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YEREVAN
ARABKIR MEDICAL CENTRE – INSTITUTE OF CHILD AND ADOLESCENT HEALTH
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This survey was undertaken by the ARABKIR Medical Centre - Institute of Child and Adolescent Health (Arabkir MC –ICAH)

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National Health Behaviour in School-aged Children of Armenia 2013/2014 Survey comprises results of the study conducted by ARABKIR Medical Centre - Institute of Child and Adolescent Health in Armenian schools countrywide. The survey was conducted among 11, 13, 15 and 17 years-old adolescents with the aim to study health behavior of Armenian adolescents, their awareness and attitude, as well as to reveal age and gender differences and other patterns. The findings will help drafting targeted health, educational and social interventions designed for adolescents and young people.

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NATIONAL STUDY RESULTS

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…and the most important – to all school children who have participated in the survey.
INTRODUCTION

The Health Behavior in School-aged Children (HBSC) is a cross-national survey of school students implemented regularly in 44 countries of the world and adopted by WHO Regional Office for Europe as a collaborative study. The HBSC survey focuses on studying the health and health behavior of adolescents and at 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, when researchers from Great Britain, Finland and Norway agreed to join efforts and use a shared methodology for their research. In 1983, given the topicality of the 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. Currently the survey includes almost all countries in Western and Central Europe, the USA, Canada, Israel, as well as several of the Commonwealth of Independent States (CIS) countries (Russia, Ukraine, Armenia and Moldova). The survey methodology enables collection of valid data on both national and cross-national levels, and allows making cross-national comparisons. Such cross-national 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 Arabkir Medical Centre – Institute of Child and Adolescent Health (Arabkir MC-ICAH) supported by UNICEF. That pilot survey revealed various problems in the health behaviors of Armenian adolescents. Besides, it allowed the Armenian HBSC survey team to become a member to the international HBSC research network and to conduct the first regular national HBSC survey in 2009-2010. Present survey was carried out in 2013-2014 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 is to disclose the problems related to the health and health behaviors of adolescents and to examine how these are influenced by the family, socioeconomic, educational and a range of other factors which may have either a protective role or, conversely, increase the health risks of adolescents. In addition, the healthcare as well as behavioral problems revealed allow 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 230 items covering physical and mental health, eating habits, physical activity, family bonds, peer interactions, health knowledge, and 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.

To ensure sample representativeness and reliability of received data, the probability-proportional-to-size approach was applied in selection of schools, in accordance with recognized survey methodologies. The participating school forms (classes) were randomly selected in phase two. 82 schools from all the regions of Armenia were selected using this method, of which 24 schools in Yerevan, 28 – in other urban, and 30 – in rural settlements2. In accordance with the international research methodology, 11- 13- and 15-year-old students were surveyed; in addition, for the first time in Armenia as well as in the international network of the participating countries the HBSC survey also included 17-year-old students from 64 high schools and vocational colleges. The survey sample was representative for all the age groups. On the whole, 4324 students aged 11-15 years, and 1134 students aged 17 years were surveyed. Due to the strict age limitations set by the international center for this survey the number of 11-15-year-old schoolchildren who were included in the final sample and whose data were analyzed reduced to 3679 (only the students whose age at the moment of survey was 11,5, 13,5, 15,5, 17,5 years ± 6 months3 were selected). The number of 17-year-olds included in the final sample remained the same – 1134. 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, 2013, and March – May, 2014. The students had been 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; here they were 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 2009/10 survey for comparison.

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2 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.

3 The age of the respondents should be 11,5; 13,5;15,5 years ± 6 months, whereas in the respective school forms (classes) the number of students whose age is beyond the required range was significant.
RESULTS AND COMMENTS

DEMOGRAPHIC DATA

3679 adolescents aged 11, 13 and 15 years from 82 schools were included in the survey; 1759 of these (47.8%) were male, and 1920 (52.2%) – female. The distribution of the respondents by places of residence was as follows: 1102 students (30%) were from Yerevan, 1361 (37%) – from other urban settlements, and 1215 children (33%) – from villages (see Tables 1, 2, Figure 1).

1134 students aged 17 years, including 351 males (39.8%) and 687 females (60.2%) from 64 high schools, vocational schools and colleges were surveyed. Distribution by places of residence of all surveyed pupils is presented in Figure 2.

The number of males in the groups of 15- and 17-year-old respondents is significantly lower than the number of females, as opposed to the groups of 11- and 13-year-olds (see Figures 1,2).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Boys</td>
<td>736</td>
<td>588</td>
</tr>
<tr>
<td>Girls</td>
<td>735</td>
<td>575</td>
</tr>
<tr>
<td>Total</td>
<td>1471 (40%)</td>
<td>1163 (32%)</td>
</tr>
</tbody>
</table>

Table 1. Age and gender breakdown of 11-15 years-old pupils

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yerevan</td>
<td>11</td>
<td>370</td>
</tr>
<tr>
<td>Town</td>
<td>601</td>
<td>408</td>
</tr>
<tr>
<td>Village</td>
<td>428</td>
<td>385</td>
</tr>
<tr>
<td>Total</td>
<td>1471 (40%)</td>
<td>1163 (32%)</td>
</tr>
</tbody>
</table>
FAMILY

The family provides a nurturing environment where children grow and develop; it is in the family that children learn the rules and norms of social behaviour, and it is the family that influences a person’s attitude towards their health. The protective and risk factors relevant for adolescent health parallel the habits they acquire in the family. The majority of Armenian families are still of the traditional, extended type, with children living with both of their parents, as well as siblings and grandparents in the same household.

Almost 90% of the surveyed schoolchildren live in a complete family with both of their parents and only 9% live in a single-parent household. With regards to the family composition Armenian children are in a more advantageous situation than their peers elsewhere in the world. The same pattern is observed among the 17-year-old respondents: about 85% of them live in a complete family, whereas 9% – with a single parent. 9% of children did not answer this question, which hints about unclear status of the family composition. On the whole, about 79% of the surveyed children have a sibling. In terms of the number of siblings some differences by the places of residence can be observed: in provincial towns and in rural areas the percentage of children with 2 or 3 siblings is higher than in Yerevan. On the average, 20% of the respondents have no siblings; the percentage of only children is higher among the Yerevan residents (39%). About 40% of the surveyed children live in the same household with their grandparent(s).
Attachment to parents is one of the important prerequisites of social support and protection against high-risk behaviors. Ability to communicate easily with mothers diminishes the negative impact of electronic media, protects children against unhealthy habits, as well as mental health and depression risks. Interactions with fathers play an important role in the emotional wellbeing, self-esteem and positive body image of adolescents, especially adolescent girls.

83% of boys and 88% of girls gave a positive answer to the question related to the “ease of their communication with their mothers on things that really bother them”, stating that it was “easy” or “very easy” for them to talk to their mothers. Noteworthily, the percentage of respondents who find it easy to communicate with their mothers decreases slightly with age – from 85% and 90% of 11-year-old boys and girls, respectively, to 81% and 87% of 15-year-olds (boys and girls, respectively). In the group of 17-year-olds 80% of males and 84% of females communicate easily with their mothers (see Figure 3). At the same time, an average of 15% of older teenagers find it “difficult” or “very difficult” to talk to their mothers.

Figure 3. Proportion of pupils reporting ease of communication with mothers, age and gender breakdown

The number of adolescents – both boys and girls – who confide in their fathers is significantly lower, as compared to the number of those who confide in their mothers. In the age group of 11-year-olds 81% of boys and 68% of girls find it easy to communicate with their fathers. At the age of 15 years the number of girls who communicate easily with their fathers drops to 53%; 14% of boys and 36% of girls describe their relationship with their fathers as “difficult” or “very difficult”. In the age group of 17-year-olds 77% of males and 52% of females communicate easily with their fathers (see Figure 4). At the same time, 20% of boys and 43% of girls find it difficult to talk to their fathers. Nevertheless, the number of both boys and girls who confide in their fathers has slightly increased, as compared to the 2009/2010 data.
Some of the questionnaire items addressed the perceived family support: “do you feel that your family members really try to understand you and help you in difficult situations, that they can help you make decisions”, etc. 77% of the respondents gave a positive reply to these questions; in the age group of 17-year-olds the percentage of respondents who thought their families were supportive, is about 72%. Data analysis shows that Armenian families are quite engaged and supportive, as compared to other countries, and positive perception is particularly high among 15-year-olds. Nevertheless, difficulty in communicating with fathers, especially for girls, is a worrisome finding.

**FAMILY AFFLUENCE (SOCIAL STATUS)**

The survey included items covering the socioeconomic status of the respondents, including employment of their parents, as well as the level of wealth or poverty of their families, since extensive evidence shows that family affluence is an important factor that impacts the physical and mental health of young people.

83% of respondents stated that their fathers were employed. Significant variation by place of residence is noted with this item: the fathers of 88% of surveyed children in Yerevan, of 83% – in provincial towns and of 76% – in rural settlements, have a job. An average of 13% of fathers is unemployed (about 20% in villages, 12% in provincial urban settlements and 5% in the capital, respectively). 43% of adolescents stated that their mothers had a job; with this item, too, variation by place of residence is significant: the mothers of 54% of surveyed children in the capital, of 44% – in provincial towns and of 29% – in villages, are employed. Conversely, the mothers are unemployed in about 70% of rural families and in 44% of families in Yerevan.

Compared to the 2009/2010 data, the number of rural families where fathers are unemployed has slightly decreased; as for the mothers, the number of families with working mothers has slightly increased in Yerevan, in provincial towns and in villages (in rural areas this increase is more visible than elsewhere).
Family affluence is evaluated based on the availability of common material assets (a car, a computer, and an own bedroom for the child), as well as on the possibility for traveling away for holidays; instances when children stay hungry due to lack of food at home are also taken into consideration.

The survey has revealed the following situation in terms of the wealth of the respondents’ families: on the average, 38% of the families do not own a car, 44% have one car, and 18% own 2 and more vehicles. Some variation by place of residence is noticeable: percentage of families that have no vehicles is highest in provincial towns – 42%, followed by rural settlements (37%) and the capital (34%); the number of families that own one car is highest in Yerevan (44%), whereas the percentage of families with 2 cars was the same in villages, as in provincial towns and in Yerevan – 18%. Families of the respondents in the age group of 15-year-olds, especially of the female respondents, are the least affluent, as inferred from availability of a car in the household. The situation and patterns, as reported by the 17-year-old respondents, are largely the same: the majority of families that do not have a car live in provincial urban settlements. About 7% of children failed to answer this question. In terms of ownership of a vehicle, the results of this survey do not differ much from the 2009/2010 survey, except for the number of rural families that do not own a car (it decreased from 45% to 37%).

“Do you have your own bedroom for yourself?”: about 77% of the respondents answered “Yes” to this question, with some variation by age, gender and place of residence. The highest number of adolescents who have their own bedrooms is observed among the 15-year-old male respondents, particularly in rural areas – about 80%. 7% of children did not answer this question. The number of children who have their own bedroom is lowest in the provincial towns, as reported by 17-year-olds.

An average of 50% of adolescents reported that their families had not traveled away on holiday or vacation in the preceding year. Significant variation by place of residence can be observed with this item: the percentage of families who cannot afford to travel away is highest in rural areas (62%), followed by those in provincial towns (50%) and in Yerevan (35%). About 24% of the respondents reported having traveled away for holiday once in the preceding year. There is no variation by gender; as for the age variations, the number of adolescents whose families cannot afford to travel is highest among the 15-year-olds. The pattern is largely the same in the age group of 17-year-olds: the percentage of families that do not travel away is highest in rural areas (77%), followed by those living in provincial urban settlements (62%) and Yerevan (46%). The number of respondents who reported traveling once per year was highest in Yerevan (34%) and lowest in rural areas (12%). Comparison with the 2009/2010 survey data reveals a worsening in the socioeconomic status of the respondents’ families as reflected by the traveling pattern: in some areas the number of those who cannot afford to travel away on holiday is almost twice as high, as that reported during the previous survey.
With regard to availability of a computer in the household the following pattern is observed: an average of 14% of families does not own a computer (as reported by 25% of the respondents in the rural areas, 11% of respondents in provincial towns and 5% in Yerevan). 55% of all respondents have one computer, and the percentage of families that own one computer is the highest in the provincial towns. 33% of adolescents who live in Yerevan (as opposed to 14% of those living in rural areas) reported having two computers at home; on the average 9% of the families of the surveyed children own more than two computers with the majority of such families living in the capital. The same pattern can be observed in the age group of 17-year-olds with more female respondents of this group reporting having a computer. Comparison with the 2009/2010 survey data reveals a significant increase in the number of families that own a computer, as well as a significant variation by place of residence with this item.

The level of poverty of the household is also estimated by the frequency of children having to go to bed hungry due to lack of food at home. The following responses were given to the question on “How often do you go to school or to bed hungry because of the lack of food at home?”: “always” (4% of respondents), “often” (5%), and “sometimes” (10%). Noteworthily, the percentage of children who checked “often” and “sometimes” was higher in the rural areas. With respect to gender and age variations, the majority of adolescents who stayed hungry were boys in the age group of 11-year-olds. Comparison with the 2009/2010 survey data reveals a worsening of the situation as reflected by responses to this question.

The Family Affluence Score (FAS) is used as an objective measure of family wealth for this survey. FAS is calculated based on the responses to the above-mentioned questions on the material wealth of the families (a vehicle, an own bedroom for the child, ability to travel away on holidays, and the number of computers at home). Schoolchildren are divided into three groups depending on the FAS: low (score of 4-7), medium (score of 8-9) and high (score of 10 and over) levels of family affluence. The survey data analysis shows that in the age group of 11-15-year-olds 51% of the respondents live in families of low, 30% – medium, and 19% – high levels of affluence. The survey data analysis shows that in the age group of 11-15-year-olds 51% of the respondents live in families of low, 30% – medium, and 19% – high levels of affluence, respectively. In the age group of 17-year-olds the distribution by wealth does not differ much: 58% of respondents belong to the low, 30% – medium, and 13% – high affluence groups.

Figure 5. Level of affluence of 11-17 year-olds, by place of residence (weighted average rate)
Children were asked to estimate the affluence of their own families. As opposed to the distribution above, 71% of respondents rate their families as “wealthy”, with some variation by place of residence: 64% of schoolchildren in rural areas, 71% of those living in provincial towns and 79% of children in Yerevan consider their families to be “well off”. At the same time, about 4% of schoolchildren rate their families as “not so well off” or “not at all well off”, and some 25% of adolescents (the majority of them living in rural areas) think their families are of “medium wealth”. The 11-year-olds rate the affluence of their families the highest as compared to the older adolescents. In the age group of 17-year-olds the following responses can be observed: about 66% of young people living in Yerevan, 62% of those who live in provincial towns and 58% of rural inhabitants rate their families as “well off”; an average of 35% of respondents in this age group consider their families to be of “medium” wealth, and 3% – “not wealthy at all”. Analysis of the survey data shows that the level of family affluence is significantly lower in rural areas.

PEERS

The role of peers becomes increasingly important in adolescence. Each day teenagers spend several hours in the company of their peers, and peer influence on a teenager’s behaviour may be either positive or negative. Peer support has a critical impact on adolescents’ physical and mental health and wellbeing. Adolescents who are well accepted by their peers have a higher self-esteem, whereas those who have no friends among their peers usually have a lower self-esteem perform poorer at school and more frequently become victims of bullying.

Some of the survey items address perceived peer support in difficult situations, in decision-making, etc. 65% of the 11-year-old, and 70-73% of 13- and 15-year-old schoolchildren report high levels of peer support with 15-year-old boys rating the peer support the strongest. The level of peer support reported by 13- and 15-year-old schoolchildren is considerably high as compared to that reported by adolescents in other countries. In the age group of the 17-year-olds only 62% of males and 56% of females rate peer support as strong.

Time after school spent with friends is directly related with risky behaviours; however, at the same time, it is also associated with sports, leisure and other favorable social activities. In the age group of 11-year-olds 15% of girls and 28% of boys report meeting their friends outside school before 8 p.m. every day. Similar variation by gender is observed in the age groups of 13- and 15-year-olds: on the average, 20% of girls and 32% of boys meet their friends daily. Percentage of 13-year-old children, who spend time with their friends after school every day, is higher in Armenia than in other countries. In the age group of 17-year-olds the number of males meeting daily with their friends increases up to 45%, whereas the number of females drops to 15%. Some variation by place of residence is also
observed: girls who live in Yerevan spend more time out with friends, as compared to girls living in villages.

In the age groups of 11-15-year-olds the number of children who report meeting their friends daily after 8 p.m. decreases with age with variation by gender (as mentioned above) observed in all the age groups; however, the percentage of 11- and 13-year-olds who spend time with their peers in the evening is significantly higher in Armenia as compared to other countries. The number of 17-year-old males who daily meet with their friends after 8 p.m. reaches 42%. Some variation by gender and by place of residence is noted in the age group of 17-year-olds, with males in rural areas and in Yerevan, as well as females in Yerevan spending more time with peers. On the whole, girls, particularly those who live in villages, meet less frequently with their friends after the school hours, and this might be due to the national custom.

Daily communication by phone is reported by 40% of 11-year-olds; the number of children who communicate with their friends by phone every day increases with age reaching 61% in the 15-year-olds (in this age group boys communicate by phone more frequently than girls). In the age group of 17-year-olds an average of 58% of males and 53% of girls communicate daily with their friends by phone; in Yerevan 64% of 17-year-old girls call their friends every day. Comparison with the 2009/2010 survey data shows significant increase in the frequency of telephone communication.

Electronic media communication has become more widespread among adolescents in the past decade. Electronic media is an important source of information and a platform for social integration for teenagers and bears influence on their health status and behavior; in particular, it is associated with unhealthy habits and dietary behaviors, as well as sleep disorders.

In the age group of 11-year-olds 15% of girls and 22% of boys use social media platforms daily to communicate with their peers. In high school even more adolescents, particularly boys (28%), communicate daily online. The number of girls living in rural areas is the smallest among daily social media users in all the age groups. At the same time, girls prevail among those who communicate via short messages (SMS): 35% of 15-year-old girls (as opposed to 17% of 11-year-olds) and 31% of 13-year-old girls (as opposed to 19% of 13-year-old boys) send SMS every day. In the age group of 17-year-olds 55% of males and 45% of females communicate via SMS. This means of communication, too, is least used by rural girls. Despite the fact that Armenian adolescents increasingly use electronic media for daily communication with peers, the extent of use of social media by teenagers in Armenia is still below the average of that in other countries.
School is the main social environment for school-aged children; school therefore constitutes a significant influence on children’s cognitive, social and emotional development. Attitude to school is one of the important quality of life evaluation criteria. Teenagers who like school are less likely to acquire unhealthy habits or exhibit risky behaviors, whereas not liking school is associated with low self-esteem, poor school performance, psychosomatic complaints and misbehavior.

Young people were asked how they feel about school: a significant number answered that they “like school very much”. This response option was checked by as many as 77% of the 11-year-old respondents. In this age group 84% of girls and 70% of children who live in rural settlements like school very much. Liking school decreases with age, and only 60% of 13- and 15-year-old respondents like school. In the age group of 17-year-olds an average of 52% of female and 40% of male students like school; noteworthy, in rural areas the percentage of older teens who like school is higher (58%) than in Yerevan and provincial towns (43%). Overall, respondent groups that are more likely to report liking school include girls, 11-year-old schoolchildren and children who live in rural areas. In terms of the proportion of adolescents who “like school a lot” Armenia ranks highest among the countries participating in the HBSC survey (see Figure 6).

Figure 6. Proportion of schoolchildren who reported to like the school, age and gender breakdown

School performance bears significant influence on the overall wellbeing and self-esteem of a child. Young people were asked what, in their opinion, their class teachers think about their school performance: the majority of respondents checked the “excellent / very good” or “good” options. In the age group of 11-year-olds “good” or “very good” perceived school performance is reported by 80% of girls and 72% of boys. Self-reported school performance decreases with age: 74% of 15-year-old girls and 62% of the boys of the same age believe their performance at school is either “good” or “very good”. No variation by place of residence is observed with this item. In the age group of 17-year-olds the pattern persists: 80% of female and 72% of male students report “good” or “very good” perceived school performance. Comparison with international data shows that perceived school
performance of the 15-year-olds in Armenia is quite good. Besides, when compared with the 2009/2010 survey data, a positive trend is noted with this item. High levels of school pressure are associated with health complaints and psychological symptoms, poorer quality of life and lower levels of well-being. Adolescents in Armenia, as opposed to their peers in other countries, believe they are not very pressured by the schoolwork. The 11-year-old respondents feel the least pressured: only 17% of the surveyed schoolchildren in this age group reported being pressured by schoolwork. However, this percentage increases with age as the school curricula become more demanding: 26% of the 13-year-old girls, 29% of girls aged 15 years, and 40% of the 17-year-old female high-schoolers feel pressured by schoolwork (as compared to only 27% of the 17-year-old male respondents reporting high school pressure). Girls feel more pressured at school because they are more serious about their school performance. Some variation by place of residence is observed with this item: schoolchildren in Yerevan feel more pressured by schoolwork than their peers living in rural areas.

Classmate support is closely related to the schoolchildren’s ability to develop a sense of identity and establish friendly relationships, to overcome school-related stress and acquire positive school experiences. Judging from the survey results, Armenian teenagers are quite supportive of their classmates. 83% of 11- and 15-, and 79% of 13-year-old boys, as well as 82% of 11-, and 77% of 13- and 15-year-old girls believe most students in their classes are kind and helpful. In the age group of 17-year-olds almost similar results are obtained; however, in this age group a slight variation by place of residence is noted: children in rural areas are more supportive of their peers than are the residents of the capital. International comparison shows that Armenian children provide more support to one another than do their peers in other countries.

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. Self-rated physical and mental health is directly related to the presence of symptoms of physical ailment, signs of depression, as well as family affluence and social wellbeing. Previous surveys revealed that various, mainly psychosomatic complaints, such as low mood, irritability, nervousness, headache and impairment of sleep, were quite prevalent among teenagers in Armenia. Such complaints may be caused by internal diseases, stressful situations, or result from excessive pressure by schoolwork / extra tuition, unhealthy lifestyle, too much time with TV or computer, and many other influences.
Armenian teenagers (girls more often than boys) report different health complaints, and the percentage of adolescents presenting with various symptoms increases with age. About 25% of schoolchildren (more female than male respondents) reported having had a headache at least once a week in the six months preceding the survey. With this item variation by age is significant: weekly headache is reported by 36% of 15- and 51% of 17-year-old girls; also some variation by place of residence can be noted: children who live in Yerevan complain of headache more often than the other respondents.

About 21% of respondents, particularly females and 11-year-olds, report episodes of stomach ache once a month or more often. 18% of 11-year-old girls report one or more episodes of stomach ache per week; variation by gender is observed in the older age group, too: this symptom is more prevalent in female than male respondents, and 29% of females report having stomach ache at least once a month.

Other symptoms – namely, weekly episodes of backache and dizziness – are reported more seldom. Psychosomatic symptoms are quite prevalent: 22-34% of adolescents of different age groups (more girls than boys) have difficulties in getting to sleep at least once a month; 35% of teenagers (40% of teenage girls) feel low at least once a week, and the prevalence of this complaint increases with age reaching its highest in 17-year-old females (60%). The same pattern can be observed with “irritability”: it is most frequently reported by 17-year-olds (more than half of them have several episodes per week). “Nervousness” is also quite prevalent, particularly in the older age group, and is significantly more often reported by respondents who live in Yerevan (68% of 17-year-olds). Comparison with the previous survey data shows that prevalence of psychosomatic complaints has increased in the age groups of 11-15-year-olds, the high prevalence of these symptoms among the older teenagers has become even more evident.

Problems with eyesight are reported by a significant number of schoolchildren, particularly by females (28%) and by older teenagers (about 20% of the 17-year-olds). A marked variation by place of residence, especially in male respondents, is noted with this symptom: the prevalence of vision problems is the highest in Yerevan and the lowest in rural areas.

Presence of multiple health complaints was analyzed to evaluate the health status of respondents. About 33% of the 11-15-year-old schoolchildren and 47% of the 17-year-olds report having multiple (2 and more) symptoms one or more times per week. Significant variation by gender can be observed with this item: multiple health complaints are more prevalent in females than in males in all the age groups, and particularly in the older students (female-to-male ratio of 72.5%:27.4% among the 17-year-olds). Comparison with the 2009/2010 data shows some decrease in the prevalence of the complaints reported; nevertheless, it is still significantly higher than the average rates.
Figure 7. Age and gender breakdown of adolescents with multiple (2 and more) health complains, more than once a week

Some of the adolescents – 54% of 17-year-old female, and significantly fewer male respondents – report taking a medicine, mostly for headache, one and more times in the preceding month. An average of 20% of 11-15- and 28% of 17-year-olds report taking medicines for various symptoms several times in the preceding month.

MENTAL HEALTH

Mental health problems are quite prevalent among adolescents. Teen years are a time of emotional vulnerability when a change in the mood, a stressful situation or even an insensitive word may interfere with how an adolescent feels, with his/her activities or relationships with others. Nowadays depression is one of the major morbidities of adolescence, while suicide is a leading cause of death among 15-19-year-old females.

Life satisfaction is one of the important criteria of mental health and wellbeing. During adolescence, it is strongly influenced by relationships in the family environment and with peers, by positive school experiences and a range of other factors. For this survey the Cantril ladder score is used to measure life satisfaction of the respondents. The score of “0” represents the worst, while that of “10” – the best possible life for an adolescent; the score of “6” is taken as the cut-off point, and a respondent is considered to be satisfied with his/her life if he/she scores ≥ 6. The majority (92%) of the surveyed adolescents are satisfied with their life as shown by the analysis of their responses. High level of satisfaction (score of ≥ 8/10) is reported by 71% of boys and 73% of girls. Satisfaction with life decreases with age: in the age group of 11-15-year-olds the average score for girls and boys is, respectively, 8.5 and 8.7, whereas in the age group of 17-year-olds the average score is 7.8±2.0. Some variation with place of residence is observed: residents of Yerevan are more satisfied with life than rural inhabitants. Overall, the level of satisfaction reported by the 11-15-year-old children is higher than the average level in other countries.
Adolescents are very vulnerable to stress, and there are numerous external factors that may have a negative influence on their mental health. Mood swings, feeling lonely or depressed, fear of school and suicidal thoughts are among the common mental health disorders of adolescence in which early detection and prompt intervention are warranted lest lack of help and worsening of the problems result in irreparable situations. A significant number of suicides in adolescence stem from a combination of biological, psychological, social, cultural and family problems. The risk of suicide attempts is higher with poor socioeconomic conditions and untreated depression.

Mental health status is evaluated through questions on the signs of depression and suicidal thoughts. 22% of adolescents (24% of girls and 20% of boys) report having felt sad several times in the week preceding the survey. The prevalence of this complaint increases with age reaching its highest in 17-year-olds, particularly females (38%). Some variation by place of residence can be observed with this item: the symptom is more prevalent in residents of provinces, particularly the rural areas. Feeling lonely is reported by 19% of 15-year-olds and 25% of the older teenagers, and similar variations by age, gender and place of residence are noted with this item. About 22% report “never” or “seldom” “feeling full of energy”; “inability to concentrate” is reported by 15% of 11-15-, and 18% of 17-year-old respondents.

“Do difficulties cause you sorrow and suffering?” 4-8% of the respondents answered “Yes, a lot” or “Yes, considerable” to this question, with notable variation by gender (girls are more distressed by difficulties). The number of girls who check the above-mentioned response options increases with age – from 5% in 11-, to 12% in 15- and 16% in 17-year-olds. Overall, a symptom or problem related to mental health is reported by about 73% of the 11-15-year-old respondents.

Signs of depression are manifest in about 19% of the surveyed teenagers, as shown by their responses to the “During the past 12 months, did you ever feel so sad and hopeless almost every day for two weeks or more in a row that you stopped doing some of your usual activities?” question. They increase with age – from 15% in 11- to 35% in 15- and 34% in
17-year-olds. Variation with gender is significant: depression is more prevalent in girls (39% of 17-year-old female respondents).

Figure 9. The prevalence of depression signs among adolescents, age and gender breakdown

Five percent of the respondents report having had thoughts of suicide within 12 months preceding the survey. The prevalence of suicidal thoughts is higher in girls (in the age group of 11-15-year-olds) and increases with age (reaching the maximum of 7% in 17-year-olds); variation by place of residence is negligible. Survey data analysis shows that signs of depression and suicidal thoughts reported by adolescents might be due to the state of their mental health as well as the socioeconomic hardships and uncertainty of the future.

Thus, despite the fact that the majority of Armenian adolescents live in complete families and have siblings and friends, still signs of various mental health problems and/or premorbid conditions are apparent in this group of the population. This situation calls for a detailed investigation and appropriate action.

CHRONIC CONDITIONS / DISABILITY. HEALTH CARE SEEKING PRACTICES

In all the parts of the world the number of children with chronic conditions / disabilities has been increasing in the past decade or so, and currently, such children are estimated to make up to 12-30% of the world child population. Children were asked to report if they have any long-term diseases or disabilities diagnosed by a doctor. The self-reported prevalence of chronic conditions and/or disabilities was 6% in 11-15-, and 7% in the 17-year-olds, with the overwhelming majority of children taking medication for their conditions. Similar to the findings of the 2009/10 survey, the prevalence is highest among 11-year-olds and among the male respondents (about 7% of 11-15-year-olds). In the older age group the prevalence is higher in females; however, this variation by gender is not statistically significant. Chronic medical conditions affect school attendance, particularly in the 11-year-olds. With this item some variation by place of residence is observed: chronic
diseases are more prevalent among the older teenage residents of Yerevan (about 10%), whereas the negative effects of a chronic condition on school attendance and participation is more prominent in rural communities.

Self-rated health is an important indicator of overall health and wellbeing. Awareness of one’s health problems and being in general careful about one’s health prompt one to seek health care and behave in a more responsible way.

Approximately 15% of the 11-15-year-old respondents rate their health as either “fair” or “poor”. In the age group of the 17-year-olds about 76% consider their health to be “excellent” or “good”. Significant variation by gender is observed with this item in all the age groups: girls tend to rate their health “fair” or “poor” more frequently (28% of the 17-year-old females) which might be due to them having a more serious attitude towards their health. Variation by place of residence is small, with adolescents in Yerevan slightly more satisfied with their health.

Overall the self-rated health reported by Armenian schoolchildren is below the average HBSC rates, particularly in the age group of 11-year-olds, as well as in female respondents in all the age groups.

Figure 10. “Fair” or “poor” self-rated health, age and gender breakdown

Healthcare seeking practices reported by adolescents (seeing their pediatrician / family physician, an adolescent health specialist and a dentist) is an indirect indicator of accessibility of healthcare services for adolescents. Responses given by the surveyed schoolchildren show that utilization of healthcare services by adolescents is quite low. Only 39% of respondents report visiting their pediatrician or family physician within the 12 months preceding the survey. Similar to the 2009/2010 survey, significant variation by place of residence is noted with this item: 51% of teenagers who live in rural areas “have never been seen by a pediatrician or family physician”, whereas the proportion of Yerevan schoolchildren who checked this response option is twice as low. In the age group of 11-year-olds about one-third of respondents report having visited their doctor in the preceding year, as opposed to 47% who report they “have never been seen by a doctor”. Healthcare seeking increases with age; nevertheless, about 26% of older schoolchildren still checked the “have never been seen by a doctor” response. In the age group of 17-year-olds about half of the respondents report having visited their doctor; noteworthy, in this
age group the variation by place of residence is substantial: up to 43% of rural and 16% of Yerevan residents “have never been seen by a doctor”.

About 23% of the 11-15-year-old respondents (with significant variation by place of residence) report having seen an adolescent health specialist in the preceding year. This proportion increases with age, and about 46% of the older teenagers report having visited an adolescent health specialist in the 12-24 months preceding the survey. Still, only up to 39% of the schoolchildren who live in urban areas visited an adolescent health specialist during the preceding 12 months.

Only 53% of the respondents (and slightly more than 60% of those who live in Yerevan) report having visited a dentist in the preceding year. Similar to the 2009/2010 survey findings, 25% of schoolchildren living in rural areas “have never been seen by a dentist”. Significant variation by age (with the younger teenagers prevailing) is noted among the respondents who checked the “never been seen by a dentist” response option. In the age group of 17-year-olds 9% of respondents who live in Yerevan and more than 21% of those living in rural areas report they have “never been seen by a dentist”. Variation by gender was negligible with this item. Poor oral hygiene and significant daily consumption of sweets coupled with such a low utilization of dental care services by adolescents might well be the reasons for the high prevalence of caries and oral diseases currently observed in the teenagers in Armenia.

Low utilization of healthcare services by schoolchildren and the established healthcare seeking behavior in general is a worrisome sign. In rural areas it might be due to limited access to pediatric and dental care (in many villages only nurse practitioners are available on-spot), whereas in Yerevan and other urban settlements low utilization of healthcare and dental care services is evident and needs to be addressed urgently, given the unsatisfactory physical and mental health status, as well as the unhealthy lifestyle of adolescents in Armenia. In particular, development of a network of adolescent-centered and adolescent-friendly healthcare services could improve the healthcare seeking behavior in teenagers by ensuring availability and easy access to the counseling and care required for them.

☐ ORAL HYGIENE

Proper oral hygiene helps prevent various diseases of the teeth and gums, as well as some gastrointestinal diseases. Children learn brushing their teeth long before school; hence the lack of proper oral hygiene practices in Armenian schoolchildren, as shown by the response options checked by the respondents, might well be due to the lack of parental (and, maybe also teachers’) attention to this issue.

Similar to the 2009/2010 survey results, in terms of toothbrushing frequency Armenian teenagers lag far behind their peers from other countries, and the prevalence of adequate
oral hygiene is significantly lower than the HBSC average. Just 52% of respondents report brushing their teeth more than once a day. In all the age groups toothbrushing prevalence is higher among girls; in the 11-15-year-olds, prevalence of toothbrushing is higher in the younger, 11-year-old children, especially girls (63%), and is lowest in 15-year-old boys (34%). About 8% of children report brushing their teeth only once a week. Some variation by place of residence is noted: toothbrushing once a day is more frequently reported by adolescents who live in rural areas.

Schoolchildren were asked to report toothache, among other aches and symptoms. Toothache is reported quite frequently, especially by younger (11-year-old) teenagers: 24% of them report having a toothache at least once a week. Significant variation by place of residence is observed with this item: 33% of respondents living in villages, as opposed to 25% of respondents in Yerevan, report having a toothache at least once a month.

EATING BEHAVIOR

BREAKFAST CONSUMPTION

Healthy eating habits developed during adolescence can persist into adulthood and help preventing chronic noncommunicable diseases. Adequate diet and eating patterns promote prevention of dental caries, anemia, osteoporosis, diabetes type two and obesity. The ill practice of skipping breakfast can lead to mid-day fatigue, consumption of sweets and sugary drinks, thus interfering with cognition and learning abilities and promoting demonstration of risk behavior. Daily consumption of fruits and vegetables reduces the likelihood of chronic diseases.

Survey participants were asked two questions inquiring “How often do you usually have breakfast during the weekdays” and “How often do you usually have breakfast during the weekend”. On average 13% of adolescents reported to skip their breakfast. In fact this behavior is more common among 15- and 17-year-olds (18%). Compared to the 2009/2010 survey, today more adolescents eat breakfast, especially the 15- year-olds. If in 2010 regular consumption of breakfast was reported by on average 42% of 15-year-olds, in 2013/2014 this figure went up 51% with 55% of boys and 46% of girls. Among 17-year-olds regular consumption of breakfast was reported by 47% of boys and 39% of girls. This may be explained by the girls’ attempts to lose weight (Figure 11). Responses provided by participants across the country show very slight variations.
Some 75-80% of adolescents eat breakfast on the weekends and holidays. In the group of 17 years old youngsters, 47% of males and 40% of females eat breakfast every weekday, and 65% of rural and 74% of Yerevan participants eat breakfast on the weekend and holidays. This increase may be explained by the fact that parents are at home on the weekend and children do not have to attend the school. Comparison suggests that on average Armenian adolescents tend to skip breakfast more often that survey participants of other countries.

Adolescents were asked the following questions: “How often do you eat breakfast with your mother or father?” and “How often do you eat evening meal with your mother or father?”. Overall, 52% of girls and 60% of boys eat evening meal with their parents every day. This rate reaches 47% among 17-year-olds. The rate is consistent across the country. Quite many children eat breakfast with their parents; in the 11-year-olds it is 49% of boys and 55% of girls, in 15-year-olds 39% for both girls and boys; and in 17-year-olds - 29%. In the 17 year-old group rural boys eat breakfast with parents more frequently. Overall, the number of children consuming meals together with their parents is rather high in Armenia compared with other countries.

**CONSUMPTION OF FRUITS, VEGETABLES, SOFT DRINKS AND SWEETS**

On average, Armenian adolescents consume more fruits per day, as opposed to survey respondents of other countries (52% of boys, 62% of girls, particularly 15 year-olds - 65%). At the same time the answers significantly vary from the capital city to rural areas: the highest rate of fruit consumption was observed in young people residing in Yerevan. The rate slightly fell in 17 years old adolescents (48%), particularly boys, thus showing alike tendencies across residence and gender. Fruit consumption rate has increased essentially since the 2009/2010 survey.

The rate of vegetable consumption is not high. Moreover it is below the average figures recorded in other countries, which is a matter of concern. In the 11-15 age group 29% of
boys and 37% of girls consume vegetables every day in all age groups. The rate makes up 35% among 17 year-olds and reaches 38% among Yerevan girls. In general, rural participants, especially the 17 year-olds, are less likely to consume vegetables.

Armenia shares lead positions when it comes to consumption of sweets, twice exceeding the average rates. On average half (50%) of Armenian adolescents eat sweets every day and 65% of 15 and 17 years old females consume sweets several times a day. Consumption of sweets increases with the age, particularly in females. This rate is equivalent across the country. Consumption of sweets has increased since 2009/2010.

**Figure 12. Proportion of adolescents consuming sweets daily, age and gender breakdown**

![Proportion of adolescents consuming sweets daily, age and gender breakdown](image)

Containing too many empty calories, sugary drinks supplant food rich with calcium, fiber and protein. Consumption of sugary drinks is almost equivalent in the capital and rural areas. However the rate went down since 2009/2010. For example “consumption of sugary drinks more than once a day” fell from 32% to 23% on average. In fact almost no difference was detected as regards gender and residence. A total of 32% of 17 year old boys reported to drink soft beverages daily. The reason most probably underlies in poor promotion of healthy lifestyle and healthy diet as well as the comparative availability of soft drinks at the secondary schools.

- **WEIGHT CONTROL. PERCEPTION OF BODY IMAGE**

Dissatisfaction with body image and low self-esteem affect young people’s health and promote depression, psychosomatic and nutrition disorders, and risk behavior. The relationship between body image and self-esteem is stronger in young women than in young men. Children losing weight often experience sleep disorders, difficulty to concentrate, as well as slow growth. Girls associate slimness with success and achievements, whereas young boys prefer being more brawny and manly attractive.

Asked “Do you think your body is...?” 65% Armenian adolescents reported having normal weight. In fact this answer was provided by about 69% of 13, 15 and 17 year-old boys and girls. Nonetheless, around 15% of 11-15-year-old girls think that they are somewhat
overweight. Age difference is recorded only in 17 year-olds (17%). About 16% of 11 year-old boys and 9% of 15 and 17 year-olds consider themselves fat. In all age groups 21% of boys believe that they are thin. This statement was more common among rural males. Girls shared only 17%, with 11 and 13 year-olds dominating. Compared with other countries Armenian adolescents are less prone to perceiving themselves as fat.

Among boys approximately 12% of 11 year-olds, 9% of 13 year-olds and 7% of 15 and 17 year-olds gave positive answer to the question “At present are you doing something to lose weight?” About 18% of girls in nearly all age groups have reported making efforts to lose weight. Thirteen and 15-year-olds put efforts to get slimmer, which is below the average. Attempts to lose weight are slightly less targeted in females compared with 2009/2010. Meantime, 10% of 17 year old boys and 20% of girls are eager to lose weight. Girls' preoccupation with getting slimmer may later trigger eating behavior disorders. To prevent and early diagnose this problem, healthcare providers should conduct annual screenings and deliver counseling services.

BODY MASS INDEX

Numerous studies witness continuous growth of the problem of obesity in children and adolescents. While in developed economies the obesity pandemic has stabilized due to numerous preventive programs implemented during the past decade, in developing economies an increase tendency is seen. Obesity is closely linked to development of a number of health problems, such as cardio-vascular diseases, diabetes, metabolic syndrome, sleep apnea, etc. Obesity in children and adolescents means very high likelihood of obesity in adulthood. Diagnosis of overweight and obesity is performed through calculation of the body mass index (BMI), taking into consideration the child's age and gender. BMI is the anthropometric index of weight and height and is defined by dividing the person’s weight (kilograms) by his/her height in m squared (m²).

\[ \text{BMI} = \frac{\text{weight (kg)}}{\text{height}^2 (\text{m}^2)} \]

Armenian adolescents report both, being underweight and a tendency of gaining extra weight. BMI computed according to reported weight and height show that about 20% of 11-year-old boys and 16% of girls are overweight (including obesity). The rate of being overweight is 20% in boys and 10% in girls in age 11, as well as 9% in age 15 (14% of male and 6% of female). Some 15-37% did not indicate their data. Being overweight was reported by nearly 9% of 17 year-olds.

However, given that height and weight data indicated by school-aged children within the framework of this survey were not quite reliable (males tend to overestimate their height and weight and girls tried to report lower weight), it is rather difficult to come up with accurate conclusions. Further targeted explorations are needed to get clear insight and
collect reliable data on adolescents' growth and development, as well as to understand existing problems and to develop preventive actions.

## PHYSICAL ACTIVITY

Optimal physical activity and exercises help develop muscles, strengthen bones, regulate the weight and reduce the risk of cardiovascular diseases, diabetes, and obesity. The benefits of physical fitness in childhood establish a foundation of healthy habits and physical well-being that is in many cases continued into adulthood. Physical activity favorably influences mental health.

According to WHO recommendations 5-17 year-old children should be engaged in moderate-to-vigorous-intensity physical activity for at least 60 minutes per day. Adolescents were asked “Over the past 7 days, how many days were you physically active for a total of at least 60 minutes per day?”. According to the answers 30% of 11 and 13-year-old boys and 26% of 15 and 17 year-old boys were physically active at least one hour per day. Daily physical activity was reported by 20% of 11- and 13-, and 15% of 15- and 17-year-old girls (Figure 13).

**Figure 13. Proportion of adolescents who report at least 60 min. of moderate-to-vigorous-intensity physical activity daily, age and gender breakdown**

There are some geographic variations in behavior of 17 year-old girls across the country. Girls from rural areas seem to be less active (as little as 8%). Overall, boys are physically more active. Despite the fact that Armenian adolescents are rather active and exceed average HBSC rates, their physical activity shows certain decline compared with 2009/2010. Significant number of adolescents fails meeting the minimum recommended level of physical activity.

Forty-nine percent of Yerevan participants, and 60% of urban and rural children reported attending physical education classes 3 times per week. Data are much more modest in the group of 17: only 20% of boys and girls attend physical training classes regularly. There is notable inconsistency across urban and rural areas (only 11% in Yerevan and 25% in regions). Meantime, around 36% attend these classes three times per week. Children from
rural areas are more regularly engaged in physical activities at school as opposed to their peers in the capital. Some 38% of Yerevan participants, 13% of urban participants and as little as 8% of rural participants reported not attending physical education classes during the week. Nearly 6% of respondents did not attend the classes during the week. In fact this tendency is more common in girls from Yerevan and boys from villages (8%). Overall, some positive tendency in engagement in physical education is seen compared with 2009/2010.

In addition to physical education classes, about 60% of teenagers, in particular 15-year-olds and rural respondents, are not engaged in any sport activities. Participating in sport activities two times a week was reported by 25% of boys and girls on average, with essential inconsistencies across residences and age groups. In Yerevan the figure reached 35%, whereas in 17-year-old girls it was as little as 5%. Asked about other types of activities, 15-21% of female and 8-10% of male participants reported attending organized musical lessons. On average 17% of girls attend musical lessons twice a week. In villages and among 17 year-olds this figure was very modest: only 10%. Overall, around 70% of children are not engaged in any organized leisure-time activities. This should most probably be explained by the limited access/lack of such hobby groups and unfavorable socioeconomic situation, especially in rural areas.

**SEDENTARY BEHAVIOUR**

Children seem to spend most of their day watching TV. Numerous studies witness that TV and computer games negatively interfere with child’s psychosocial skills, physical health, cognition, learning process and self-esteem and promote violence, aggressive and risk behavior. Specialists recommend spending no more than 2 hours per day on watching TV.

Watching TV 2 hours and more on weekdays was reported by 48% of boys and girls in 11 age group, 62% of boys and 58% of girls in 13 age group, 73% of boys and 66% of girls in 15 age group, and 60% of boys and 55% of girls in 17 age group. The frequency of watching TV on weekends and holidays is higher and reaches 66% in 11 age group, 78% in 13 age group, 82% in 15 age group, and on average 73% in 17 age group. The differences between locations are minor. Overall, in all age groups, and particularly the 15 year-olds, boys tend to spend more time watching TV (See Figure 14). Comparison of the 2009/2010 survey data with indicators of other countries suggests that the daily television-viewing time among Armenian adolescents has decreased.
Significant proportion of adolescents indicated 2 hours and more answering the question “How many hours per day do you spend playing computer games?”. However, this figure varies across gender, age groups and residence. Speaking of weekdays 29% of 11 years-old, 38% of 13 years-old and 47% of 15-17 years old boys reported spending 2 hours and more playing computer games. The picture among girls is as follows: 17% of 11 year-olds, 27% of 13 and 15 year-olds, and 29% of 17 year-olds. The rate increases notably on the weekends and holidays, especially in the capital, reaching 61% in boys of age 15 and 17, and 43% among girls. Using computer for 2 hours and more on weekdays in order to do homework was reported by 34-58% of boys, and 20-45% of girls. Boys, 15 year-olds and girls from Yerevan are dominating. Here again, the rate increases on weekends reaching 67% in 17 years old boys. Armenia adolescents are quite addicted to social media.

Overall, boys, older adolescents, particularly those in the capital, spend more time with screen devices. Parallels with other HBSC countries show that Armenian adolescents do not use much of computer for games and homework on weekdays. When comparing with 2009/2010 data, it becomes obvious that the growing screen-time engagement tendency is strongly linked with their availability.

The survey participants were asked to tell how many hours per day do they spend on homework or additional studying. The option between one to two hours a day was shared
by 50% of boys and 35% of girls; 41% of girls and 25% of boys reported spending 3-4 hours a day on additional studying. The rate was higher in Yerevan. Some 19% of girls and 8% of boys mentioned spending 5 and more hours daily on homework or additional studying. Differences across regions are not essential. Overall, bigger proportion of girls seem to spend 3-5 hours and more on homework and additional studies. In 17 age group, 26% of boys and girls reported sparing 1-2 hours on their homework, whereas 18% of boys and 36% of girls reported 3-5 hours. The differences between residential locations are minor.

**SLEEP PATTERNS**

Proper sleep of school-aged children is critical for adolescents' health and academic performance. Unfortunately, not many adolescents pay serious attention to sleep patterns and the role of proper sleep in health strengthening. Poor sleep can lead to health problems; it can affect efficiency and progress in studies, disturb interpersonal relationships, reflect on child’s temper and show other psychosomatic symptoms. Poor routine and sleep quality in children may remain for long years and have serious further consequences. Though the sleep needs are rather individual and are currently being studied, it is recommended that high grade children sleep at least 8.5 hours and develop a standard bedtime routine. Evidences witness that going to bed by midnight is more healthy in terms of proper rest and health promotion, whereas frequent sleep disturbances have negative impact on teenagers' physical and mental health.

Adolescents were asked at what time do they usually go to sleep on weekdays and weekends. Analysis of the findings suggest that nearly 19% of 11-15 year-olds usually go to bed after midnight on school days and 36% on weekends. The number of adolescents who go to sleep at late hours significantly increases with the age and is much higher among males. Around 50% of age 17 respondents go to sleep after midnight on weekdays and some 60% on weekends (63% of males). Boys go to sleep at much later hours however the gender-based differences are significant only as regards weekends.

**INJURIES AND VIOLENCE**

Prevention of injuries and violence in adolescents and young people is a public health priority. Globally various injuries and violence became the main cause of morbidity, disability and mortality in adolescents and young people. Aggression in schools and interpersonal violence, bullying, fighting and victimization (today also via modern “cyber” methods) of fellow students are quite common phenomena all over the world. Such aggressive behavior affects young people’s socio-psychological and emotional health and development. Moreover, this aggressiveness may be carried with them into adulthood and will likely influence future sexual and interpersonal behavior and attitudes, developing
into domestic and sexual violence. Bullying is the continuous physical, socio-psychological or verbal abuse and violence against more feeble peers through their humiliation and embarrassment. There are evidences that victimized children are more likely to be anxious, have low self-esteem, are lonelier, more prone to depression and are often rejected by peers and can even commit suicide. Often young people, who are bullying and humiliating the others, demonstrate risk behavior or face problems in their families or schools.

Young people may get injured during certain activities, such as sports, trainings or when involved in street or school fights. To differentiate small injuries typical for children and adolescents this survey has focused on the frequency of serious injuries which require seeking medical care. In the age group of 11 years 50% of boys and 35% of girls reported to get an injury requiring medical care at least once during the past 12 months. The prevalence peaks among 11 year-olds, followed by gradually decrease. Some 33% of 15 years old boys have reported about serious injuries, which is significantly below international rates.

Up to 25% of male and 13% of female respondents have reported seeking medical care in connection with received serious injuries. These serious injuries were received during workouts, playing games and riding bicycle, at home or in the yard (in 20-25% of cases) and less frequently at sport clubs, gyms, and school or other places. Serious injuries were reported by nearly 24% of 17 year-olds, with males comprising 34%. Respondents indicated the same venue; gym, home, yard, etc.

Data on a crucial issue for Armenian adolescents, i.e. participation in a physical fight, revealed the following. Around 27% of 11-15 year-old children have reported to have at least twice participated in a fight during the past 12 months, which is more than half of surveyed boys and some 6% of girls. Participation in scuffles significantly varies gender-wise. The frequency of scuffles decreases with age in girls and increases in boys. The number of boys who had at least twice participated in a scuffle during the past 12 months is similar (52%) in both 15 and 17 age groups. Inconsistencies across localities are minor, though the number of school-aged children who have participated in a fight is slightly higher in Yerevan.

Figure 16. Participation in physical fights at least twice during the preceding 12 months, age and gender breakdown
It should be noted that Armenian boys show the highest rate of participation in a fight as opposed to all countries that have participated in this survey. Around 9% (11% of surveyed boys) of Armenian boys in 11-15 age groups have reported to be bullied by someone at least one time during the two months prior to being surveyed. The prevalence of this phenomenon is higher among 11-year-olds: about 13% had confessed about being bullied by someone. The proportion of positive answers is lower in the 17 age group: about 6% of boys reported to be bullied at least once. Bullying is more common in males, but by reaching the age of 15 the gender difference even out. Differences across locations are insignificant. Of concern is that 8% of respondents avoided answering this question, which may indicate fear of repercussion for reporting abuse or shame. Respondents were asked how often they had taken part in bullying (an) other student(s) at school in the past couple of month. Fourteen percent reported to have bullied another student at least once: boys more frequent than girls. This behavior is more prevalent in 13-year-olds group: more than 23% of boys reported to have bullied someone at least 1 or 2 times. The tendency decreases with the age. Some 7-8% of boys in the 17 age group reported on participation in bullying others at least 1 or 2 times during the past couple of months. The prevalence is almost identical across localities.

Up to 6% of adolescents reported about being cyberbullied during the past two. This phenomenon is more prevalent in 11 year-olds, especially boys. Around 8% of 11 years old boys and 6% of same age girls were cyberbullied at least once. Cyberbullying is more common in 15 years old girls. Overall, this phenomenon is not very common among Armenian adolescents. Very small proportion (under 6%) of adolescents in the 17 age group has reported on being cyberbullied. The good news is that these rates, especially when it comes to female respondents, are below the average level. Data on males are in line with the average ones for age 11 or lower compared with age 13-15. In any case, comparisons with previous survey findings show that the cyberbullying behavior of junior adolescents in Armenia is less “consolatory”.

Another disturbing phenomenon related to interpersonal violence was detected in Armenian adolescents, i.e. nearly 19% of surveyed boys and 11% of girls have reported that during the past 1 month they have missed their school at least one time because of the fear of violence at school or on the way to school. This problem exists also in the age group of 17, where 17% reported to have missed the school at least once (23% of surveyed boys). Gender differences are evident in all age groups; the problem was more often confessed by boys.

Violence by adults was studied through inquires on insults by teachers and on physical punishments by family. In response to the question “How often have you been insulted verbally by a teacher in the past 12 months?” 22% of 17 years old boys have reported 2-3 times and even more often, and one such case was indicated by 33% of younger boys and ¼ of girls. In the 11-15 age group at least one case of verbal insult by the teacher was
reported by 43% of boys and 27% of girls. As was expected boys report on verbal insult more often. Residence-wise, this phenomenon is more prevalent in urban schools of Armenian regions. The phenomenon has become slightly more common since 2009/2010.

Physical punishment by older members of the family is quite common. Unfortunately corporal punishment, being a demonstration of violence against the child, continues being viewed by Armenian parents as a mean of child upbringing. According to the survey findings 6% of 11-15 age children were more than twice punished corporally by an older family member in the past 12 months. This behavior prevails in the 11 age group (11% of boys were punished 2 and more times during the past 12 months). Prevalence of physical punishments decreases with age. It significantly varies depending on the gender of the child: boys are punished about twice as often as girls.

The rather high proportion of school-aged children who have suffered injuries and various forms of violence, and who have participated in fights, calls for serious concern. It is noteworthy that some indicators have essentially worsened since 2009/2010 survey. The situation warrants further investigation to reveal the underlying reasons and to understand further steps to solutions.

**RISK BEHAVIOUR**

Adolescence is a period of discovery and experimentations, when various risk habits may be taken up. The prevalence and age trends of smoking, alcohol and illicit drugs (cannabis) use among adolescents were studied within the framework of this survey.

**TOBACCO USE**

Tobacco use is the most common unhealthy habit in Armenian young men, while young women are still more conservative when it comes to risk behavior. The influence of the family and friends is major in adoption of this ill habit. A wrong opinion dwells in adolescents that smoking is a sign of maturity and high self-esteem. They tend to believe that cigarette makes them look more attractive in the eyes of their peers. Besides in the eyes of young people smoking is a sign of good image and a guarantee of high appraisal by peers. Some young people believe that smoking helps relaxing, controlling weight, improving work efficiency and is a key attribute of jovial mood.

Within the framework of this survey a positive answer to the question asking if the respondent has ever smoked tobacco before reaching 13 or even earlier was given by 17% of boys and 4% of girls. Among 15-year-old participants 5% of boys and almost 1% of girls have reported smoking at least one cigarette per week. The frequency of tobacco use essentially increases with age. Some 9% of boys age 11 and 6% of age 15 have reported to have tried to smoke at the age of 11 (more than one puff). Daily smoking was reported by
nearly 4% of 15 year-olds and 18% have reported to have smoked at least once. Overall, up to 3% of 15 year-old adolescents are regular smokers.

The proportion of smokers is significantly higher in the 17 age group (20%), more than 11% reported to have smoked at least once and 26% of boys regularly smoke. As for girls of the same age groups, up to 8% reported to have smoked at least once, and some 2% are currently using tobacco. Residence-wise, the proportion of smokers is slightly higher among rural participants of 15 age group as opposed to their peers in the capital, but is lower in the 17 age group.

Figure 17. Age tendencies of tobacco use in Armenian adolescents

As the findings of this and the previous survey suggest, Armenian adolescents, especially girls, are less addicted to tobacco than their counterparts living in other countries. Nevertheless, given the drastic increase of tobacco use in the 15-17 age group boys, and the high prevalence of addiction in male adults, as well as the easy access to tobacco products, it is recommended to conduct targeted preventive measures among adolescents at secondary schools and among parents, involving mass media and local communities.

ALCOHOL USE

Use of alcohol by adolescents is a rather common social and cultural phenomenon and a behavioral feature. Indirect advertisement and adult’s role model, contribute to demonstration of drinking behavior. Excess use of alcohol during adolescence is a major risk factor in the context of social behavior, physical and mental health disorders, academic challenges, violence, and injuries. However, very often young people perceive drinking alcohol positively: it is a means of increasing their autonomy and achieving independence. Also it facilitates integration with peers, and stepping into an adult life. In fact, the use of alcohol is often associated with cases of suicide, accidents, murder and violence; it promotes early sexual life and drug addiction.

The students were asked to indicate how frequently they drink alcoholic drinks like wine/home-made wine, beer, vodka/ home-made vodka (moonshine), cognac, champaign,
etc. Most common alcohols were beer and wine/home-made wine: 5-6% of 15-year-old youngsters and 7% of 17 year-olds. Consumption of wine by adolescents in Armenia exceeds average HBSC rates. According to the responses around 5% of 11-year-old children (8% of boys) reported to drink beer at least once a week. Armenian school-aged children, especially boys reported the highest rates of alcohol intake at the age of 11, compared with other countries (16% of boys reported to drink alcohol at least once a week). In terms of the quantity, alcohol use was defined as 1 standard portion\(^4\) or lesson average. Consumption of one portion was reported by around 30% of 17 year-olds and around 21% drink 3 and more portions.

Pupils have also reported the age when they first drank an alcoholic beverage: about 37% of children age 15 have mentioned “13 or earlier”. 7% of boys and 2% of girls aged 11 when answering the question “Have you ever had so much alcohol that you were really drunk?” have mentioned at least two occasions. Unlike this, around 19% of boys and 4% of girls aged 15 have reported to be drunk on at least two occasions. In the older age group, being drunk on two and more occasions was reported by 39% of boys and 9% of girls.

**Figure 18. Proportion of adolescents who reported being drunk on at least two occasions, age and gender breakdown**

Overall, the age of first consumption of alcohol in males is lower, but the frequency is higher than the average HBSC rates. As for cases of being drunk, they are significantly below the average figures, particularly in girls.

On average, adolescents from Yerevan consume more alcohol compared with their peers from other settlements. In all age groups gender differences are essential. Alcohol use in adolescents is more prevalent, which most probably is explained by both wide availability of alcohol beverages and national customs when during family events adolescents sip their first alcohol drink in the presence of the family. Though alcohol consumption increases with age, this tendency is much more modest compared with international rates. Alcohol

\(^4\) One standard drink implies the following quantity of different alcoholic beverages: 250 ml of beer, 100 ml of wine/champagne, 60ml of liquor, 30 ml of vodka/cognac/whisky.
consumption in adolescents has dropped slightly compared with the 2009/2010 survey findings.

CANNABIS USE

According to HBSC data use of illicit drugs is rather common among youngsters in European countries. Surveys witness that the use of cannabis in young age is a risk factor for development of mental disorders. Early onset of cannabis use is particularly dangerous.

Within the framework of the survey 15 and 17 years old participants were asked the following questions: “Have you even taken drugs (cannabis)?” and “How many times have you used drugs during the past month?” According to the answers, 4% of 15-year-old young boys (especially residents of Yerevan) and 0% of girls have reported using drugs at least once in their lives. The proportion of young men and women who have used drugs during the past month was 3% and 0% correspondingly. These figures are the lowest among all HBSC participant countries.

However there is a drastic increase in positive answers provided by 17 year-olds. According to the findings 11% of boys and 1% of girls (6 students) age 17 have tried drugs at least once. Answers vary significantly across residences (10% in Yerevan, 3% in urban areas and 1% in rural areas). Cannabis use during the past month was reported by 7% of boys and 1% of girls age 17. Here also, answers are inconsistent across residences (6% in Yerevan, 2% in urban areas and 2% in rural areas). First experience of cannabis use at the age of 13 or earlier was reported by 3% of 15 years old boys, and 2% of boys had first used cannabis at the age of 14-15. The picture in the 17 age group was as follows: first experience of drug use at the age of 13 or earlier was reported by 3% of boys and 1% of girls, at the age of 14-15 was reported by 3% of boys and at the age of 16 by 6% of boys. A significant proportion of survey participants did not answer the questions, which is a matter of concern. Analyses suggest that cannabis use by males increases essentially with age.

Knowledge and Sources of Information

Healthy school environment can serve formative influence in the development of children’s basic life skills, adequate behavior and attitude. From 2008 onward the classes on healthy lifestyle have become mandatory for the 8-11 grades in schools in Armenia. The course offers contemporary knowledge and is of great interest among school-children. The basic life skills and healthy lifestyle classes, if delivered properly, will help equipping pupils with key information and providing them with the building blocks for a healthy and safe approach to life.

The questions were included in the questionnaire of 15 and 17 year-olds only.
Within the framework of the survey adolescents were asked on their awareness of healthy lifestyle, sexually-transmitted infections (STI) and HIV/AIDS, which they have received at school. Taking into consideration that the number of adolescents gaining sexual experience is gradually increasing and the number of HIV/AIDS cases detected in Armenia is growing, the questionnaire included questions on HIV transmission mode and prevention (for senior grades).

The question “During this school year, were you taught in any of your classes about healthy lifestyle?” was positively answered by nearly 71% of 17 year-olds. Significant inconsistencies are detected country-wise (64% in Yerevan residents, 74-78% in urban regions). About 64% of respondents reported to have learned about HIV at school. Here also picture varies significantly across the country. Only 52% of Yerevan respondents provided positive answer to this question, as opposed to marzes, where the rate comprised 71%.

Knowledge and information on STI provided at school was reported by 63% of senior grade adolescents, with the same patterns. Respondents provided the following answers: 74-76% reported being taught healthy lifestyle at school. Lower number of students reported about school information on HIV/AIDS and STI (62% in age 15 and 59% in age 17). Like in senior grades, here also findings are different in regions and the capital city. There is gender inconsistency across all age groups: girls gave positive answers on provision of above information at school more often than boys.

Answers on HIV/AIDS were as follows: 52% of boys and 55% of girls of 15 years of age have provided correct answer, indicating that “a healthy-looking person can be infected with HIV”; about 50% knows that HIV is not transmitted through food. Twelve percent of the same age adolescents are sure that HIV can be transmitted through shaking hands, 18% believes that “a healthy-looking person cannot be infected with HIV”, and 20% thinks that HIV can be transmitted through sharing food. It is noteworthy that up to 33% of respondents have answered “I don’t know” to all questions. As was expected the proportion of correct answers increases with age (13-17 year-olds).

More than half (57%) of 15 year-olds is confident that “the risk of HIV can be reduced by having one faithful sexual partner who does not have HIV”. A total of 66% of 17 year-olds has provided correct answer to this question. A rather big proportion (20%) of older adolescents felt it difficult to come up with an answer.

Correct answer to the question “Are you aware that people can protect themselves from HIV infection by using a condom every time they have sexual intercourse?” was provided by 53% of 15-year-olds (48% of girls and 62% of boys). The situation is better in older age group: 73% of male and 63% of female respondents gave a positive answer. Nevertheless, many young people could not answer this question (35% of girls). In fact, boys turned to be
more knowledgeable and provided correct answers to the above 2 questions more often than girls (nearly 5-6% difference). All other questions on HIV were correctly answered mostly by girls.

**Figure 19. “Are you aware that people can protect themselves from HIV infection by using a condom every time they have sexual intercourse?”; proportion of correct answers, age and gender breakdown**

Correct answer to the question “Are you aware that people can protect themselves from HIV infection by avoiding sexual intercourse?” was given by 58% of 15 year-olds, and about 26% could not answer the question. In the 17 age group correct answer was provided by about 66% and some 19% did not know the correct answer.

Seventeen percent of 17 year-olds were confident that HIV can be transmitted by sharing food (21% of boys and 15% of girls). Nearly 62% knows that a healthy-looking person can be infected with HIV. Also, 15% of boys and 8% of girls are sure that HIV is transmitted by shaking hands. It is alarming that more than 25% of participants could not answer above questions. Less than half (42%) of senior grade adolescents was able to provide correct answers to all questions on HIV, which is a matter of concern. Wrong answers to all questions were provided by nearly 50% of survey participants. Overall, more accurate answers were received to various questions from girls and Yerevan respondents, though findings across the country do not vary much.

Comparisons with 2009/2010 findings revealed some negative tendencies as regards adolescents’ knowledge on HIV. During the previous survey more than 73-75% of 15 years old boys and 63-66% of same age girls had provided correct answers to questions on HIV, in particular practicing safe sexual relations by having one faithful partner and using condom during intercourse. In fact, the proportion of correct answers reduced 10-15% during these four years, which is a serious concern.

The received findings witness shortages and gaps connected with organization and delivery of the classes on above topics. Various observations speak of inadequate professional aptitude of teachers at some schools, as well as undermining the importance of the classes (including by the school management). Given current migration tendencies in young men and the growing prevalence of HIV in Armenia, paying proper attitude to aforementioned issues, monitoring and evaluation of teaching process as well as considering additional
ways/sources of information delivery (health providers, peer education, volunteers of NGOs, internet sources, etc.) becomes especially critical.

**SEXUAL BEHAVIOURS**

The number of adolescents getting sexual experience is growing all over the world. Depressive mood, difficult socioeconomic situation, and demonstration of high-risk behavior make young people rush into becoming sexually active at the early age. Besides, the early onset of sexual life is a favorable ground for 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 witness changes in perception of sexual behavior by young people.

Some 21% of boys and 1% of girls of 15 years old have reported already having sexual intercourse. This rate is the lowest in HBSC countries. Most of respondents reported to have their first sexual experience at the age of 14-15. At the same time, the rate varies much residence-wise. Sexual experience was reported by 34% of Yerevan, 11% of marz and 21% of rural respondents.

Analysis of the questions about use of contraceptives shows that only 51% of boys with sexual experience have used condoms during their last sexual intercourse. It is of concern that compared with the 2009/2010 survey, significant proportion of boys did not use condom during intercourse.

In the 17 age group, 52% of males and 3% of females have reported having sexual intercourse. The geographic breakdown of the findings is as follows: 28% in Yerevan, 17% in marz urban and 24% in rural settlements. Condom was used during the first sexual intercourse by 74% of boys and 7% of girls, versus 73% of boys and 14% of girls during the last intercourse. Nonetheless, ignoring use of condom raises concerns as regards HIV/AIDS and STI transmission.

Some 37% of boys and 9% of girls have confessed drinking alcohol or taking drugs before the intercourse. 34% of males reported having their first sexual intercourse at the age of 15, and 23% at the age of 16 and 14% at the age of 14, whereas females stepped into sexual life at the age of 15 or 16.

Some 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 25% of boys have answered “several” and 14% “most of them”. In fact, 18% of Yerevan respondents believe

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*These questions were addressed to 15 and 17 years old respondents only.*
that most of their friends already had sexual relations. 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 (76%). In fact this figure does not vary much across the country. As little as 8% of girls intends to wait for a more mature age. This is more common in villages and regional cities. As for boys, 23% plans to wait until reaching a more mature age (less in Yerevan) and 11% does not want to step into sexual life because of HIV/AIDS and STI risk (higher proportion in urban areas). Only 3% of girls held this view.

Fourteen percent of boys and 6% of girls who had sexual experience have reported that they would have preferred having their sexual relations much earlier and 8-10% - at more grown up age. In both cases rural area adolescents were dominating. Also, 42% of male and 20% of female respondents believe that they had their first sexual relations on time. Here also this view is held mostly by rural area respondents.

When answering the question “How old was the sexual partner of your first intercourse?” some 10% of 17 years old boys reported “18-19 years old” and 35% “20 years old and older”, whereas 3% of girls reported “17-18 years old”.

“Have you ever been dated with a girl/boy?” was positively answered by 11% of rural area girls, versus 31% of Yerevan and 21% of urban area respondents. As for boys, the question was positively answered by 44% of rural area boys and 39% of Yerevan and urban area boys. Overall, 79% of boys and 31% of girls have had a date at least once in their lives.

Analysis of sexual behaviors suggests that most of adolescents who have participated in the survey skipped this question, which speaks of certain difficulties in perception of the question. Part of adolescents have sexual relationships, but are not aware of the use of contraceptives and prevention of HIV/AIDS, thus demonstrating quite risky sexual behavior. Avoiding possible risks requires provision of information to adolescents on sexual life, prevention of HIV/AIDS at schools and in local communities.
SUMMARY AND IMPLICATIONS

The majority (79%) of surveyed adolescents reported living with both parents, 9% live in a single-parent household and the remaining 10% did not answer the question. Nearly 78% reported having a sibling(s). Significant proportion of adolescents reported ease of communication with both parents on things that really bother them. At the same time, quite many teenagers find it difficult to talk to their mothers (13% of boys and girls). Difficulties communicating with fathers were reported by about same share of surveyed boys (14%) and quite many girls (36%).

Eighty-three percent of survey participants stated that their fathers were employed and 43% stated that their mothers had a job: this once again pinpoints the problem of unemployment in Armenia. The number of families that own a computer(s) has increased since the previous survey: only 14% of adolescents reported to have no computer at home. Responses to questions on socioeconomic status of the respondents’ families reveal a disturbing pattern: around half of respondents did not travel away for holidays or vacation during the preceding year. Nearly 20% of children reported to go to bed hungry “sometimes” and 4% “always” because of no food at home.

Some 71% of respondents rated their families as wealthy, whereas according to complex analysis of questions reviewed based on international Family Affluence Score (FAS), more than half of Armenian schoolchildren lives in families of low, 30% – medium, and about 16% – high levels of affluence, which in general meets recent estimations of the social status of Armenia population. Comparisons with other countries show that in terms of affluence Armenia is somewhere at the bottom of the list of 44 HBSC countries.

Seventeen percent of girls and 30% of boys reported meeting their friends outside school before 8 p.m. Social media platforms as a tool of everyday communication were mentioned by 30% of older age adolescents. Daily communication by phone increases from 40% of 11-year-olds up to 61% in 15 year-olds. Overall, majority (83% of boys and 79% of girls) of Armenian adolescents rated their peer environment as favorable and supportive.

Seventy-seven percent of children acknowledged that they like their school. This was the most common answer in 11 year olds, girls and rural children. For this indicator Armenia ranks highest among the countries participating in the HBSC survey. On average 25% of surveyed schoolchildren reported being pressured by schoolwork. Spending 3 hours and more on schoolwork because of additional classes or tasks, which are topped up to the school curriculum was reported by 41% of girls and 25% of boys, versus 19% of girls and 8% of boys who reported spending 5 hours and more. In fact, school and off-school lessons create quite a lot of pressure in many Armenian adolescents.

Around 92% of teenagers are satisfied with life, which is the highest rate in the international survey. However the level of satisfaction declines with the age.
Only 50% of respondents adhere to more or less proper oral hygiene, which is also among the poorest rates of the international survey. Inquiries on health status and health complains suggest that every 4th schoolchild has frequent (several times a week) headache. Weekly headache is reported by 36% of 15- and 51% of 17-year-old girls. Twenty-one percent of respondents reported episodes of stomach ache. Having difficulties in getting to sleep is a common problem indicated by one-third of adolescents. Complex analysis of questions on health status revealed multiple health-related complains in one-third of adolescents. In 17 year-olds it reaches 47%. This is the worst rate in HBSC network. Seven percent of children have reported a long-term chronic condition diagnosed by a doctor and requiring continuous intake of medications.

Though most of respondents live with their parents, siblings and have supportive friends, they still experience certain psychological problems: 20% of 11-15 year-olds and 25% of 17-year-olds reported feeling lonely. Up to 7% of adolescents in different age groups have had thoughts about suicide at least once in their lives, with the highest rate recorded in 15 years old girls. Signs of depression are manifest in about 19% of the surveyed respondents, increase with age and reach 39% in 17-year-old girls.

Only 39% of respondents reported visiting a pediatrician within the 12 months preceding the survey. Nearly half of the survey participants have not visited a dentist in the preceding year. About 23% of young schoolchildren and 46% of 17-year-olds reported having seen an adolescent health specialist in the preceding year.

The survey reiterated the previous survey findings on unhealthy eating habits practiced by adolescents. Regular consumption of breakfast was reported by only 55% of adolescents and as little as 39% of older age girls. Daily consumption of sweets was reported by 60% respondents, which is the worst rate of the international survey. Use of sugary drinks is rather high especially in 17 year-olds and those living in the capital.

Some 15% of girls and 13% of boys perceive themselves as fat. At that, around 18% of girls attempt to lose weight, which includes also those, who do not consider themselves fat. An obvious deficiency of physical activity is seen in Armenian adolescents: 60% of survey participants are not engaged in any sport activity. Physical education classes are regularly attended by 55% schoolchildren. Their number is relatively small in Yerevan (49%).

More than 60% of all respondents report watching TV 2 hours and more on schooldays. This rate reaches 82% on weekends and holidays among 15-year-olds. Use of computer for 2 hours and more on schooldays was reported by 29% of girls and 47% of boys in 17 age group. This rate reaches 61% on weekends and holidays among 15-17-year-old boys.

Nine percent of 11 years old boys reported to have tried to smoke tobacco and 3% of 15 years old adolescents are regular smokers. Some 37% of respondents reported to have their
first alcohol drink at the age of 13 or earlier with main preference given to beer and wine. Taking drugs (cannabis) was reported by 4% of 15 years-old and 10% of 17 years-old boys.

Prevalence of violence in schoolchildren is a serious matter of concern. Some 19% of boys and 11% of girls who participated in the survey reported to have missed the school at least once during the past 1 month because of the fear of violence at school or on the way to school. In the 11-15 age groups at least one case of verbal insult by a teacher was reported by 43% of boys and 27% of girls. Around 27% of boys and 6% of girls in 11-15 years-old group participated in a physical fight twice or more times during the past 12 months. A total of 37% of boys reported to have participated in a physical fight at least once.

Some 21% of boys and 1% of girls of 15 reported already having had sexual intercourse. In the 17 age group, a positive answer to the inquiry on sexual relations was given by 52% of boys and 3% of girls. Only 51% of 15 year old boys with sexual experience have used condoms during their last sexual intercourse.

Around 75% of adolescents reported to study healthy lifestyle at school and 60% received knowledge on HIV/AIDS and STI. Half (50%) of 15 year-olds answered correctly on questions on ways of HIV prevention and only 42% of surveyed adolescents answered all questions on HIV.

Comprehensive analysis of the survey data enables highlighting those directions in adolescent health and behavior that require most attention and further interventions in healthcare and education sectors as well as on family and community levels.

• Improvement of physical and mental health and well-being;
• Strengthening healthcare services dealing with schoolchildren and adolescents;
• Prevention of violence, in particular physical fighting;
• Prevention of the use of tobacco, alcohol and drugs;
• Improvement of diet and promotion of healthy eating patterns;
• Promotion of physical activity, creation of favorable conditions for that;
• Promotion and strengthening of healthy lifestyle, ongoing improvement of adolescent’s awareness and knowledge on HIV/AIDS;
• Overall mitigation of the unfavorable social factors on adolescents’ health and well-being.
REFERENCES


