



**HEALTH BEHAVIOR**

**OF SCHOOL-AGED CHILDREN, HBSC**

REPORT OF THE KYRGYZ REPUBLIC, NATIONAL SURVEY 2022.

(SUMMARY OF RESULTS)





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We appreciate and thank the Regional Office for Europe of the World Health organization (WHO), the WHO Country Office in the Kyrgyz Republic and to the United Nations Children's Fund (UNICEF) in Kyrgyzstan for the technical support of the survey and funding of the publication of this report. We are grateful to the International Coordinating Center for Health Behavior of School-aged Children (HBSC) for methodological and scientific support of the study.

## INTRODUCTION

Health Behavior in School-aged Children (HBSC) survey is held every four years among adolescents aged 11, 13 and 15 years old in relation to health and well-being, social environment and health-related behavior in countries included in the HBSC network. The survey was first initiated to the world in 1982 and HBSC was recognized as a standardized study by the WHO Regional Office for Europe in 1983. HBSC is a network that includes 49 countries and regions in Europe and North America.

In our country, a pilot survey was conducted in 2019, the experience of which served as the basis for the inclusion of the Kyrgyz Republic in the network of HBSC countries and the basis for the first National Survey.

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## RELEVANCE

The world regularly conducts surveys on the behavior of school-age children, taking into account the social determinants of health. Significant conditions regarding the influence of demographic and social factors on the health and behavior of children and teenagers were identified. Surveys demonstrate age and gender differences regarding their health, which is of great practical importance for choosing age and health protection interventions.

In the Kyrgyz Republic, there were no targeted studies of key indicators of health and behavior of adolescents aged 11, 13 and 15 in relation to health, including social determinants of health and well-being. Therefore, the health and health behaviors of children study is relevant, as well as the factors that influence them to develop effective policies, programs and practices in the field of strengthening and improving health of the younger generation.

Survey objective. Present the current situation on social determinants of health and behavior of adolescents aged 11- 13- 15 in relation to health in the Kyrgyz Republic to justify measures of inter-sectoral interaction in order to improve health and quality of life of the younger generation.



## METHODOLOGY

**Questionnaire.** Questionnaire. Questionnaire for conducting a survey among children is tailored to the conditions of the country and was in two languages (Kyrgyz and Russian) and consisted of 54 closed questions, including mandatory items that meet the objectives of the study. Main questionnaire tailoring processes were approved by the HBSC international coordinating committee. The questionnaire passed the examination of the ethical commission of the Ministry of Health of the Kyrgyz Republic.

**Sample design.** A cluster random two-stage sampling was used. Sample included all regions of the Kyrgyz Republic - seven regions and the cities of Bishkek and Osh. The procedure for determining the national sample for the study was carried out with compliance with all HBSC recommendations.

**Target population determination.** Fifth, seventh and ninth grade students aged from 10 to 16 who studied in the main and secondary state and municipal regular schools of the Kyrgyz Republic at the beginning of 2021/2022 academic year.

**Inclusion criteria:** all students of the selected grades took part in the survey after their informed or their guardians' consent.

**Exclusion criteria:** students or their guardians who refused to participate in the survey.

767 state and municipal regular and secondary schools of the Kyrgyz Republic met the sample criteria. Of these, 344 secondary schools were selected, the main list includes 172 schools and more than 13569 schoolchildren.

**Data collection.** The survey of children was conducted by specialists, supervisors and interviewers, specially trained in the specifics of a survey conducting. Data collection was held from May 10 to June 08, 2022 after the consent of the Ministry of Education and Science to conduct the survey in schools (Decree as of 04/09/22 03-1 / 2387). Procedures for survey were conducting were designed to protect privacy of students through anonymous and voluntary participation. The questionnaire was filled out by students alone in the classroom. The students recorded their answers directly on the questionnaires. The confidentiality of all collected data was guaranteed by assigning identification numbers. The survey participants' information was not provided to the third persons.

**Data analysis.** At the end of the survey, each completed questionnaire a code was assigned, after which all the data was entered into the created for this project database, in the statistical package SPSS 16.0. The database has gone through the data cleanup process by the HBSC international coordinating committee. Statistical processing of the survey materials was carried out using Excel and SPSS 16.0 for Windows.

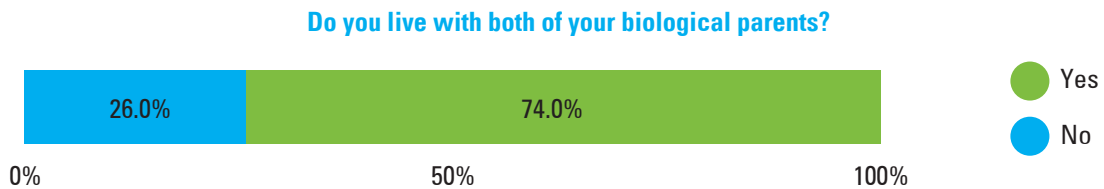
## OUTCOMES

### SOCIAL CONTEXT

In the social context, the following issues were considered:

general characteristics of the family (communication with parents, relationships with peers); the social status of the family (the availability of work for parents, the family well-being); joint rest with the family; online communication; relationship with and at school.

**General social characteristics of the family.** Teenagers were asked with whom they live at home, for information about the types of families in which adolescents grow up, participating in HBSC. Of the 9,649 teens surveyed, 74% reported living at home with both of their biological parents and the remaining 26% answered no (Figure 1).

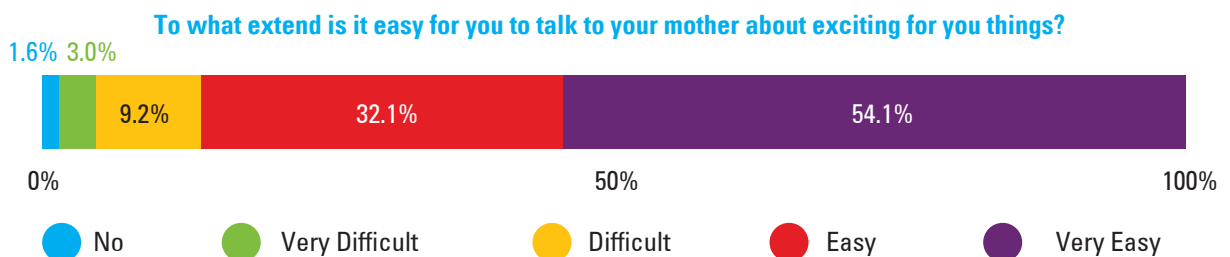


**Figure 1.** Adolescents who live at home with both of their biological parents, HBSC

Of the number of adolescents who do not live with both of their biological parents the main reasons why they did not live with their parents were parents' divorce (38.0%), death of a parent (11.0%) and labor migration of a parent (11.5%). Also the number of teenagers who live with their mother was 92.6%; with father 78.5%; with stepmother 1.0%; with stepfather 1.5% and with other people 9.5% (under the care of relatives or the state).

**Communication with parents.** Communication with parents. Communication with parents is considered one of the resources of the family to protect health and develop social values that help adolescents to cope with stressful situations later in life. In the survey adolescents were asked the question: "How easy is it for them to talk to their mother/father about things that really excite them?" Response options ranged from "very easy to very difficult.

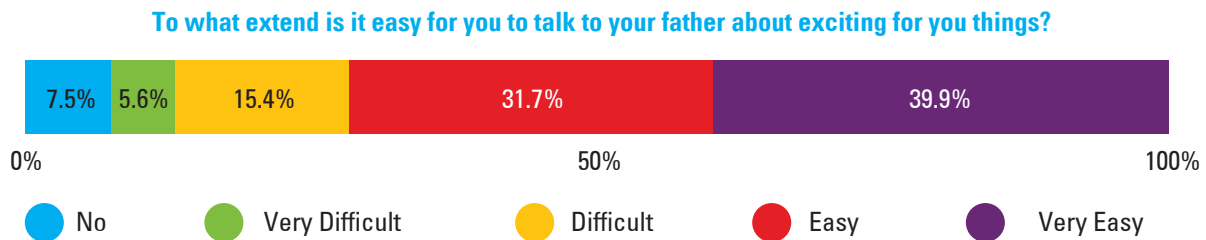
**Communication with the mother.** The majority of adolescents reported that it is very easy for them (54.1%) and it is easy (32.1%) to communicate with the mother (Figure 2).



**Figure 2.** Adolescents, for whom it is easy and very easy to talk to their mother, HBSC

With age, among boys and girls aged 11 to 15 years old, a significant decrease in indicators of ease of communication with the mother was identified. For boys a decrease from 59.0% to 48.7% was identified with a decrease by 10.3%. And for girls, a more significant decrease of 15.6% (from 61.3% to 45.4%) was specified. Boys were also more likely to report ease of communication with their mother.

**Communication with the father.** Indicators of ease of communication with the father were lower than those of communication with the mother. In general, that communication with the father is built very easily, which is answered by 39.3 % and easily - by 31.17% of adolescents (Figure 3).

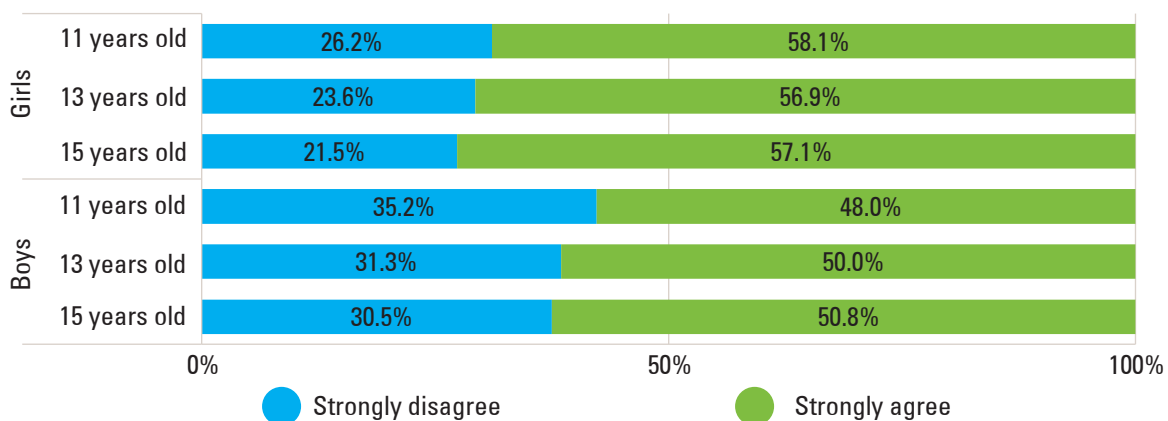


**Figure 3.** Adolescents, for whom it is easy and very easy to talk to their father

At the same time, boys more often than girls reported ease of communication with their father in all age groups. According to the results obtained during the study, it was found that that it is easier for boys, regardless of age, to communicate with their father, compared with girls.

**Feeling of the family support.** In the study, adolescents were asked whether they feel that the family is really trying to help them, that they can receive from the family, if necessary, the emotional support in which they need, that they can talk about their problems and that the family is ready to help them in decision making. Response options ranged from strongly agree to totally disagree

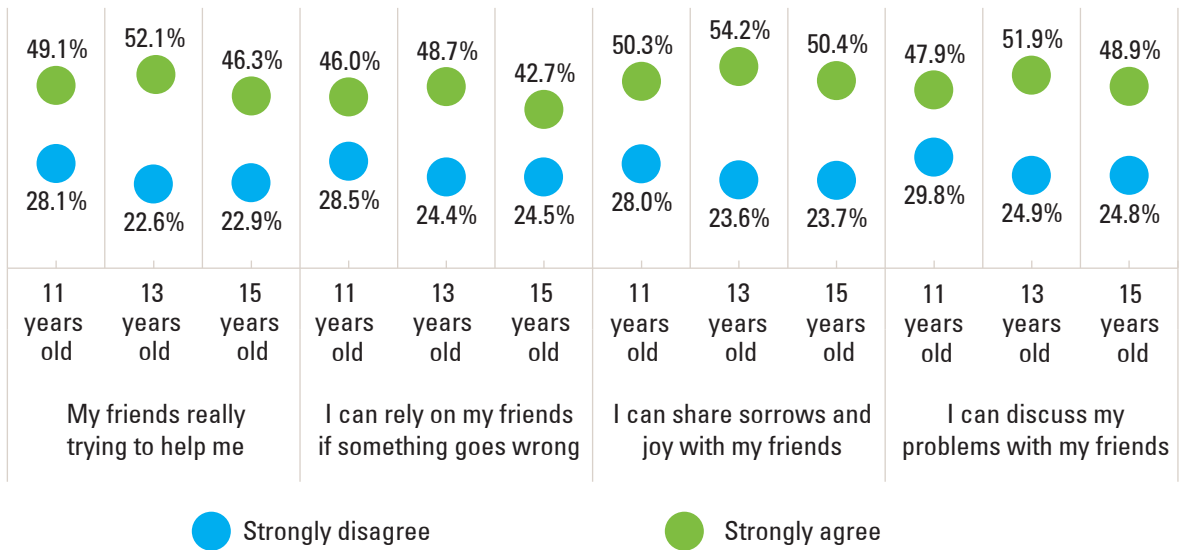
Family support is felt by all teenagers, regardless of age. It should be noted that girls feel more support from the family than boys in all age categories with a difference of 6-10%. Those teenagers who feel support from the family was for girls 11 years old-58.1%, 13 years old-56.9% and 15 years old-57.1% versus boys 11 years old-48.0%, 13 years old-50.0%, and 15 years old-50.8%. (Figure 4).



**Figure 4.** Adolescents at the age of 11, 13 and 15 years old, who fee support of their family, HBSC

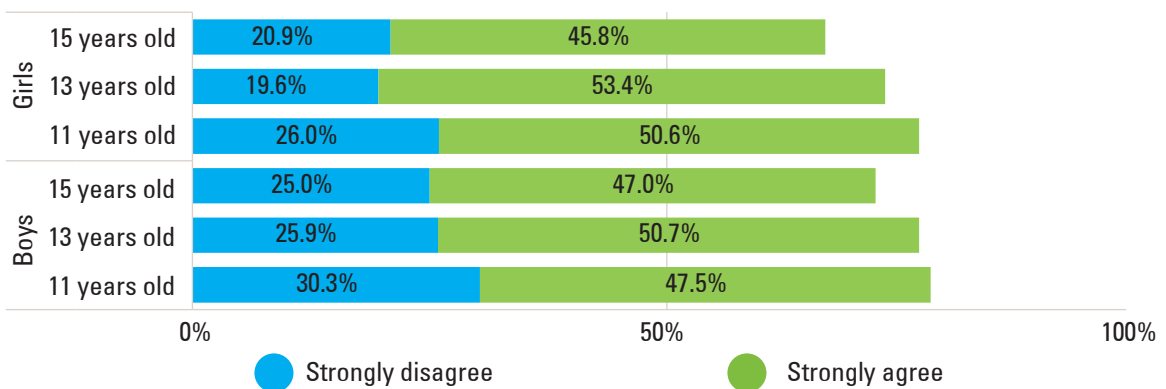
**Peers.** Communication of teenagers with peers is a special and separate sphere of life of any teenager, it is extremely important to them. The teenagers were asked whether they feel that their friends are really trying to help them, that they can rely on them in case of need, can talk about their problems.

Response options ranged from strongly disagree to strongly agree. Nearly half of adolescents reported receiving significant support from peers. The highest rates are observed in adolescents aged 13 years old in all questions such as: friends trying to help - 52.1%; I can rely on them 48.7%; I can share my sorrows and joys - 54.2% and talk about my problems 51.9% (Figure 5).



**Figure 5.** Adolescents at the age of 11, 13 and 15 years old, who feel supported by their peers, HBSC

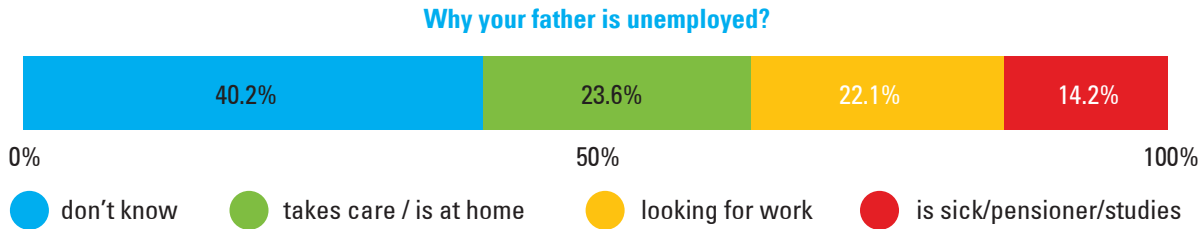
High levels of social support from peers are more common among girls of all ages. This is especially pronounced at the age of 11 (in girls 50.6% and in boys 47.5%). But with age, there was a tendency to a slight decrease in these indicators from 50.6% to 45.8% in girls and in boys it practically did not change, amounting to 47.5% and 47.0% by the age of 15 (Figure 6).



**Figure 6.** Adolescents at the age of 11, 13 and 15 years old, who feel supported by their peers, HBSC

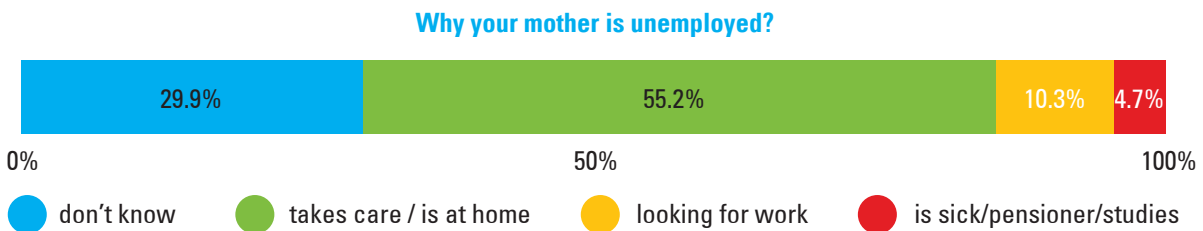
## PARENTS EMPLOYMENT

**Father's employment.** In the course of the study, adolescents were asked about whether their father had a job. 79.3% of teens responded positively and 11.3% of teens reported that their father was unemployed. Adolescents attribute the reasons for the father's lack of work to be that 23.6% are at home and take care of the family, 22.1% are looking for work and 40.2% do not know why the father is unemployed (Figure 7).



**Figure 7.** The reason for father's unemployment, HBSC

**Mother's employment.** When asked if your mother has a job, 63.5% of teenagers answered positively. In 34.1% of adolescents, mothers did not work. The reasons for the absence of mothers' work were related to the fact that 55.2% of mothers are at home and take care of the family. Adolescents who reported that they do not know why the mother is unemployed 29.9% and only 10.3% of mothers are looking for work. (Figure 8).



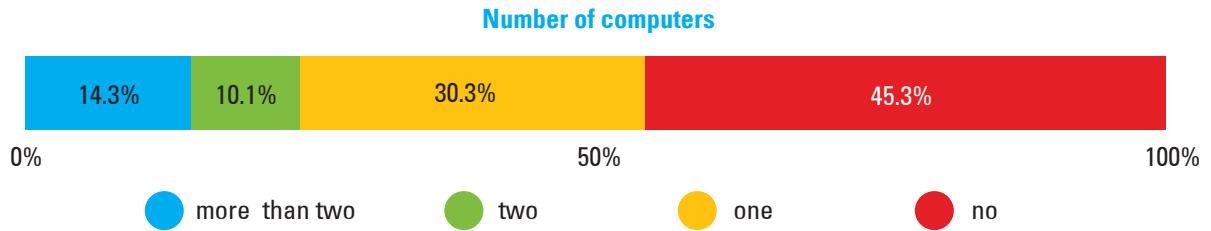
**Figure 8.** Reason for mother's unemployment

**Family well-being.** The HBSC uses an alternative indicator, the Family Wealth Scale, which asks teenagers about material assets such as family cars, the number of computers, bathrooms and dishwashers in the house, and whether they have their own room.

To the question "Does your family have a car?" 40% of teenagers answered that they do not have a car in their family. 44.9% of adolescents reported that they have one car in their family and 15.1% that they have two or more cars in the family.

The question "Do you have your own room" was answered positively by an average of 53.1% of adolescents.

In the course of the study, the question was asked: "How many own computers does your family have?" According to the survey, 45.3% of teenagers do not have a computer in their families. Only 30.3% of adolescents reported having one computer in their family (Figure 9).



**Figure 9.** Availability of a computer in the family

The teenagers were also asked about the availability of bathrooms in the teenager's house. Having one bathroom was reported by 59.3% of boys and 61.0% of girls. Two or more bathrooms were reported by 14.1% of boys and 16.4% of girls.

And in conclusion, when asked about the welfare of the family where the teenager lives, they said that 24.3% are very good, 27.4% are good, and the average income is 45.7%.

The results obtained show that the number of middle-income families is on average 40% and high-income families are approximately 15.0%.

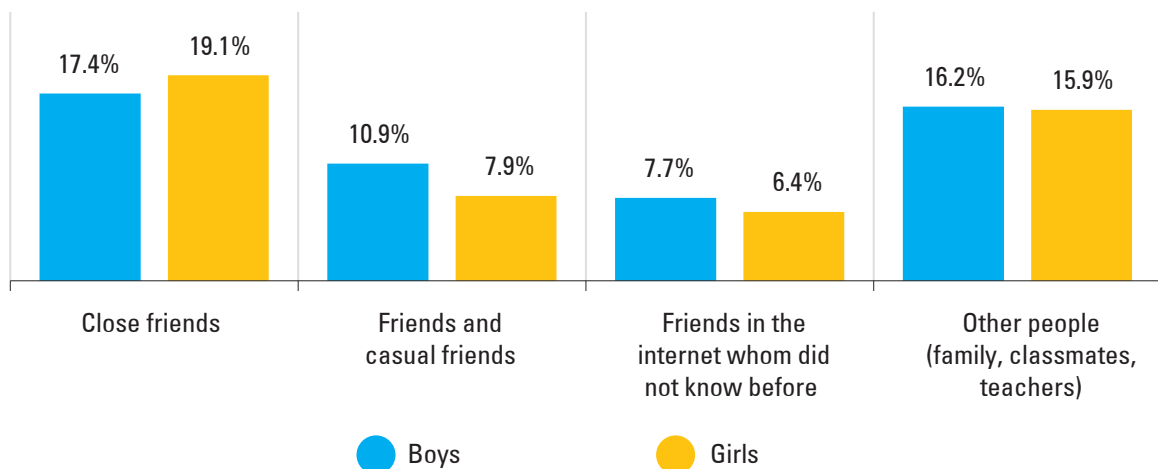
## ONLINE COMMUNICATION

### Communication with the use of electronic communication means – social networks

Teenagers were asked how often they communicate with friends online. Response options ranged from very rarely to almost all the time during the day.

Adolescents who communicated with friends or other persons online throughout most of the day several times a day was 15.0% and almost all the time during the day 18.3%. In total, 33.3% of adolescents can be classified as active participants in communication using electronic means of communication.

Girls had a higher rate of intense online contact with close friends than boys (17.4% vs. 19.1%). In other cases, on the contrary, a higher rate of online communication was noted among boys than among girls (Figure 10)



**Figure 10.** Intensive on-line contacts with friends and other groups by gender

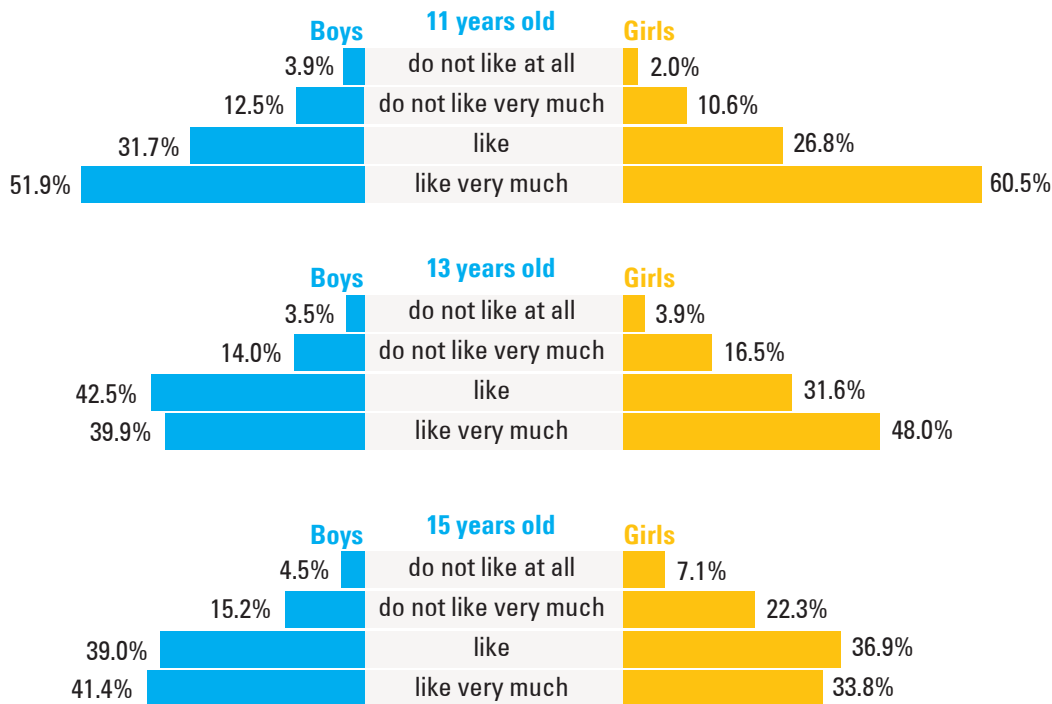


According to the data obtained, a significant correlation was found between the use of electronic means of communication with age: the older the teenager, the more often he uses social networks. At the same time, we would like to note the following fact- in all age groups, girls use intensively electronic means of communication more often than boys (at 11 years old girls 15.0% and boys 13.9%; at 15 years old 21.8% versus 17.9 %).

## SCHOOL

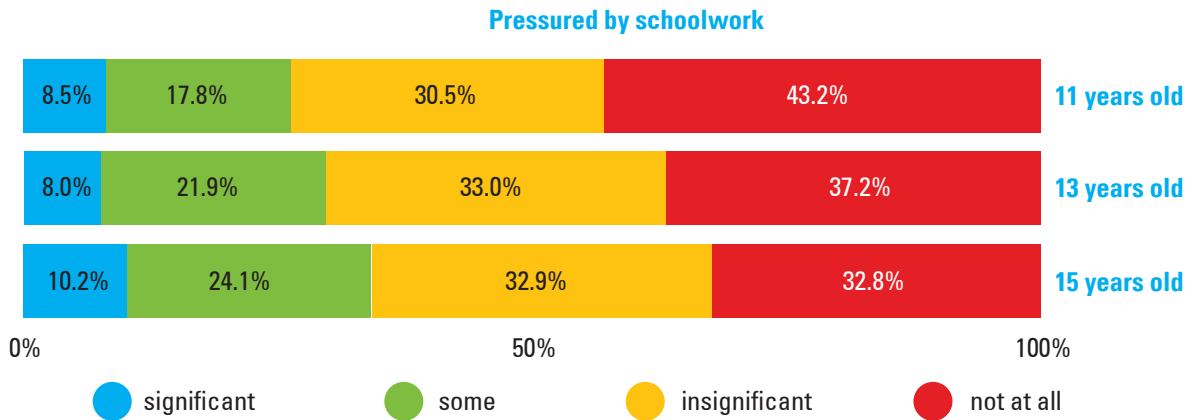
School in the life of adolescents has a significant impact. To obtain data on the impact of school on the lives of 11, 13 and 15 year old adolescents, the following questions were studied: attitudes towards school; the impact of school workload on adolescents; school environment and peer relationships; assessment of adolescent relationships with teachers.

**Attitudes towards school.** The largest proportion of students who like the school are children aged 11 (60.5% for girls and 51.9% for boys). At the same time, as they grow older, the attitude towards school worsens (more than 10%), by the age of 15, the proportion of adolescents who really like the school becomes 33.8% for girls and 41.4% for boys. (Figure 11).



**Figure 11.** Adolescents at the age of 11, 13 and 15 years old, attitude towards school, HBSC

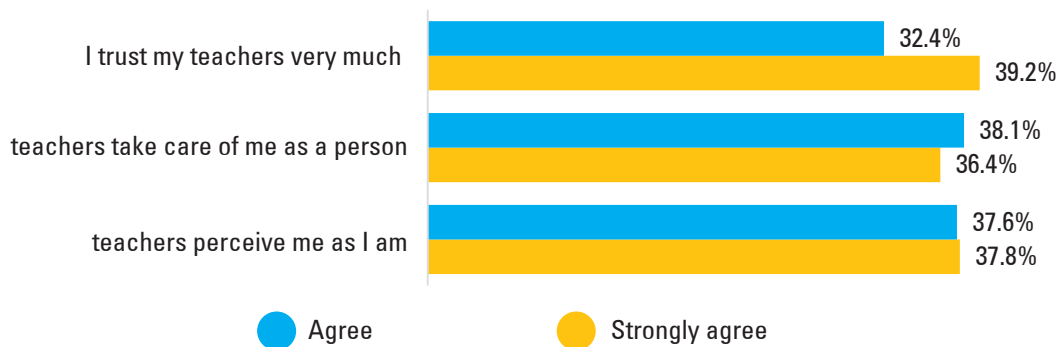
**Pressured by homework.** Collectively, more than a third of adolescents reported experiencing some or a significant amount of school pressure. School workload increased with age, with 17.8% of 11-year-olds and 24.1% of 15-year-olds reporting some workload (Figure 12).



**Figure 12** Feeling of pressure when doing schoolwork by age

Gender differences also became more pronounced with age. At ages 11, 13 and 15, girls were much more likely than boys to report feeling the pressure of school work.

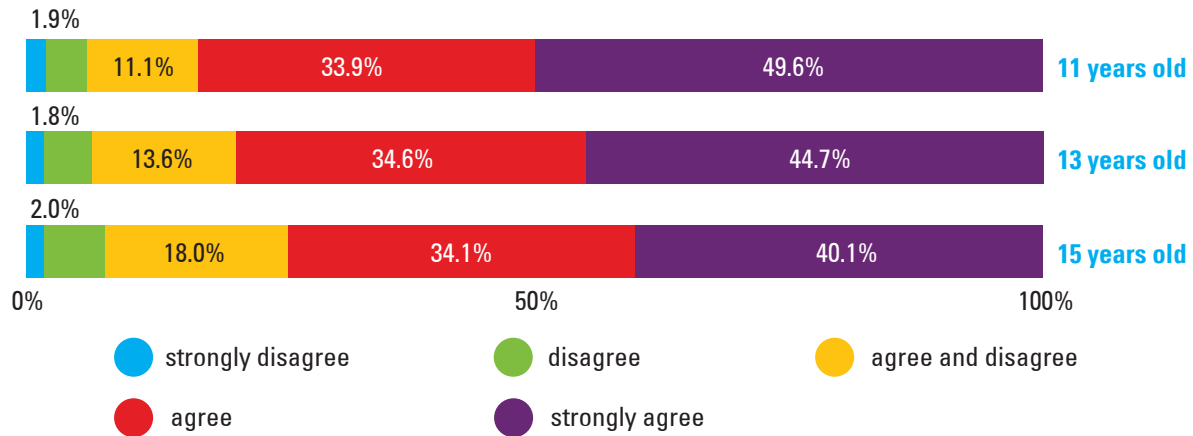
**Teacher support.** More than a third of teenagers reported receiving significant support from their teachers. Adolescents who reported that they trust teachers very much were 39.2%, teachers care 36.4% and perceive them as they are 37.8% (Figure 13).



**Figure 13.** Adolescents' perception of support from their teachers

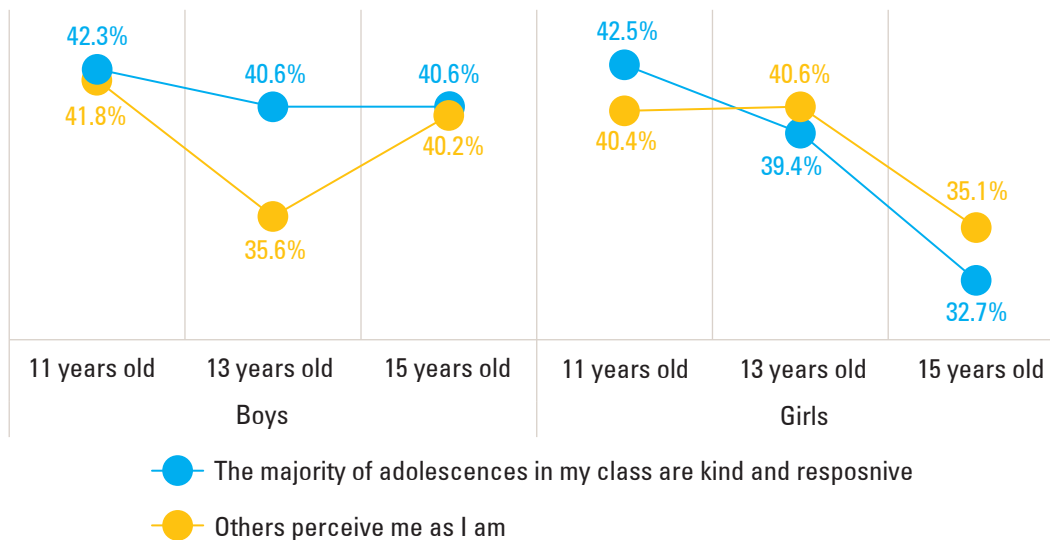
Adolescents' perception of support from their teachers was higher for younger students. With age, all respondents are more critical of support from teachers. It should be noted that adolescents' perception of support from their teachers was higher in girls than in boys of 11 years old, but at the age of 15, the opposite situation develops; boys feel more support from their teachers than girls.

**Relations with classmates.** To the question "the students in our class like to be together", 49.6% strongly agreed and 33.3% of 11 year olds agreed, which together is 82.9%. But with age, there is a decrease in this indicator by 10%, mainly due to the answer completely agree, which becomes 40.1% by the age of 15. (Figure 14).



**Figure 14.** Adolescents at the age of 11, 13 and 15 years old, who

Gender and age differences in relationships with peers at school are strongly pronounced in girls at the age of 15. i.e. with age, relationships at school with peers become more tense (Figure 15).

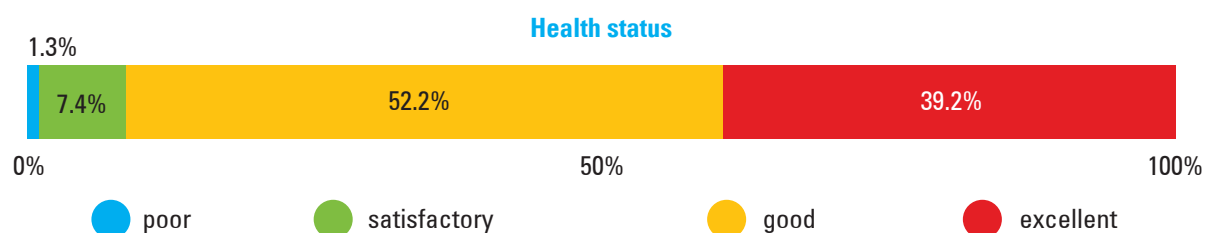


**Figure 15.** Assessment by adolescents aged 11, 13 and 15 years old of classmates and relationships with them, HBSC

## HEALTH INDICATORS

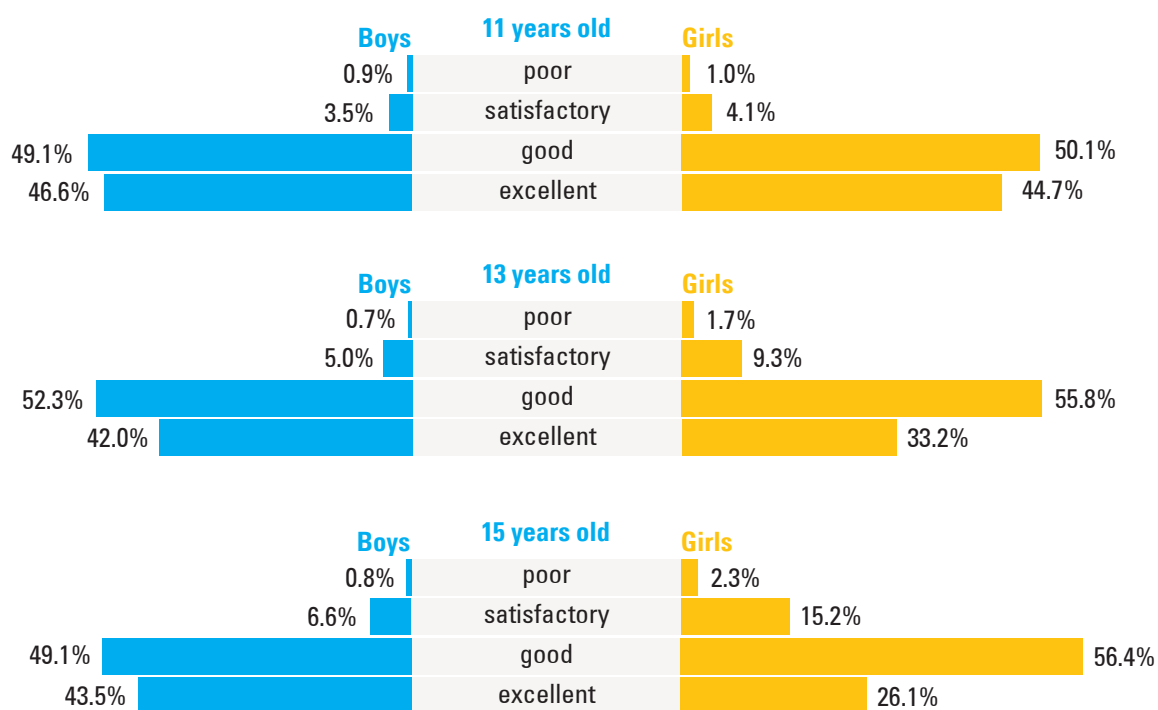
**Self-rated health.** The health status was studied by interviewing adolescents on the following issues: satisfaction with health and life, presence of complaints, weight assessment, physical activity. Adolescents rated their health status on a scale with response options from “excellent” to “poor”.

The presented results reflect the proportion of adolescents who rate their health. In the general population of all age groups of adolescents, 39.2% positively rated their health as excellent; good 52.2% and satisfactory 7.4%. Only 1.3% of adolescents had a negative rate (Figure 16).



**Figure 16.** Adolescents' self-rated health in the general population, HBSC

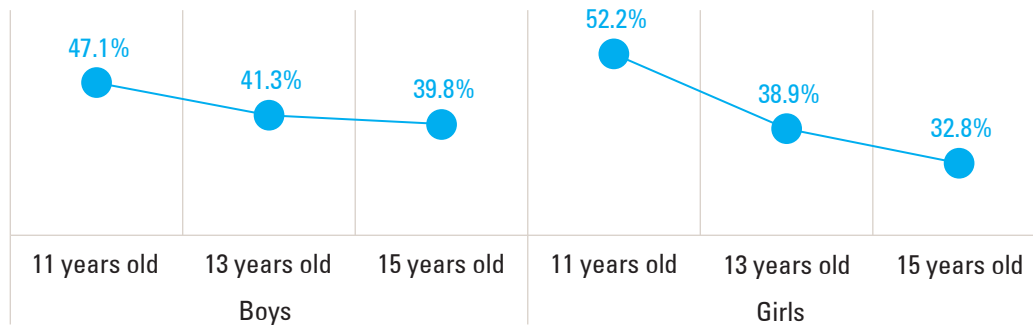
Adolescents at the age of 11 assess the status of their health positively equally without any special differences, as excellent boys 46.6% and girls 44.7%; as good 49.1% of boys and 50.1% of girls. Older adolescents are more likely to view their health as satisfactory or poor. Basically, there is a change in girls in all age groups, i.e. with age, the proportion of girls who assess their health as poor or satisfactory grows much more than that of boys. Girls aged 13 and 15 assess their health status 2 times worse than boys in all age groups (Figure 17).



**Figure 17.** Adolescents' self-rated health at the age of 11, 13 and 15 years old, HBSC

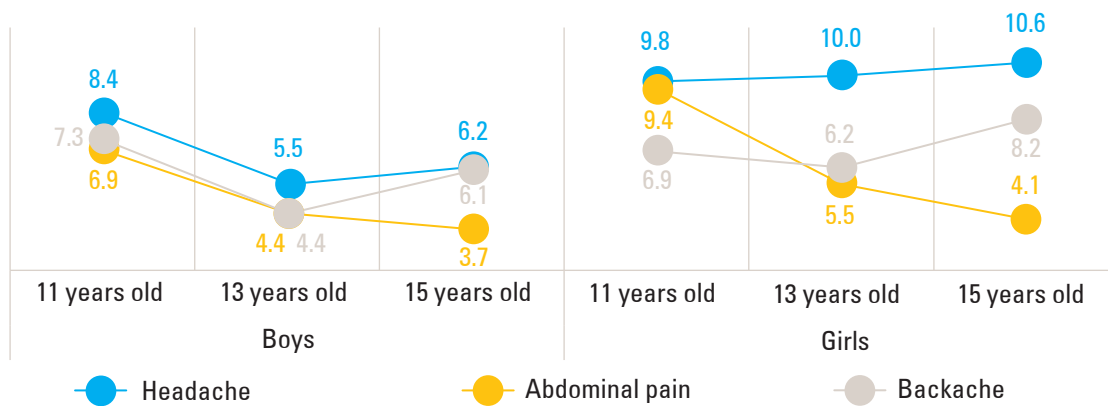
**Life satisfaction.** In the study, schoolchildren assessed the level of satisfaction with life using the Cantril Ladder scale, which has 10 steps. The top, tenth step, means the best possible life, and the bottom - "0", the worst.

In the general population, 42.1% of adolescents rated their level of satisfaction with life very highly. But with increasing age, there is a tendency to reduce the high degree of satisfaction with life. The same trend is observed by gender, for example, in 11-year-old adolescents, the share of a high degree of life satisfaction in girls (52.2%) is higher than in boys (47.1%). But girls experience a significant decline in very high levels of life satisfaction as they grow up compared to boys (Figure 18).



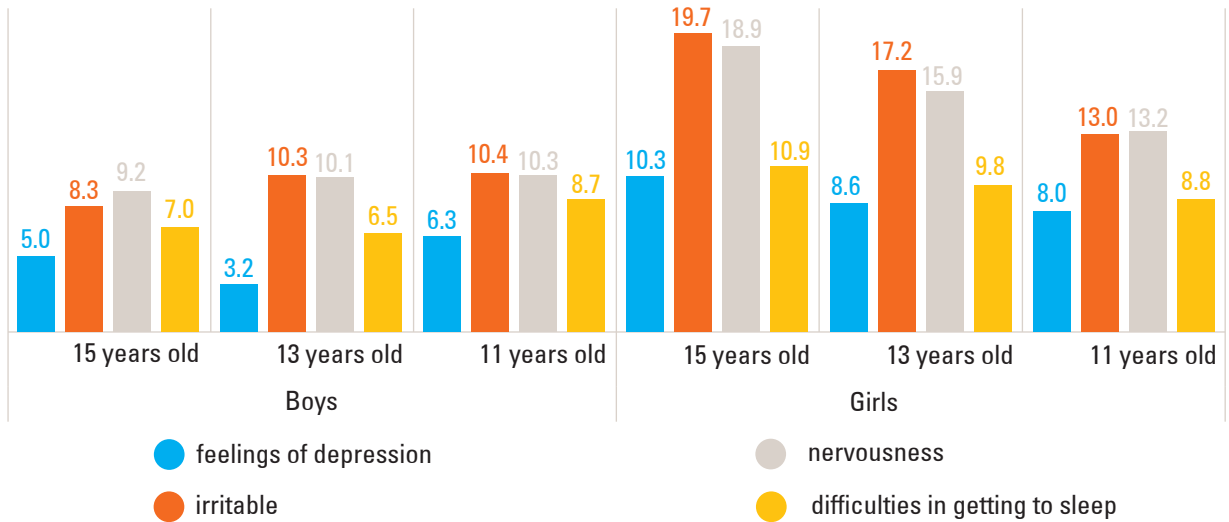
**Figure 18.** Adolescents' life satisfaction at the age of 11, 13 and 15 years old, HBSC

**Health complaints.** The results presented reflect the proportion of adolescents who report two or more complaints each day over the past six months. Depending on age, 3.7% to 10.6% of adolescents report multiple health complaints. As they mature, girls aged 13 and 15 are more likely to report somatic health complaints (headache, abdominal and backache) than boys of the same age (Figure 19).



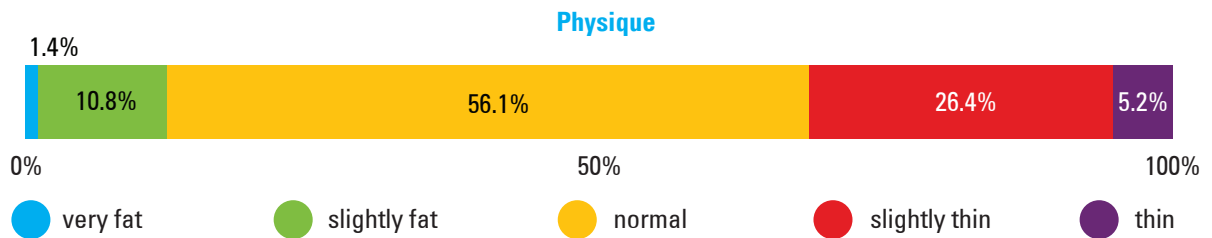
**Figure 19.** Adolescents with each day multiple health complaints (somatic complaints), HBSC

Regarding psychological symptoms (nervousness and irritability), in girls (13-19%) are more likely to have health complaints compared to boys (8-10%). Also, with increasing age, girls complained much more often about the presence of psychological symptoms (irritability), at 11 years old- 13% and at 15 years old- 19.7%. In boys, with increasing age, on the contrary, a decrease in complaints was observed, at 11 years old- 10.4% and at 15 years old- 8.3% (Figure 20).



**Figure 20.** Adolescents with each day multiple health complaints (psychological complaints), HBSC

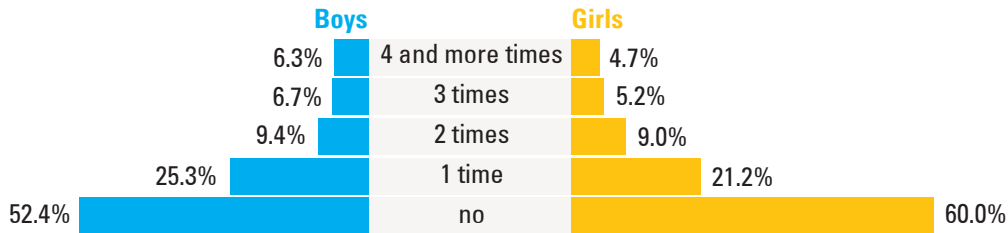
**Perception of their bodies.** The children and adolescents in our survey responded to a question about how they perceive their bodies. Response options ranged from “very thin” to “very fat.” According to the results of our survey, 56.1% of adolescents rated their physique as normal, 1.4% of children perceived their body as very fat, 10.8% of children as slightly fat. Conversely, 26.4% of children rated the body as slightly thin and 5.2% of children very thin (Figure 21).



**Figure 21.** Adolescents’ perception of their body

**Medically attended injuries.** Injury is one of the leading causes of death and serious morbidity among adolescents. In this survey, adolescents were asked how many times in the past 12 months they had been injured and treated by a doctor or nurse. Response options ranged from “I have not been injured in the past 12 months” to “four times or more.” According to the results of the survey, adolescents who received one or more injuries during the year when they appealed for medical help in the aggregate amount to 47.6% in boys and 40.0% in girls (Figure 22).



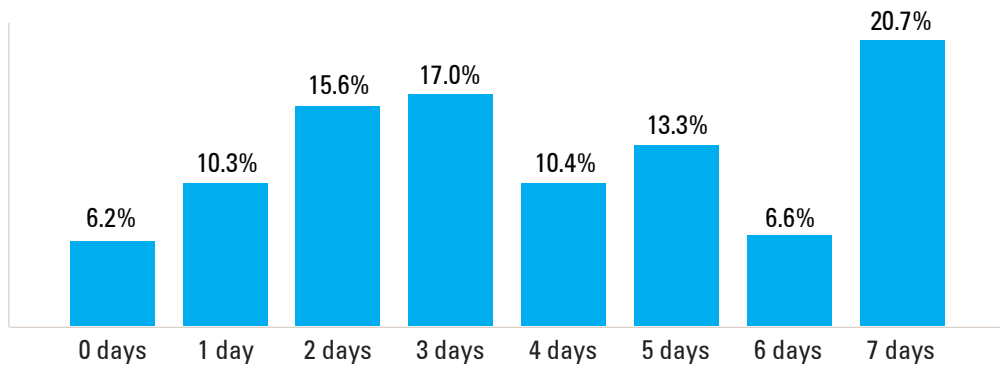


**Figure 22. Medically attended injuries**

In terms of age, the proportion of adolescents who had at least one injury requiring medical intervention in the last 12 months was high among boys at 11 years of age (25.8%) and decreased slightly by 15 years of age (22.9%). The results of this study show that injuries are more common among boys, with rates declining as teenagers get older.

## HEALTH BEHAVIORS

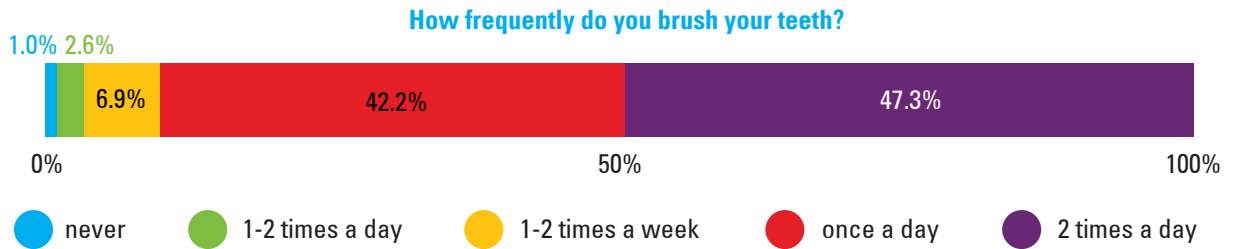
**Physical activity.** Physical activity contributes to positive changes in physical and mental health, and can improve school performance and cognitive function. Adolescents were asked about their physical activity for at least 60 minutes a day over the past week. Only 20.7% of adolescents in all age categories were physically active for at least 60 minutes each day during the week. The same physical activity was within 6 days 6.6%, 5 days 13.3%, i.e. intense physical activity was observed in the aggregate in 40.6% of adolescents (Figure 23).



**Figure 23. Adolescents’ physical activity per a week**

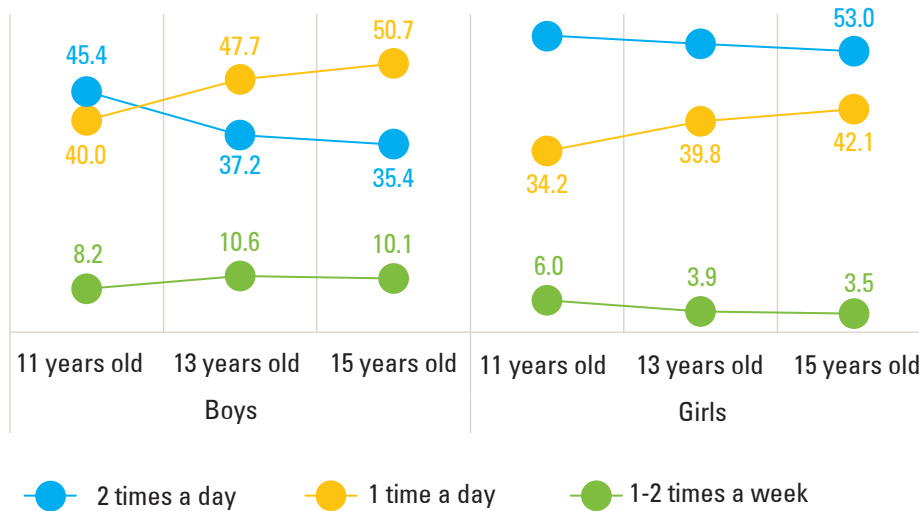
Daily physical activity declined among girls as they grew older. A significant reduction in the load (up to 8.7% percentage points) was found among girls between 11 and 15 years of age. In boys, physical activity practically did not change with growing up, amounting to 24.6% by the age of 15.

**Oral health.** Oral health is essential to general health and well-being. Regular twice during the day tooth-brushing is the main self-care method to prevent oral diseases, the majority of non-infectious diseases, dental caries and periodontal diseases. In the course of the study, we found that only 47.3% of all children brush their teeth more than once a day. And 42.2% of children brush their teeth only once a day (Figure 24).



**Figure 24.** Adolescents’ oral health, HBSC

With age, there was a slight decrease in the rate of brushing teeth more than once a day among 15-year-old (53.0%) girls compared with 11-year-old (56.0%). At the same time, among boys, there is a significant trend towards a decrease in the index of brushing teeth with age; by the age of 15, among boys, this decrease becomes especially significant (35.4%) compared with 11 years of age (45.4%). At the same time, the proportion of adolescents who brush their teeth once a day increases with age, from 40.0% to 50.7% for boys and from 34.2% to 42.1% for girls (Figure 25).

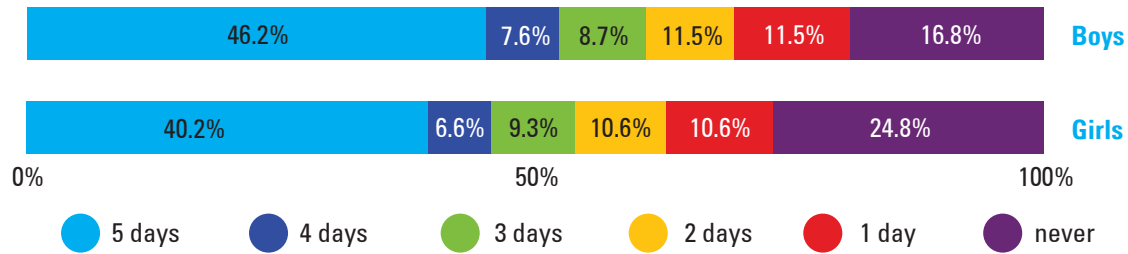


**Figure 25.** Adolescents’ oral health at the age of 11, 13 and 15 years old, HBSC

## NUTRITION

Acquired in childhood, the habit of eating breakfast daily, adhering to the principles of a healthy diet, can affect health in adulthood. This section was studied by analyzing the answers of adolescents to the following questions: how often do you: have breakfast? do you eat fruits and vegetables? Do you drink carbonated sugary drinks and sweets? sharing meals with family?

**How often you have breakfast.** The data below reflects the proportion of teenagers who eat breakfast every weekday. Eating a full breakfast (not just a glass of milk or juice for breakfast) every weekday is more common among boys than girls respectively (Figure 26).

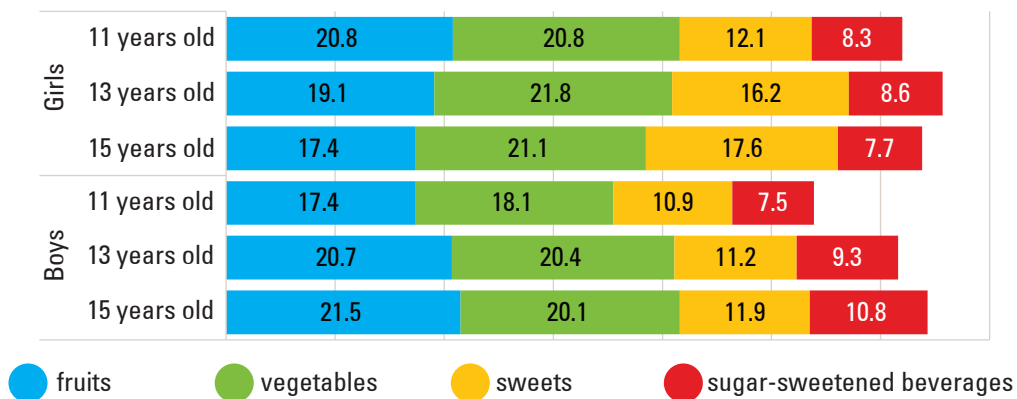


**Figure 26. Adolescents’ family meals, HBCS**

Girls at age 11 are more likely to report eating breakfast daily, with gender differences generally increasing with age, especially in girls. The highest rates are observed in the age group of 11 years among boys 48.1% and girls 50.6%. By the age of 15, this indicator significantly decreases in girls (27.1%), and in boys there is a moderate decrease (42.6%). Also, 15-year-old girls were more likely to report never having breakfast compared to boys (39.8% vs. 20.9%).

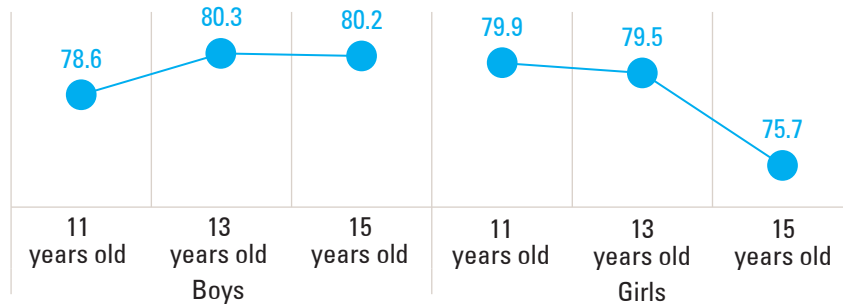
**Fruit and vegetables consumption.** About 21% of adolescents consume fruits and vegetables every day, more than once a day. There were no significant gender and age differences (Figure 27).

**Consumption of sweets and sugar-sweetened beverages.** Girls report high daily consumption of sweets in all age groups. Consumption every day and more than once a day of sweets among adolescents was 11.5% among adolescents 11 years old (among boys 10.9% and girls 12.1%), at 13 years of age 13.7% (among boys 11.2% and girls 16.2%) and at the age of 15 14.7% (among boys 11.9% and girls 17.6%). As can be seen, daily consumption increases significantly with age among girls. Regular consumption of sugary soft drinks among adolescents was 8.7%. Daily consumption increases with age among boys, with differences between 15 and 11 year olds ranging from 3.3% (Figure 27).



**Figure 27. Daily consumption of fruit, vegetables, sweets and sugar-sweetened beverages more frequently than once a day.**

**Family meals.** Meals in the family. Boys were more likely than girls to eat with their families every day. Gender differences increased with age: for 11-year-olds it was 78.6%, while for adolescents of 13 and 15 years this figure reached 80.2%. Older adolescents, especially girls, were less likely to eat with their family, and for girls this figure gradually decreased from 79.9% to 75.7% by age 15 (Figure 28).

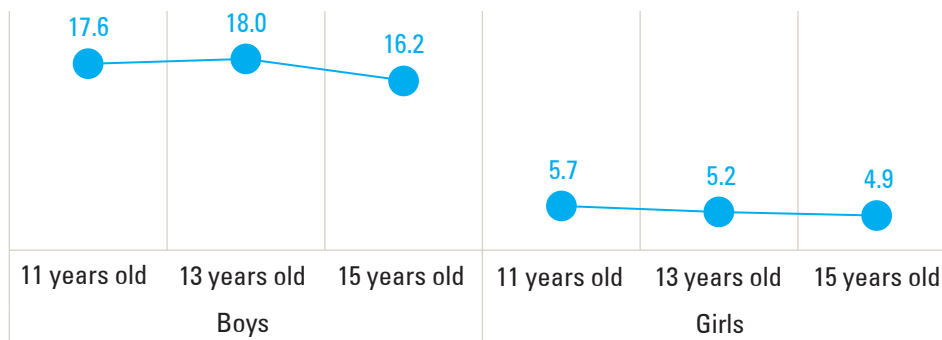


**Figure 28.** Adolescents at the age of 11, 13 and 15 years old, having breakfast each week day, HBSC

## RISK FOR HEALTH BEHAVIOURS

Behaviors studied in this survey include: fighting, smoking, drinking alcohol, cannabis use, sexual relations, participating in and being bullied, participating in and being a victim of cyberbullying.

**Fighting.** Fighting is a major health problem and is the most common manifestation of violence among adolescents. The data presented here reflects the proportion of adolescents who fought three or more times in the last 12 months. Fighting is more common among boys in all three age groups. Boys at age 11 were significantly more likely than girls (17.6% versus 5.7%) to report being involved in fights three or more times in the last 12 months. Boys and girls show little change as they get older: the older the teenagers, the less often they get into fights (Figure 29).



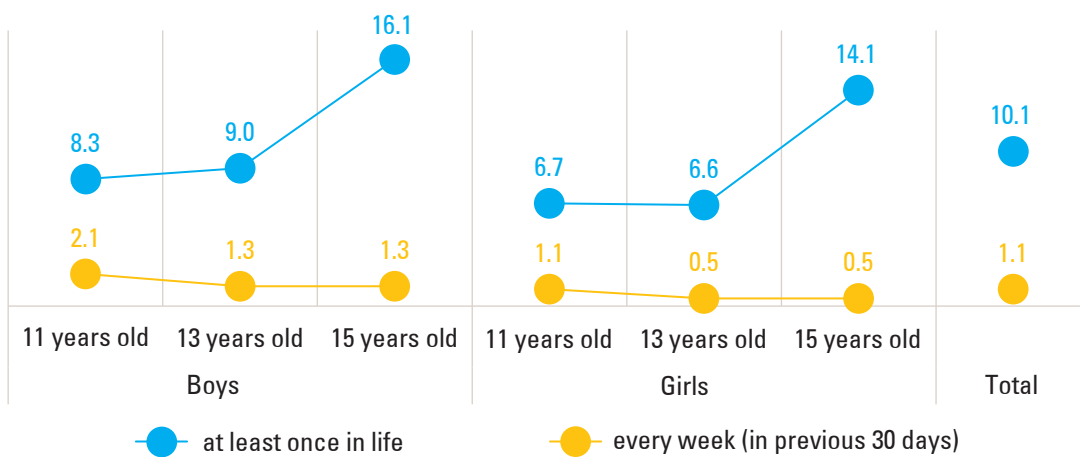
**Figure 29.** Adolescents, who were involved in fighting three or more times in the previous 12 months

**Smoking.** The data presented here reflect the proportion of adolescents who reported that they smoked their first cigarette at age 15 or earlier. Adolescents who smoked a cigarette at least once make up 6.6%, while the remaining 93.4% never smoked.

The increase in the prevalence of smoking between the ages of 11 and 15 increased with age in boys and was 4.5% by age 15 compared with girls (0.8%). Daily smoking among 15-year-old boys is 1.5% and among girls 0.4%. In general, the prevalence of cigarette smoking among boys was higher compared to girls: in all age groups.

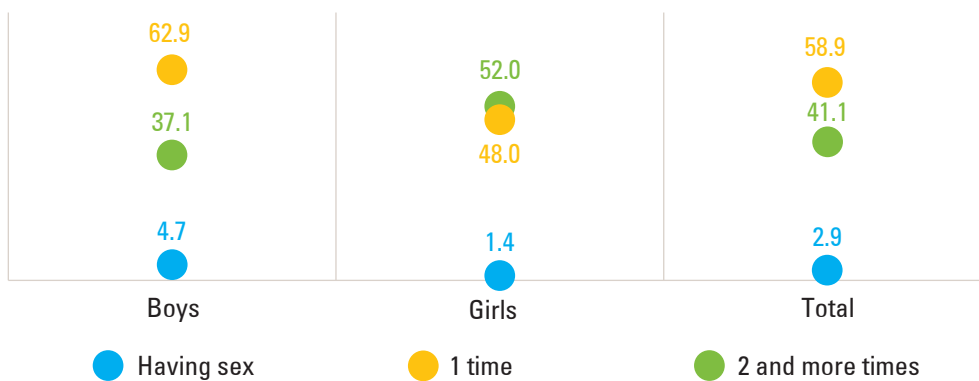
**Using cannabis.** The proportion of adolescents aged 15 years who tried cannabis at least once in their lives is 2.6%, and these are mostly boys (2.4%). Adolescents who used cannabis in the previous 30 days account for 2.1%. Boys (1.6%) did it more often than girls (0.5%).

**Consumption of alcohol.** The proportion of adolescents who tried alcohol at least once in their lives is 10.1%. The prevalence of at least once-in-a-lifetime drinking increased dramatically with age for both genders. Boys were more likely than girls to drink alcoholic beverages at least once in their lives. Gender differences were more common among older teenagers. Significant gender differences were at age 15 for boys 16.1% for girls 14.1% compared to 11 year old boys 8.3% and girls 6.7%. Also, the proportion of adolescents who drink any alcoholic beverage at least once a week is 1.1%. Gender differences were more common among younger teenagers. Significant gender differences at age 11 (boys 2.1% and girls 1.1%). The indicator of weekly alcohol consumption decreases slightly among both boys and girls by the age of 15 (boys 1.3% and girls 0.5%). Weekly alcohol use is more common among boys (Figure 30).



**Figure 30.** Alcohol consumption by adolescents

**Sexual behavior.** Data is presented for 15-year-olds only. The proportion of adolescents who reported having experienced sexual intercourse is 2.9%. Boys were significantly more likely than girls to report having had sexual intercourse, with 4.7% of boys and 1.4% of girls respectively having had sexual intercourse. Of these, 41% of adolescents had sexual intercourse twice or more times, and 58.9% had a single experience (Figure 31).



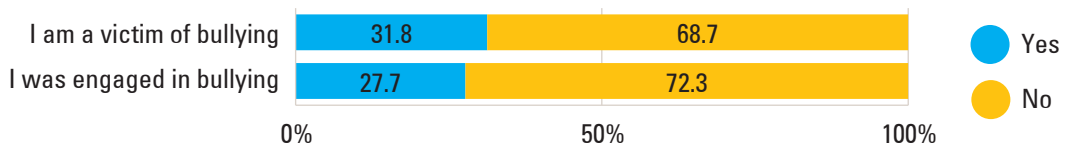
**Figure 31.** Experience of sexual intercourse and their number

More than half (55.4%) of sexually experienced 15-year-olds did not use either of the two most effective methods of contraception (condom or birth control pill) during their last sexual intercourse.

### BULLYING: INVOLVED AND EXPERIENCED BULLYING

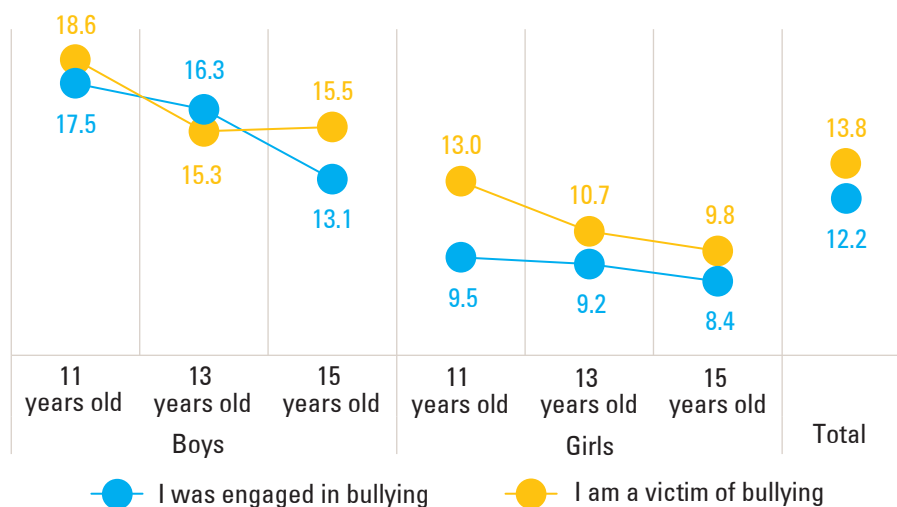
School bullying is one of the most common forms of teenage violence. Teenagers were asked how often they were engaged in bullying with another student(s) at school in the previous two months. Response options ranged from none to several times a week.

The proportion of adolescents who were involved in bullying against other children at least once in the previous two months is 27.7% in total and 31.8% were victims of bullying (Figure 32).



**Figure 32.** Adolescents, who experienced or were engaged in bullying

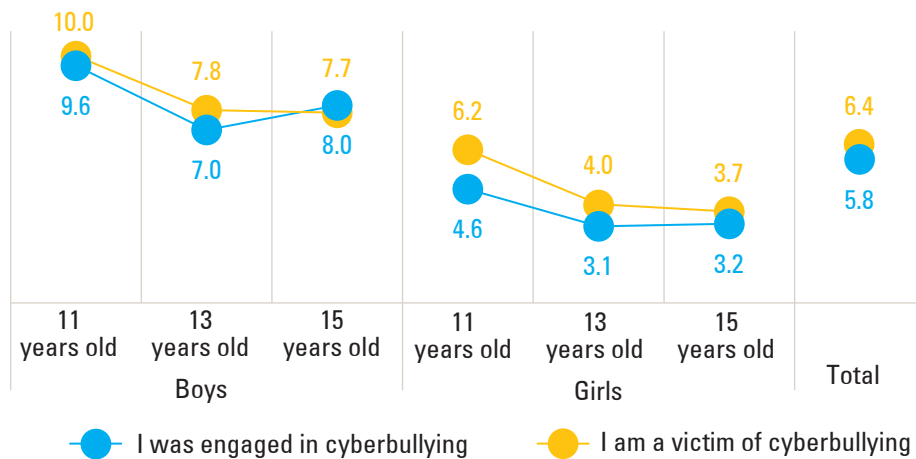
Gender differences among adolescents were significant, with boys being bullied more than girls. Also, boys were more likely to engage in bullying than girls. A total of 13.8% of teenagers were bullied at school two or three times a month or more. Boys aged 11 (18.6%) were significantly more likely to be bullied at school than girls (13.0%). It should be noted that only 12.2% of adolescents themselves participated in bullying, and boys almost twice as often (17.5%) participated in bullying than girls (9.5%), especially at the age of 11. Age had a positive effect on bullying and victimization. The number of victims of bullying and the number of acts of bullying decreased with age. Among boys and girls, the prevalence of cases of bullying by others was highest at the age of 11 years, which decreased by the age of 15 (boys 13.1% and girls 8.4%) (Figure 33).



**Figure 33.** Adolescents at the age of 11, 13 and 15 years old, who were exposed to bullying or were engaged in bullying of others 2-3 times a month or more frequently.



**Cyberbullying (internet bullying).** Overall, across all age groups, 13.0% of adolescents cyberbully against others. 14.4% of teenagers were victims of cyberbullying. The data presented below reflects the proportion of adolescents who reported being the victim of cyberbullying (6.4%) at least two to three times a month in the previous two months, or cyberbullying (5.8%) against others. Gender differences among adolescents were significant, boys were more likely to be cyberbullied and more likely to be engaged in cyberbullying compared to girls. Similar to bullying data, 11-year-old boys (10.0%) are the victims of cyberbullying more often than girls (6.2%). As they grew older by the age of 15, this indicator among boys (7.7%) and girls (3.7%) decreased slightly (Figure 34)



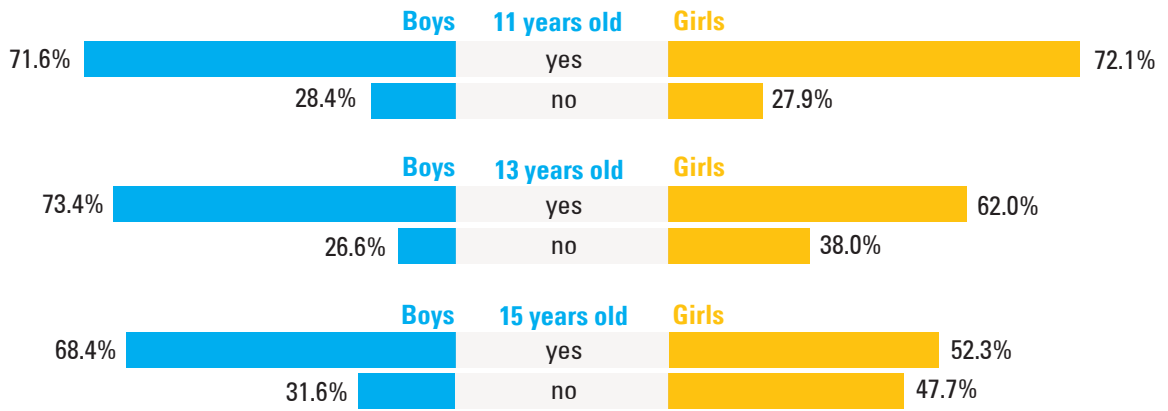
**Figure 34.** Adolescents at the age of 11, 13 and 15 years old, who were exposed to cyberbullying or were engaged in cyberbullying of others 2-3 times a month or more frequently.

### SUICIDAL BEHAVIOR IN ADOLESCENTS

Suicide and suicide attempts among adolescents and young people are recognized as a growing problem worldwide. According to WHO, about 700,000 people take their own lives every year, and for every suicide there are more than 20 suicide attempts.

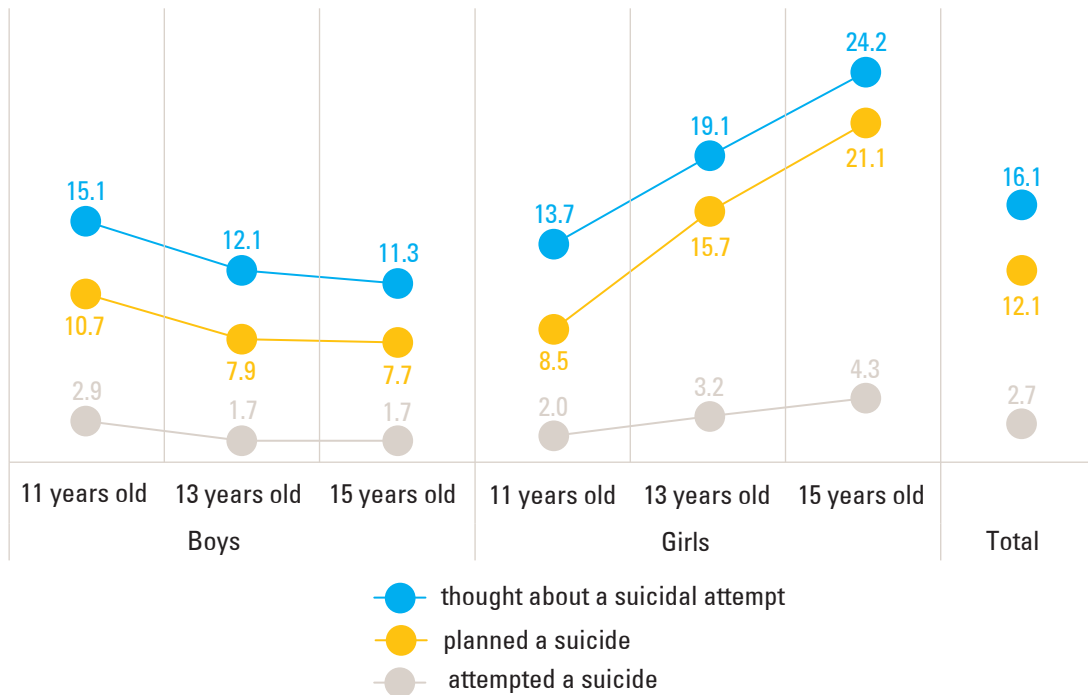
The study asked questions about sad feelings and suicide attempts. Sometimes people are so depressed about their future that they may consider attempting suicide, that is, taking any action to end their own life.

33.6% of teens said they felt so sad or hopeless almost every day for two or more weeks in a row in the last 12 months that they stopped doing some normal activities. There is a significant upward trend in this indicator with age, especially among girls aged 15 (47.7%) compared to 11 years old (27.9%) (Figure 35).



**Figure 35.** Teenagers aged 11, 13 and 15 who have felt this sad or hopeless almost every day for two or more weeks in a row for the previous 12 months

During the previous 12 months, 16.1% of the adolescents in the survey reported that they had suicidal thoughts; 12.1% planned to attempt suicide and 2.7% of adolescents actually attempted suicide. It should be noted that there were significant gender and age differences, especially with growing older. Suicidal thoughts and attempts in girls tended to increase with age, while in boys, on the contrary, to decrease. 15-year-old girls were almost twice as likely to think (24.2% versus 13.7%) and planned (21.1% versus 8.5%) suicide as compared to 11-year-old girls. Also, girls aged 15 (4.3%) were more likely to attempt suicide than boys (1.7%) of the same age (Figure 36).



**Figure 36.** Adolescents aged 11, 13 and 15 who seriously thought about/planned and attempted suicide in the previous 12 months

## NOTES

A series of 28 horizontal dotted lines intended for handwritten notes.

**NOTES**

A series of horizontal dashed lines for taking notes.



