



HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN OF ARMENIA 2017/2018 NATIONAL STUDY RESULTS



The study was conducted under support of the United Nations Population Fund Armenia Country Office.

The authors views expressed in this publication do not necessarily reflect the views of the UNFPA.



**HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN OF
ARMENIA 2017/2018
NATIONAL STUDY RESULTS**

YEREVAN

**ARABKIR MEDICAL CENTRE –
INSTITUTE OF CHILD AND ADOLESCENT HEALTH**

2019

**HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN OF ARMENIA 2017/2018
NATIONAL STUDY RESULTS**

Authors:

Health Behaviour in School-aged Children Survey Research Group of the
Arabkir Medical Centre - Institute of Child and Adolescent Health (ICAH):
M. Melkumova, Y. Movsesyan, S.Sargsyan, A.Babloyan

ACKNOWLEDGEMENTS

The authors express their sincere gratitude to all those who supported and have taken part in preparation of the study:

- Ministry of Education, Science, Culture and Sport of the Republic of Armenia,
- Ministry of Health of the Republic of Armenia,
- Statistical Committee of the Republic of Armenia, National Centre of Educational Technologies,
- HBSC survey colleagues and the International Coordinating Centre,
- United Nations Population Fund,
- Regional Office for Europe of the World Health Organization (WHO), WHO Armenia country office,
- UNESCO Institute for Information Technologies in Education,
- Headmasters and teachers for assisting in organization and conduction of survey,

Anna Avetisyan, Nune Aleksanyan, Anahit Arzumanyan, Nakhshun Afanesyan, Shushan Asatryan, Marina Bareyan, Gayane Grigoryan, Aghavni Dilanyan, Alvard Davoyan, Lusine Israelyan, Marine Khachatryan, Hermine Kostanyan, Eduard Hovhannisyman, Marine Hovhannisyman, Hovhannes Hovhannisyman, Lusine Ghalumyan, Grigor Nazinyan, Gayane Chopuryan, Anahit Petrosyan, Mariam Sargsyan, Mnatsakan Sargsyan, Emma Vardanyan, Larisa Vardapetyan for conducting field work and data entry,

Mark Gregory, Brandeis college alumni and Andrew Gregory, Boston college alumni for contribution to translation

**... and the most important – to all 5892 school children
who have participated in the survey.**

INTRODUCTION

The Health Behavior in School-aged Children (HBSC, www.hbsc.org) is an international survey of schoolchildren implemented regularly in 49 countries of the world and adopted by WHO Regional Office of Europe as a collaborative study. The HBSC survey focuses on studying the health and health behavior of adolescents and disclosing the various factors – healthcare, education, social and family environments, which influence the health and behaviors of young people.

The HBSC survey dates back to 1982. In 1983, given the topicality of research, the HBSC study was adopted by the WHO Regional Office for Europe as a collaborative study. Since then, the HBSC survey has been conducted every four years by independent research groups. The survey methodology enables collection of valid data on both national and international levels, and allows making international comparisons. Such international data comparisons enable description of patterns of health behaviors of adolescents across all participating countries, as well as examination of the time trends of such patterns. The HBSC survey data bank and coordinating centers are located in Scotland and Norway.

In Armenia the pilot HBSC survey was carried out in 2005 by Institute of Child and Adolescent Health at Arabkir Medical Centre (Arabkir MC-ICAH). This pilot survey revealed various problems in the health behaviors of Armenian adolescents. The pilot study allowed the Armenian HBSC survey team to become a member of the international HBSC research network and to conduct the first regular national HBSC survey in 2009-2010. The present survey was carried out in 2017-2018 in collaboration with the HBSC research network and in accordance with all the requirements of the international research protocol.

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

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

administered to 15- and 17-year-old students. The questionnaire was approved by the Ministry of Education and Science of Armenia and was tested in three schools in Yerevan. Upon testing, some of the questions were rephrased and the questionnaire was finalized.

One hundred and sixty-seven schools from all the regions of Armenia were selected using this method, of which 49 schools were in Yerevan, 51 – in other urban regions, and 67 – in rural settlements¹ for 11-,13-, and 15-year old adolescents, and 90 high schools and vocational colleges for 17-year-old students. The survey sample was representative of all age groups. On the whole, 4717 11-15-year-old students, and 1175 17-year-old students were surveyed. Data analysis was performed using the SPSS 20 software package. Criteria for statistical significance were applied.

Field work was performed in schools and colleges by trained interviewers during the months of October to December, 2017, and from March to May, 2018. The students were informed about the survey beforehand, and their participation was voluntary. The number of those who refused to participate was negligible. In order to ensure complete anonymity of the survey, teachers were not present in the classrooms during the time when the questionnaires were administered. The data collected were submitted to Arabkir MC-ICAH, where it was entered into the database provided by the international center and adapted to the national context. The analysis presented in this report was made considering the gender-, age- and place-of-residence-specific differences. Some behavioral trends were also examined using the data from 2013/14 survey as a comparison.

¹ Sampling of the schools was done using the list of schools provided by the Ministry of Education and Science and the National Center for Educational Technologies of Armenia.

RESULTS

❑ DEMOGRAPHIC DATA

- 4717 adolescents aged 11, 13 and 15 from 167 schools were included in the survey; 2353 of these (49, 9%) were male, and 2364 (50,1%) – female.
- 1175 17-year-old students, including 529 males (44.9%) and 646 females (54.8%) from 90 high schools, vocational schools and colleges were surveyed.
- Distribution by places of residence of all surveyed pupils is presented in Tables 1, 2 and Figures 1, 2.
- The number of males in the groups of 15- and 17-year-old respondents is significantly lower in rural areas.

Table 1. Age and gender breakdown of 11-17 years-old pupils

Gender	Age				Total
	11	13	15	17	
Boy	768	827	758	529	2882
Girl	730	808	826	646	3010
Total	1498	1635	1584	1175	5892

Table 2. Age and residence breakdown of pupils

Place of residence	Age				Total
	11	13	15	17	
Yerevan	536 (35.8%)	505 (30.9%)	511 (32.3%)	470 (40%)	2022
City	476 (31.8%)	559 (34.2%)	622 (39.3%)	443 (37.7%)	2100
Village	486 (32.4%)	571 (34.9%)	451 (28.5%)	262 (22.3%)	1770
Total	1498 (100%)	1635 (100%)	1584 (100%)	1175 (100%)	5892

Figure 1. Age and gender breakdown of surveyed pupils

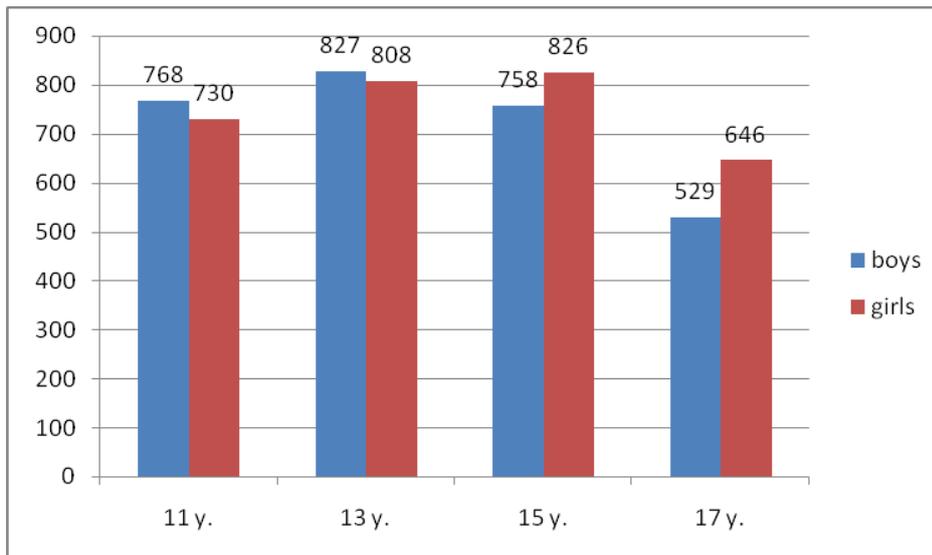
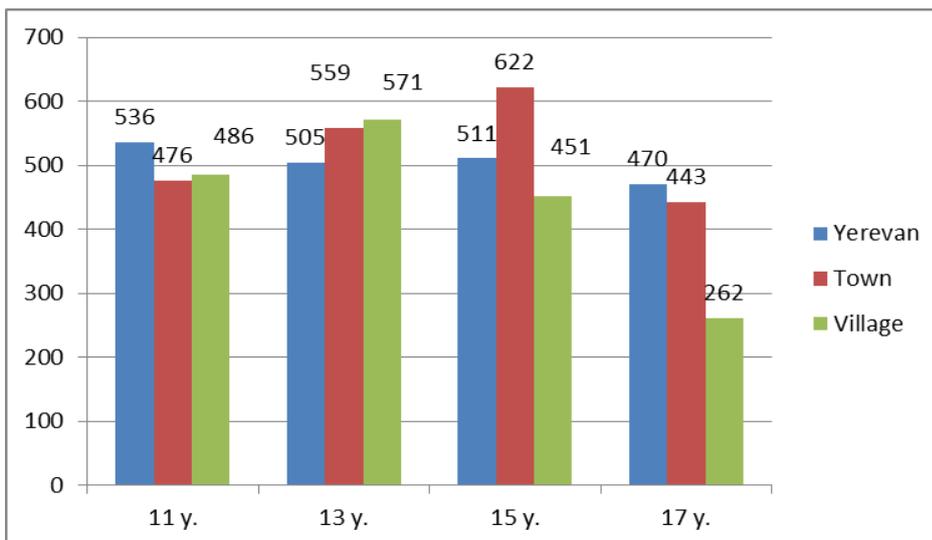


Figure 2. Gender and residence breakdown of surveyed pupils



□ FAMILY

The habits that are acquired in families are combined with protective and risk factors for health. Attachment to parents protects children from harmful habits and the risk of developing depression.

- It was found that 88% of surveyed 11-15 year-olds and 86% of 17 year-olds answered that they live with two parents.
- Reasons for not living with two parents included divorce of parents, death of one parent, and the work / residence of one parent in another city or country. Specifically, in the 11-15 age group 20% of boys and 31% of girls and 27% in the 17-

year-old group reported that their parents were divorced. A comparison of the non-Yerevan regions showed a difference: parents of adolescents, especially girls, in Yerevan were more often divorced. 17% of adolescents in this group aged 11-15 and 24% of 17-year-olds reported that one parent was dead, and 23% reported that one parent lived in another country.

- It was found that 93% of 11-year-old boys and 96% of girls reported that they communicated with their mothers "easily" or "very easily". This was found to decrease with age. At the age of 15 these indicators reached 81% for boys and 87% for girls, and at 17 they reached 78% for boys and 82% for girls. In general, girls communicated with mothers more often than did boys (Figure 3).
- It was found that 90% of boys and 78% of girls communicated with their fathers very easily. At the age of 15, this number declined significantly among girls, reaching 59% and 51% at age 17 (Figure 4). 12% of 11-13 year olds boys and 28% of girls communicated "with difficulty" or "with a lot of difficulty", for girls at the age of 15 the indicators reached 35% and 41% at the age of 17.

A comparison of the current data with that of the previous survey of 2013/2014 showed that a larger number of adolescents, especially at the age of 11, communicated and shared their emotions with their mothers and fathers. The number has dropped slightly, but the number of girls who communicated with their father with difficulty was still found to be high.

Figure 3. Percentage of students who were found to have easy contact with their mothers, by age and gender

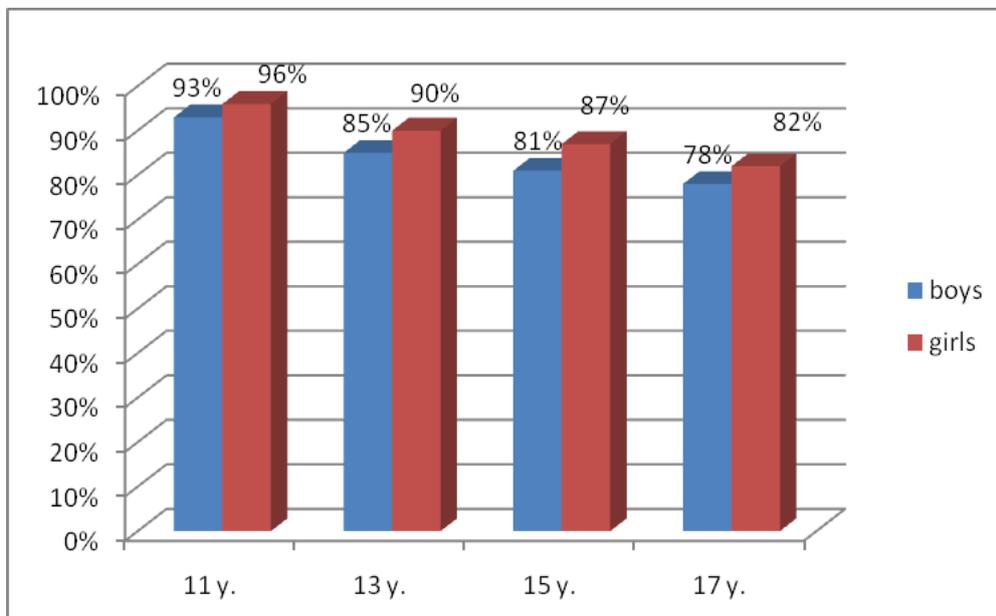
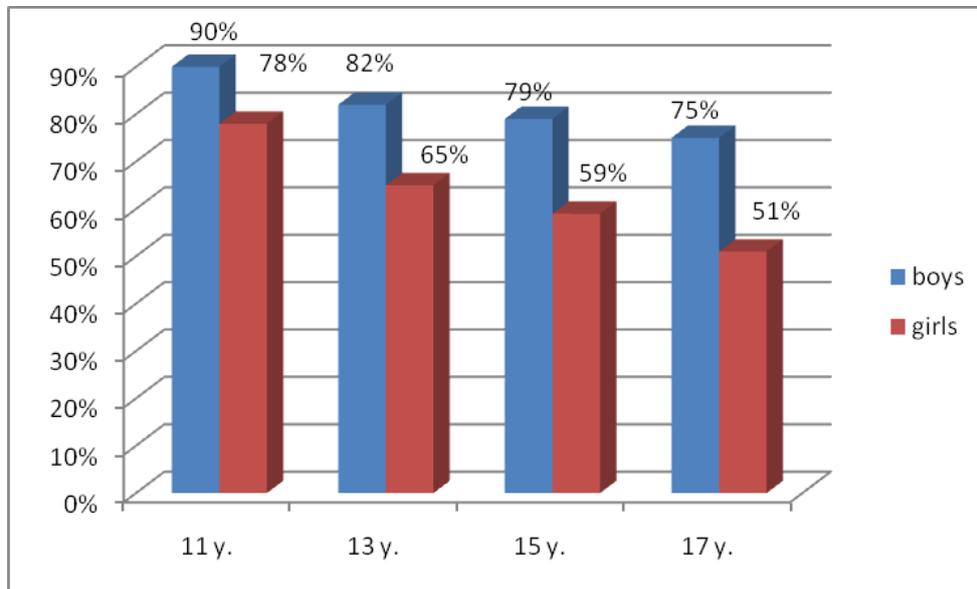


Figure 4. Percentage of students who were found to have easy contact with their fathers, by age and gender



- The family members of about 75% of adolescents were found to support them in making difficult decisions.
- It was found that 54% of adolescent boys and 83% of girls said that they had responsibilities at home. Differences by gender and region: in the villages, both boys and girls had more responsibilities in the home, girls had more.
- It was found that 26% of boys spend up to 2-3 hours on average doing homework and engaging in other tasks/responsibilities, with girls aged 13 and 15 the indicator showed 30%. Among the 17-year-olds surveyed, the indicators were almost the same for boys and girls, with rural children having a higher percentage.
- It was found that 12% of children reported having an adult with a disability or illness in their family, and 7% had a sibling with similar problems.
- In terms of the number of activities the families did together, such as walking, playing, etc. 58% of students said that they watched television together with the families every day, the 11-year-olds and the rural children did such more often- 64% of girls and 68% of boys. For 17-year-olds it was found to be less - 47%.
- It was found that 75% of children had meals with family members every day, up to 79% in rural areas.
- It was found that 23% of adolescents often played board games at home. There was found to be a difference by age and place of residence. The 15- and 17-year-olds played less often, while the 11 year olds and the rural children played more often.
- It was found that 15% of children played computer games with family members.
- It was found that 29% of boys and 25% of girls went for walk with family members; 15- and 17-year olds did so less often.

- It was found that 36% of boys and 43% of girls visited friends/relatives with their parents, 15-years-old did so more often, and the rurals did such significantly less often.
- It was found that 16% of boys and 12% of girls played sports games together with families; 15- and 17-year-olds were found to do such less frequently.
- Approximately 45% of children sat and talked about different topics daily.

In general, a large number of adolescents visited friends with their parents, had meals together, spent time and shared their emotions with their parents, spent time with house responsibilities. Relations with the father remained difficult for girls.

❑ GENDER NORMS

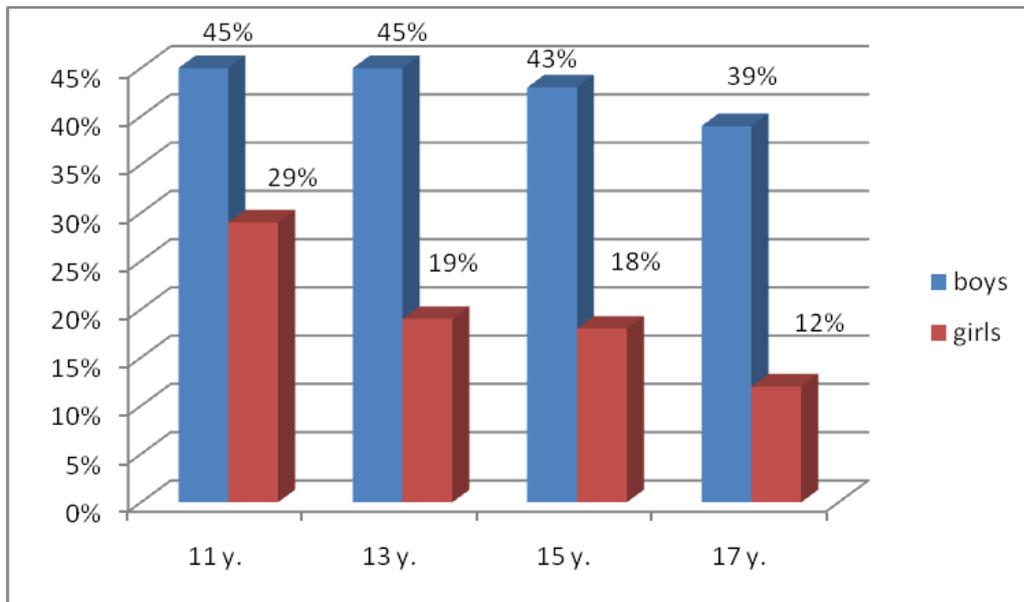
Gender inequalities were found to be present from early adolescence: girls were found to have a poorer well-being, a higher level of psychosomatic complaints or symptoms, and a higher level of life satisfaction when compared to boys. Boys were found to have a consistently higher level of injuries and being overweight when compared to girls. Adolescents' own perception of gender norms, and the pressure they experience to conform to culturally sanctioned gender roles, is likely to vary across countries and cultures.

- Adolescents were asked to express opinion about 5 statements.
- *"More encouragement in a family should be given to sons than daughters to enter the university/ college"*: 44% of boys strongly agreed with the statement and 34% (with a high prevalence of those who lived in regions) strongly disagreed. 64% of girls especially from rural areas (among 15- and 17-year-old-about 75%) strongly disagreed with the statement.
- *"It is more important for boys than girls to do well in school"*. 44% of boys strongly agreed (15- and 17-year olds agreed less often) with the statement and 32% (with prevalence of those who lived in regions) strongly disagreed. 65% of girls especially from rural areas (17-year-olds-approximately 73%) strongly disagreed with the statement.
- *"In general, the father should have greater authority than the mother in making family decisions"*: 67% of boys and 57% of girls agreed with this statement. This was the most prevalent in the 15- and 17-year-old age groups. 17% of boys and 28% of girls strongly disagreed.
- Around 72% of boys and only 28% of girls agreed with the statement *"Boys are better leaders than girls"*. 60% of girls who lived in rural area disagreed with this statement.
- More than 64% of boys and 39% of girls agreed with the statement *"Girls should be more concerned with becoming good wives and mothers than desiring a professional"*

or *business career*". The residents of the provinces strongly disagreed with this statement.

Overall gender stereotypes were found to be more common in boys than in girls. Girls struggled for their rights to study in universities and schools and also being leaders and not only serving as wives and mothers. These stereotypes can lead to personal and family problems.

Figure 5. Proportion of pupils who agreed with the statement “More encouragement in a family should be given to sons than daughters to enter to the university”, by age and gender



❑ SCHOOL ENVIRONMENT, PEERS, ONLINE CONTACTS

The school is the main social environment for children. Attitude toward the school affects the emotional and mental health of the child.

- It was found that 64% of 11-year-olds, 48% of 13- and 15-year-olds and 43% of 17-year-olds reported loving school. There is a difference in age, gender and place of residence. 11-year-olds, girls and rural children were found to love school more. Love towards school decreases with age (Figures 6, 7).
- A comparison with the data of 2013/2014 showed that the indicators are decreasing.

Figure 6. Percentage of students who love school, by age and gender

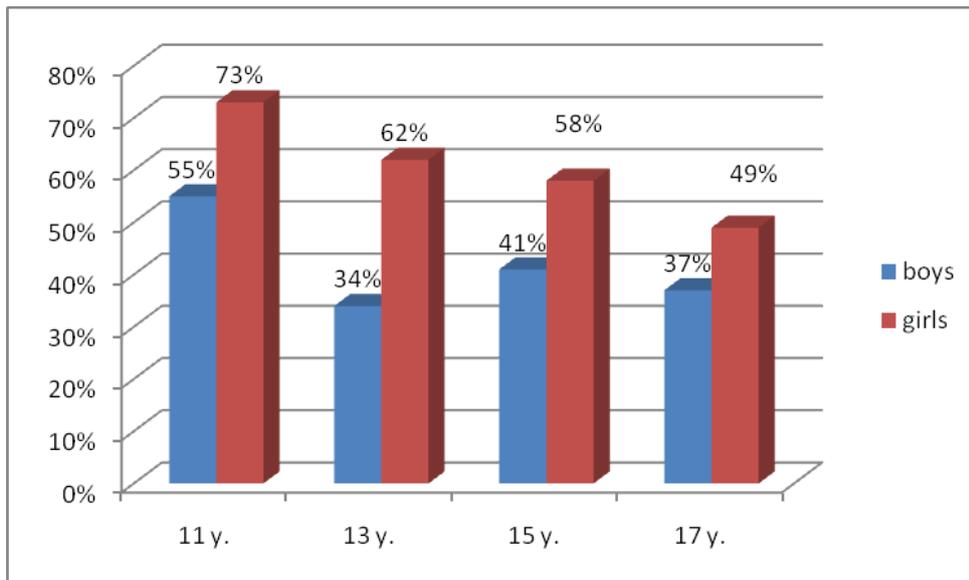
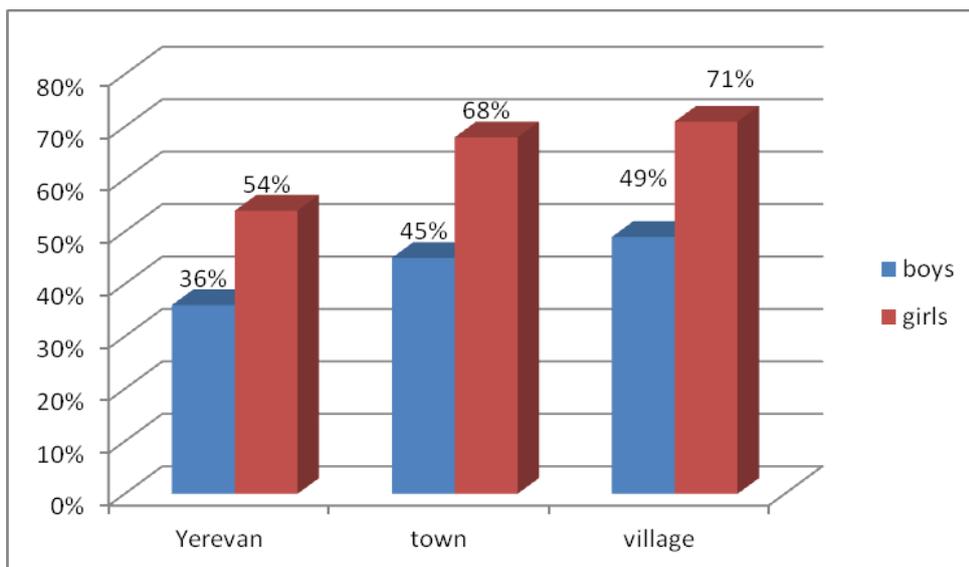


Figure 7. Percentage of students who love school by age and place of residence, 11-15-year-olds



- The students answered questions about being overloaded with school assignments.
- It was found that 25% of 11-year-olds, 34% of 13-year-olds, 37% of 15 year olds and 43% of 17-year-olds were overloaded. There is a difference in age, gender, and place of residence.
- 13-, 15- and 17-year olds, girls were found to be more overworked. In terms of place of residence, 40% of Yerevan-based girls aged 11-15 were found to be more busy and among the 17-year-olds 49% of Yerevan and rural based girls.

- A comparison of the current data with that 2013/2014 showed that the indicators being overloaded increased among students which create risks for the development of health and psychological complaints.
- Teachers were trusted by 68% of adolescents, 11-year-olds and girls do more.
- Armenian teenagers were very supportive toward their classmates. 49% of girls and 51% of boys said the classmates were kind and supportive.

ONLINE COMMUNICATION

Online communication is an integral part of our daily lives today. Teens were asked questions about with whom and how often they interacted online.

- It was found that 23% of boys and 25% of girls almost always communicated with close friends during the day, 15- and 17-year-olds and Yerevan-based students were found to do this more often.
- It was found that 16% of boys and 11% of girls were in contact with their friends on the Internet every week, which is worrying.
- In general, 15% of adolescents believed that on the internet they can speak more freely about their secrets and feelings.
- The communication on social networks is addictive. 15% of boys and 18% of girls aged 15 had disputes with their parents and relatives regarding the use of social networks.
- It was found that 28% of students felt bad being unable to use social networks.
- It was found that 24% of adolescents responded that they tried to shorten the time of use of social networking but failed.
- It was found that 23% of boys and 19% of girls used social media to avoid negative emotions; Yerevan-based older girls did more often.
- It was found that 19% of 17-year-old boys and 12% of girls only thought about the moment when they would rejoin social networks and couldn't do anything else at that time.

The indicators above showed significant addiction on social networks and the Internet among the adolescents.

❑ SOCIAL STATUS

Family well-being is one of the factors affecting children's physical and mental health. The survey asked questions characterizing social well-being of the families.

- The fathers of the 86% of the surveyed students worked, while in rural areas the indicator was 75%. 17% of fathers do not work in the rural areas and 5% in the capital.

- It was found that 51% of the mothers of adolescents aged 11-15 and 58% of 17-year-olds worked. There is a significant difference by region. 62% of the mothers of adolescents in the capital worked, while in rural areas the indicator was 34%.
- A comparison of the current data to that of 2013/2014 showed that the number of working mothers increased both in Yerevan and in the villages and cities. The number of working fathers did not change.
- It was found that 31% of families did not have a car, 49% had 1 car and 20% had 2 or more cars.
- A comparison of the current data with that of 2013/2014 showed that the number of car owners in the villages increased.
- It was found that 66% of adolescents in the 11-15-year-old age group and 74% of 17-year-olds had their own bedroom.
- Over the last year, 50% of children on average had not been vacationing or traveling with their families. However, there is a significant difference by region; in the age group of 11-15-year-olds 32% of Yerevan-based children traveled once, while in rural areas - 21%. The difference is even more striking among 17-year-olds: 41% did not travel at all among the adolescents from Yerevan, 55% - from the cities and 74% - from rural areas. On average, 29% of the respondents traveled with their families once a year.
- Regarding the presence of a computer in the family the following information was obtained: 7% of families did not have a computer (12% in the rural areas), on average 41% of adolescents had one computer, 24% had two computers, and 27% had more than two computers. It was found that a larger number of girls had computers.
- A comparison of the current data with that of the data in the survey of 2013/2014 showed a significant increase in the number of computers in the families and a significant difference by region.
- Children were asked to rate their family's well-being. In contrast to many of the above data, 65% of surveyed children reported that their family was "wealthy".
- To the question "*How often do you go to class or go to sleep because of a lack of food at home?*" on average, 2% of children answered "always", 8% "often", 11% "sometimes", with rural and 11-year-old boys answering the most often. 75% of boys and 84% of girls were never hungry.
- A comparison of the current data with that of the data in the survey of 2013/2014 showed a decrease in the indicators.

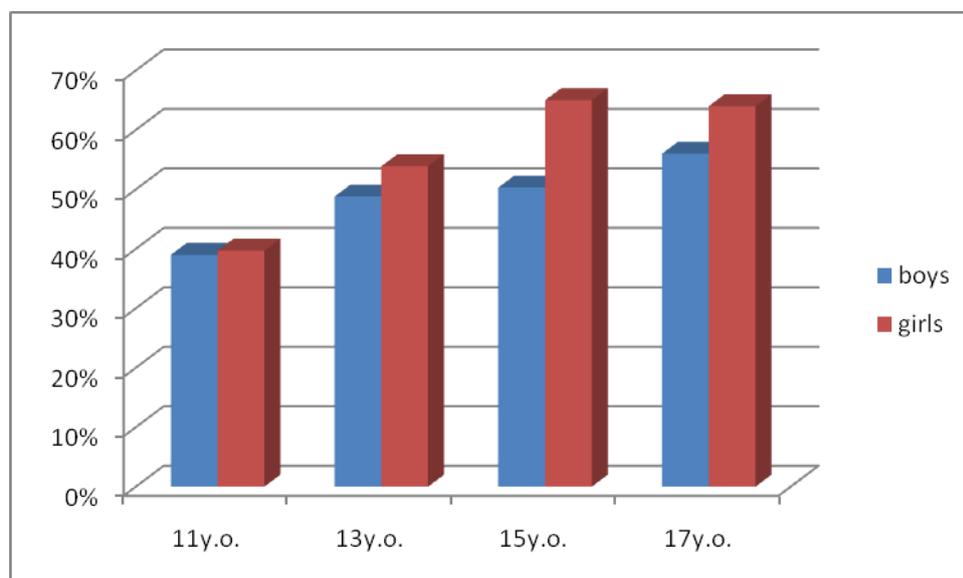
❑ HEALTH AND WELLBEING

HEALTH COMPLAINTS

Adolescence is widely held as a relatively healthy stage in a person's life; nevertheless, teenagers frequently have various health complaints. Poor health is known to impede normal maturation and may have long-term negative effects.

- Armenian teenagers (girls more often than boys) reported different health complaints, and the percentage of adolescents presenting with various symptoms increased with age.
- About 12% of adolescent boys and 15% of adolescent girls aged 11-15 reported having had a headache at least once a week in the six months preceding the survey. The variation by age and place of residence is significant: the weekly headache is reported by 22% of 17-year-old girls who lived in Yerevan.
- Approximately 7% of respondents, particularly 11-year-olds boys reported episodes of stomach ache once a week or more often.
- Weekly episodes of dizziness were reported by 6% of boys and 5% of girls.
- Approximately 8% of adolescents report episodes of backache and difficulties in getting to sleep at least once a week with prevalence of respondents who lived in Yerevan.
- Generally feeling “down “was reported at least once a week by 14% of boys aged 11-15 and 22% of 15-year-old girls. The prevalence of this complaint increased with age reaching its height in 17-year-olds (25%).
- “Irritability” and “nervousness” is most frequently reported by 15- and 17-year-old boys who lived in Yerevan: 19% of 15 year-olds and 24% of 17 year-olds. The same figures were observed among 15- and 17 year-old girls.
- Toothache at least once a week or more was reported by 19% of 11 year-old adolescents with a high prevalence in rural and urban residences.
- A comparison with the 2013/2014 data showed some decrease in the prevalence of the complaints reported; nevertheless, it was still significantly higher among 15-17 year-olds.
- Presence of multiple health complaints (2 or more) was analyzed to evaluate the health status of respondents. About half of 11-15-year olds and 63% of 17-year old adolescents reported having multiple health complaints at least once per week.
- Significant increase in frequency of multiple health complaints was observed with age. In all age groups girls were found to have a higher prevalence of health complaints.
- A comparison with 2013/2014 data showed an increase in the prevalence of multiple health complaints among Armenian adolescents.

Figure 8. Age and gender breakdown of adolescents with multiple (2 and more) health complains, more than once a week



- Asked “Do you think your body is...?” 65% Armenian adolescents reported having normal weight.
- 24% of boys, especially 11 year-old boys and those who live in rural areas think that they are thin. Girls shared only 19% with 11 year-olds dominating (23%).
- Among boys approximately 16% of 11 year-olds and 27% of 15 and 17 year-olds with the prevalence of those who live in Yerevan gave positive answer to the question “At present are you doing something to lose weight?”
- Meantime, about 15% of 11-15 year-old boys and 11-17 year-old girls (with the prevalence of those who live in Yerevan) as well as 10% of 17 year-old boys consider themselves fat.

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

❑ MENTAL HEALTH

MENTAL HEALTH

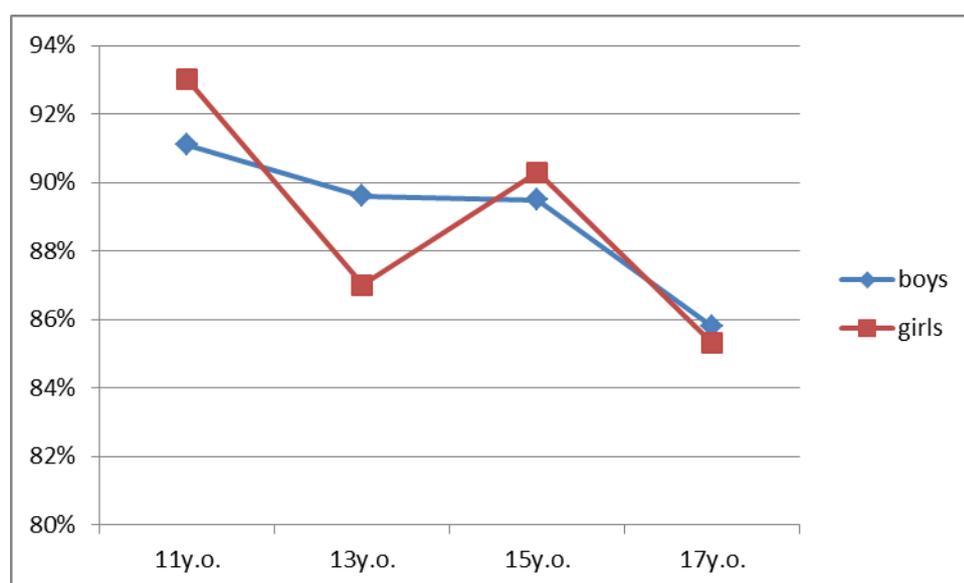
Different mental health issues ranging from mood disorders to depression and suicidal thoughts are common in adolescents and require early detection and intervention. Moreover, life satisfaction is an important criterion of mental health and well-being.

- For this survey, the Cantril ladder score was used to measure life satisfaction: scores of 0 and 10 represent the lowest and highest possible life satisfactions for adolescents, respectively. A respondent is considered to be satisfied with their own

life if the score is at least 6. The majority of teens (90%) were found to be satisfied with their lives. In the age group of 17-year-olds 86% of adolescents were satisfied with their lives. This varies with age and place of residence. For example, residents of Yerevan were found to have a higher Cantril ladder score.

- A comparison of the current data with that of 2013/14 showed a similar trend.

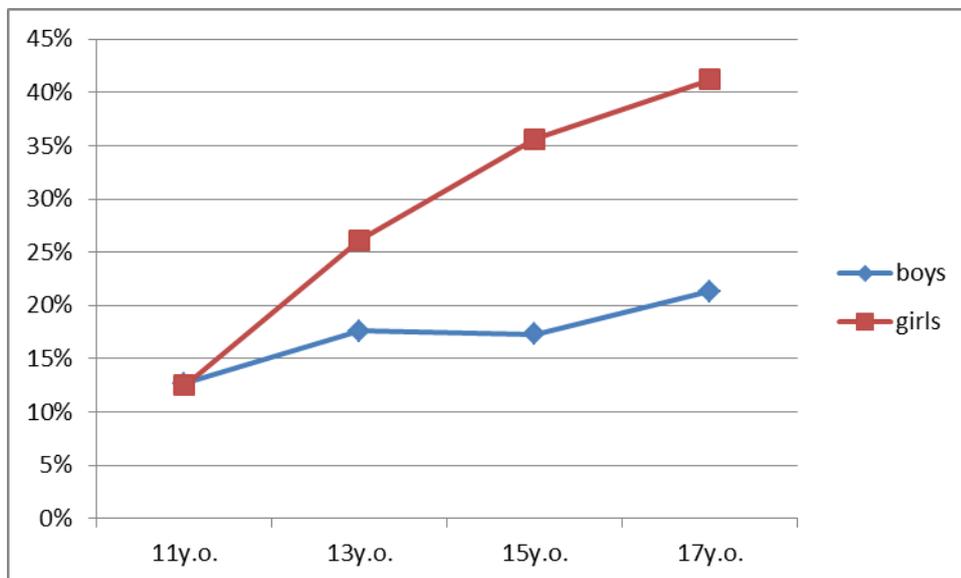
Figure 9. Life Satisfaction: proportion of satisfied teens by age and gender



- It was found that 14% of 11-15-year-olds (18% of girls) reported feeling sad in the week preceding the survey.
- The prevalence of this complaint increased with age, reaching its peak in 17-year-old girls (31%). The symptom was more prevalent in Yerevan residents.
- It was found that 9% of 11-15-year-olds and 16% of teens in older age groups reported feeling lonely; the same variations by gender, age and place of residence have been observed.
- Up to 30% of teens reported that they “did not have time for themselves” and were unable to “do things they want.” Among the teens surveyed, 17-year-old students were the most likely to report this.
- More than half of the teens reported feeling “happy,” “cheerful” and “in a good mood,” as well as “vigorous” and “full of energy.” About 55% of 11-15-year-olds reported feeling “calm” and “mentally balanced.” Among the teens surveyed, 44% of 17-year-olds reported feeling this way.
- As observed in the previous study, prevalence of mental health issues was higher among girls.
- About 8% of 11-15 year-olds answered “yes, a lot” or “yes, considerably” to the question: “Do difficulties cause you sorrow and suffering?” Similar to the previous study, there was significant variation in gender and age: older teens and girls reported more suffering due to difficulties (15% of 17-year-olds).

- It was found that 21% of 11-15-year-olds and 32% of 17-year-olds reported depression signs as they answered positively to the question: “During the past 12 months did you feel so sad and hopeless almost every day for two weeks or more in a row that you stopped doing your usual daily activities?”
- About 6% (8% in older group) reported having thoughts of suicide within 12 months preceding the survey. Among them girls and Yerevan inhabitants reported significantly higher prevalence of depression signs and suicidal thoughts. The frequency of signs of depression significantly increased with age: among 15-year-olds 36% and among 17-year-olds 41% reported such symptoms.

Figure 10. The prevalence of depression signs in teens, by age and gender



- The survey indicated that, in general, Armenian teens were friendly and could easily communicate with peers: among 11-15-year-olds, 83% reported that they easily made friends and 88% kept friendly relations. For girls and urban inhabitants, this was found to be more likely. However, among older adolescents this was less likely.
- Overall, a comparison with the previous studies showed that the state of mental health has slightly worsened.

❑ CHRONIC CONDITIONS / DISABILITY. HEALTH CARE SEEKING PRACTICES

CHRONIC CONDITIONS AND DISABILITY. RESTRICTION OF PARTICIPATION

- The results of the study revealed that 8% of 11-15-year-old teens had a chronic condition or disability, as diagnosed by a doctor.
- It was found that 5.4% of adolescents used medications for their chronic conditions. In 4.7% of the cases, diseases influenced school attendance and participation: 6% of

boys skipped school classes due to their conditions.

- More teens had chronic conditions or disabilities among 17-year-olds (11%). Medication use for a chronic condition was more prevalent among boys than girls. Boys also skipped school classes more often.
- Some variation by place of residence was observed: chronic conditions were more prevalent across all age groups in Yerevan than anywhere else. The prevalence was highest in 17-year-old Yerevan residents who were the most likely to skip school classes.
- In regards to functionality and participation restriction, the most prevalent restriction of participation in daily life is studying - 25% (the most frequent restriction), the highest number being 29% among 13-year-olds.; memorizing (remembering things) - 18% (33% of girls in the older group); coping to changes in the daily routine - 22% (in the older group - 30%).
- It was found that 17% of 11-15-year-olds and 24% of 17 year-olds reported difficulties in seeing even while wearing glasses. This frequency increased with age.
- However, the prevalence in teens of severe difficulties in seeing was low (1%).
- It was found that 14% of boys reported difficulties in control of self-behaviour; 18% of girls, in making friends (in the older group, up to 30%).

HEALTH CARE SEEKING PRACTICES

- Health care seeking practices (visiting family doctor/pediatrician, adolescent doctor or dentist), as the indicator of accessibility of health care services for adolescents, were, in general, infrequent. However there has been an improvement compared to previous years.
- It was found that 44% of 11-15 year-olds indicated that they visited their family doctor or pediatrician within the past 12 months. 41% of teens reported that they visited more than 12 months ago or never.
- Variations with gender and age were statistically significant: more girls and older teens reported having visited their doctor: 54% of 15-year-olds and 49% of 17-year-olds.
- Only 45% respondent from province at all age groups visited pediatrician/family doctor within the last 2 year; most of the rural adolescents had never visited pediatrician/family doctor.
- Approximately 31% and 60% of 11-15-year-olds have and have never visited an adolescent doctor in the past 2 years, respectively. Health seeking practices improved with age: 45% and 46% of 15-year-olds and 17-year-olds, respectively, have seen their adolescent doctor during past 2 years.

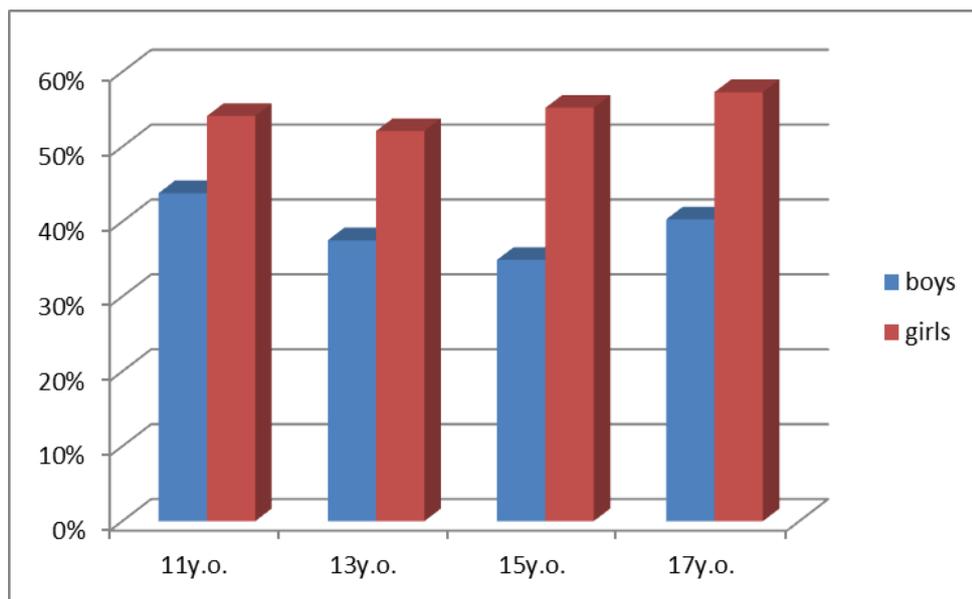
❑ ORAL HYGIENE

ORAL HYGIENE SKILLS

Proper oral hygiene skills are formed within early years of life, however, there are certain problems among Armenian schoolchildren in this regard.

- According to the study results, 47% of 11-15-year-olds brushed their teeth more than once a day (most often - 11-year-olds). Among 17-year-olds 50% reported brushing teeth more than once a day (57% of girls).
- Significant variation was observed in gender: in all age groups, girls brushed their teeth more often than boys. Variation was also observed by place of residence: inhabitants of Yerevan brushed their teeth most often.

Figure 11. Proportion of teens who brush their teeth more than once a day, by age and gender



- Only 46% of adolescents reported visiting a dentist in the last year. Among 17-year-olds, 47%. In all age groups, girls and urban inhabitants reported having more frequent visits (approximately 50% during past 12 months). Approximately 18% of rural inhabitants reported having never visited a dentist.
- Comparison with previous survey findings showed some worsening of oral hygiene habits. Compared with the 2013/2014 study, more rural children started to see a dentist.

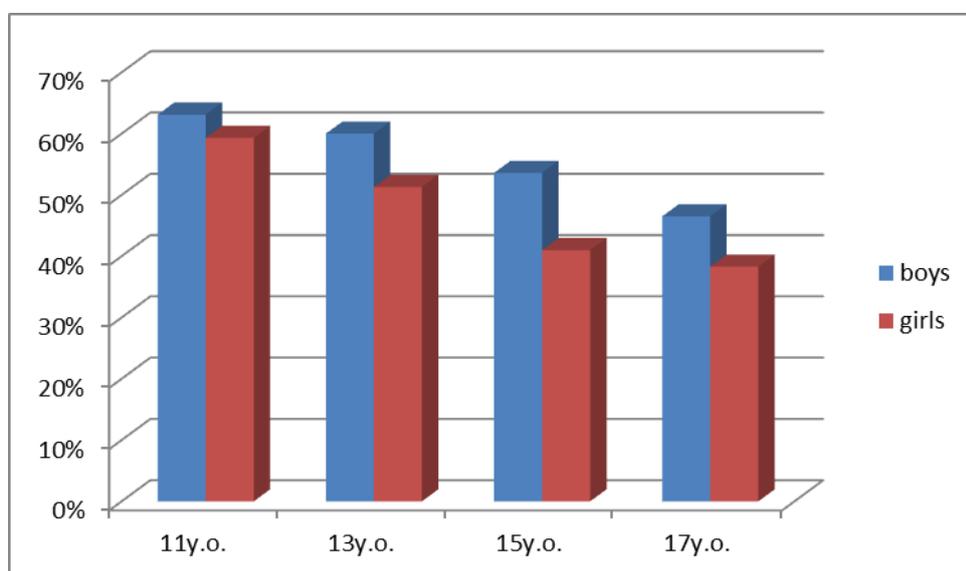
❑ EATING BEHAVIOUR

Healthy eating habits developed during adolescence can persist into adulthood and contribute to the prevention of gastrointestinal and other problems as well as chronic non-communicable diseases.

BREAKFAST CONSUMPTION

- Survey participants were asked questions inquiring “*How often do you usually have breakfast during the weekdays*” and “*How often do you usually have breakfast during the weekend*”. The results were the following: 21% of 11-15- year-olds (32% of 17-year-olds) did not have breakfast on weekdays, while 55% (42% of older adults) did have regular breakfasts. The greater the age of the adolescents, the less likely they were to have had breakfast.
- Adolescents of all ages in Yerevan were found to have had the most irregular breakfast eating habits. As previous studies showed, boys had a more consistent breakfast schedule than did girls: on weekdays 34% of 15-year-old girls and 32% of 17-year-olds were found to never have had breakfast.
- Among 17-year-olds 47% of boys and 38% of girls had regular breakfasts (Figure 12). In the 17-year-old group the difference by region is insignificant.

Figure 12. Proportion of teens regularly eating breakfast, by age and gender



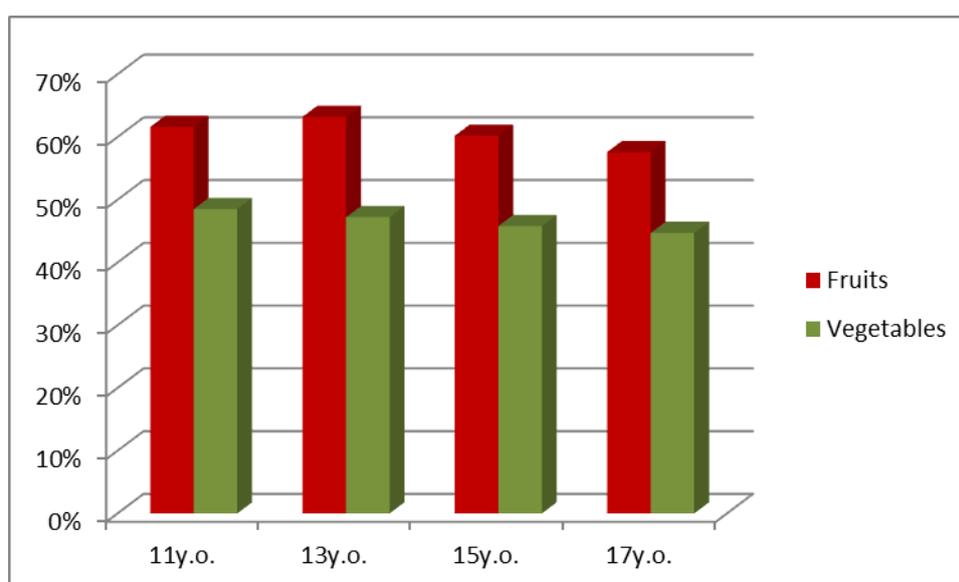
- On the weekends, 81% regularly had breakfast, while 73% of older adolescents had breakfast with the same regularities.
- A comparison of the current data with that of 2013/2014 showed that the rate in the 11-15-year-old age group decreased slightly, while in the 17-year-old group it slightly increased.

EATING PATTERNS

In the survey, adolescents were asked about their diet, how often they ate fruits and vegetables, dairy products, meat, sweets and other food.

- In the 11-15-year-old age group, 43% of adolescents ate fruits and 27% ate vegetables several times a day (as recommended by specialists). Similar to the previous study, it appears that rural adolescents consumed fewer fruits and vegetables than did those in the cities. By gender, a significantly larger number of girls consumed more fruits and vegetables than did boys.
- A comparison of different age groups showed that 11-year-olds ate slightly more vegetables. In the 17-year-old group 40% of adolescents consumed fruits several times a day, while 25% consumed vegetables. (Figure 13).

Figure 13. Proportion of teens consuming fruits and vegetables daily, by age and gender

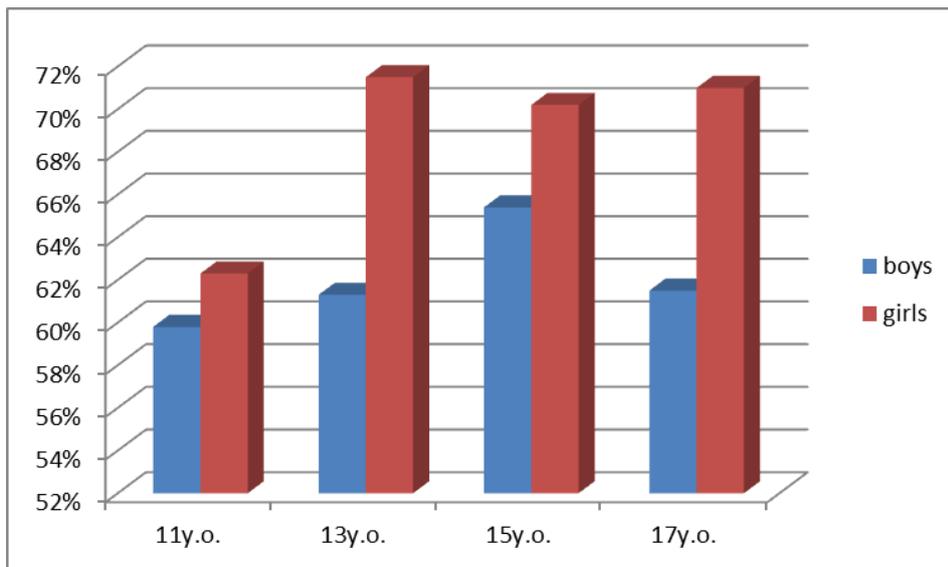


- A comparison of the current data with that of 2013/2014 showed that the consumption of fruits and vegetables significantly increased; however, more data still needs to be collected, especially for vegetables.
- Milk is consumed by 12% of the 11-15-year-olds daily and more so by younger adolescents and boys, as well as those in rural areas. Thus, 16% of 11-year-olds consumed milk daily.
- The most consumed dairy product was cheese: 55% of adolescents (60% of the rural population) consumed it daily; 39% of adolescents consumed yogurt and other dairy products daily.
- The consumption of dairy products decreased with age: 48% of the 17-year-old group, consumed cheese daily, while yogurt and other dairy products are consumed

by 34% of 17-year-olds (in cities the consumption of these products was seen to be higher). There is almost no gender difference in the senior group.

- Dairy products that are a source of calcium needed for bone growth and mineral density were insufficiently consumed by adolescents, which is rather worrying.
- Armenian adolescents consumed meat less frequently: 27-28% of adolescents consumed it daily. The consumption of meat in rural areas is relatively low, when compared to Yerevan with 24% and 31% consumption daily, respectively. It is also worrying that girls consumed meat less frequently than did boys - only 24% in the 17-year-old group.
- A significant proportion of Armenian adolescents ate unhealthy foods such as chips, sweets, etc. Thus, 20% of 11-15-year-olds (24% in rural areas) ate chips at least once per day. This consumption decreases with age: at the age of 17 only 15% consumed chips daily.
- It was found that 47% of 11-15-year-old Armenian teenagers consumed sweets several times a day. A significantly larger number of girls consumed sweets - 68% daily.
- The consumption of sweets increased with age. At the age of 18% of teens consumed sweets several times a day. The difference by region is insignificant (Figure 14).
- It was found that 28% of 11-15 year-olds consumed sweet carbonated drinks daily. In the 17-year-old group 30% consumed sweet drinks daily.
- With a small but reliable difference the sweetened carbonated drinks were consumed more often in non-Yerevan regions and by boys.
- It was also found that 10% of adolescents chose the dietary options of the sweetened carbonated drinks.
- Approximately 15% use energy drinks once a week; boys consumed energy drinks significantly more often.
- A comparison of the current data with that of 2013/2014 showed that the consumption of sweets and sweetened carbonated drinks has increased.

Figure 14. Proportion of teens consuming sweets daily, by age and gender



FAMILY MEALS. EATING OUT

- Adolescents responded to a question about the habit of eating with their family. Overall, more than 70% of the 11-15-year-old age group had meals with their family daily.
- A significantly larger number of families in villages have joint meals, as compared to Yerevan.
- As adolescents grew older they ate less frequently with their family. Thus, in the group of 17-year-olds, the number of adolescents eating together with their families daily has decreased to 59%.
- It was found that 18% of adolescents aged 11-15 and 23% of 17-year-olds ate at fast-food outlets at least once a week: this was more often the case with boys and adolescents in Yerevan (31% of older adolescents at least once a week).

□ BODY MASS INDEX

Various studies have documented the continued increase in obesity among children and adolescents, which is directly linked to obesity in adulthood. Diagnosis of obesity or overweight is based on an estimate of body mass index (BMI), taking into account the child's age and sex. BMI is calculated according to the following formula: $BMI = weight\ in\ kg / height^2\ (m^2)$. Based on the weight and height data obtained from the interviewed adolescents, their BMI was calculated taking into account the International Obesity Task Force's accepted threshold levels.

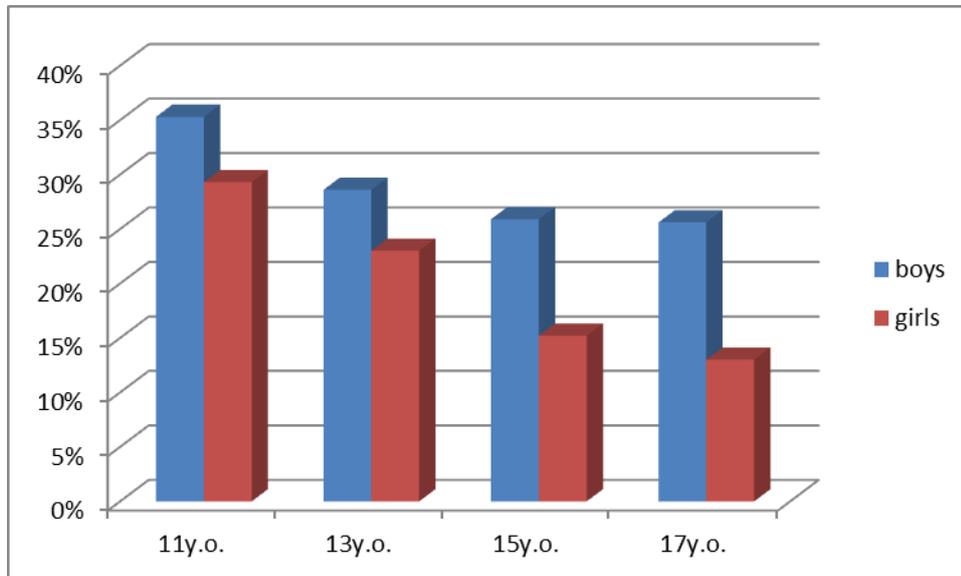
- Analysis of the answers showed that 13% of 11-15-year-olds were overweight, including approximately 2% obesity. Approximately 16% were found to be underweight.
- A significantly larger number of boys and adolescents were found to be overweight and obese. However, the highest percentage was among boys aged 15 with approximately 20% of them being overweight. Over 20% of 11-15-years-old girls were found to be underweight.
- In the 17-year-old group, 12% were found to be overweight, with up to 2% having obesity. In the older age group, a significant proportion of boys were also found to be overweight - 17%. A large number of older adolescents were found to be underweight - 14.3% and 21% of girls.
- These data confirm the presence of a double burden of malnutrition: insufficient nutrition and over-nutrition among Armenian adolescents. Given the fact that in this survey, the weight and height data of the students were presented by the adolescents themselves (adolescent boys tend to overestimate their weight and height while girls tend to show a lower weight), it is difficult to draw unambiguous conclusions.

❑ PHYSICAL ACTIVITY

According to WHO Global Recommendations on physical activity for health, for 5-17-year-olds, the recommended daily physical activity should be least 60 minutes of moderate-to-vigorous exercise.

- The question *"How many days have you been physically active for at least 60 minutes in the last 7 days"* showed that 26% of the age group of 11-15-year-olds (19% of 17-year-olds) were active at least one hour a day every week. Urban adolescents (not in the capital) were slightly more active while in the 17-year-old group the rural residents were more active.
- 38% of 11-15-year-olds had intensive physical activity 4-6 times a week and more and among 17 year olds - 23%.
- In general, boys were more physically active than girls, and were more often involved in particularly intense physical activity. By gender the differences were particularly noticeable in the older age group (only 13% of 17-year-old girls were physically active every day).
- The comparison by age showed that the level of physical activity significantly decreased with age; thus, at the age of 11, 32% of children trained daily, at the age of 15 - 20%, at the age of 17 - 19%. (Figure 15). The same pattern applied to intense physical activity.

Figure 15. Proportion of teens who reported at least 60 minutes of moderate-to-vigorous-intensity physical activity daily, by age and gender



- It was found that 76% of 11-15-year-olds participated in physical education classes regularly (3 days a week), the lowest rate being in Yerevan (65%), girls participated more in physical education classes. In the 17-year-old group, a significantly smaller number of teens participated in physical education classes- 41%.
- A comparison of the current data with that of 2013/2014 showed that the level of physical activity slightly increased. However, a large number of adolescents did not follow the recommendations on physical activity.
- It was found that 31% of teenagers were involved in any sport other than physical education classes. In the group of 11-15-year-olds - 37% were involved in team sports and 27% in individual sports. A significantly larger number of boys were involved in sports - half of those surveyed.
- By age, the younger teens were found to be involved in sports more often (40% of 11-year-olds are involved in team sports), and the number of teenagers attending any sports decreased with age. Approximately 17% of the 17-year-olds were found to be engaged in sports, while girls were engaged in sports significantly less frequently-12%.

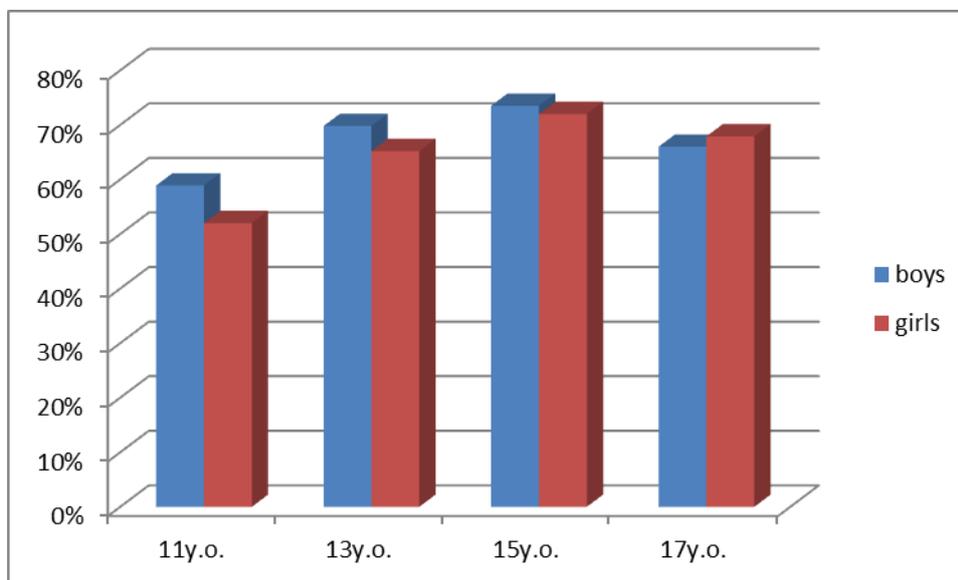
❑ SEDENTARY BEHAVIOUR

SCREEN TIME

Modern children spend their free time on television, computers and other electronic devices which adversely affects their social skills and physical health as well as having other consequences. Experts recommend spending no more than 2 hours a day using electronic devices.

- Approximately 65% of surveyed 11-15-year-olds watched TV for 2 hours or more each day on weekdays. The frequency of watching TV on weekends significantly increased: 79%. Boys watched television more often.
- With age, the number of children (11-15-year-olds) watching television was found to be steadily increasing (Figure 16). The indicator drops slightly for the 17-year-old group, with 67% watching television for 2 hours a day and 82% on weekends.
- The difference by region is small but reliable. Residents of Yerevan watched TV more frequently, while rural based adolescents watched it less frequently.
- A comparison of the current data with that of 2013/2014 found that the length of watching television has increased.

Figure 16. Proportion of teens watching TV 2 hours or more daily, by age and gender

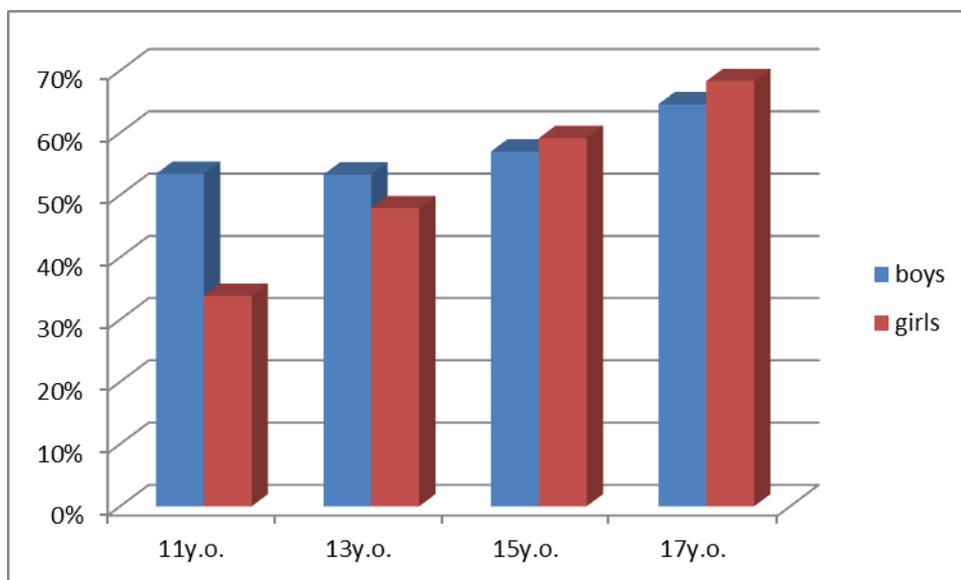


- It was found that 45% of 11-15-year-olds played computer games daily for 2 hours or more on weekdays and 59% on weekends. Boys played significantly more computer games than did girls. Approximately 52% played 3 hours or more on weekends.
- By age, 13-year-olds played computer games the most often- approximately 2 hours or more on weekdays and 66% on weekends. In 15-17-year-olds the indicators were significantly reduced, so at the age of 17, 42% of boys played games on weekdays and 57% on weekends.
- It was found that 49% of 11-15-year-olds spent 2 hours or more on weekdays using computers, tablets or other gadgets for studying, correspondence and communication. On weekends, the number was found to be higher - 62%.
- The number of children using computers or other gadgets was found to increase with age. Thus, 58% of 15-year-olds used gadgets 2 hours or more on weekdays,

69% on weekends and 67% and 17% among 17-year-olds, respectively. Eleven and thirteen-year-old boys were significantly more likely to use electronic devices, and the same was observed for girls in the older age group (Figure 17).

- More teenagers used electronic devices in the cities. Overall, only 9% of 11-15-year-old adolescents (10-12% in villages) and 4% in the senior group never used electronic devices.
- A comparison of the current data with that of 2013/2014 revealed that there is an increasing tension in the use of computers and electronic devices.

Figure 17. Proportion of teens who used computers and other screen devices 2 hours or more daily on weekdays, by age and gender

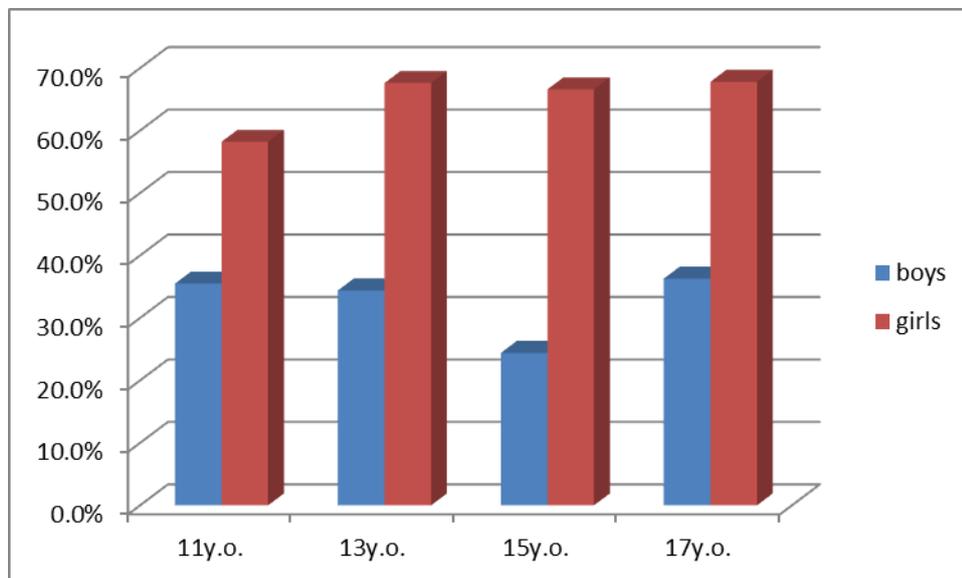


LEISURE TIME ACTIVITIES. ADDITIONAL STUDYING

- Among other occupations, 11-15-year-old adolescents attended activities involving the arts (approximately 30%), music (approximately 20%) other groups (approximately 10%), or engaged in various youth or church activities (8-10%). Girls of all ages attended different arts and music groups.
- Based on the region, a larger number of adolescents attended different groups as well as “did shopping in shopping malls”, attending cultural and sporting events. It is noteworthy that approximately 30% of rural adolescents “never visited theaters, cinemas, exhibitions or sporting events as spectators”.
- Approximately 46% read in their free time - at least a few days a week: girls and adolescents in rural areas were found to read the most often. The number of people who read books with age decreased. Thus, most books are read by 11-year-old girls - 65% at least a few days a week.

- Approximately 26% of 17-year-olds attended arts, 12-17% attended music classes and other groups. The difference by region is insignificant. However, fewer rural adolescents visited cultural sites.
- In their free time, at least a few days a week, 38% of 17-year-olds read; girls were found to read more often.
- The survey asked how many hours day students spent preparing lessons and engaging in additional studying. It was found that 49% of 11-15 year-olds and 54% of 17 year-olds spent 3-4 hours or more each day studying.
- Urban residents were found to engage in additional studying more often (except those in the capital). Girls were also observed to engage in additional studying more often. Thus, 78% of 11-15-year-old girls studied additionally for more than 2 hours a day.
- By age, 13-year-olds spent more time on classes and on additional studies. It was found that 54% of 17-year olds spent 3-4 hours or more on studying; the case with girls was 68% (Figure 18).
- A comparison of the current data with that of 2013/2014 showed that the number of hours of additionally studying in children has increased.

Figure 18. Proportion of teens who spent more than 3 hours per day on studying, by age and gender



- When asked whether it was safe to walk or play outdoors in their area, 19% of adolescents answered "definitely not" and another 21% found it difficult to answer. Boys felt safer compared to girls. It was found that a significantly larger number of responses were recorded in non-Yerevan regions.
- Approximately 58% indicated that there are gardens and playgrounds near their place of residence; significantly more in Yerevan (68%) compared to other regions.

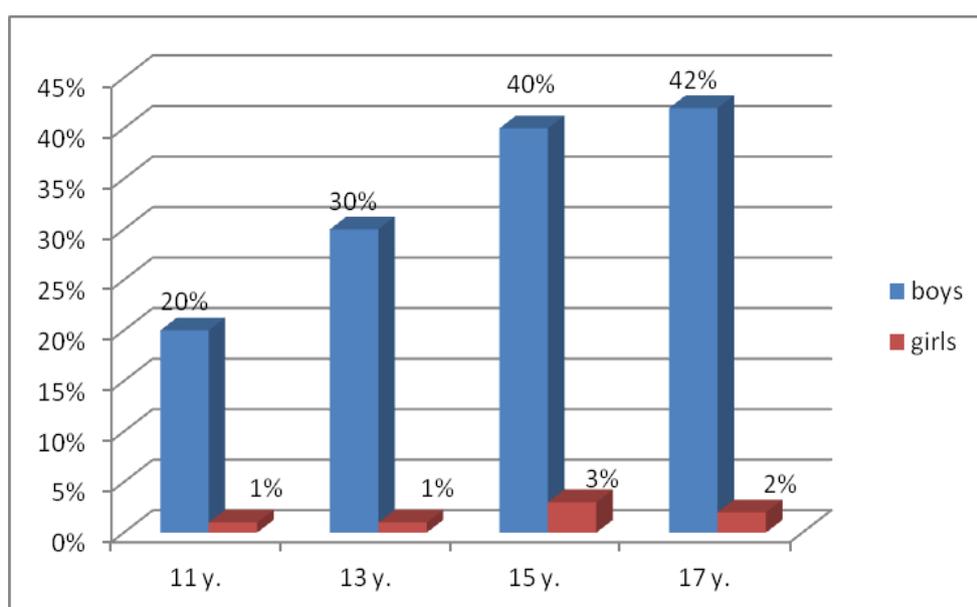
- However, in terms of access to school gyms and sports grounds, rural schools were found to have better access as compared to Yerevan (76% and 69%, respectively).

❑ INJURIES AND VIOLENCE

Interpersonal violence, injuries and bullying are common issues in many countries. The prevention of different forms of violence and serious injuries among adolescents and youth are among the priorities of public health policies.

- Approximately 19% of 11-year-olds and 25% of 13-17-year-old boys have reported having had participated 2-3 times in a fight during the past 12 months; among girls the prevalence was found to be 2% of 11-13-year-olds, 5% and 3% of 15-year-olds and 17-year-olds, respectively.
- It was concerning that 23% of 13-17-year-old boys participated in fights 4 times or more.
- A comparison with 2013/2014 data showed that the prevalence of physical fights decreased; nevertheless these results were still insufficient.
- Respondents have been asked whom they fight during scuffles within the past 12 months. The responses were the following: among boys 20% of 11-year-olds, 30% of 13-year-olds and 41% of 15-17-year-olds boys had fights with strangers. Approximately 3% of boys and 5% of girls had fights with siblings. Approximately 3% of girls and from 20 to 25% of 11-15-year-old boys and 14% of 17-year-old boys had fights with friends or other familiar persons.

Figure 19. Proportion of teens who had fights with strangers during the last 12 months, by age and gender



- It was found that 12% of 11-15-year-old boys, 10% of girls of the same age and 6% of 17-year-olds had been bullied at school at least once or twice during the past 2 months. In the rural areas the prevalence was found to be higher among boys whereas in Yerevan - among girls.
- It was found that 16% of 11-15-year-old boys and 10% of girls of the same age had bullied others at school at least once or twice during the past 2 months; in the older age group: 14% of boys, 6% of girls. Rural boys and girls in Yerevan reported higher prevalence.
- A comparison with 2013/2014 findings showed that phenomenon of bullying had become more prevalent among Armenian teens.
- It was found that 8% of 11-15-year-old boys and 5% of girls had been cyberbullied at least once or twice; in the older age group 6% of boys and 3% of girls.
- It was found that 12% of 11- and 15-year-old boys, 16% of 13-year-olds had cyberbullied others at least once or twice during the past 2 months; in the older age group: 7% of boys, 3% of girls.
- Approximately 13% of teens did not answer.
- A comparison with 2013/2014 findings showed that the prevalence of bullying in boys almost doubled.
- It was found that 10% of 11-15-year-old boys and 8% of girls (approximately 6% of 17-year-olds) did not attend school at least once during the last month because of an incident of violence at school or on their way to school.
- A comparison with the findings of 2013/2014 showed a decrease in the above-mentioned indicator.
- In response to the question *“How often have you been insulted verbally by a teacher in the past 12 months?”* approximately 19% of 11- and 13-year-old boys, 16% of 15-year-old boys and 14% of 17-year-olds reported at least one time. Among girls a significant difference was found with age: the highest number was in 13-year-old girls (22%).
- A comparison with 2013/2014 data showed that the aforementioned trend had decreased substantially.
- It was found that 11% of 11-15-year-olds and 5% of 17-year-olds had been punished corporally or received physical punishment by older members of the family once during the last 12 months. This was found to be more common in the younger age group.
- It was found that 21% of surveyed 11-15-year-old boys and 15% of girls (approximately 14% in older age group) reported serious injuries at least once during the last 12 months.
- A comparison of the current data with that of 2013/2014 showed that the prevalence of serious injuries decreased substantially.

❑ RISK BEHAVIOUR

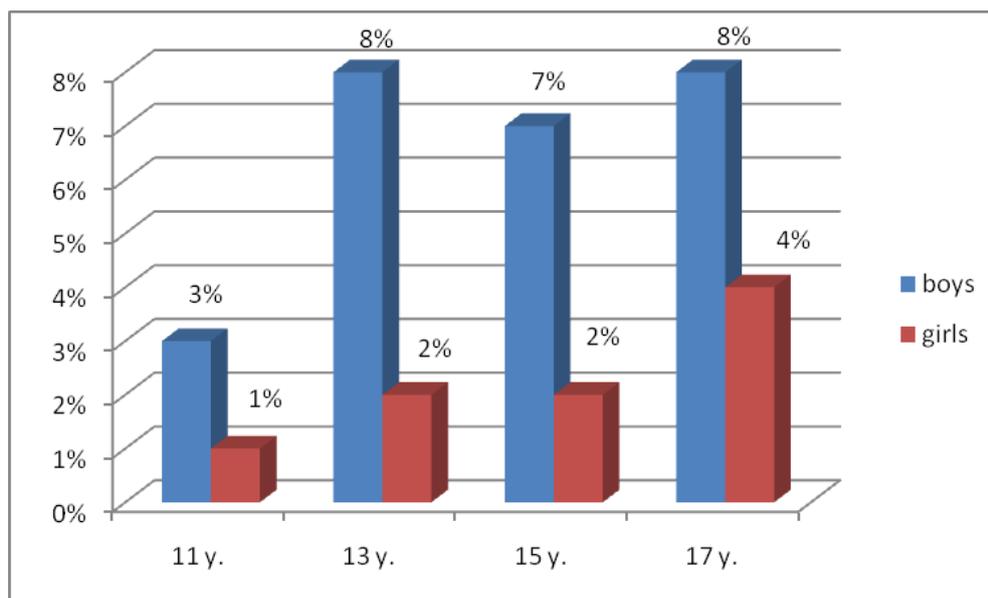
TOBACCO, ALCOHOL, CANNABIS, WATER PIPE USE

Adolescence is a period of discovery and experimentation, when teenagers may develop various risk habits. The prevalence and age trends of smoking, alcohol, water pipe and illicit drugs (cannabis) use among adolescents were studied within the framework of this survey.

Tobacco use is the most common unhealthy habit in Armenian young men. The influence of family and friends is major in the adoption of this ill habit. A misguided opinion is held in adolescents that smoking is a sign of maturity and high self-esteem.

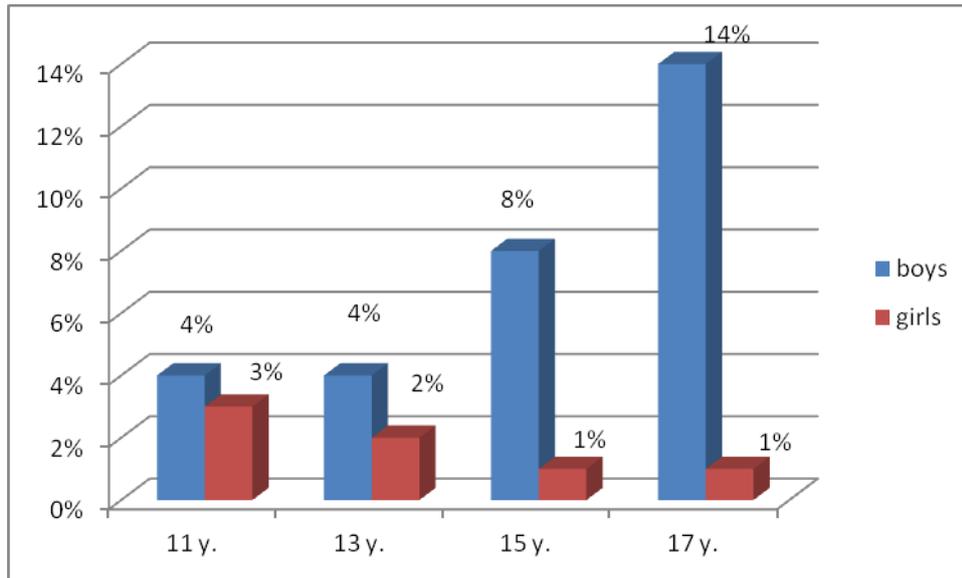
- Within the framework of this survey, a positive answer to the question asking if the respondent has ever smoked tobacco 1-2 days was given by 2.6% of 11-year-old boys and 8% of 13-17 year-old boys in rural regions.
- Among girls, 0.7% of 11-year-old girls, 1.7% of 13- and 2 of 15-year-old, 3.5 % of 17-year-old girls have reported smoking at least 1-2 days.
- Within the last 30 days, cigarette smoking was reported by 1.3 % of 11-year-old boys, 3.5% of 13- and 4.4% of 15-year-old boys, 5% of 17-year-old boys and only by 6 girls.
- 8% of 17-year-old boys and 3.5 % of girls smoked at least once in their lives.
- Approximately 7% of adolescents who participated in the survey did not respond to the questions.

Figure 20. Smoking “ever in live for 1-2 days”, by age and gender



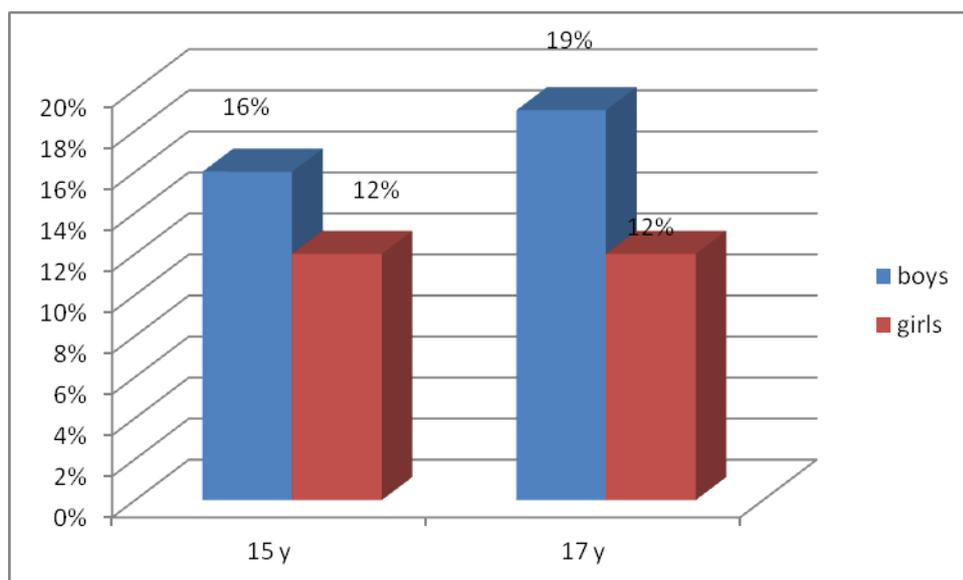
- Among boys, approximately 14% of 11-year-olds, 21% of 13-year-olds, 16% of 15-year-olds drank alcohol at least once in their lives. Among girls, the percentage was smaller; only 6% of 11-year olds, 14% of 13-year olds, 16% of 15- and 17-year olds used alcohol at least once in lives for 1 or 2 days.
- Within the last 30 days alcohol use for at least 1-2 days was reported by 9% of 11-year-old, 17% of 13-year old, 22% of 15-year-old and 26% of 17-year-old boys.
- Girls reported the following: 3% of 11-year-old, 7% of 13-year-old, 18% of 15-year-old and 20% of 17-year-old girls with the prevalence of Yerevan inhabitants using alcohol for 1-2 days within the last 30 days.
- The most common alcohol beverages were beer and wine/home-made wine.
- At least once a week, beer was used by 4% of 11- and 13-year-old, 8% of 15 year old and 14% of 17 year-old boys. Only 2% of 11-15 year-olds and 1% of 17-year-old girls answered positively to the question.
- Use of wine/home-made at least once a week was reported by 2% of 11-15 year-old girls, 4% of 17-year-old girls and 11-13-year-old boys. The rate is significantly higher among 15- and 17-year-old boys: about 11%.
- A comparison with the study conducted in 2013/2014 revealed that beer consumption among 17-year-old boys and wine consumption among 15-17- year-old boys doubled.
- Vodka/cognac/scotch was used by 1% of boys and 2% of girls. Frequency of use reached 5% among 15-year-old boys and 8% among 17-year-old boys. A significant difference was noted by region: consumption of vodka/cognac and scotch is much higher in Yerevan than in the provinces.
- Among boys 9% of 11-year-old, 18% of 13-year-old and 20% of 15- and 17-year-old boys mentioned at least 1-2 incidences of consuming these alcoholic beverages. Among girls, the same answer was provided by the 6%, 12%, 16%, and 17%.
- Within the past month, 13% of 15- and 17-year-old boys and 2% of girls reported being drunk.

Figure 21. Beer consumption at least once a week, by age and gender



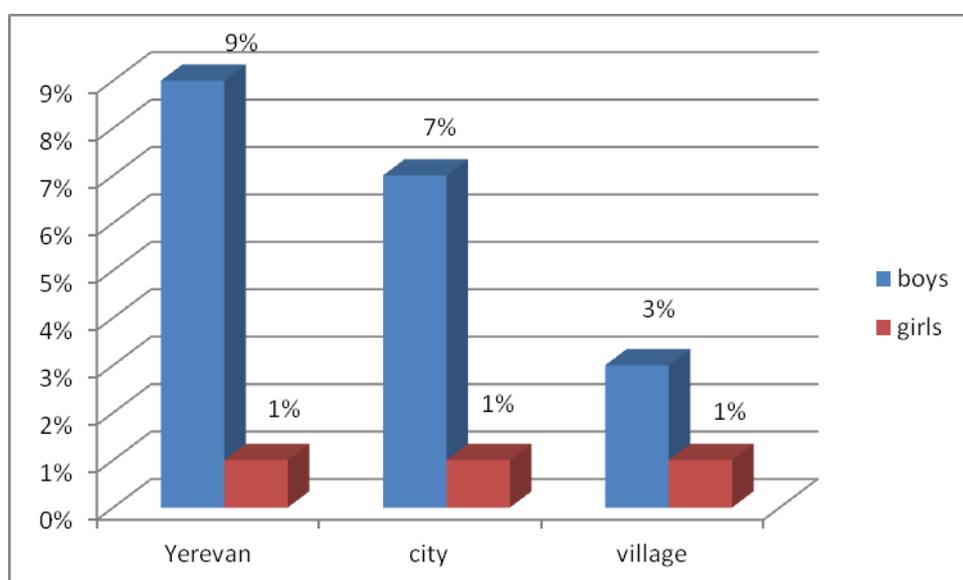
- A positive answer to the question asking if the respondent has ever smoked water pipes (nargile, hookah) for 1-2 days was given by 16% of 15-year-old boys and 12% of boys of the same age.
- Among 17-year olds, water pipes were used by 19% of boys and 12% of girls.
- The prevalence of water pipe use in Yerevan among both boys and girls was 20%.
- Within the last 30 days, water pipes were used by 16% of 15- and 19% of 17-year-old boys as well as by 3% of girls.

Figure 22. Use of water pipe (hookah, nargile) “ever in life for 1-2 days”, by age and gender



- Within the framework of the survey, 15- and 17-years old participants were asked the following questions: *“Have you ever taken drugs (cannabis)?”* and *“How many times have you used drugs during the past month?”*.
- According to the answers, 5% of 15-year-old young boys and 1% of girls reported using drugs at least 1-2 days in their lives.
- According to the findings, answers varied significantly across residents among 17-year-old boys: 9% in Yerevan, 7% in urban areas and 3% in rural areas.
- Cannabis use during the past month for 1-2 days was reported by 3% of 15-year-old and 5% of 17-year-old boys.
- A comparison with the 2013/2014 survey data revealed an increase in cannabis use in urban areas and in Yerevan among boys.

Figure 23. Cannabis use “ever in life for 1-2 days”, by age and gender



- Within the framework of the survey, adolescents were asked *“How many of your peers in your opinion smoke?”* The answer “some of them” was received from 3% of 11-year-old, 9% of 13-year-old, 23% of 15-year-old and 25% of 17-year-old boys. Among girls 2% of 11-year old, 8% of 13-year old, and 19% of 15-year-olds in their opinion smoked with less of a prevalence in rural areas.
- Among boys, 4% of 11-year-old, 10% of 13-year-old, 20% of 15-year-old and 25% of 17-year-old boys responded “some of them” to the question: *“How many of your peers in your opinion drink?”*. Among girls the responses were 3%, 8%, 16% and 29%.
- Only 13% of boys and 6% of girls answered “a few” to the question *“How many of your peers in your opinion have been drunk at least once a week?”*.
- Only 8% of 17-year-old boys and 4% of girls of the same age answered “a few” to the question *“How many of your peers in your opinion used cannabis?”*

Overall, use of alcohol, water pipe and cannabis increased.

❑ SEXUAL BEHAVIOURS

The early onset of sexual life is a risk factor for the development of reproductive health problems. Though for the traditional Armenian family the idea of early sexual behavior is alien, especially when it comes to girls, the recent years have witnessed changes in the perception of sexual behavior by young people.

- It was found that 27% of boys and 1% of girls 15 years of age reported already having engaged in sexual intercourse. Most of the respondents reported having their first sexual experience at the age of 15.
- Analysis of the questions about the use of contraceptives showed that only 45% of boys with sexual experience used condoms during their last sexual intercourse.
- In the 17-year-old age group, 43% of males within Yerevan and 1.2% of females reported having sexual intercourse.
- It was found that 24% of boys reported to having their first sexual experience at the age of 15.
- Condoms were used during the first sexual intercourse by 69% of boys and 26% of girls within Yerevan.
- Comparison with the 2013/2014 and 2009/2010 study results showed a decrease in condom use among sexually active boys.
- It was found that 25% of boys and 8% of girls have confessed to drinking alcohol or taking drugs before engaging in intercourse.
- Additional questions were incorporated into the questionnaire in order to enable studying and analyzing sexual patterns of 17-year-olds.
- When answering the question *“How many of your friends had sexual intercourse?”* approximately 26% of boys answered “several” and 20% answered “most of them”. And only 10% of girls thought that some of their friends had sexual relations.
- Among reasons for deferring the start of sexual relationships in girls is the wish to wait until their marriage (71%). In fact this figure does not vary much across the country.
- As little as 12% of girls intend to wait for a more mature age. This is more common in villages and regional cities.
- As for boys, 29% plans to wait until reaching a more mature age (less in Yerevan).
- Only 6% do not want to step into sexual life because of HIV/AIDS and the risk of contracting STIs.
- It was found that 19% percent of girls and 5% of girls who had sexual experience reported that they would have preferred having their sexual relations much later.
- Additionally, 29% of male and 19% of female respondents believed that they had their first sexual relations on time.
- When answering the question *“How old was the sexual partner of your first intercourse?”* 36% of 17-year-old boys reported “20 years old” and 20% “21 years old and older”.

- Most of adolescents who have participated in the survey skipped this question, which speaks to the certain difficulties in perception of the question. Not all adolescents responded to the questions about sexual behavior.

Overall, the number of adolescents having sexual relationships slightly increased in comparison with the data of 2013/2014. At the same time, the use of condoms decreased among adolescents who had sexual relationships, which means that they were not aware of the use of contraceptives and the prevention of HIV/AIDS.

❑ **KNOWLEDGE AND SOURCES OF INFORMATION**

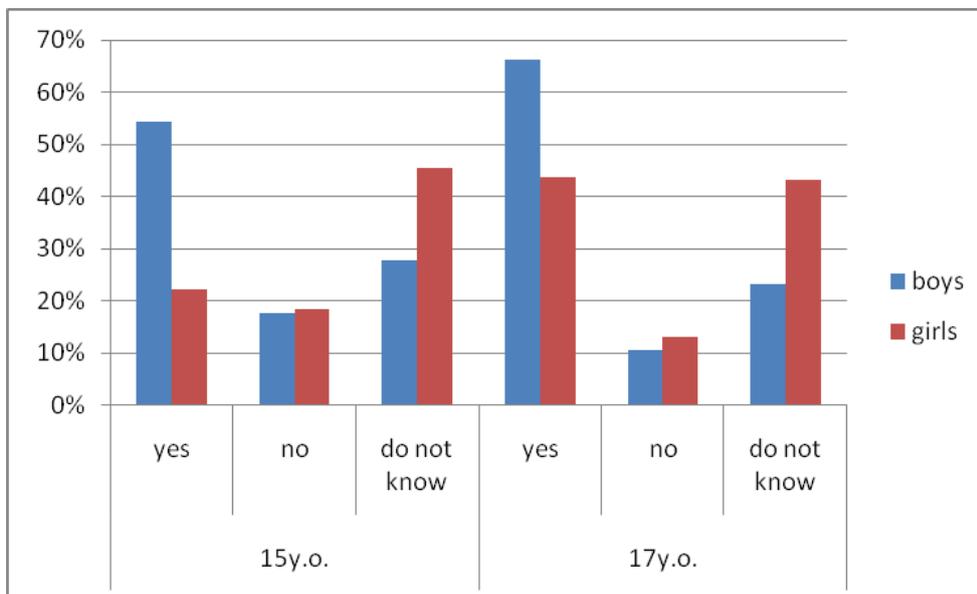
KNOWLEDGE ON HEALTHY LIFESTYLE AND HIV

Healthy lifestyle education in schools contributes to the development of important life skills and to the building of responsible behaviour.

- Within the framework of the survey, adolescents in senior grades were asked whether they were educated on a healthy lifestyle (HLS), sexually-transmitted infections (STIs) and HIV/AIDS. The questions covered ways of HIV transmission and prevention.
- Approximately 85% of 13 -17 year-old students reported that they were educated on HLS. Significant country-wide inconsistencies were detected regarding learning about HLS in schools (83% in Yerevan and 90.5% in rural places).
- Approximately 71% of 15-year-olds reported having learned about HIV and 66%, about STIs. More teens have learned about HIV and STIs in rural areas (77 and 70%, respectively) than in urban areas (except Yerevan). 74-76% of 17-year-olds learned about HIV and STIs at school, and less in urban schools.
- Answers on HIV/AIDS were as follows: 40.6% of 15-year-olds answered correctly, indicating that “a healthy-looking person can be infected with HIV.” Approximately, 38% knew that HIV is not transmitted through shaking hands. 19% of 15-year olds believed that HIV can be transmitted through sharing food. 17.6% of 17-year-olds gave the same answers.
- It was found that 37.5% of 15-year-olds believed that “*the risk of HIV can be reduced by having one faithful sexual partner who is healthy*”. A high proportion of teens (41%) had difficulties answering the question.
- It was found that 36.5% of 15-year-olds correctly answered the question: “*whether people can protect themselves from HIV by using condom every time they have sexual intercourse*”. In the older group, this was 53%.
- It was found that 39.4% of 15-year-olds correctly answered the question: “*whether people can protect themselves from HIV by avoiding sexual intercourse*”.
- It was rather worrisome that 41-50% of 15-year-olds did not know what to answer.
- In fact, the proportion of correct answers increased with age: about 51-55% of 17-year-olds gave corrected answers to the aforementioned questions.

- There was a significant difference between girls and boys: fewer girls provided correct answers to the question regarding protection from HIV during sexual intercourse, but were more confident in sharing food with a person with HIV.
- Among 17-year-olds, about 1/3 were unable to provide correct answers to the aforementioned questions.
- Interestingly, among 15-year-olds, urban inhabitants (except from Yerevan) answered fewer questions correctly; among 17-year-olds, rural students gave less correct answers.
- In general, only 17% of 15- year-olds, and 13% of 17- year olds answered correctly to all 6 questions on HIV transmission mode and prevention, which is a serious concern.
- Comparison with findings from 2013/2014 revealed that more students were educated on HLS course in 2017/2018. However, there are some negative tendencies regarding knowledge on HIV and these negative trends started from the survey of 2009/2010. In fact, gaps were witnessed with delivery of the classes on the aforementioned topics.

Figure 24. Is it possible to reduce risk of HIV infection by using a condom during every sexual intercourse, by age and gender



SUMMARY AND IMPLICATIONS

The majority of Armenian adolescents reported living with both parents, spending a significant amount of time communicating with family, discussing topics, and sharing family meals. They easily communicated and discussed their problems with their parents. However, at the same time many girls reported difficulties in communication with their fathers.

The vast majority of fathers and more than half of the mothers were employed. The number of employed mothers has increased in non-Yerevan regions. Additionally, it was found that more families had cars and computers; however, the number of teens who reported being hungry due to a shortage of food in their household increased.

Gender stereotypes among Armenian teens were rather prevalent, especially regarding the leadership roles of boys, giving priority to families for education, with the majority of surveyed girls not agreeing.

The majority of adolescents liked school despite the fact that they are overloaded with lessons. It was found that 90% of teens were satisfied with their lives. At the same time, signs of depression were found in 20% of teens and 6-8% reported suicidal thoughts. About ¼ of teens had addiction towards social media and Internet. It was found that 27% of girls thought that they were fat and tried to lose weight.

It was found that a proportion of adolescents reported frequent headaches and other psychosomatic complaints; about half of them had multiple health complaints weekly. Chronic condition or disability diagnosed by a doctor was reported in 8% of teens. Usage of health services remained rather low. However, a comparison with the findings of previous surveys showed an increased number of visits to doctors. Only 47% of children regularly brushed their teeth.

Armenian adolescents had unique eating patterns: about half of them consumed breakfast regularly (girls - less often), insufficiently consumed vegetables, milk and dairy products and meat. While they did consume fruits more often, it was found that they still consumed large amounts of soft drinks and sweets.

Physical activity was also found to be insufficient: 11-year-olds were more active; about 76% of teens regularly attended physical education classes, less often in Yerevan.

Computer games were very popular: up to 70% of teens played computer games during the weekend for 2 hours or more. Fewer teens were engaged in different organized youth activities; however, 50% of them read books during their leisure time.

Worrisome is the issue with physical fights among Armenian boys. The phenomenon of bullying is becoming more prevalent. Regarding harmful habits, the prevalence of smoking among teens (especially among boys) remained very high. In addition, the use of hookah is also a problem as well as the consumption of beer and wine, and cannabis by youngsters. The number of adolescents who reported being sexually active remained approximately the same, but the use of condoms during sex decreased.

The majority of teens studied the “Healthy lifestyle” course at school, nevertheless, more than half of teens did not have the proper knowledge on HIV prevention.

Comprehensive analysis of the findings of the current survey revealed a number of issues and priority areas in the health and behaviour of school-age children and adolescents that require proper attention and further interventions by health and education sectors, as well as by families and communities:

- improving the health and the well-being of adolescents;
- improving mental health and the prevention of problems among teens;
- prevention of violence, in particular physical fighting;
- prevention of the use of tobacco products, hookah, alcohol and drugs by youngsters;
- improvement of the dietary habits of teens, promotion of healthy nutrition;
- promotion of regular physical activity and the creation of a proper environment and infrastructures for that;
- improvement of healthy lifestyle education, knowledge and skills on HIV prevention;
- strengthening health and other services for adolescents and young people;
- overall mitigation of different social risks and other factors influencing adolescent's health and development.

REFERENCES

1. "Growing up unequal: gender and socio-economic differences in young people's health and well-being. HBSC study: International report from the 2013/2014 survey". Health Policy for Children and Adolescents No. 7, WHO Regional Office for Europe, Copenhagen, Denmark, 2016.
2. Currie, C and Alemán-Díaz, A Y. The Importance of Large-scale (cross-national) Data Collection on Early Adolescents (10-15 years old): Shedding light on socioeconomic and gender inequalities in health, Commentary for UNICEF Office of Research, Florence, 2015.
3. Inchley J, Currie D, Cosma A & Samdal O, editors. Health Behaviour in School-aged Children (HBSC) Study Protocol: background, methodology and mandatory items for the 2017/18 survey. St Andrews: CAHRU 2018.
4. Ա.Բարլոյան, Ս.Սարգսյան, Ե.Մովսեսյան, Մ.Մելքունովա. Դպրոցահասակ երեխաների առողջության վարքագծի 2013-2014 թթ. հետազոտության արդյունքների վերլուծություն. «Արարկիր» բժշկական համալիր-Երեխաների և դեռահասների առողջության ինստիտուտ, Երևան, 2015.