	1.1
	Teacher	1.8	0.8	2.9	2.2	2.3	2.2
	Doctor	8.0	8.4	7.5	1.6		3.3
	Books and brochures	18.6	13.2	24.1	8.4	3.7	13.5
	Magazines, newspapers	15.7	16.1	15.4	5.8	1.8	10.0
	Radio	2.2	0.4	4.2	1.0	0.9	1.2
	Television	50.5	47.8	53.3	20.8	17.2	24.7
	Internet				13.9	20.5	6.8
	Other				1.0	0.9	1.1
	Refuse to answer				3.7	3.0	4.6

Table 20

Distribution of adolescents (%) according to knowledge about places for obtaining contraceptive means

	Total	Male	Female	Male age		Female age	
				14-16	17-19	14-16	17-19
57	**Health care facility _ Network of public health**						**N= 356**
Hormonal pills	21.6	25.3	15.8	31.9	19.3	17.9	15.0
IUD (Spiral)	61.4	48.8	81.1	52.9	45.1	82.1	80.7
Condom	3.1	1.0	6.4	2.2		5.9	6.6
Contraceptive pills	18.8	22.6	12.9	31.7	14.2	17.9	10.9
Injection	42.0	54.8	22.1	56.3	53.6	17.6	23.8
Implant	46.7	62.2	22.4	62.3	62.2	17.7	24.2
Spermicide	45.3	60.9	20.8	50.7	70.2	23.7	19.7
Vaginal diaphragm	50.4	67.5	23.7	62.8	71.9	17.7	26.0
57	**Health care facility – Private clinic**						**N= 356**
Hormonal pills	17.0	22.1	10.8	26.5	18.4	11.7	10.5
IUD (Spiral)	78.4	68.4	90.4	69.5	67.5	92.2	89.8
Condom	5.2	4.6	6.0	1.8	6.9	7.8	5.4
Contraceptive pills	26.8	36.5	15.0	41.6	32.1	19.4	13.4
Injection	48.1	65.4	27.1	67.6	63.6	23.1	28.6
Implant	55.6	75.4	31.5	80.2	71.3	34.8	30.3
Spermicide	50.9	73.3	23.8	76.6	70.5	23.3	24.0
Vaginal diaphragm	52.0	73.3	26.3	76.6	70.5	23.3	27.4
57	**Pharmacy**						**N= 356**
Hormonal pills	79.2	75.9	83.0	74.7	77.0	75.7	87.6
IUD (Spiral)	72.6	71.6	73.8	69.9	73.0	61.5	81.5
Condom	93.4	96.8	89.3	95.6	97.9	87.7	90.3
Contraceptive pills	67.4	76.8	56.4	75.7	77.7	45.9	63.0
Injection	55.5	67.8	41.1	66.8	68.7	42.3	40.4
Implant	43.9	60.4	24.6	62.8	58.4	22.9	25.7
Spermicide	42.5	58.6	23.7	62.8	55.0	21.1	25.3
Vaginal diaphragm	40.8	57.7	21.1	63.1	53.2	15.9	24.3

Table 21

Distribution of adolescents (%) according to reasons for use or disuse of the methods of contraception during the first sexual relation

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
58	**Any of contraception methods during the first sexual relation:**						**N=**	**198**
	Yes, used	80.5	82.7	30.9	80.9	83.7		30.9
	No, does not used	19.5	17.3	69.1	19.1	16.3		69.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	0.0	100.0
59	**Contraception method used during the first sexual relation:**						**N=**	**159**
	Hormonal pills	3.3	3.4		4.2	3.0		
	Condom	96.7	96.6	100.0	95.8	97.0		100.0
	Contraceptive pills							
	Calendar method							
	Interrupted sexual intercourse							
	Other							
	TOTAL	100.0	100.0	100.0	100.0	100.0	0.0	100.0
60	**Reason for disuse of the method of contraception during the first sexual relation**						**N=**	**39**
	Sexual intercourse was unexpected	21.7	23.0	14.1	33.3	16.9		14.1
	I thought that this period of menstrual cycle was safe	2.1		14.1				14.1
	I was not able to get a contraceptive	5.8	6.8			10.9		
	It was impossible to acquire it confidentially							
	Acquiring it caused the feeling of shame	7.1	8.3		8.1	8.5		
	I was against using a contraceptive							
	My partner was against using a contraceptive	4.9	5.8		8.0	4.4		
	I did not know about contraceptives	10.0	11.8		8.0	14.1		
	I wanted to get pregnant	7.8	2.8	35.9		4.4		35.9
	I though that contraceptives were harmful for health	2.2	2.6			4.2		
	Refuse to answer	38.4	38.9	35.9	42.6	36.6		35.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	0.0	100.0

Table 22

Distribution of adolescents (%) according to reasons for use or disuse of the methods of contraception

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
61	**Uses method of contraception at present by the following reason:**						**N= 161**	
	Doctor's advice	7.8	6.4	40.7	8.1	5.5		40.7
	Acceptable price	10.4	10.9		10.8	10.9		
	Effectiveness	12.4	12.5	9.8	9.8	13.9		9.8
	Safety	39.7	41.0	9.8	39.1	42.0		9.8
	Ease of use	8.4	8.3	9.8	8.2	8.3		9.8
	It can be acquired confidentially	3.6	3.7		6.8	2.1		
	Acquiring it doesn't cause the feeling of shame	8.7	9.1		13.2	6.9		
	Partner's preference	1.0	1.0		1.5	0.7		
	Acquaintances' advice	14.1	14.7		23.1	10.5		
	Information from media	2.0	2.1		1.5	2.3		
	Information from internet	1.5	1.6		4.6			
	Other	18.6	17.2	49.6	15.8	17.9		49.6
62	**Used method of contraception, but does not use it at present by the following reason:**						**N= 198**	
	It was not effective	1.2	3.4		2.8	4.5		
	We want to have a child	0.6	0.5	0.6		1.6		1.3
	Partner did not like it							
	It caused side effects							
	It was difficult to get	0.2		0.3				0.6
	The price was not acceptable	0.2	0.7			1.9		
	We wanted to try a different method	1.1	3.1		2.2	5.0		
	It was inconvenient to use	0.8	2.2		1.7	3.0		
	We have not had sexual relations	86.5	67.0	97.7	83.3	35.7	100.0	95.2
	No, does not used	9.4	23.1	1.4	10.0	48.3		2.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
63	**Has never used contraception by the following reason:**						**N= 600**	
	It is difficult to get							
	It is expensive							
	We do not consider it safe	0.4	1.2			4.0		
	We do not have sufficient information	0.2	0.7		1.0			
	Partner is against it							
	We are afraid of side effects	0.2	0.6			2.0		
	It is impossible to acquire it confidentially							
	Acquiring it causes the feeling of shame	0.2	0.7		1.0			
	Because of religious considerations							
	Because of health conditions							
	I want(ed) to have a child	0.5		0.7				1.5
	I have never had sexual relations	91.7	77.7	98.6	90.1	48.2	100.0	97.0
	Refuse to answer	6.8	19.1	0.7	7.9	45.8		1.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 23

Distribution of adolescents (%) according to opinion about sexual restraint before marriage and preventing unintended pregnancy

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
64	**Expediency of sexual restraint before marriage**						**N= 600**	
	Yes, it is necessary	69.6	53.8	85.8	54.7	52.8	87.0	84.4
	No, it is not necessary	29.1	45.9	11.9	45.3	46.6	11.0	12.9
	Do not know	1.3	0.3	2.3		0.6	1.9	2.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	99.9	100.0
65	**Reality of sexual restraint before marriage**						**N= 600**	
	For men							
	Realistic	19.4	16.4	22.4	21.8	10.7	23.9	20.7
	Unrealistic	78.8	82.9	74.6	78.2	87.9	72.2	77.2
	Refuse to answer	1.8	0.7	3.0		1.4	3.8	2.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	99.9	100.0
	For women							
	Realistic	86.9	85.5	88.4	82.4	88.7	88.4	88.5
	Unrealistic	10.9	12.2	9.6	14.2	10.1	9.7	9.4
	Refuse to answer	2.2	2.3	2.0	3.4	1.2	1.9	2.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
66	**Who shall care about preventing undesirable pregnancy:**						**N= 600**	
	Female	11.1	11.3	10.8	11.7	10.9	9.7	12.0
	Male	6.0	9.6	2.3	9.3	9.8	3.3	1.3
	Both	80.3	76.5	84.3	76.3	76.8	85.1	83.3
	Refuse to answer	2.6	2.6	2.6	2.7	2.5	1.9	3.4
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 24

Distribution of adolescents (%) according to number of children in the family

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
67	**Desirable number of children**						**N= 600**	
	0	1.3	0.7	1.9	0.8	0.6	1.3	2.6
	1	4.0	2.9	5.2	4.1	1.5	5.1	5.2
	2	46.8	51.1	42.4	54.5	47.5	49.3	35.0
	3	34.9	33.9	35.9	35.3	32.5	31.9	40.1
	4	7.8	6.3	9.3	2.6	10.2	8.5	10.2
	5 and more	3.6	3.6	3.6	2.0	5.3	2.0	5.4
	Refuse to answer	1.6	1.5	1.7	0.7	2.4	1.9	1.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Average number	2.56	2.55	2.58	2.42	2.67	2.48	2.68
68	**If he/she has thought so far about desirable number of children**						**N= 600**	
	Yes, thought	71.6	69.4	73.9	65.0	74.1	65.5	82.8
	No, does not thought	25.8	27.8	23.6	31.5	24.0	32.6	14.1
	Refuse to answer	2.6	2.8	2.5	3.5	1.9	1.9	3.1
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
69	**Actual number of children**						**N= 600**	
	0	99.8	100.0	99.6	100.0	100.0	100.0	99.1
	1	0.2		0.4				0.9
	2							
	3							
	4							
	5 and more							
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Average number	1		1				1
70	**Expected number of children**						**N= 1**	
	0							
	1	100.0		100.0				100.0
	2							
	3							
	4							
	5 and more							
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Average number	1.00	0.00	1.00	0.00	0.00	0.00	1.00

Table 25

Distribution of adolescent girls (5) according to issues related to pregnancy

		Female	Female age	
			14-16	17-19
71	**Pregnancy**		**N= 297**	
	Yes, have been	2.0	1.3	2.8
	No, have not been	98.0	98.7	97.2
	TOTAL	100.0	100.0	100.0
72	**Number of pregnancies**		**N= 6**	
	1	13.7		20.5
	2	37.6	49.5	31.6
	3			
	4			
	5 and more			
	Refuse to answer	48.7	50.5	47.9
	TOTAL	100.0	100.0	100.0
	Average number	1.67	2.00	1.50
73	**Way out of pregnancies**		**N= 6**	
	The first pregnancy			
	Birth	37.0		55.6
	Involuntary abortion	13.7		20.5
	Artificial Abortion - Voluntary			
	Artificial Abortion - By force			
	Refuse to answer	49.3	100.0	23.9
	TOTAL	100.0	100.0	100.0
	The second pregnancy			
	Birth	56.0		100.0
	Involuntary abortion			
	Artificial Abortion - Voluntary			
	Artificial Abortion - By force			
	Refuse to answer	44.0	100.0	
	TOTAL	100.0	100.0	100.0
	The third pregnancy			
	Birth			
	Involuntary abortion			
	Artificial Abortion - Voluntary			
	Artificial Abortion - By force			
	TOTAL	100.0	100.0	100.0
	The forth pregnancy			
	Birth			
	Involuntary abortion			
	Artificial Abortion - Voluntary			
	Artificial Abortion - By force			
	TOTAL	100.0	100.0	100.0
	The fifth and more pregnancies			
	Birth			
	Involuntary abortion			
	Artificial Abortion - Voluntary			
	Artificial Abortion - By force			
	TOTAL	100.0	100.0	100.0

Table 26

Distribution of adolescent girls (%) according to issues related to pregnancy

		Female	Female age	
			14-16	17-19
74	**Desirableness and timeliness of pregnancy**		**N= 6**	
	The first pregnancy			
	Desirable and timely	37.0		55.6
	Desirable but not timely	13.7		20.5
	Neither desirable nor timely			
	Refuse to answer	49.3	100.0	23.9
	TOTAL	100.0	100.0	100.0
	The second pregnancy			
	Desirable and timely			
	Desirable but not timely	56.0		56.0
	Neither desirable nor timely			
	Refuse to answer	44.0	100.0	44.0
	TOTAL	100.0	100.0	100.0
	The third pregnancy			
	Desirable and timely			
	Desirable but not timely			
	Neither desirable nor timely			
	TOTAL	100.0	100.0	100.0
	The forth pregnancy			
	Desirable and timely			
	Desirable but not timely			
	Neither desirable nor timely			
	TOTAL	100.0	100.0	100.0
	The fifth and more pregnancies			
	Desirable and timely			
	Desirable but not timely			
	Neither desirable nor timely			
	TOTAL	100.0	100.0	100.0
75	**Complications related to pregnancy**		**N= 6**	
	Danger of pregnancy cancellation			
	Anemia			
	Increase of arterial blood pressure	21.0		31.6
	Swelling			
	First trimester toxicosis	15.9		23.9
	Premature birth			
	Had no complications	63.1	100.0	44.5

Table 27

Distribution of adolescent girls (%) according to issues related to delivery

		Female	Female age	
			14-16	17-19
76	**Complications related to delivery**		**N= 6**	
	Weakness while giving birth			
	Premature discharge of fetus waters	15.9		23.9
	Operational intervention			
	Hemorrhage after giving birth			
	Had no complications	21.0		31.6
	Refuse to answer	63.0	100.0	44.5
77	**Delivery was:**		**N= 6**	
	In a natural way	21.0		31.6
	By Caesarean section			
	Refuse to answer	79.0	100.0	68.4
	TOTAL	100.0	100.0	100.0

Table 28

Distribution of adolescents (%) according to knowledge about sexually transmitted diseases

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
78	**About sexually transmitted infections:**						**N=**	**600**
	Knows	90.9	92.0	89.9	89.8	94.4	86.3	93.6
	Dooes not know	9.1	8.0	10.1	10.2	5.6	13.7	6.4
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
79	**Is aware of sexually transmitted infections:**						**N=**	**600**
	Syphilis	33.0	41.7	24.2	22.3	62.4	12.9	36.2
	Gonorrhoea	27.8	42.7	12.6	24.4	62.4	10.3	15.0
	Clamidiosis	5.4	5.6	5.2	1.4	10.1	3.2	7.4
	Mycosis	45.5	41.5	49.5	28.5	55.5	34.6	65.3
	Herpes	17.1	15.0	19.3	13.5	16.6	15.6	23.2
	Condyloma (warts, nodes)	6.3	7.8	4.7	5.4	10.3	3.3	6.3
	Trichomoniasis	7.7	8.4	6.9	6.3	10.7	3.9	10.0
	Hepatitis	41.4	42.2	40.5	34.9	50.2	31.2	50.4
	AIDS/HIV	87.6	86.6	88.7	88.0	85.0	85.6	91.9
	Refuse to answer	4.2	4.0	4.3	5.5	2.4	6.5	1.9
80	**Regarding specific characteristic signs of sexually transmitted infections:**						**N=**	**600**
	Knows	32.6	44.2	20.8	30.2	59.2	9.8	32.5
	Dooes not know	67.4	55.8	79.2	69.8	40.8	90.2	67.5
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
81	**Is aware of specific characteristic signs of sexually transmitted infections:**						**N=**	**196**
	Burning and pain on urination	49.5	52.9	42.0	43.8	57.9	20.4	49.0
	Pus or other discharge from genitals	55.2	58.8	47.3	51.2	62.9	46.7	47.5
	Genitals itch	62.9	60.8	67.6	52.3	65.4	60.1	70.0
	Ulcers in the genital area	28.7	29.1	27.9	22.1	32.9	46.6	21.9
	Warty rash on the genitals	19.0	17.4	22.7	16.0	18.1	13.2	25.7
	Other	3.4	3.7	3.0	4.8	3.0	6.8	1.8
82	**Sexually transmitted infections may be progressing secretly**						**N=**	**196**
	Knows	68.2	65.0	75.0	49.6	73.5	53.7	81.8
	Dooes not know	31.8	35.0	25.0	50.4	26.5	46.3	18.2
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
83	**In case there is a doubt, that the adolescent has sexually transmitted infection, he/she shall refer to:**						**N=**	**600**
	Doctor	81.9	80.8	83.0	77.3	84.5	78.0	88.4
	Parents	19.0	19.5	18.6	26.8	11.6	23.3	13.5
	Friends	2.7	4.3	1.0	4.7	3.9	1.9	
	Sexual partner	4.2	4.7	3.7	5.2	4.1	4.0	3.5
	Other							
84	**Regarding the ways of transmitting AIDS/Acquired Immune Deficiency Syndrome:**						**N=**	**600**
	Knows	79.3	81.5	77.2	76.4	86.9	65.7	89.4
	Dooes not know	20.7	18.5	22.8	23.6	13.1	34.3	10.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 29

Distribution of adolescents (%) according to knowledge about sexually transmitted diseases (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
78	**Regarding sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome:**					**N= 309**	
	Knows	90.1	94.6	85.5	88.8	90.0	87.7
	Dooes not know	9.9	5.4	14.5	11.2	10.0	12.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
79	**Knows sexually transmitted deceases:**					**N= 309**	
	Syphilis	47.1	64.0	29.7	23.2	30.4	16.0
	Gonorrhoea	36.1	56.2	15.2	20.0	32.8	7.1
	Clamidiosis	6.9	7.0	6.8	2.1	2.3	1.9
	Mycosis	37.9	37.9	38.0	37.4	30.5	44.4
	Herpes	7.3	8.5	6.1	15.0	13.1	16.8
	Condyloma (warts, nodes)	5.8	8.8	2.7	4.1	5.0	3.2
	Trichomoniasis	12.3	12.1	12.5	4.4	4.9	3.9
	Hepatitis				38.3	41.2	35.4
	AIDS/HIV	86.5	81.2	92.0	86.1	87.7	84.5
	Refuse to answer				6.4	6.3	6.5
80	**Specific characteristic signs of sexually transmitted infections:**					**N= 309**	
	Knows	41.0	54.3	27.7	25.1	34.7	15.4
	Dooes not know	59.0	45.7	72.3	74.9	65.3	84.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
81	**Is aware of specific characteristic signs of sexually transmitted infections:**					**N= 101**	
	Burning and pain on urination	61.7	72.4	44.3	42.5	44.7	37.3
	Pus or other discharge from genitals	41.5	45.5	35.1	44.4	41.9	50.0
	Genitals itch	45.5	48.1	41.2	55.8	52.9	62.5
	Ulcers in the genital area	23.7	25.0	21.6	27.9	27.2	29.6
	Warty rash on the genitals	14.6	21.8	3.1	13.9	12.8	16.5
	Other	7.9	7.1	9.3	4.9	5.2	4.3
84	**Regarding the ways of transmitting AIDS/Acquired Immune Deficiency Syndrome:**					**N= 309**	
	Knows	87.0	86.3	89.5	78.0	81.3	74.6
	Dooes not know	13.0	13.7	10.5	22.0	18.7	25.4
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 30

Distribution of adolescents (%) according to knowledge about specific ways of transmitting AIDS/Acquired Immune Deficiency Syndrome

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
85-1	**Considers, that AIDS/Acquired Immune Deficiency Syndrome gets transmitted:**						**N= 476**	
	Transfusion of infected blood	95.9	95.8	96.1	94.4	97.1	93.0	98.5
	Use of public toilet	8.3	7.4	9.2	9.0	5.9	7.9	10.2
	“Dry” kiss on lips	7.2	7.9	6.5	10.8	5.1	9.9	3.9
	“Wet” kiss on lips	32.9	32.3	33.6	30.6	33.9	29.7	36.7
	Any kind of heterosexual contact	86.1	83.3	89.2	83.5	83.1	88.2	89.9
	Homosexual contact	47.0	49.4	44.4	38.5	59.7	38.7	48.9
	Shaking hands	1.6	2.5	0.7	2.7	2.3		1.3
	Blood donation	74.7	83.0	65.8	84.6	81.5	65.4	66.1
	Use of unsterile syringe	90.3	86.5	94.5	89.6	83.5	95.1	94.0
	Mosquito sting	28.2	29.7	26.5	25.2	34.0	26.8	26.3
	Use of things of an AIDS/HIV carrier	27.4	30.2	24.4	33.6	26.9	22.7	25.7
	From pregnant diseased with AIDS/HIV to fetus	60.4	54.2	67.1	59.2	49.5	66.3	67.7
	Through mother’s milk	41.2	37.4	45.3	39.5	35.3	41.4	48.3
	Manicure, chiropody, haircutting, shaving, tattooing	57.0	47.7	66.9	41.4	53.7	58.4	73.6
	Use of unsterile dental instruments	66.0	59.5	73.1	55.6	63.1	69.3	76.1
	Insufficient sterilization of medical instruments	82.5	78.0	87.3	70.3	85.3	87.0	87.6
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0
85-2	**Considers, that AIDS/Acquired Immune Deficiency Syndrome does not get transmitted:**						**N= 476**	
	Transfusion of infected blood	1.1	2.1		1.9	2.2		
	Use of public toilet	64.6	67.1	61.9	67.3	66.9	63.3	60.9
	“Dry” kiss on lips	74.4	73.9	75.0	71.3	76.3	66.4	81.6
	“Wet” kiss on lips	47.2	50.3	43.9	51.3	49.5	41.5	45.8
	Any kind of heterosexual contact	6.0	7.4	4.5	6.4	8.4	5.0	4.1
	Homosexual contact	5.6	8.1	2.9	9.5	6.8	3.0	2.8
	Shaking hands	90.0	89.7	90.4	88.1	91.1	91.1	89.8
	Blood donation	15.3	6.7	24.7	5.4	7.9	23.7	25.5
	Use of unsterile syringe	3.6	4.9	2.1	4.3	5.5	1.0	2.9
	Mosquito sting	39.6	38.4	40.9	44.1	33.0	41.5	40.5
	Use of things of an AIDS/HIV carrier	49.6	48.4	50.9	48.2	48.6	48.6	52.7
	From pregnant diseased with AIDS/HIV to fetus	6.8	9.0	4.5	7.9	10.0	3.0	5.6
	Through mother’s milk	12.2	12.1	12.3	14.1	10.1	13.9	11.1
	Manicure, chiropody, haircutting, shaving, tattooing	21.2	23.8	18.4	32.5	15.5	27.8	11.2
	Use of unsterile dental instruments	12.2	15.3	8.9	19.0	11.8	10.0	8.0
	Insufficient sterilization of medical instruments	3.6	5.8	1.2	7.1	4.5	1.0	1.3
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Table 30a

Distribution of adolescents (%) according to knowledge about specific ways of transmitting AIDS/Acquired Immune Deficiency Syndrome

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
85-3	**I am not aware of the ways of transmitting AIDS/Acquired Immune Deficiency Syndrome**						**N= 476**	
	Transfusion of infected blood	3.0	2.1	3.9	3.7	0.7	7.0	1.5
	Use of public toilet	27.1	25.5	28.8	23.7	27.1	28.8	28.9
	“Dry” kiss on lips	18.4	18.2	18.5	17.9	18.6	23.7	14.5
	“Wet” kiss on lips	19.8	17.4	22.5	18.1	16.7	28.8	17.6
	Any kind of heterosexual contact	7.9	9.3	6.4	10.1	8.5	6.8	6.0
	Homosexual contact	47.4	42.5	52.7	52.0	33.5	58.3	48.3
	Shaking hands	8.4	7.9	8.9	9.2	6.6	8.9	8.9
	Blood donation	9.9	10.3	9.5	10.0	10.7	10.9	8.4
	Use of unsterile syringe	6.1	8.6	3.4	6.1	10.9	3.9	3.1
	Mosquito sting	32.2	31.9	32.5	30.8	33.0	31.7	33.2
	Use of things of an AIDS/HIV carrier	23.0	21.4	24.7	18.2	24.5	28.7	21.6
	From pregnant diseased with AIDS/HIV to fetus	32.8	36.8	28.5	32.9	40.5	30.7	26.7
	Through mother’s milk	46.6	50.6	42.4	46.3	54.6	44.7	40.6
	Manicure, chiropody, haircutting, shaving, tattooing	21.8	28.5	14.6	26.0	30.8	13.9	15.2
	Use of unsterile dental instruments	21.8	25.2	18.0	25.4	25.0	20.7	15.9
	Insufficient sterilization of medical instruments	14.0	16.2	11.5	22.6	10.2	12.0	11.2
	Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Table 31

Distribution of adolescents (%) according to whether they had heard about B and C hepatitis and for which diseases is characteristic transmission by similar ways

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
86							**N= 600**	
	Yes, heared	63.4	65.0	61.8	56.5	74.1	48.8	75.7
	No, does not heared	36.6	35.0	38.2	43.5	25.9	51.2	24.3
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
87							**N= 600**	
	AIDS/Acquired Immune Deficiency	59.7	59.9	59.5	53.8	66.5	47.3	72.5
	Other	2.7	2.0	3.4	2.1	1.8	3.8	3.1
	Refuse to answer	37.6	38.1	37.1	44.1	31.7	48.9	24.4
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 32

Distribution of adolescents (%) according to awareness about specific ways of transmission of AIDS/Acquired Immune Deficiency Syndrome and B and C Hepatitis (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
85-1	**Considers, that AIDS/Acquired Immune Deficiency Syndrome gets transmitted:**					**N= 245**	
	Transfusion of infected blood	91.1	94.0	88.3	93.4	94.6	92.2
	Use of public toilet	57.9	56.7	59.1	8.1	7.7	8.6
	“Dry” kiss on lips				7.8	7.8	7.8
	“Wet” kiss on lips	55.8	54.2	57.4	30.4	29.9	31.0
	Any kind of heterosexual contact	89.6	91.3	87.9	86.7	85.6	88.0
	Homosexual contact	61.7	63.9	59.6	40.6	43.7	37.2
	Shaking hands	86.7	86.6	86.8	1.2	2.3	
	Blood donation	74.4	84.1	65.2	76.5	85.0	67.2
	Use of unsterile syringe	87.8	88.9	86.7	88.2	82.8	94.1
	Mosquito sting	32.8	36.5	29.2	23.9	25.2	22.6
	Use of things of an AIDS/HIV carrier	33.7	31.0	36.4	25.4	27.4	23.2
	From pregnant diseased with AIDS/HIV to fetus	53.3	58.3	48.5	55.7	50.5	61.3
	Through mother’s milk	33.6	39.1	28.3	38.0	40.3	35.4
	Manicure, chiropody, haircutting, shaving, tattooing	31.1	40.7	21.9	52.5	46.9	58.6
	Use of unsterile dental instruments	69.9	64.1	75.4	62.2	59.0	65.6
	Insufficient sterilization of medical instruments				78.1	73.8	82.7
86	**About B and C Hepatitis :**					**N= 309**	
	Yes, heared	56.6	54.0	59.3	58.6	61.9	55.3
	No, does not heared	43.4	46.0	40.7	41.4	38.1	44.7
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Table 33
Distribution of adolescents (%) according to some opinions regarding sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
88	**Examination for sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome:**						**N= 600**	
	Yes, before marriage	38.4	31.0	46.0	35.6	26.0	50.6	41.1
	Yes, after a casual sexual intercourse	17.1	20.4	13.6	22.3	18.4	7.9	19.7
	Yes, from time to time	49.7	54.4	44.9	48.2	61.1	44.1	45.8
	Not expedient	3.1	3.3	2.9	4.7	1.8	3.9	1.9
	Refuse to answer	2.4	1.9	2.9	2.0	1.8	2.6	3.1
	The ways which may reduce the risk of transmitting sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome							
89-1	**Yes**						**N= 600**	
	Sexual continence	67.8	69.9	65.6	65.1	75.1	65.6	65.5
	Use of condom	75.0	79.5	70.4	76.6	82.6	61.9	79.3
	Avoiding sexual intercourse with prostitutes	77.5	75.8	79.3	70.7	81.4	71.4	87.6
	No unsterile injections	76.6	79.4	73.6	75.1	84.0	64.8	83.0
	Having one sexual partner	52.6	53.7	51.6	50.6	57.0	42.9	60.8
	No casual sexual intercourses	67.3	67.8	66.8	62.3	73.7	56.4	77.9
	Other							
89-2	**No**						**N= 600**	
	Sexual continence	11.9	11.0	12.9	11.5	10.5	9.6	16.3
	Use of condom	8.0	9.0	6.9	8.1	10.0	7.8	5.9
	Avoiding sexual intercourse with prostitutes	5.6	6.6	4.5	7.8	5.4	4.6	4.4
	No unsterile injections	3.6	3.5	3.8	3.4	3.5	2.6	5.0
	Having one sexual partner	15.1	17.7	12.5	16.4	19.1	9.8	15.4
	No casual sexual intercourses	6.1	6.4	5.7	6.7	6.1	5.8	5.5
	Other							
89-3	**Do not know**						**N= 600**	
	Sexual continence	20.3	19.0	21.5	23.4	14.3	24.7	18.2
	Use of condom	17.0	11.4	22.8	15.2	7.4	30.3	14.7
	Avoiding sexual intercourse with prostitutes	16.9	17.6	16.2	21.5	13.3	24.0	8.0
	No unsterile injections	19.8	17.1	22.6	21.4	12.5	32.6	12.0
	Having one sexual partner	32.2	28.6	35.9	33.0	23.9	47.4	23.8
	No casual sexual intercourses	26.6	25.8	27.5	31.0	20.2	37.8	16.6
	Other							

Table 34

Distribution of adolescents (%) according to some opinions regarding sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome (Tbilisi 2002, Tbilisi 2008)

		Tbilisi 2002			Tbilisi 2008		
		Total	Male	Female	Total	Male	Female
88	**Examination for sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome:**					**N= 309**	
	Yes, before marriage	21.5	21.8	21.3	37.1	30.4	43.9
	Yes, after a casual sexual intercourse	24.6	31.7	17.5	15.1	19.0	11.1
	Yes, from time to time	47.3	42.6	52.0	41.3	43.3	39.2
	Not expedient	6.6	3.9	9.2	3.5	4.1	2.9
	Refuse to answer				3.0	3.2	2.9
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0
89-1	**The ways which may reduce the risk of transmitting sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome**					**N= 309**	
	Sexual continence				66.2	67.2	65.2
	Use of condom	94.4	98.2	90.5	73.6	76.9	70.2
	Avoiding sexual intercourse with prostitutes	85.5	88.5	82.5	74.9	74.6	75.3
	No unsterile injections	81.9	83.8	80.0	70.6	76.2	65.0
	Having one sexual partner	66.4	73.4	59.3	46.0	46.3	45.7
	No casual sexual intercourses	79.4	83.1	75.6	61.9	65.2	58.5

Table 35

Distribution of adolescents (%) according to opinion regarding absolute guarantee for preventing sexually transmitted infections and AIDS/Acquired Immune Deficiency Syndrome

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
90-1	**Guarantees**						**N=**	**600**
	Sexual continence	61.3	61.9	60.7	57.1	67.0	62.4	58.9
	Use of condom	37.3	38.9	35.7	40.7	36.9	35.2	36.3
	Avoiding sexual intercourse with prostitutes	40.6	40.2	41.1	34.8	46.0	37.0	45.4
	No unsterile injections	44.2	45.0	43.4	42.6	47.5	37.1	50.1
	Having one sexual partner	28.2	29.1	27.3	26.3	32.2	22.2	32.7
	No casual sexual intercourses	36.5	35.7	37.2	36.6	34.9	25.9	49.2
	Other							
90-2	**Does not guarantees**						**N=**	**600**
	Sexual continence	14.5	16.7	12.2	15.8	17.7	9.0	15.6
	Use of condom	27.7	27.8	27.7	22.4	33.6	18.8	37.1
	Avoiding sexual intercourse with prostitutes	22.7	23.7	21.6	24.8	22.6	17.5	26.0
	No unsterile injections	18.5	18.1	18.9	17.2	19.1	16.7	21.2
	Having one sexual partner	29.0	28.6	29.4	26.6	30.6	27.8	31.1
	No casual sexual intercourses	20.8	22.0	19.5	17.7	26.7	19.5	19.6
	Other							
90-3	**Do not know**						**N=**	**600**
	Sexual continence	24.2	21.4	27.1	27.1	15.3	28.7	25.5
	Use of condom	35.0	33.4	36.6	37.0	29.5	46.0	26.6
	Avoiding sexual intercourse with prostitutes	36.7	36.1	37.3	40.5	31.4	45.5	28.5
	No unsterile injections	37.3	36.9	37.7	40.2	33.4	46.2	28.7
	Having one sexual partner	42.8	42.3	43.3	47.1	37.2	50.0	36.2
	No casual sexual intercourses	42.8	42.2	43.3	45.7	38.5	54.6	31.3
	Other							

Table 36

Distribution of adolescents (%)according to their consideration about need to refer to the doctor

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
	Considers it necessary							
91-1	**For both sexes**						**N= 600**	
	Extra weight	37.9	35.7	40.1	35.5	36.0	39.7	40.5
	Insufficient weight	56.8	53.6	60.1	53.1	54.1	59.8	60.5
	Delay in growth	69.8	68.3	71.3	71.5	64.8	73.4	69.1
	Delay in sexual maturity	88.5	86.3	90.7	84.9	87.9	90.9	90.4
	Premature sexual maturity	56.8	49.7	64.0	50.0	49.3	63.1	64.9
	Rash on face	45.9	39.2	52.8	41.3	36.9	50.7	55.0
	For the girls							
	Interruption of menstrual cycle	93.3		93.3			94.8	91.6
	Hairiness	80.9		80.9			74.0	88.2
91-2	**Do not consider it necessary**						**N= 600**	
	For both sexes							
	Extra weight	56.7	58.9	54.5	60.4	57.3	56.4	52.5
	Insufficient weight	38.4	42.1	34.7	43.5	40.5	36.3	32.9
	Delay in growth	26.1	27.8	24.3	26.5	29.2	22.0	26.8
	Delay in sexual maturity	7.5	9.6	5.4	10.7	8.5	5.2	5.7
	Premature sexual maturity	36.5	43.9	29.0	43.7	44.0	29.1	29.0
	Rash on face	49.5	56.0	42.9	53.8	58.4	45.3	40.2
	For the girls							
	Interruption of menstrual cycle	3.8		3.8			1.9	5.8
	Hairiness	13.8		13.8			20.8	6.4
91-3	**Does not know**						**N= 600**	
	For both sexes							
	Extra weight	5.4	5.4	5.4	4.2	6.7	3.9	7.0
	Insufficient weight	4.8	4.3	5.2	3.4	5.4	3.9	6.6
	Delay in growth	4.1	3.9	4.4	2.0	6.0	4.6	4.1
	Delay in sexual maturity	4.0	4.0	3.9	4.4	3.6	3.9	3.9
	Premature sexual maturity	6.7	6.4	7.0	6.2	6.7	7.8	6.1
	Rash on face	4.6	4.8	4.4	4.9	4.7	3.9	4.8
	For the girls							
	Interruption of menstrual cycle	2.9		2.9			3.2	2.6
	Hairiness	5.3		5.3			5.2	5.4

Table 37

Distribution of adolescent girls (%)according to visit to gynecologist

		Female	Female age	
			14-16	17-19
92	**Visit to gynecologist:**			
	Yes	12.0	5.2	19.2
	No	88.0	94.8	80.8
	TOTAL	100.0	100.0	100.0
93	**Age and number of the visitor to gynecologist**		**N= 36**	
93-1	**Once**		**N= 34**	
	Under 11	5.8	20.3	3.3
	11-13 years	19.5	59.8	12.4
	14-16 years	33.1	19.9	35.4
	17-19 years	41.6		48.9
	TOTAL	100.0	100.0	100.0
93-2	**Twice**		**N= 17**	
	Under 11			
	11-13 years	20.7	49.0	17.1
	14-16 years	47.2	51.0	46.7
	17-19 years	32.1		36.2
	TOTAL	100.0	100.0	100.0
93-3	**Three times**		**N= 2**	
	Under 11			
	11-13 years	55.3	100.0	
	14-16 years	44.7		100.0
	17-19 years			
	TOTAL	100.0	100.0	100.0
93-4	**Four times**		**N= 4**	
	Under 11			
	11-13 years	22.9	100.0	
	14-16 years			
	17-19 years	77.1		100.0
	TOTAL	100.0	100.0	100.0
93-5	**Five and more times**		**N= 4**	
	Under 11			
	11-13 years			
	14-16 years	46.0		46.0
	17-19 years	54.0		54.0
	TOTAL	100.0		100.0
93	**Average number of visits**		**N= 36**	
	Under 11	1.00	1.00	1.00
	11-13 years	1.53	1.72	1.33
	14-16 years	1.76	1.50	1.76
	17-19 years	2.00		2.00
94	**Reason for visiting gynecologist**		**N= 36**	
	Concerning menstruation	57.7	62.5	56.3
	Concerning contraception			
	Suspect of pregnancy	5.0		6.5
	Pain in abdomen	10.5		13.5
	Unknown reason	15.0	25.5	11.9
	Prenatal examination	2.3		3.0
	Pussy or smelly discharge from genitals	17.0	24.0	15.0
	Seeking advice about safe sexual intercourse	9.4		12.2
	Other			

Table 38

Distribution of adolescent boys (%)according to visit to venereologist or reproductiologist

		Male	Male Age	
			14-16	17-19
95	**Visit to venereologist or reproductiologist:**		**N= 303**	
	Yes	3.9	2.0	5.9
	No	96.1	98.0	94.1
	TOTAL	100.0	100.0	100.0
96	**Age and number of the visitor to venereologist or reproductiologist**		**N= 12**	
96-1	**Once**		**N= 10**	
	Under 11			
	11-13 years	90.9	100.0	88.4
	14-16 years	9.1		11.6
	17-19 years			
	TOTAL	100.0	100.0	100.0
96-2	**Twice**		**N= 4**	
	Under 11	25.9	50.0	
	11-13 years			
	14-16 years	46.9	50.0	43.6
	17-19 years	27.2		56.4
	TOTAL	100.0	100.0	100.0
96-3	**Three times**		**N= 0**	
	Under 11			
	11-13 years			
	14-16 years			
	17-19 years			
	TOTAL	100.0	100.0	100.0
96-4	**Four times**		**N= 0**	
	Under 11			
	11-13 years			
	14-16 years			
	17-19 years			
	TOTAL	100.0	100.0	100.0
96-5	**Five and more times**		**N= 0**	
	Under 11			
	11-13 years			
	14-16 years			
	17-19 years			
	TOTAL	100.0	100.0	100.0
96	**Average number of visits**		**N= 12**	
	Under 11	2.00	2.00	
	11-13 years			
	14-16 years	1.20	1.30	1.10
	17-19 years	1.50		1.50
97	**Reason for visiting venereologist or reproductiologist**		**N= 12**	
	Seeking advice about the issue related to sexual maturity	70.1	100.0	59.1
	Seeking advice about the issue related to safe sexual intercourse			
	Examination for STI suspecting to have it			
	Prophylactic examination			
	Suspecting to have premature or delayed sexual maturity	7.3		10.0
	Seeking treatment for STI	14.9		20.4
	Having genital glands swollen	7.7		10.5

Table 39

Distribution of adolescents (%) according to assessment of own health condition, self-appraisal and use of some means of personal care

		Total	Male	Female	Male age		Female age	
					14-16	17-19	14-16	17-19
98	**Health condition:**						**N= 600**	
	Good	64.1	72.5	55.6	70.1	74.9	55.6	55.5
	Satisfactory	34.9	26.5	43.5	27.9	25.1	43.1	43.9
	Unsatisfactory	1.0	1.0	0.9	2.0		1.3	0.6
	TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0
99	**Self-appraisal**						**N= 600**	
99-1	**Agrees completely**							
	I am too thin	2.7	3.5	2.0	3.5	3.5	0.6	3.4
	I am too fat	1.8	2.0	1.6	2.1	1.9	2.0	1.2
	I have a normal weight	73.7	71.0	76.5	73.3	68.5	77.9	75.0
	I feel comfortable with my body	78.8	82.3	75.3	83.4	81.1	75.9	74.6
	I consider myself attractive	44.0	41.4	46.7	45.5	37.1	40.2	53.6
	I take care of my health through maintaining physical shape	54.2	55.8	52.6	61.1	50.2	53.7	51.3
99-2	**Agrees partially**							
	I am too thin	8.2	6.7	9.6	5.6	7.9	8.5	10.9
	I am too fat	5.3	3.0	7.7	3.3	2.6	7.7	7.6
	I have a normal weight	21.4	24.9	17.8	22.5	27.5	17.5	18.1
	I feel comfortable with my body	16.1	14.0	18.2	14.6	13.4	16.9	19.5
	I consider myself attractive	47.0	50.0	43.9	46.5	53.6	49.3	38.1
	I take care of my health through maintaining physical shape	29.6	26.2	33.0	22.6	29.9	33.3	32.7
99-3	**Does not agree**							
	I am too thin	82.3	84.3	80.4	87.6	80.7	83.1	77.6
	I am too fat	86.6	90.2	83.0	91.9	88.3	83.1	82.9
	I have a normal weight	2.7	2.8	2.6	3.4	2.1	1.3	4.0
	I feel comfortable with my body	1.9	0.9	2.9	0.6	1.2	2.7	3.2
	I consider myself attractive	3.4	3.3	3.5	3.9	2.6	4.6	2.3
	I take care of my health through maintaining physical shape	11.3	13.3	9.3	12.3	14.3	7.8	10.9
100-1	**Uses means of peronal care:**						**N= 600**	
	Deodorant	89.2	85.2	93.3	84.2	86.2	90.8	96.0
	Hair styling gel	32.7	21.1	44.5	22.9	19.2	40.8	48.4
	Lotion	42.2	30.8	53.7	24.1	37.9	47.3	60.6
	Cream	49.9	25.1	75.1	18.2	32.6	69.5	81.1
99-4	**Refusal to answer**						**N= 600**	
	I am too thin	6.8	5.5	8.0	3.3	7.9	7.8	8.2
	I am too fat	6.3	4.9	7.7	2.7	7.3	7.2	8.2
	I have a normal weight	2.2	1.3	3.1	0.8	1.8	3.2	2.9
	I feel comfortable with my body	3.2	2.8	3.6	1.4	4.3	4.5	2.7
	I consider myself attractive	5.6	5.3	5.9	4.0	6.7	5.8	5.9
	I take care of my health through maintaining physical shape	4.9	4.7	5.1	4.0	5.5	5.2	5.0