

**Qualitative research among X-XI grades' teachers, X-XI
grades' students and their parents**

The research was carried out in frame of “Timely Intervention for Health”
Project

Project donor: RFSU, SIDA

Qualitative research report

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Content

| | |
|---|-----------|
| GOAL AND BRIEF DESCRIPTION OF THE QUALITATIVE RESEARCH | 3 |
| Major findings of the qualitative research according to target groups | 5 |
| Major findings of the qualitative research among X-XI grades' teachers | 5 |
| Major findings of the qualitative research among X-XI grades' students' parents | 7 |
| Major findings of the qualitative research among X-XI grades' students' | 10 |
| Analysis of the qualitative research according to target groups | 14 |
| Analysis of the qualitative research among X-XI grades' teachers | 14 |
| Analysis of the qualitative research among X-XI grades' students' parents | 21 |
| Analysis of the qualitative research among X-XI grades' students | 30 |
| Conclusions and recommendations according to the target groups | 46 |
| X-XI grades' teachers | 46 |
| X-XI grades' students | 47 |
| Appendix 1: Qualitative research instruments | 48 |
| Qualitative research questionnaire for X-XI grades' students | 48 |
| Qualitative research questionnaire for X-XI grades' teachers | 53 |
| Qualitative research questionnaire for X-XI grades' students' parents | 58 |

Goal and brief description of the qualitative research

Research goal: To study existing situation regarding sexuality education in Georgia, in order to find out attitudes and needs on sexuality education among youth, parents and teachers.

Research target groups: X-XI grades' teachers, X-XI grades' students and their parents.

Selection of secondary schools participating in the research

Tanadgoma counselors were contacting schools' administration and presenting the project "Timely Intervention for Health". Those public or private schools which expressed interest towards the survey, took part in it.

Schools participating in the research by regions/cities:

Tbilisi – public schools: №21; 58; 116; 61; 58. Private schools: "NK"; American Academy.

Zugdidi – public schools: №1; 2; 3; 4; 6; 10; 11; 14.

Kutaisi – public schools: №7; 12; 19; 23; 24; 32.

Batumi – public schools: №1; 2; 3; 16; 17. Private schools: "Arili"; "Pithagora"; "Master Class"; "French school".

Criteria for selecting participants for the research: Teachers of biology and physical education instructors of X-XI grades'; students of X-XI grades, selected with gender balance (according to their will and teachers' recommendations); parents of X-XI graders (according to their will).

Geographical area and sites of the research:

Focus Group Discussion (FGDs) and In-Depth Interviews (IDIs) were conducted at the office of "Tanadgoma", located in four cities of Georgia: Tbilisi (the capital), Batumi (Adjara region), Kutaisi (Imereti regions) and Zugdidi (Samegrelo region).

Numbers of Focus Groups Discussions and In-Depth Interviews by regions:

Tbilisi – 3 FGDs; 12 IDIs:

Teachers: 1 FGD; 3 IDIs;

Parents: 1 FGD; 3 IDIs;

X-XI grades' students: 1 FGD; 6 IDIs;

Batumi – 2 FGDs; 7 IDIs:

Teachers: 1 FGD;

Parents: 1 FGD;

X-XI grades' students: IDIs;

Zugdidi – 2 FGDs; IDIs:

Teachers: 1 FGD;

Parents: 1 FGD;

X-XI grades' students: IDIs;

Kutaisi - 2 FGDs; IDIs:

Teachers: 1 FGD;

Parents: 1 FGD;

X-XI grades' students: IDIs.

Total number of the survey participants:

In total 127 respondents took part in the focus group discussion and in-depth interviews - 37 teachers, 32 parents da 58 students. Out of 127 respondents 94 participated in focus groups and 33 – in interviews.

Main topics of qualitative study questionnaires:

- Puberty;
- HIV/AIDS;
- Sexually Transmitted Infections (STIs);
- Abortion;
- Attitudes/discrimination linked to gender stereotypes;
- Sexual practice and safe sexual relationships among youth;
- Sources of information and their reliability;
- Assessment of needs for reproductive health information;
- The desirable format for providing information related to reproductive health.

Major findings of the qualitative research according to target groups

Major findings of the qualitative research among X-XI grades' teachers

Puberty

Teachers, who, in the frames of the school program, are obliged to talk with adolescents about issues such as puberty, physiology, anatomy and reproductive system, are more or less informed about physiological and psychological characteristics of the puberty and topics related to reproductive health.

When talking about psychological aspects of puberty, teachers highlight that changes in adolescents are manifested in the temper variability, less communicability, frequent conflicts etc.

As revealed by the survey, when discussing topics related to the puberty, the teachers use different methods: some use interactive methods of group work, some – individual approach, other – writing techniques, so that the adolescents are provided opportunity to freely ask questions and receive answers to them.

HIV/AIDS

Level of awareness on HIV/AIDS among teachers is different and varies from very little information to general knowledge. Most of them have heard about the disease, know about the ways of transmission, and have some information about testing. However, there are some issues which teachers have no information about, or have incomplete/incorrect information. The respondents reported that they have to talk about HIV/AIDS. Based on low level of the teachers' awareness, there is a risk of spreading incorrect information among adolescents.

For one part of the respondents AIDS is a stigmatized issue, associated with people of certain behavior, such as injecting drug users, men who have sex with men, frequent change of partners.

Part of the respondents thinks that every person can contract HIV, disregarding his/her lifestyle and sexual orientation. As for the ways if HIV transmission they list: using non-sterile medical and cosmetological instruments, transfusion of unverified blood, and transmission from mother to child.

As for the ways of HIV prevention listed, those are: having faithful and permanent partner, condom use, use of sterile medical instruments.

Sexually Transmitted Infections

First of all, it should be mentioned that for big part of the respondents talking about STIs is embarrassing and causes discomfort. All of them have heard about STIs and their symptoms. As for the symptoms, the teachers have listed: discharge, burning sensation, rash, and discomfort.

As ways of STI prevention they have listed: having faithful permanent partner and condom use.

During the research it was obvious that when talking about ways of protection from HIV/STIs some teachers were embarrassed to pronounce the word “condom”.

Abortion

The respondents describe abortion with the following words: terrible, horrible, murder of new life, awful.

The respondents think that protection is needed, to avoid unwanted pregnancy. They have listed the following contraceptive methods: pills, condom, IUD, abstinence. It is interesting that while talking about prevention of unwanted pregnancy, some non-medical methods were also mentioned, such as special prayers, which have to be repeated 100 times.

While talking about the abortion, some gender-related stereotypes were revealed, according to which responsibility for making an abortion lies solely on women. The respondents expressing such views think that a woman can take responsibility and protect oneself so that a man does not even know about this. This attitude is discriminative and indicates uneven distribution of responsibility.

Only small proportion of the teachers thinks that responsibility for the abortion lies equally on both men and women.

As far as the teachers indicate that adolescents are sexually active, they believe that young people should have knowledge on how to avoid unwanted pregnancy.

Assessment of needs for reproductive health related information

All respondents highlighted that it is necessary to inform teenagers on reproductive health issues. They think that adolescents search for and find some information that in a number of cases is inaccurate. Opportunity to discuss the reproductive health related issues at schools will give them a chance to have accurate and correct information that will be age-appropriate and provided using relevant methods. One of the proposed ideas was to supplement the anatomy book with guideline on STIs.

Throughout the study, respondents have mentioned that young people are interested in issues like drugs, reproductive system, puberty, AIDS, abortion.

The teachers have listed the questions with which children refer to them. These questions are on pregnancy, STI transmission, male and female anatomy etc. Once again, it proves that teenagers actively search for RH-related information and would like to talk about it.

The survey revealed that part of the respondents feels comfortable while talking about reproductive health issues, but some of them feel embarrassed to discuss these topics.

Sources of information and their reliability

The teachers have underlined that adolescents should not receive information related to reproductive health in the streets. They think that for the parents talking about such issues with their children will be embarrassing and it is netter that such topics are provided by a teacher, a specialist and/or a peer who has relevant knowledge and skills.

The desirable format for providing information related to reproductive health

The teachers consider it is better if boys and girls attend meetings in separate groups, since from their point of view, they will express own interests more freely and feel more comfortable at the discussions if the group is composed of the same gender. At the same time they prefer if a man facilitates the boys' group and a woman - girls' group. Nevertheless there is an additional point of view, that when girls and boys attend the meetings together this would contribute to receiving information about opposite sex.

The study revealed that most of the teachers don't feel comfortable to talk about these issues, not only because they have insufficient knowledge, but also as result of embarrassment and discomfort related to these topics. Therefore they prefer to delegate these obligations to others – to doctors, psychologists, and sexologists.

Major findings of the qualitative research among X-XI grades' students' parents

Puberty

The research revealed that parents are quite aware about physiological and psychological changes associated with puberty. However, when talking about puberty, parents underline rather physiological than psychological changes. In particular, the listed:

- Irritation;*
- Misunderstanding between parents and children;*
- Rudeness;*
- Strive for independence;*
- Stubbornness;*
- Shyness.*

Although parents feel some protest in relation to frequent mood changes of teenagers, they still try to understand these changes and do their best to compromise.

Parents are relatively familiar also with the physiological changes during the puberty. When discussing those, respondents list: acne, menstrual cycle, hormonal changes, hair growth, breast enlargement, development of genital organs, voice changes etc.

HIV/AIDS

Respondents know the ways of HIV transmission, but have no information about HIV testing and treatment. Parents listed the following ways of HIV transmission: sexual transmission, transmission through blood and mother to child transmission. For some respondents HIV is stigmatized and associated with drug users and homosexual men.

As for the ways of HIV prevention, parents listed safe sexual relationships and use of sterile medical instruments.

Sexually transmitted infections (STIs)

Almost all respondents have heard about sexually transmitted infections. The parents listed the following sexually transmitted infections:

- Gonorrhea;*
- Trichomoniasis;*
- Syphilis;*
- Hepatitis C;*
- AIDS;*
- Fungi;*
- Chlamydia.*

As for the general symptoms of STIs, parents mentioned discharge, itching, redness, swelling, rash, abdominal pain.

When discussing STI prevention, respondents listed both correct and incorrect methods:

- Safe sex;*
- Personal hygiene;*
- Having one faithful partner;*
- Pills;*
- Intra uterine device (spiral).*

Abortion

The respondents describe abortion with the following words: death, impenitent sin, crime. Respondents acknowledge the negative physical and psychological consequences that might be related with abortion.

As for responsibility for the abortion, respondents' points of views divided in two. Some considered women responsible for abortion, and others considered both a man and a woman equally responsible. Those who consider only women responsible for making decision about abortion, explain their attitudes with the following argument: if a woman is not ready to have a baby and still has sexual relationships, then it is her problem.

Respondents listed the following methods for prevention of unwanted pregnancy: abstinence, natural contraception, condom, spiral, pills, pills made by traditional healers. The incorrect opinions about hormonal contraceptives have also been revealed; according to which pills cause hormonal changes and harm women's health. It is more likely that those incorrect attitudes are by the lack of information.

When discussing the pregnancy and abortion among teenagers, respondents mentioned that teenage pregnancy without marriage is not socially acceptable, which is caused by mentality of Georgian people.

The majority of respondents think that majority of Georgian parents would insist on abortion if their daughter gets pregnant without marriage. However, when asked what they would do, if such problem existed in their families, they either did not have an answer or said they would not push their child towards making an abortion.

The parents discussed this issue in general and declared that majority of Georgian parents would make their child to make an abortion, if pregnant without marriage. But when talking about personal attitudes, what they would do in the similar situation, they said – I don't know, or I would not make my child to do abortion.

Sexual life practice and safe sexual relationships

When discussing teenagers' sexual activity with parents, gender stereotypes have been revealed, which are caused by existing social and religious norms. Respondents highlighted that boys are more sexually active than girls. It is not acceptable for parents if girls are sexually active before marriage, while boys' sexual activity is very natural and self-evident.

Assessment of needs for reproductive health information

The majority of parents consider that information about physiological and psychological changes associated with puberty, HIV/AIDS, sexually transmitted infections, family planning methods and safe behavior is essential for teenagers. Parents believe that it will help teenagers to:

- Stay healthy themselves and ensure having healthy descendants;*
- Make correct choices;*
- Correctly plan their families.*

Some parents think that they should be able to talk with own children about reproductive health issues, regardless of discomfort they might have when discussing these topics. Some of them even think that it would be better if parents learn how to talk about these issues and correctly provide information. One more opinion was that these are tabooed topics, but everybody still talks about them in secret and this type of secrecy results in spreading of incorrect information, which is directly related to risky behaviors.

However, for some respondents discussion of reproductive health related issues with their children does not cause any discomfort. They always try to support children in acquiring information or reduction of risky behaviors.

The dissimilar point of view has also been spotted while discussing the need about information on reproductive health. One of the respondents stated that raising awareness of teenagers on reproductive health issues might push them towards having the sexual relationships.

The desirable format for providing information related to reproductive health

Despite the different points of view, parents consider that reproductive health related topics should be taught at schools. Some of the respondents think that invited experts (a doctor, a psychologist) should be teaching these issues, because in addition to professional knowledge and skills, they feel comfortable discussing such topics and are able to raise interest and involve the teenagers in the discussions.

Some of the parents believe that meetings dedicated to reproductive health topics would be far more successful if girls and boys will be organized in separate groups, since they would feel freer. Others think that mixed meetings will not be an obstacle and girls and boys should get used to discuss the reproductive health issues together. Still some of the respondents consider that groups could be divided and mixed thematically, according to the topics to be discussed.

Major findings of the qualitative research among X-XI grades' students'

Puberty

The focus group discussions and in-depth interviews revealed, that young people have general and in some cases, incorrect/incomplete information about puberty. When talking about physiological changes they use general phrases and mostly describe small part of these changes: "boys become men, girls become women, body changes, voice becomes deeper, beard starts growing..." For the majority of young people talking about this issue is embarrassing, especially when discussing physiological changes characteristic to opposite gender.

Compared to discussions on physiological changes, students talk about psychological issues related to puberty (about their own and their friends' feelings and emotions) more freely, they emphasize conflicts at home and at school, attributing these conflicts to the aspiration for independence.

In addition to physiological and psychological changes, teenagers also mention the onset of interest to the opposite sex.

The respondents mostly are not able to correctly identify age when puberty starts.

The qualitative research revealed that adolescents have incorrect information about some issues related to the puberty. One of such issues is menstrual cycle. They use phrases like: "dirty blood", "clearing of the body". They are not aware of the age norms when the cycle starts, think that it should be connected to pain, etc.

HIV/AIDS

Respondents have general information on HIV/AIDS. Most of them have heard about the disease and the ways of transmission, they know that HIV/AIDS damages immune system, but they cannot decipher HIV/AIDS. For the majority of the respondents, HIV is a scaring disease and is stigmatized. It is perceived as a disease of drug users, homosexuals and female sex workers.

Adolescents who have attended the trainings are much more aware of the issue, talk more freely and have fewer stigmas.

Those respondents who don't have information about the disease, list the following ways of transmission: mosquito bite, common bed-linen, bath and etc. As a result, low awareness and/or incorrect information raises discriminative attitudes towards HIV positive people (e.g. "I would not study with an infected person" etc). Some respondents consider it risky to share the desk or classroom with infected person and they could even change the school because of that.

The study also revealed those respondents who know the ways of HIV transmission, but still would try to avoid HIV infected people.

It is also noticeable that when talking about the ways of transmission of HIV, the less informed part of teenagers list certain groups (people of certain behavior/occupation) with

higher infection risk, rather than the ways of transmission. The above mentioned attitudes represent one of the most favorable factors for stigma and discrimination.

Considering that most of the respondents have no or incomplete/incorrect information on HIV, their responses were based mostly on intuition and logic.

Uninformed respondents were found to have negligent attitude towards acquiring information, as well as toward their own health, using the following argument: “it won’t happen to me”.

The teenagers that are informed about HIV mention infection risk factors in general, when talking about ways of transmission, and do not associate them with people of certain behavior or activities.

The majority of teenagers have no information on HIV testing. In this case too, they try to rely on logic or intuition. They realize that blood test is needed. Awareness on HIV/AIDS treatment is also low.

Using condom, abstinence, avoiding frequent unprotected contacts, not sharing needles and frequent testing were listed as the ways of HIV/AIDS prevention. However, for some of the respondents it was embarrassing to pronouncing the word “condom”.

Sexually Transmitted Infections (STI)

Awareness on STIs among teenagers is much lower than on HIV/AIDS. If everyone has at least heard about HIV, some of the teenagers have never heard about any of the STIs, or they list only AIDS. They have general information in case of STIs as well. Only a few respondents knew about HIV/AIDS, syphilis, gonorrhea.

Although the knowledge about STIs is superficial, respondents logically guess that people need to be tested to acquire information about own health status in regard of STIs.

Although respondents are less informed about STIs, they list the same preventive measures as for HIV/AIDS. The preventive measures listed were: “condom use, faithful permanent partner and abstinence”

Probably knowing that HIV is transmitted through sexual contacts and/or the name of STIs as such – Sexually Transmitted Infections – indicates the way of transmission and, consequently, the ways of protection.

Abortion

Every teenager has certain information on abortion. They describe it as getting rid of unwanted fetus, pregnancy termination. The feelings and emotions caused by the word abortion were described by the following words: “sin, horrible, murder, crime, fear, death”.

Nevertheless, there are some respondents who do not have emotional attitude towards abortion and they don’t consider it as something unusual.

Gender stereotypes and discriminative attitudes were revealed whe discussing the issue of responsibility on abortion. One part of the respondents considers that resopnsibility lies on

the woman who wants to do it and the performing doctor. They think that men are not accountable, since woman carries the fetus and she is the one to decide.

Another part of the respondents considers that women and men are equally responsible for making decision about abortion.

Prevention of unwanted pregnancy

Most of the respondents know only one method of contraception – condom. Only few have heard about pills.

It is interesting that adolescents have some incorrect information about contraceptives. As an example, one of the respondents named “Clofelin” as one of the medicines which are used both by their peers and adults. Spreading of such information could be harmful for health.

Sexual life and safe sexual relationships

According to the respondents, sexual life practice is not rare among teenagers, especially among boys. When discussing these issues, gender stereotypes considering women’s sexual activity were disclosed: for a boy it is acceptable to be sexually active, but not for a girl. According to the respondents’, in Georgia religious and social restrictions in terms of allowing sexual activity are also applied to girls and not to boys.

Discussions also revealed that most of the male adolescents start their sexual life with commercial sex workers. This, combined with the low awareness on STIs/HIV/AIDS increases probability of the risky behavior and exposure to infections.

Condom

Although most of the respondents don’t have complete information on STI/HIV/AIDS, almost all of them name condom as a measure to prevent STI/HIV/AIDS and unwanted pregnancy.

Respondents mentioned that they can get condoms at pharmacies and /or from their friends.

When talking about condoms some of the respondents noted that buying condoms causes some embarrassment and in certain cases they don’t buy condoms because of this embarrassment and shame, and as a result do not use condoms during accidental sexual contacts. If we consider the fact, that most of male teenagers use the services of female sex workers, the risks of infection increase.

Since purchasing the condoms makes part of respondents feel uncomfortable, they use different ways to get the condoms with as less “problems” as possible. Some of them write it on the paper to the pharmacist, because they are ashamed to pronounce the word “condom”, some of them send the most “daring” friend to buy the condom or use the whole conspiracy like sunglasses, hats pulled down on one’s eyes, and etc.

Gender stereotypes were reflected when discussing the responsibility to use the condom. The majority of respondents consider that it is unambiguously a man’s priority, while the woman is considered to be solely responsible for the abortion. Only a small part of respondents admitted that responsibility for protection lies with females or with both – men and women.

Sources of information and their reliability

When talking about the sources of information (“how did you get information and from whom?”) respondents named: teachers, parents, friends, a doctor, newspapers, television, Internet. This is another proof that adolescents search for information on such issues. Taking into account that media often spreads incomplete/incorrect information on STI/HIV/AIDS, puberty and contraception, the risk of risky behaviors based on this information is high.

Most of the respondents consider that it is necessary to provide information about reproductive health issues at schools, to prevent the problems that might be caused by lack of information.

According to the respondents the reproductive health issues should be provided by persons who have relevant knowledge and can make teenagers feel comfortable. It could be a parent, a teacher, other specialist or a peer.

The study revealed also a different point of view. Some teenagers equal the talks about reproductive health to the talks about sex. Probably this was the reason to emphasize the age limits. An opinion was expressed that school should give adolescents education and should not trigger the interest towards “such issues”, because such education could prompt “wrong” behavior.

The desirable format for providing information related to reproductive health

When discussing the format of educational meetings related to reproductive health topics majority of the respondents expressed the will to have such meetings with gender balanced groups. This will make them feel more comfortable and give more freedom to ask the questions.

One of the respondents mentioned that he/she would attend the group meetings, but would not actively participate in the process. It would be more comfortable for him/her to have face to face discussions on these issues.

Only a small fraction of participants say that attending the meeting together (boys and girls as one group) would not be a problem. Still the majority would like to have gender-disaggregated groups.

When discussing the format of the meetings, it was proposed that the girls group should be moderated by a woman, and boy’s group – by a man. These persons should be comfortable with the topics to make the participants feel less embarrassed. The meetings should be interactive and based on the games.

Analysis of the qualitative research according to target groups

Analysis of the qualitative research among X-XI grades' teachers

Puberty

Teachers, who, in the frames of the school program, are obliged to talk with adolescents about issues such as puberty, physiology, anatomy and reproductive system, are more or less informed about physiological and psychological characteristics of the puberty and topics related to reproductive health.

Moderator: Could you list the particular physiological changes that occur in girls during the puberty?

Respondent 2: Menstruation starts.

Respondent 3: Girls' breast enlarges, pelvis starts to deform.

Respondent 4: Hair growth and breast enlargement.

Respondent 5: Body proportions change.

Respondent 6: The hormones work more actively.

Respondent 7: Mammary glands enlarge, body becomes more feminine.

Focus group discussion #1, teachers, Kutaisi

Moderator: Could you list the particular physiological changes that occur in boys during the puberty?

Respondent 1: Increase in muscle mass.

Respondent 2: Facial hair growth.

Respondent 3: Laryngeal cartilage develops maximally.

Respondent 4: Growth in height.

Respondent 5: Shoulder and chest skeleton changes.

Respondent 6: The voice and hairiness is major.

Respondent 7: Genital hair growth. *Focus group discussion #1, teachers, Kutaisi*

When talking about psychological aspects of puberty, teachers highlight that changes in adolescents are manifested in the temper variability, less communicability, frequent conflicts etc.

Respondent 1: Excessive hormonal activity may cause nervous system excitation.

Respondent 2: They become emotionally vulnerable.

Respondent 3: They become unstable.

Respondent 4: They become extremely critical about themselves and others.

Respondent 5: Difficulties in communication.

Respondent 6: As a result relationships with parents and teachers change.

Respondent 7: They become more closed. Of course not everyone, but most of them do.

Focus group discussion #1, teachers, Kutaisi

As revealed by the survey, when discussing topics related to the puberty, the teachers use different methods: some use interactive methods of group work, some – individual approach, other – writing techniques, so that the adolescents are provided opportunity to freely ask questions and receive answers to them.

Respondent 4: If they are embarrassed to ask question, I ask them to write the question on a piece of paper. I also ask if I can answer the question in front of the whole class, if not - I talk with them individually.

Focus group discussion, teachers, Batumi

Respondent 1: Recently, I had to give a lesson about genital organs. One of the boys told me he knew everything; then I told him: “Tell us what you know and I will tell the rest.” He was surprised, did not expect such answer. He came out, started to talk and of course he was saying incorrect things.... I explained that the books are created to give you the age-appropriate information, so that we provide you with correct information.

Focus group discussion, teachers, Batumi

HIV/AIDS

Level of awareness on HIV/AIDS among teachers is different and varies from very little information to general knowledge. Most of them have heard about the disease, know about the ways of transmission, and have some information about testing. However, there are some issues which teachers have no information about, or have incomplete/incorrect information. The respondents reported that they have to talk about HIV/AIDS. Based on low level of the teachers’ awareness, there is a risk of spreading incorrect information among adolescents.

Respondent 2: Mostly it transmits sexually and also through an infected syringe.

Respondent 3: Transmitted through blood.

Respondent 4: From mother to child, may be transmitted when breastfeeding.

Moderator: What should HIV infected woman do to have a healthy baby?

Respondent 1: If she gets treatment during pregnancy, she has a chance to have healthy baby.

Respondent 3: Should not breastfeed.

Respondent 4: Must have cesarean section.

Focus group discussion #1, teachers, Kutaisi

Moderator: How person should know if he/she is HIV infected?

Respondent 5: Blood test.

Respondent 2: No, it will be visible on the face.

Respondent 2: You know what, as far as I know the data are changing and I have heard somewhere that it can be also transmitted through air.

Focus group discussion, teachers, Batumi

Interviewer: Have you heard about HIV tests? AIDS tests.....

Respondent: *Shakes head to show denial.*

In-depth interview #2, Tbilisi

For one part of the respondents AIDS is a stigmatized issue, associated with people of certain behavior, such as injecting drug users, men who have sex with men, frequent change of partners.

Part of the respondents thinks that every person can contract HIV, disregarding his/her lifestyle and sexual orientation. As for the ways if HIV transmission they list: using non-sterile medical and cosmetological instruments, transfusion of unverified blood, and transmission from mother to child.

Interviewer: What do you know about ways of transmission?

Respondent 2: About ways of transmission, the first is sexual contact and mostly among homosexual men, because of their wrong behavior and because they do that in some other ways, because it is of course different when men go with men; and of course with blood. Blood is major, for example during transfusions, at the dentist’s, through the manicure, surgical procedures, it could be that a person is very normal but is infected while surgery.

In depth interview #1, teacher, Tbilisi

As for the ways of HIV prevention listed, those are: having faithful and permanent partner, condom use, use of sterile medical instruments.

Moderator: What should person do, to protect oneself from HIV infection?

Respondent 4: Healthy lifestyle, sexual life; only one partner and nobody else.

Respondent 5: If not - use the condom.

Focus group discussion, teachers, Batumi

Sexually Transmitted Infections

First of all, it should be mentioned that for big part of the respondents talking about STIs is embarrassing and causes discomfort. All of them have heard about STIs and their symptoms. As for the symptoms, the teachers have listed: discharge, burning sensation, rash, and discomfort.

Moderator: What symptoms characterize the STIs?

Respondent 1: Redness and discomfort.

Respondent 2: High temperature and burning.

Respondent 3: Probably the rash on the skin and genitalia.

Respondent 4: Discharge.

Respondent 6: It could go even to ulcers.

Focus group discussion #1, teachers, Kutaisi

Interviewer: What kind of complaints should a person have if she/he is infected with one of the sexually transmitted infections?

Respondent: *(seems to be embarrassed to talk about that)* I will leave that without reply *(laughing)*, I don't know exactly...

Interviewer: You have not heard of?

Respondent: I have, but I cannot talk about it like that *(turns red)*.

In-depth interview #2, Tbilisi

As ways of STI prevention they have listed: having faithful permanent partner and condom use.

During the research it was obvious that when talking about ways of protection from HIV/STIs some teachers were embarrassed to pronounce the word "condom".

Moderator: Do you think it is possible to protect oneself from STIs? How it is possible?

Respondent 1: Yes, it is.

Respondent 2: The faithful partner is needed.

Respondent 7: The use of condom will be protection from these diseases.

Focus group discussion #1, teachers, Kutaisi

Respondent: To use means needed for protection ... *(embarrassed again...)*

Interviewer: Condom?

Respondent: *nods...*

In depth interview #2, Tbilisi

Abortion

The respondents describe abortion with the following words: terrible, horrible, murder of new life, awful.

The respondents think that protection is needed, to avoid unwanted pregnancy. They have listed the following contraceptive methods: pills, condom, IUD, abstinence. It is interesting that while talking about prevention of unwanted pregnancy, some non-medical methods were also mentioned, such as special prayers, which have to be repeated 100 times.

Respondent 2: Pills.

Respondent 3: A condom.

Respondent 4: Intrauterine device (spiral).

Respondent 5: Natural methods also exist.

Respondent 6: Abstinence.

Respondent 7: Condom and pills.

Focus group discussion #1, teachers, Kutaisi

Respondent 5: There are special prayers for such people and they should read it 100 times a day...

Focus group discussion #1, teachers, Kutaisi

While talking about the abortion, some gender-related stereotypes were revealed, according to which responsibility for making an abortion lies solely on women. The respondents expressing such views think that a woman can take responsibility and protect oneself so that a man does not even know about this. This attitude is discriminative and indicates uneven distribution of responsibility.

Only small proportion of the teachers thinks that responsibility for the abortion lies equally on both men and women.

Moderator: What do you think, whose responsibility is abortion?

Respondent 1: Of both.

Respondent 2: Both.

Respondent 3: Mostly woman's.

Respondent 5: Woman and man are both responsible.

Focus group discussion #1, teachers, Kutaisi

Respondent 1: I mean that there are plenty of means of protection, and she can organize it so that her partner might not even know.

Focus group discussion, teachers, Batumi

As far as the teachers indicate that adolescents are sexually active, they believe that young people should have knowledge on how to avoid unwanted pregnancy.

Respondent 4: They should know everything concerning the pregnancy;

Respondent 1: They should have information, what can happen if they do not protect;

Focus group discussion, teachers, Batumi

Respondent 2: Young people start their sexual relationships early, they think that having relationships or making the family will solve all the problems; and then they face this global problem of unwanted pregnancy, unwanted baby and

Focus group discussion, teachers, Zugdidi

Assessment of needs for reproductive health information

All respondents highlighted that it is necessary to inform teenagers on reproductive health issues. They think that adolescents search for and find some information that in a number of cases is inaccurate. Opportunity to discuss the reproductive health related issues at schools will give them a chance to have accurate and correct information that will be age-appropriate and provided using relevant methods. One of the proposed ideas was to supplement the anatomy book with guideline on STIs.

Moderator: Why do you think informing teenagers is important?

Respondent 1: For future.

Respondent 2: They need information to be protected. To have healthy and happy life and healthy and happy posterity; as a result the society will be healthier.

Focus group discussion, teachers, Batumi

Moderator: Do you think that upper grade students need information about HIV/AIDS and different sexually transmitted infections, family planning methods and safe behavior?

Respondent 1: Of course.

Respondent 2: Depends on age.

Focus group discussion #1, teachers, Kutaisi

Respondent 2: I was just going to talk about this, at schools information about these diseases is very scarce and children know nothing.

Respondent 5: We don't teach them that much, and how can they learn?

Respondent 2: As an example, the 9th grade anatomy textbook says absolutely nothing, why cannot it be accompanied by at least small appendix?

Focus group discussion, teachers, Batumi

Throughout the study, respondents have mentioned that young people are interested in issues like drugs, reproductive system, puberty, AIDS, abortion.

Moderator: Have you personally discussed the above mentioned issues with students, I mean puberty, HIV/AIDS, STIs, Abortion, safe sexual relationships?

Respondent 1: Yes, of course.

Respondent 2: Only about sexually transmitted diseases, not about drugs and reproductive system.

Respondent 3: About puberty, AIDS.

Respondent 4: Less about abortion.

Respondent 5: Children themselves have asked me about abortion.

Respondent 6: Children are very much interested in these issues.

Respondent 7: They have even written essays.

Respondent 3: Yes, mine are also very interested.

Focus group discussion #1, teachers, Kutaisi

The teachers have listed the questions with which children refer to them. These questions are on pregnancy, STI transmission, male and female anatomy etc.

- "When can a woman become pregnant?"
- "How woman is to know she is pregnant?"
- "How does fertilization occur?"
- "How do we know fertilization has occurred?"
- "How do people know if a girl is virgin?"
- "When can man be infertile?"

- “Can diseases be transmitted through oral sex?”
- “Can a man of 61 have child?”
- Etc.

Once again, it proves that teenagers actively search for RH-related information and would like to talk about it.

The survey revealed that part of the respondents feels comfortable while talking about reproductive health issues, but some of them feel embarrassed to discuss these topics.

Moderator: When talking about the above mentioned issues with teenagers, how do you feel?

Respondent 1: I don't feel embarrassed.

Respondent 4: I don't feel embarrassed either;

Respondent 3: A little bit embarrassed;

Respondent 4: I cannot talk that freely though;

Respondent 1: I don't know I don't feel discomfort; it is not hard for me;

Respondent 2: We don't investigate these issues in depth, you still need to maneuver.

Respondent 3: Depends on class and children, I am not fully comfortable.

Focus group discussion, teachers, Batumi

Sources of information and their reliability

The teachers have underlined that adolescents should not receive information related to reproductive health in the streets. They think that for the parents talking about such issues with their children will be embarrassing and it is better that such topics are provided by a teacher, a specialist and/or a peer who has relevant knowledge and skills.

Moderator: Who would you like to be providing teenagers with information about the above mentioned issues?

Respondent 1: Not from a peer.

Respondent 2: Teacher.

Respondent 3: Specialist is better.

Respondent 4: A parent is good also, but they might be embarrassed to share certain things with parents.

Respondent 5: If peer is aware of these issues, it better be peer.

Respondent 6: They must not get this information from the street.

Respondent 7: I still think that teacher is relevant person to discuss these issues.

Focus group discussion #1, teachers, Kutaisi

The desirable format for providing information related to reproductive health

The teachers consider it is better if boys and girls attend meetings in separate groups, since from their point of view, they will express own interests more freely and feel more comfortable at the discussions if the group is composed of the same gender. At the same time they prefer if a man facilitates the boys' group and a woman - girls' group. Nevertheless there is an additional point of view, that when girls and boys attend the meetings together this would contribute to receiving information about opposite sex.

Moderator: What makes you think that only single gender representatives should attend the group?

Respondent 1: They will be more straightforward when talking about own problems.

Respondent 2: They will ask more questions.

Respondent 3: Girls will be embarrassed to talk with boys.

Respondent 4: They will not share their ideas.

Respondent 5: The talk will not be open.

Respondent 6: Although they might be interested, they will hesitate to ask.

Respondent 7: Boys are more aware. They are more grown up in these issues and its better if they have separate seminars conducted by men.

Focus group discussion #1, teachers, Kutaisi

Respondent 2: They should not be separated, it's better to combine groups; I think it will favor the information exchange between two genders.

Respondent 3: They should sit together;

Respondent 1: Yes but, what is interesting to boys, they cannot ask in presence of girls and girls will also be scared of being laughed at.

Respondent 2: If they trust teacher, who is a specialist, the girls will talk with male moderators and boys – female.

Focus group discussion, teachers, Batumi

The study revealed that most of the teachers don't feel comfortable to talk about these issues, not only because they have insufficient knowledge, but also as result of embarrassment and discomfort related to these topics. Therefore they prefer to delegate these obligations to others – to doctors, psychologists, and sexologists.

Respondent 2: I might be ahead of time, but I think that you and your organization must have opportunities to discuss these issues at least once a year, you would have more spontaneous talk and they will be more open with you than with us, teachers; for example when a 11th or 12th grade student has question, he cannot ask a teacher, or even if he asks, I might not be able to give a complete answer and with you it will be different story . . . how to protect themselves, avoid unwanted pregnancy, it is natural physiological need... of course biologists also more or less know what and how, but there are some issue that we cannot touch because of our mentality. Sometimes you even cannot give as much information as needed even to your child. They will be more open with you, and will listen better.

Focus group discussion, teachers, Zugdidi

Moderator: Who would you like to be providing teenagers with information about the above mentioned issues?

Respondent 1: Specialist;

Respondent 2: Of course;

Respondent 4: Of course specialist is better;

Respondent 3: It is better from specialist;

Respondent 4: Specialist will explain better;

Moderator: You say specialist - who do you mean?

Respondent 4: Doctor, psychologist, sexologist;

Moderator: From parents?

Respondent 4: They are embarrassed.

Focus group discussion, teachers, Batumi

Analysis of the qualitative research among X-XI grades' students' parents

Puberty

The research revealed that parents are quite aware about physiological and psychological changes associated with puberty. However, when talking about puberty, parents underline rather physiological than psychological changes. In particular, the listed:

- Irritation;
- Misunderstanding between parents and children;
- Rudeness;
- Strive for independence;
- Stubbornness;
- Shyness.

Respondent 5: Of course, there are changes, she/he has no problem, but I don't like it, she never accepts my comments; I am very resistant, but I have met such resistance from her that I had to set back. She is most aggressive in the family and not outside with friends; there are some visual changes as well, the way she/he dresses and hair, awful, not acceptable for me.

Focus group discussion, parents, Batumi

Respondent 6: Self confidence, feeling that they know everything and attitude that they are always right and they always have to express their opinion, ignoring if anybody wants to hear it or not; and when you say that can't he stop for a while and although you want to say everything, try not to, because you talk to adults and can't you control yourself, they say no, how? I am right and I have to express my opinion. This is catastrophic about this period, though it's good to express, but sometimes it goes beyond the good manners. *Focus group discussion, parents, Tbilisi*

Although parents feel some protest in relation to frequent mood changes of teenagers, they still try to understand these changes and do their best to compromise.

Respondent 5: My girl is 16 years old, another is 19. I try to take them as their peer and listen to their points of view and step back, as a parent... because they become more emotional and I think that I should listen and it is me who should be more patient.

Focus group discussion, parents, Tbilisi

Parents are relatively familiar also with the physiological changes during the puberty. When discussing those, respondents list: acne, menstrual cycle, hormonal changes, hair growth, breast enlargement, development of genital organs, voice changes etc.

Moderator: What do you know about puberty or age of sexual maturation?

Respondent 1: Hormonal changes take place in pubertal age, which cause a number of physiologic changes in voice, body hair, girls' breast matures and genital system of both develops.

Focus group discussion, parents, Tbilisi

Respondent 2: In addition to mood changes, physiologic changes are also noticeable, that is reflected in their look: acne, noise changes, that brings a discomfort to them; although they know it's associated to age they have some protest against those age-related changes, I try to explain that they will become more beautiful after.

Focus group discussion, parents, Batumi

HIV/AIDS

Respondents know the ways of HIV transmission, but have no information about HIV testing and treatment. Parents listed the following ways of HIV transmission: sexual transmission, transmission through blood and mother to child transmission. For some respondents HIV is stigmatized and associated with drug users and homosexual men.

Respondent 1: About AIDS right? I heard that it's transmitted by blood, therefore it's common among drug users and also homosexual men, and also it's transmitted sexually.
Focus group discussion, parents, Kutaisi

Respondent 1: Medical manipulations.

Respondent 3: Blood and sexual contact.

Moderator: Could you name any other way?

Respondent 4: We have not heard about any yet.

Moderator: From mother to child?

Respondent 4: Mother to child yes, of course.

Moderator: Do you know about HIV/AIDS testing? How it is performed?

Respondent 1: Sure I heard about testing, but I don't know how it's performed (everyone agrees).

Focus group discussion, parents, Kutaisi

Moderator: Have you heard anything about the analysis, test that is performed to diagnose HIV/AIDS?

Respondent 5: No (the group members say the same).

Focus group discussion, parents, Zugdidi

Respondent 3: based on the blood test which is anonymous at AIDS centre as far as I know.

Respondent 1: I don't know.

Moderator: How soon after being infected the test should be performed so that disease is identified?

Respondent 2: I don't know.

Respondent 6: That I don't know for sure.

Focus group discussion, parents, Tbilisi

As for the ways of HIV prevention, parents listed safe sexual relationships and use of sterile medical instruments.

Respondent 1: Must not use drugs.

Respondent 2: If they still do, then with disposable syringe.

Respondent 4: I am even afraid to go dentist, because of sterilization...

Respondent 5: Of course it's sterilized but still it's not safe.

Moderator: What one should do to protect from HIV?

Respondent 1: Must be protected.

Respondent 2: Safe sex.

Focus group discussion, parents, Tbilisi

Sexually transmitted infections (STIs)

Almost all respondents have heard about sexually transmitted infections. The parents listed the following sexually transmitted infections:

- *Gonorrhoea*;
- *Trichomoniasis*;
- *Syphilis*;
- *Hepatitis C*;
- *AIDS*;
- *Fungi*;
- *Chlamydia*.

As for the general symptoms of STIs, parents mentioned discharge, itching, redness, swelling, rash, abdominal pain.

Moderator: How do think, what signs or symptoms could have a person infected with venereal diseases?

Respondents 3: Rash, itching.

Respondents 5: Redness, swelling.

Focus group discussion, parents, Zugdidi

Respondent 1: First of all discomfort of female genitals, itching, burning sensation, discharge, caseous discharge.

Focus group discussion, parents, Tbilisi

Respondents 8: Redness, hyperemia, pain, cutting sensation, fever as well.

Focus group discussion, parents, Batumi

When discussing STI prevention, respondents listed both correct and incorrect methods:

- *Safe sex*;
- *Personal hygiene*;
- *Having one faithful partner*;
- *Pills*;
- *Intra uterine device (spiral)*.

Moderator: have you heard anything about methods to prevent these diseases?

Respondent 1: Condom again.

Focus group discussion, parents, Zugdidi

Moderator: Do you think it is possible to prevent STIs? How it is possible to prevent STIs?

Respondent 1: Hygiene.

Respondent 2: Live a right life.

Respondent 3: Safe sex.

Respondent 4: Avoid occasional partners.

Respondent 5: Have a faithful partner.

Respondent 6: I would say the same.

Focus group discussion, parents, Kutaisi

Respondent 5: Suppositories, pills.

Respondent 6: Suppositories, tablets.

Respondent 8: Yes, a lot of things – pills, special suppositories.

Focus group discussion, parents, Batumi

Abortion

The respondents describe abortion with the following words: death, impenitent sin, crime. Respondents acknowledge the negative physical and psychological consequences that might be related with abortion.

Moderator: Could you describe your feelings when you hear word “abortion”?

Respondent 2: It’s impenitent sin.

Respondent 7: Feeling of guilt.

Focus group discussion, parents, Kutaisi

Moderator: What are your feelings when you hear word “abortion”?

Respondent 4: First of all, death.

Respondent 6: But we still do it consciously.

Focus group discussion, parents, Zugdidi

Moderator: What do you mean, when you say it’s bad for organism?

Respondent 4: I mean that you kill the life. Our generation started to realize that now; we did not know that before, nobody talked about it. Now there are more talks around the issue. I have heard that abortion brings certain complications – hemorrhage, thin uterus, irregular menstrual cycle.

Respondent 6: It affects you psychologically.

Respondent 4: Many use anesthesia for abortion and can’t tolerate it.

Focus group discussion, parents, Batumi

Respondent 1: Infertility, first of all.

Respondent 2: Infertility can become a lifelong problem.

Respondent 3: Damage to uterus.

Respondent 4: Infections.

Respondent 5: Could be badly performed and cause infertility and infections.

Focus group discussion, parents, Kutaisi

As for responsibility for the abortion, respondents’ points of views divided in two. Some considered women responsible for abortion, and others considered both a man and a woman equally responsible. Those who consider only women responsible for making decision about abortion, explain their attitudes with the following argument: if a woman is not ready to have a baby and still has sexual relationships, then it is her problem.

Respondent 3: Before you come to this idea, woman knows that relationships can bring pregnancy. You should think first – are you ready to have a baby. And if you know 100% you are not ready to have this baby, then of course you are guilty, in other words woman is responsible.

Focus group discussion, parents, Batumi

Moderator: Who is responsible for abortion?

Respondent 4: Mother.

Respondent 2: Of course, mother. In the first place.

Respondent 5: Mother and father. Why only mother?

Respondent 3: Mother and father.

Respondent 6: Decision is made mutually and both are responsible.

Respondent 5: Both are responsible.

Focus group discussion, parents, Tbilisi

Respondents listed the following methods for prevention of unwanted pregnancy: abstinence, natural contraception, condom, spiral, pills, pills made by traditional healers. The incorrect opinions about hormonal contraceptives have also been revealed; according to which pills cause hormonal changes and harm women's health. It is more likely that those incorrect attitudes are by the lack of information.

Respondent 1: Natural healers also prepare some tablets that should be used before contact with spouse...

Respondent 3: Spiral.

Respondent 2: Using natural birth control methods is best.

Respondent 3: But the contraceptive should be carefully chosen because...

Respondent 4: This is individual.

Focus group discussion, parents, Tbilisi

Moderator: In other words, now we talk about hormonal methods and what is your attitude towards them?

Respondent 6: I don't use.

Respondent 5: Negative...

Respondent 3: Negative.

Moderator: Why?

Respondent 2: It is hormonal and therefore better to avoid.

Respondent 1: I agree.

Respondent 4: I guess I have heard that it's better for woman in pre-climacteric period.

Respondent 2: I guess it causes hormonal changes and is not good for health either I think. I might be wrong but that is the information I have, I don't know.

Respondent 5: I agree.

Focus group discussion, parents, Tbilisi

When discussing the pregnancy and abortion among teenagers, respondents mentioned that teenage pregnancy without marriage is not socially acceptable, which is caused by mentality of Georgian people. The majority of respondents think that majority of Georgian parents would insist on abortion if their daughter gets pregnant without marriage. However, when asked what they would do, if such problem existed in their families, they either did not have an answer or said they would not push their child towards making an abortion. The parents discussed this issue in general and declared that majority of Georgian parents would make their child to make an abortion, if pregnant without marriage. But when talking about personal attitudes, what they would do in the similar situation, they said – I don't know, or I would not make my child to do abortion.

Respondent 3: Some people prefer dead child then pregnant without marriage.

Respondent 1: It is not that easy yet for us.

Respondent 5: I can't say what I would do.

Respondent 7: Majority of Georgians would make them do abortion.

Focus group discussion, parents, Kutaisi

Respondent 1: Majority of Georgian will do this, so that nobody knows that their child is pregnant.

Respondent 3: About 20% might not do so, but the rest prefer.

Respondent 4: I have heard that 18 year old girl died because of late abortion, mother forced her, and she died of peritonitis and mother said she preferred her dead then pregnant.

Respondent 5: If it is late pregnancy no, but Georgian still would force.

Respondent 6: I cannot turn my back to my child.

Focus group discussion, parents, Kutaisi

Sexual life practice and safe sexual relationships

When discussing teenagers' sexual activity with parents, gender stereotypes have been revealed, which are caused by existing social and religious norms. Respondents highlighted that boys are more sexually active than girls. It is not acceptable for parents if girls are sexually active before marriage, while boys' sexual activity is very natural and self-evident.

Moderator: You think that girls are less sexually active than boys, because ...

Respondent 4: We live in Georgia.

Focus group discussion, parents, Kutaisi

Moderator: Is there any difference in your attitudes towards sexual activity of girls or boys?

Respondent 1: Considering it is Georgia, if the girl is active at this age, it's bad, but if it is a boy – it's good. *Focus group discussion, parents, Kutaisi*

Moderator: Why are boys more active than girls in Georgia?

Respondent 8: Again, we live in Georgia and we consider that in Georgia a man has more freedom. We have always had patriarchy.

Moderator: What do you mean by freedom?

Respondent 8: For example this sexual freedom. Women of our generation were very restricted. This is transferred to the next generation as well, and this is how we raise our children, but not that restricting. We restrict girls more than boys.

Focus group discussion, parents, Batumi

Respondent 2: I myself don't know where they go, but they have older friends, more experienced, I think. I have also heard that some are helped by their uncles. Older friends give directions.

Moderator: Is this typical? Do you all agree to this point of view?

Respondent 7: I have also heard, that uncle has to take and introduce him to this "world". *(Respondents laugh).*

Focus group discussion, parents, Batumi

Assessment of needs for reproductive health information

The majority of parents consider that information about physiological and psychological changes associated with puberty, HIV/AIDS, sexually transmitted infections, family planning methods and safe behavior is essential for teenagers. Parents believe that it will help teenagers to:

- *Stay healthy themselves and ensure having healthy descendants;*
- *Make correct choices;*
- *Correctly plan their families.*

Moderator: Do you think your children and their peers need the information about HIV/AIDS and other sexually transmitted infections, family planning methods and safe behavior?

Respondent 1: Yes, it is necessary.

Respondent 2: Definitely yes.

Respondent 3: Yes.

Respondent 4: Yes.

Respondent 5: When there is information the behavior changes.

Respondent 6: Definitely.

Focus group discussion, parents, Kutaisi

Moderator: Why do you think that providing information to teenagers is important?

Respondent 1: For their health.

Respondent 2: So they and next generation are healthy.

Respondent 3: I have the same opinion.

Focus group discussion, parents, Kutaisi

Moderator: Why do you think information provision is important?

Respondent 4: To choose the right way of living, when child is explained properly he/she will understand, and make no mistake.

Respondent 3: Child should be prepared in advance.

Respondent 4: They might avoid abortion as well and live different life.

Focus group discussion, parents, Zugdidi

Some parents think that they should be able to talk with own children about reproductive health issues, regardless of discomfort they might have when discussing these topics. Some of them even think that it would be better if parents learn how to talk about these issues and correctly provide information. One more opinion was that these are tabooed topics, but everybody still talks about them in secret and this type of secrecy results in spreading of incorrect information, which is directly related to risky behaviors.

Respondent 3: I often hear, and consider that parents should often talk about these issues with their children, but Georgian mentality is kind of different, even we parents are sometimes embarrassed to discuss these issues between us. There is some kind of barrier between parents and children and I think that parent should give information to their children about possible dangers and that such things could happen.

Focus group discussion, parents, Batumi

Respondent 8: Yes, but I think we should know how to provide this information. Boys need different approach than girls, right?!... Is there no difference? I always think about how to talk about this and not to be offensive or embarrassing. It is very hard and actually I don't know how to do it?!...

Focus group discussion, parents, Batumi

Respondent: You know what... again and again because of our society there are some tabooed issues about which you cannot talk aloud, but still everybody talks secretly, and because of that secret and hidden discussions children get inaccurate information and then share among each other; therefore I prefer that children have literature or somebody gives them correct information through lectures or something, so they have accurate information and not the word of mouth info, because whether we want it or not, they still talk about these issues... girls chat together as well as boys ...

Focus group discussion, parents, Tbilisi

However, for some respondents discussion of reproductive health related issues with their children does not cause any discomfort. They always try to support children in acquiring information or reduction of risky behaviors.

Respondent 2: My child has information that many diseases, e.g. AIDS, are transmitted sexually, and therefore every time, every time, well not that often he is still 16 and not that sexually active, but whenever he goes.... I always remind him to have a condom and he does...

Focus group discussion, parents, Tbilisi

Respondent 2: I prefer to explain and feel no discomfort about it.

Focus group discussion, parents, Kutaisi

Respondent 1: We must be careful. I am afraid for my child and my relative brought brochures that I put on my child's table. At first he told me "I know everything", but early in the morning I saw him reading the brochure with great interest. Afterwards I gave these brochures to my friend and their child has also read them with great interest. They think they know everything. But it appears they know nothing. I myself don't know much.

Focus group discussion, parents, Batumi

The dissimilar point of view has also been spotted while discussing the need about information on reproductive health. One of the respondents stated that raising awareness of teenagers on reproductive health issues might push them towards having the sexual relationships.

Respondent 3: These topics will become more important, children will talk about it more freely and will be more interested and it will provoke the issue, of sexual relations I mean....

Focus group discussion, parents, Tbilisi

The desirable format for providing information related to reproductive health

Despite the different points of view, parents consider that reproductive health related topics should be taught at schools. Some of the respondents think that invited experts (a doctor, a psychologist) should be teaching these issues, because in addition to professional knowledge and skills, they feel comfortable discussing such topics and are able to raise interest and involve the teenagers in the discussions.

Respondent 1: I think that it could be a person outside the school, not a school teacher, or director, or anatomy teacher, but someone new to school, about which children will be informed couple of days earlier; the format will be questions and answers and not a usual lesson, and also this person should be an authority for children, so they listen and trust; otherwise the new generation will try to kid him and will not take serious. So this person should be able to control the audience and keep the children into discussion... and this kind of lectures should be held periodically, like once in two or three months...

Respondent 3: I think it is better if teacher provides information because children are used to him/her.

Respondent 7: Biology teacher.

Respondent 5: I don't think so. The professional trained to work with children on these issues.

Focus group discussion, parents, Kutaisi

Some of the parents believe that meetings dedicated to reproductive health topics would be far more successful if girls and boys will be organized in separate groups, since they would feel freer. Others think that mixed meetings will not be an obstacle and girls and boys should get used to discuss the reproductive health issues together. Still some of the respondents consider that groups could be divided and mixed thematically, according to the topics to be discussed.

Moderator: Do you think the group should be comprised of the same gender? Why do you think that only one gender should attend the group?

Respondent 1: If they are together, girls don't ask questions.

Respondent 3: The boys also try to be attractive to girls and act as though they know everything.

Respondent 2: I think it is still better if they get used to discuss the issue together.

Respondent 4: In the beginning it could be embarrassing, but they will get used to it.

Focus group discussion, parents, Kutaisi

Respondent 3: I think it is better to separate girls and boys, it will be more productive.

Focus group discussion, parents, Zugdidi

Moderator (to respondent 1): You said that group should be mixed, and why do you think it is better?

Respondent 1: As for lessons where it is pure anatomy and topic is girls and boys genital organs, it is better to separate, as for AIDS and diseases it could be together.

Focus group discussion, parents, Zugdidi

Moderator: Do you think girls and boys should attend such meetings together or separately?

Respondent 2: Separately, because they still have discomfort together...

Respondent 6: I think so either, it is better separately, so they are more open...

Focus group discussion, parents, Tbilisi

Analysis of the qualitative research among X-XI grades' students

Puberty

The focus group discussions and in-depth interviews revealed, that young people have general and in some cases, incorrect/incomplete information about puberty. When talking about physiological changes they use general phrases and mostly describe small part of these changes: "boys become men, girls become women, body changes, voice becomes deeper, beard starts growing..." For the majority of young people talking about this issue is embarrassing, especially when discussing physiological changes characteristic to opposite gender.

Interviewer: Let us start in this way, what physiological changes take place in girls during the puberty?

Respondent: During puberty? They become more feminine.

Interviewer: What physiological changes take place in boys during the puberty?

Respondent: They become more masculine, and more mature.

Interviewer: What is the age for sexual maturity for boys?

Respondent: 14, 15, 16.

Interviewer: And what is the age for sexual maturity for girls?

Respondent: 15, 17, 16.

Interview #2, Kutaisi

Interviewer: Have you heard anything about menstrual cycle in girls?

Respondent: Yes, but not much ... (*blushing*)

Interview #6, Kutaisi (b)

Respondent: Of course, menstruation, what is very important for every woman, breast enlargement or change.

Moderator: Which physiological changes have you heard of in boys?

Respondent: Same as with girls. But I don't know exactly, have not heard of.

Interview #2, Batumi (g)

Compared to discussions on physiological changes, students talk about psychological issues related to puberty (about their own and their friends' feelings and emotions) more freely, they emphasize conflicts at home and at school, attributing these conflicts to the aspiration for independence.

Moderator: What have you heard of psychological problems associated with puberty?

Respondent: More struggle for independence, the will to take independent decisions on every matter, without adult advice, but adults do not like it and the disagreements start.

Interview #1, Zugdidi (g)

Moderator: And what happens at school?

Respondent: At school when teacher shouts at me in front of the girls, I leave the classroom.

Interview 32, Zugdidi (b)

Interviewer: Have you heard anything about puberty aka period of sexual maturation?

Respondent #1: Yes, that is what I hear all the time and parents always blame this period for my bad behavior.

Focus group discussion #5, Tbilisi (b)

In addition to physiological and psychological changes, teenagers also mention the onset of interest to the opposite sex.

Moderator: What kind of attitudes and relationships do you mean, could you specify?

Respondent: We were more childish before, but now it starts...that... some aspirations come maybe. No, friendship is also possible of course, you cannot have aspiration or love everyone, and some girls are just friends....

Interview #4, Zugdidi (b)

The respondents mostly are not able to correctly identify age when puberty starts.

Moderator: What is the age of sexual maturation for boys?

Respondent: The sexual maturation of boys starts at 16-17;

Moderator: What is the age of sexual maturation for girls?

Respondent: For girls probably at 18-19.

Interview #4, Batumi (b)

Moderator: What is the age of onset of sexual maturation for boys?

Respondent: 18 years.

Moderator: What is the age of onset of sexual maturation for girls?

Respondent: Maturation starts at 16 for girls, but puberty starts earlier.

Interview #7, Batumi (g)

The qualitative research revealed that adolescents have incorrect information about some issues related to the puberty. One of such issues is menstrual cycle. They use phrases like: "dirty blood", "clearing of the body". They are not aware of the age norms when the cycle starts, think that it should be connected to pain, etc.

Respondent: Yes, women have menstruation; this is the dirty blood that must come out of the body ... *Interview #7, Batumi (g)*

Respondent: Girls start to menstruate at the age of 11-12, that is obligatory, but there are certain hormonal disturbances when menstruation starts at 14-15, that is not so good for them. As far as I know, it is monthly and organism is cleared during this period.

Interview #2, Batumi (g)

Moderator: What do you think menstruation is?

Respondent: I cannot say.

Moderator: Do you have a rough idea?

Respondent: Pain or something... *Interview #3, Batumi (b)*

HIV/AIDS

Respondents have general information on HIV/AIDS. Most of them have heard about the disease and the ways of transmission, they know that HIV/AIDS damages immune system, but they cannot decipher HIV/AIDS. For the majority of the respondents, HIV is a scaring disease and is stigmatized. It is perceived as a disease of drug users, homosexuals and female sex workers.

Respondent: HIV/AIDS is a virus, that first of all threatens immune system, creates immunodeficiency; HIV is a first stage and in the end develops AIDS.

Interview #7, Zugdidi (b)

Interviewer: What does the abbreviation HIV stands for?

Respondent: I don't know exactly, no.

Interview #1, Kutaisi

Moderator: Could you tell me what is AIDS or HIV?

Respondent: I don't know AIDS.... AIDS, HIV ... I don't know what it is.

Interview #5, Zugdidi (b)

Moderator: Ok, let us talk about HIV/AIDS. What exactly do you know about HIV/AIDS?

Respondent: Ooh... that it is a deadly disease.

Moderator: Can you be more precise?

Respondent: Mostly the drug addicts, homosexual men and prostitutes have it.

Moderator: You think that HIV/AIDS is the disease of only drug addicts, homosexual men and prostitutes?

Respondent: (*stops, thinks*) ... Probably.

Interview #2, Zugdidi (b)

Moderator: Now, let's talk about such an issue as HIV/AIDS. What do you know about it?

Respondent: It is disease, and drug users and prostitutes get it.

Interview #5, Zugdidi (b)

Adolescents who have attended the trainings are much more aware of the issue, talk more freely and have fewer stigmas.

Interviewer: OK. Have you heard about HIV/AIDS and do you know what does it mean?

Respondent: Yes, sure. I know that, I have attended the training about it. HIV is a Human Immune deficiency virus and AIDS... that... Acquired Immunodeficiency Syndrome.

Interviewer: Do you know how it is transmitted?

Respondent: Blood, sex and from mother to child.

Interviewer: What do you mean by blood?

Respondent: Well, it includes drug use meaning syringe, blood transfusion, dentistry and everything that is associated with blood.

Interviewer: What should the infected mother do to have a healthy baby?

Respondent: Wait, I know that too... cesarean section, right? And also no breastfeeding ...

Interview #1, Tbilisi (b)

Those respondents who don't have information about the disease, list the following ways of transmission: mosquito bite, common bed-linen, bath and etc. As a result, low awareness and/or incorrect information raises discriminative attitudes towards HIV positive people (e.g. "I would not study with an infected person" etc). Some respondents consider it risky to share the desk or classroom with infected person and they could even change the school because of that.

Interviewer: Do you think it is possible that a human being gets infected as a result of the mosquito bite?

Respondent: Yes.

Interviewer: Do you think it is possible to be infected by sharing the bath and bed linen with HIV infected person?

Respondent: Yes.

Interviewer: Do you think it is possible to be infected while studying in the classroom with HIV infected?

Respondent: I think yes.

Interviewer: Is it possible that HIV infected woman gives birth to a healthy child?

Respondent: I don't think so.

Interview #1, Kutaisi

Law awareness results in fear and desire to keep distance from HIV infected persons.

Moderator: And what about school? What would you do if your classmate is infected? Would you sit near him/her?

Respondent: Yes.

Moderator: Would you touch chalk used by him/her?

Respondent: No.

Moderator: So you would still keep distance?

Respondent: Yes.

Moderator: Does this mean you would try to change the class?

Respondent: Yes. And the school also.

Moderator: Because of one person?

Respondent: Yes.

Interview #5, Batumi (b)

The study also revealed those respondents who know the ways of HIV transmission, but still would try to avoid HIV infected people.

Moderator: Above you have listed situations when HIV is not transmitted, then what is the reason for your fear?

Respondent: I don't know, everybody is still afraid of AIDS, it is still dangerous, why to complicate life, better to just avoid, probably that is better.

Interview #6, Zugdidi (g)

It is also noticeable that when talking about the ways of transmission of HIV, the less informed part of teenagers list certain groups (people of certain behavior/occupation) with higher infection risk, rather than the ways of transmission. The above mentioned attitudes represent one of the most favorable factors for stigma and discrimination.

Moderator: Could you list the ways of HIV transmission?

Respondent: Drug users, as well as in prostitutes, through sexual way.

Interview #1, Zugdidi (g)

Considering that most of the respondents have no or incomplete/incorrect information on HIV, their responses were based mostly on intuition and logic.

Moderator: And what about hug? Kiss? Shaking hands?

Respondent: Hugs no, and shaking hands could, if there is a virus on the hands and then someone puts hand in the mouth, it could...

Interview #1, Batumi (b)

Moderator: What do you think can a HIV infected woman can give birth to a healthy baby?

Respondent: No, I think it is impossible, because fetus, when baby is born, it is born from maternal cells and is the same creature. DNA and RNA unite, but still the origin is maternal cell.

Interview #2, Batumi (g)

Moderator: What do you think, is it possible to get infected if you study in the same class?

Respondent: I don't know that?! Probably yes, because he/she breathes the air, and bacteria can be transmitted through the air.

Interview #3, Batumi (b)

Uninformed respondents were found to have negligent attitude towards acquiring information, as well as toward their own health, using the following argument: "it won't happen to me".

Moderator: Why - are not you interested in this issue?

Respondent: Why should I be?!

Moderator: But you say that it is deadly and something ... you said - it kills?

Respondent: How can I be infected? (*laughing*)

Moderator: So you are protected in every way?

Respondent: Yes!

Moderator: Why are you protected?

Respondent: I have no one with AIDS around me!...

Moderator: You say – It won't happen to me, no way. But you also say that it can be transmitted through the same plate, through the air, mosquito bite. Then how can you combine this all?

Respondent: No one is protected from the accident. I hope I don't get infected!

Interview #3, Batumi (b)

The teenagers that are informed about HIV mention infection risk factors in general, when talking about ways of transmission, and do not associate them with people of certain behavior or activities.

Interviewer: Ok. How do we protect ourselves from AIDS?

Respondent: The blood should be checked during the surgeries; everything should be disposable and use condoms, right?

Interview #1, Tbilisi (b)

The majority of teenagers have no information on HIV testing. In this case too, they try to rely on logic or intuition. They realize that blood test is needed. Awareness on HIV/AIDS treatment is also low.

Interviewer: Have you heard of HIV testing?

Respondent: No, I don't know.

Interview #5, Kutaisi (g)

Respondent: How is HIV/AIDS testing performed?

Moderator: Blood is taken and then I don't know.

Interview #2, Zugdidi (b)

Interviewer: Have you heard anything about HIV/AIDS treatment?

Respondent: No.

Moderator: Is it possible to treat HIV Infection?

Respondent: No.

Interview #7, Kutaisi (m)

Moderator: Have you heard anything about HIV/AIDS treatment?

Respondent: No, I don't know.

Interview #2, Zugdidi (b)

Moderator: Do you think that HIV/AIDS is treatable?

Respondent: No it is not, but I know that life can be extended with different methods.

Interview #6, Zugdidi (g)

Interviewer: Have you heard anything about treatment?

Respondent: No treatment is invented yet to completely treat, but life extension is possible.

Interview #2, Tbilisi (g)

Using condom, abstinence, avoiding frequent unprotected contacts, not sharing needles and frequent testing were listed as the ways of HIV/AIDS prevention.

Moderator: How can you prevent HIV infection?

Respondent: One must not become drug user and must have one partner. Follow the safety norms.

Interview #3, Zugdidi (b)

Interviewer: Do you know how to protect yourself from HIV/AIDS?

Respondent: First of all no sexual contacts. One should not be with next person, and must be sure that he/she is not infected, and must do frequent blood tests.

Interview #6, Kutaisi (m)

Moderator: Do you think it is possible to protect yourself from HIV?

Respondent: Yes.

Moderator: And how it is possible?

Respondent: Must not inject used syringe and don't walk with somebody else's women (*laughing*)

Moderator: What do you mean by walk?

Respondent: No sexual relations (*laughing*)

Interview #2, Zugdidi (b)

However, for some of the respondents it was embarrassing to pronouncing the word "condom".

Interviewer: What should one do to protect from HIV/AIDS?

Respondent: Must avoid that kind of. For example, how to say, when man is with woman, he should use the thing sold at pharmacies. . .

Interview #7, Kutaisi (m)

Sexually Transmitted Infections (STIs)

Awareness on STIs among teenagers is much lower than on HIV/AIDS. If everyone has at least heard about HIV, some of the teenagers have never heard about any of the STIs, or they list only AIDS. They have general information in case of STIs as well. Only a few respondents knew about HIV/AIDS, syphilis, gonorrhea.

Interviewer: Which STIs have you heard about? Please list.

Respondent: I don't know any.

Interview #5, Kutaisi (g)

Interviewer: Which STIs have you heard about? Please list.

Respondent: AIDS.

Interview #2, Kutaisi

Interviewer: Ok, now tell me do you know anything about sexually transmitted infections?

Respondent: No.

Interviewer: For example, have you heard of syphilis, gonorrhea?

Respondent: No, I have not.

Interviewer: Have not you heard of venereal diseases?

Respondent: Yes, but I don't know what it is.

Interview # 2, Tbilisi (g)

Moderator: Have you ever heard of STIs or venereal diseases?

Respondent: Yes, syphilis and gonorrhea.

Interview #1, Zugdidi (g)

Moderator: Ok. Now let's talk about sexually transmitted infections. What do you know about them?

Respondent: Yes, venereal diseases are those that are mostly transmitted sexually. These diseases are syphilis... "tripper" [the slang name for gonorrhea]. People who have sexual contacts with prostitutes contract these diseases.

Interview #4, Zugdidi (b)

Although the knowledge about STIs is superficial, respondents logically guess that people need to be tested to acquire information about own health status in regard of STIs.

Interviewer: How can a person know that he/she is infected with certain STI?

Respondent: He/she should address the doctor.

Interview #3, Kutaisi

Although respondents are less informed about STIs, they list the same preventive measures as for HIV/AIDS. The preventive measures listed were: "condom use, faithful permanent partner and abstinence"

Probably knowing that HIV is transmitted through sexual contacts and/or the name of STIs as such – Sexually Transmitted Infections – indicates the way of transmission and, consequently, the ways of protection.

Moderator: How do you think person can avoid these diseases?

Respondent: they are sexually transmitted and therefore by condom.

Interview #7, Zugdidi (b)

Moderator: Do you think it is possible to prevent STIs?

Respondent: Yes.

Moderator: And how is it possible?

Respondent: One should not sleep with a stranger.

Interview #1, Zugdidi (g)

Respondent: With women, with men.... That means it is not necessary to have other partner than spouse. The partner should be faithful.

Interview #6, Batumi (g)

Abortion

Every teenager has certain information on abortion. They describe it as getting rid of unwanted fetus, pregnancy termination. The feelings and emotions caused by the word abortion were described by the following words: "sin, horrible, murder, crime, fear, death".

Interviewer: What do you know about abortion?

Respondent: It is termination of pregnancy.

Interview #3, Kutaisi

Interviewer: For you, abortion is...

Respondent: The same as murder, especially when it is your child.

Interview #4, Kutaisi (g)

Moderator: Could you describe your feelings when you hear word “abortion”?

Respondent: Fear. It is the death of human and is considered to be sin.

Interview#1, Zugdidi (g)

Moderator: So what is an abortion to you?

Respondent: Death. *(Pause)* Abortion is directly associated with death.

Interview #6, Batumi (g)

Nevertheless, there are some respondents who do not have emotional attitude towards abortion and they don't consider it as something unusual.

Moderator: Yes, when you hear that woman had abortion, or word “abortion”, what are your attitudes about it?

Respondent: Ordinary.

Moderator: What do you mean ordinary?

Respondent: I don't pay much attention to this.

Interview #4, Batumi (b)

Interviewer: Could you describe your feelings when you hear word “abortion”?

Respondent: I feel nothing.

Interview #1, Kutaisi

Gender stereotypes and discriminative attitudes were revealed when discussing the issue of responsibility on abortion. One part of the respondents considers that responsibility lies on the woman who wants to do it and the performing doctor. They think that men are not accountable, since woman carries the fetus and she is the one to decide.

Interviewer: Who should be responsible for abortion?

Respondent: I think both, a doctor and woman whoever makes abortion.

Interview #1, Kutaisi

Moderator: How do you think who is responsible for abortion?

Respondent: Woman.

Moderator: What makes you think that woman is responsible for abortion?

Respondent: Because the living baby is in a woman's body.

Interview #1, Zugdidi (g)

Another part of the respondents considers that women and men are equally responsible for making decision about abortion.

Interviewer: How do you think who is responsible for abortion?

Respondent: I think both. Woman carries the baby, but he/she also has the father and both have equal rights and both are responsible.

Interview #4, Kutaisi (g)

Interviewer: Who do you think is responsible for abortion? Is it a man or a woman who should take responsibility for abortion?

Respondent: Both, fifty-fifty. It might be that man wants it but not woman.

Interview#7, Kutaisi (b)

Prevention of unwanted pregnancy

Most of the respondents know only one method of contraception – condom. Only few have heard about pills.

Interviewer: Specifically which contraceptive methods do you know?

Respondent: There are some pills.

Interview #3, Kutaisi (g)

Interviewer: Have you heard anything about contraceptive measures?

Respondent: No, I don't know any, but the condom. I have not heard about other contraceptive measures either.

Interview #3, Zugdidi (b)

It is interesting that adolescents have some incorrect information about contraceptives. As an example, one of the respondents named "Clofelin" as one of the medicines which are used both by their peers and adults. Spreading of such information could be harmful for health.

Moderator: Have you heard anything about contraceptive measures?

Respondent: No... yeas, that I know of course, for example when they take "Clofelin" and get high.

Moderator: Women or men?

Respondent: Both.

Moderator: And do you know anybody who uses "Clofelin" as contraceptive?

Respondent: Yes.

Moderator: Is he/she your peer or an adult?

Respondent: My peer as well as an adult...

Interview #5, Batumi (b)

Sexual life and safe sexual relations

According to the respondents, sexual life practice is not rare among teenagers, especially among boys. When discussing these issues, gender stereotypes considering women's sexual activity were disclosed: for a boy it is acceptable to be sexually active, but not for a girl. According to the respondents', in Georgia religious and social restrictions in terms of allowing sexual activity are also applied to girls and not to boys.

Interviewer: Do you have sexually active teenagers around you?

Respondent: Boys, yes.

Interviewer: In what age do they start a sexual life?

Respondent: 15.

Interview #2, Kutaisi

Moderator: What makes you think that boys are more active?

Respondent: Based on the life-style, you know boys are allowed to do these things and hence they are more active.

Interview #6, Zugdidi (g)

Moderator: Do you know the teenagers who are already sexually active?

Respondent: Yes, of course, there are.

Moderator: How do you think among your peers, are girls more active or boys?

Respondent: Mostly boys, because.... of religion and also family, it should not happen before marriage. *Interview#7, Zugdidi (b)*

Respondent: You might have a girlfriend and go to female sex worker as well, because in Georgia it is not like that yet, to have relationships with girlfriend, it is not advisable in Georgia.

Moderator: Why do you think it is better?

Respondent: If you really love her, you will not have sex yet...

Moderator: But still, why do you think it is better to go to female sex worker?

Respondent: It is just disrespectful attitude towards girlfriend. You just satisfy your temporary needs and the girl is called the one you love. . .

Interview #1, Batumi (b)

Discussions also revealed that most of the male adolescents start their sexual life with commercial sex workers. This, combined with the low awareness on STIs/HIV/AIDS increases probability of the risky behavior and exposure to infections.

Moderator: So you have friends who practice sexual life, right?

Respondent: Yes, so called going out with women.

Moderator: So you don't mean the girls from the same group of friends, but other women?

Respondent: Yes.

Moderator: Who are those women?

Respondent: So called female sex workers...

Moderator: How common is such practice in your group? I mean if we take 100, what percentage goes to the female sex workers?

Respondent: 99.99%

Moderator: Approximately from what age?

Respondent: 14 years...

Interview #1, Batumi, (b)

Moderator: Do these boys openly say something?

Respondent: Yes, yes (*laughs*) - lets go to the women, or we are going to the women and they say something like that.

Moderator: Boys of what age say such kind of things?

Respondent: 17-18 year old, 11th or 12th grade students.

Interview #6, Batumi (g)

Interviewer: Are girls more active than boys?

Respondent: Boys, I am talking about girls now. And as for boys 100% are active at my age.

Interviewer: So those 2% you mentioned apply to girls?

Respondent: Yes.

Interview #2, Tbilisi (g)

Condom

Although most of the respondents don't have complete information on STI/HIV/AIDS, almost all of them name condom as a measure to prevent STI/HIV/AIDS and unwanted pregnancy.

Interviewer: Why do you think your peers use condoms?

Respondent: Not to contract anything or to avoid having a baby.

Interview #1, Kutaisi

Respondents mentioned that they can get condoms at pharmacies and /or from their friends.

Interviewer: Where do your peers get condoms?

Respondent: At pharmacies.

Interview #1, Kutaisi

Mediator: Where do your peers get condoms?

Respondent: Buy at pharmacies, or older boys give some.

Interview #3, Zugdidi (b)

When talking about condoms some of the respondents noted that buying condoms causes some embarrassment and in certain cases they don't buy condoms because of this embarrassment and shame, and as a result do not use condoms during accidental sexual contacts. If we consider the fact, that most of male teenagers use the services of female sex workers, the risks of infection increase.

Interviewer: Have your peers ever mentioned having any discomfort while buying condoms?

Respondent: I don't have it but some had.

Interview #1, Kutaisi

Moderator: Have your peers ever mentioned having any discomfort while buying condoms?

Respondent: Yes, he was embarrassed and left the pharmacy, he even did not say anything to the pharmacist. *Interview #2, Zugdidi (b)*

Interviewer: Have your peers ever mentioned having any discomfort while buying condoms?

Respondent: Yes, some of them ask others to buy.

Interviewer: Where there any unsafe sex practices as a result?

Respondent: Yes, yes.

Interview #7, Kutaisi (b)

Since purchasing the condoms makes part of respondents feel uncomfortable, they use different ways to get the condoms with as less "problems" as possible. Some of them write it on the paper to the pharmacist, because they are ashamed to pronounce the word "condom", some of them send the most "daring" friend to buy the condom or use the whole conspiracy like sunglasses, hats pulled down on one's eyes, and etc.

Interviewer: Have you ever refused to use condoms because you are embarrassed to buy it?

Respondent: No, if you are embarrassed you can write it and give to pharmacist.

Interview #6, Kutaisi (m)

Moderator: Where do your peers get condoms?

Respondent: It is sold at the pharmacies. Sometimes it's a shame.... Mostly one buys for all and shares with others.

Interview #5, Zugdidi (b)

Respondent: Yes, sure. It is somehow shame and embarrassment to ask for a condom when there is a woman near...

Moderator: Then how do you get it?

Respondent: You might dress so that nobody recognizes you - put a hat, glasses, scarf.

Moderator: And what if it's summer?

Respondent: It is a problem in summer. In summer you must have a person, friend who does not care about this life and ask him to buy.

Moderator: What do you mean does not care about the life?

Respondent: Does not care to advance, I mean does not care about what others might think.

Interview #1, Batumi (b)

Gender stereotypes were reflected when discussing the responsibility to use the condom. The majority of respondents consider that it is unambiguously a man's priority, while the woman is considered to be solely responsible for the abortion. Only a small part of respondents admitted that responsibility for protection lies with females or with both – men and women.

Respondent: Probably both, but boy is a boy, and after having sexual contact with girl and then he walks away, and girl says she is pregnant. It is more girl's responsibility, so that she is not left miserable...

Moderator: So decision should be made by . . .

Respondent: A girl.

Interview #7, Batumi (g)

Moderator: What do you think, who is responsible to use condom – girl or boy?

Respondent: Both are responsible, both should realize the situation.

Interview #7, Zugdidi (b)

Sources of information and their reliability

When talking about the sources of information ("how did you get information and from whom?") respondents named: teachers, parents, friends, a doctor, newspapers, television, Internet. This is another proof that adolescents search for information on such issues. Taking into account that media often spreads incomplete/incorrect information on STI/HIV/AIDS, puberty and contraception, the risk of risky behaviors based on this information is high.

Interviewer: How interesting was the information provided by your parent?

Respondent: It was interesting, because it was about me and my development.

Interview #4, Kutaisi

Interviewer: Has anybody talked to about the issues we discussed today?

Respondent: No.

Interviewer: You have not discussed at school either, with teachers or parents?

Respondent: With teachers no, but with friends yes.

Interview #6, Kutaisi (m)

Interviewer: From whom would you and your peers like to receive the information about these issues?

Respondent: Most probably from doctors.

Interview #3, Kutaisi

Interviewer: Would you or your peers like to receive information on the above mentioned topics from teachers?

Respondent: Yes, if they have experience.

Interview #7, Kutaisi (m)

Most of the respondents consider that it is necessary to provide information about reproductive health issues at schools, to prevent the problems that might be caused by lack of information.

Moderator: What positive outcomes could be achieved by discussing the above mentioned topics?

Respondent: More can be learned about the threats associated with AIDS and alike, they will take more care of themselves; the girls will avoid abortion and etc...

Interview #7, Zugdidi (b)

Interviewer: And why do you think it is important to organize this type of meetings?

Respondent: They will be more aware of everything. They will be more protected and will avoid (*smiles*) ... problems.

Interviewer: And could these meetings have any negative impact?

Respondent: Negative, well, from my point of view, (others might have different opinion), I don't see it as something negative.

Interview #2, Tbilisi (g)

Respondent: Hmmm... the good thing will be that diseases will be avoided.

Moderator: And what can be negative about it – if no educational meetings are held?

Respondent: Negative?

Moderator: Yes.

Respondent: Will catch different diseases.

Moderator: Which will cause what?

Respondent: Death or bad things.

Interview #3, Batumi (b)

According to the respondents the reproductive health issues should be provided by persons who have relevant knowledge and can make teenagers feel comfortable. It could be a parent, a teacher, other specialist or a peer.

Moderator: From whom would you and your peers like to receive the information about these issues?

Respondent: From person who is more aware, the specialist...

Interview #4, Zugdidi (b)

Respondent: Maybe ... maybe from those who know these topics and will be able to freely talk about these issues.

Moderator: With whom it might be embarrassing to talk about these issues?

(Pause)

Moderator: Is it possible to talk about these topics with school teachers?

Respondent: Probably no, school teacher ... school teacher is still a teacher and has attitudes of a teacher; they probably cannot talk about such issues with us, though it depends, but we don't have such teachers, or if they are not very aware of the issues.

Interview #6, Zugdidi (g)

Respondent: As I said, there is a lot of information from the TV. Me and my parents often watch films or information together and then discuss why it is bad; I prefer to get the information from parents.

Interview #2, Batumi (g)

Moderator: You would not want to get this information from peers?

Respondent: My peers? *(Pause)* ... yes.

Moderator: From parents?

Respondent: No! ...

Moderator: Definitely no?

Respondent: No...*(laughing)*.

Moderator: But why?

Respondent: I don't know, it is a bit embarrassing.

Interview #3, Batumi (b)

The study revealed also a different point of view. Some teenagers equal the talks about reproductive health to the talks about sex. Probably this was the reason to emphasize the age limits. An opinion was expressed that school should give adolescents education and should not trigger the interest towards "such issues", because such education could prompt "wrong" behavior.

Moderator: Do you think that schools should have opportunities to provide information about these issues?

Respondent: No.

Moderator: Why?

Respondent: You should get education at school and there is no need to talk about sex.

Moderator: And knowing how to avoid AIDS, is it not education?

Respondent: Any adult can tell that if you ask.

Interview #5, Batumi (b)

Interviewer: Would you, personally, like to talk about this issue with someone?

Respondent: No.

Interviewer: Do you think children should have opportunities to get the information at schools?

Respondent: No, they would not understand this correctly and hence ...

Interviewer: What kind of problems they will have?

Respondent: Probably they will not hide their predisposition to that.

Interviewer: You think that more information will cause children to be more active and have more problems?

Respondent: Yes.

Interview #4, Tbilisi (g)

Respondent: It should exist but in higher grades.

Interview #2, Kutaisi

The desirable format for providing information related to reproductive health

When discussing the format of educational meetings related to reproductive health topics majority of the respondents expressed the will to have such meetings with gender balanced groups. This will make them feel more comfortable and give more freedom to ask the questions.

Interviewer: In which form (format) would you prefer to talk about the mentioned issues?

Respondent: In a more private atmosphere, but not with the boys.

Interview #3, Kutaisi

Respondent: It would be better to separate girls and boys, because these are such issues, that girls might be embarrassed.

Interview #2, Tbilisi (g)

Interviewer: And why do you think to separate groups?

Respondent: I don't know, we will feel free to ask questions, not to be embarrassed and confused, I don't know, for some diseases it could be together.

Interview #1, Tbilisi (b)

One of the respondents mentioned that he/she would attend the group meetings, but would not actively participate in the process. It would be more comfortable for him/her to have face to face discussions on these issues.

Interviewer: In which form (format) would you prefer to talk about the mentioned issues?

Respondent: Face to face.

Interviewer: What if it is a group meeting?

Respondent: No.

Interviewer: Would you attend the group meeting?

Respondent: I might attend, but I will say nothing. Probably I will not ask anything and give no replies. *Interview #1, Kutaisi*

Only a small fraction of participants say that attending the meeting together (boys and girls as one group) would not be a problem. Still the majority would like to have gender-disaggregated groups.

Interviewer: Would you feel more comfortable if this group is attended of your peers of the same sex, I mean boys?

Respondent: Does not matter.

Interview #2, Kutaisi

Moderator: What do you think, how comfortable you will be in a mixed group, this means girls as well as boys will attend?

Respondent: Let them be together, what's the problem, I would not mind, what to be ashamed of.

Interview #7, Zugdidi (b)

When discussing the format of the meetings, it was proposed that the girls group should be moderated by a woman, and boy's group – by a man. These persons should be comfortable with the topics to make the participants feel less embarrassed. The meetings should be interactive and based on the games.

Moderator: What kind of environment should be at the meetings so that you and your peers are interested and attend the discussions?

Respondent: The moderator of the group should be such person, who will not embarrass the group, woman should work with girls, and men – with boys.

Interview #1, Zugdidi (g)

Interviewer: In which form (format) would you prefer to talk about the mentioned issues?

Respondent: More prepared, modern kind of lectures, with the games and people [moderators] should be very easy going with us, to get familiar easily.

Interview #5, Kutaisi (g)

Interviewer: How comfortable did you feel when talking about the above mentioned issues?

Respondent: Depends with whom, a man or a woman. I am more open with a man.

Interview #7, Kutaisi (b)

Respondent: The moderator of the workshop (seminar) should not bring discomfort to the group; girls should be led by woman, and boys - by man.

Interview #1, Zugdidi (g)

Respondent: OK, well, I mean in the room, when a person seats without bag, notebook and any desk. It could be people of different age and should be in a question and answer format. It means you ask exactly what you want to know and he/she provides all the information. That will be an acceptable format.

Interview #2, Batumi (g)

Respondent: No, a parent and a teacher is somehow embarrassing, it should be done by a specialist, or something like I have attended.

Interviewer: So the form of a training is better?

Respondent: Yes, training is better, yes.

Interview #1, Tbilisi (b)

Interviewer: Your peers, boys, will they be interested, would they like to receive information about this topics?

Respondent: Yes, you know what, this is the thing everybody wants to know; they might be kidding and saying they don't care, but still everybody is interested.

Interview #1, Tbilisi (b)

Conclusions and recommendations according to the target groups

X-XI grades' teachers

Conclusions

Based on study results, it could be concluded that:

- The teachers know quite little about STI/HIV/AIDS, abortion and contraception methods;
- Certain part of teachers does not feel comfortable when discussing the reproductive health related issues;
- It is acceptable for teachers if the school takes responsibility for providing adolescents with information regarding reproductive health;
- Based on their experience, teachers would like to be involved in the process of educating adolescents, if they will improve their knowledge.

Recommendations

In order to effectively carry out educational meetings related to reproductive health, the main findings of the research should be taken into consideration:

- Considering that part of the teachers has discomfort when discussing the reproductive health related issues, it is desirable to train them and give them possibility to work together with the specialists at the initial stage.
- The format of the meetings that was preferred by the majority of teachers needs to be considered, namely: separate groups for girls and boys; male moderator working with boys' groups and female - with girls' groups.

X-XI grades' students' parents

Conclusions

Based on the qualitative research conducted with parents concerning the need for information on reproductive issues among teenagers, it was revealed that:

- Parents believe that schools should take care of reproductive health education of teenagers;
- The accurate and timely information on reproductive health issues, provided in the proper format is acceptable not only for those parents who think that this type of education is essential and important for their children, but also those, who are skeptical towards the discussed issues and believe that information about reproductive health might trigger sexual activity in teenagers.

Recommendations

As a result, it is preferable to take into account the attitudes and viewpoints which were identified by the research:

- To separate the girls and boys when discussing the reproductive health related issues;
- To ensure that person conducting the meetings feels comfortable discussing these issues in order relieve the existing tension;
- To ensure that meetings are interactive and in the format of training.

X-XI grades' students

Conclusions

The study has apparently shown that teenagers, especially X-XI grade students:

- Awareness about puberty, STI/HIV/AIDS and contraception methods is very low;
- Considering that part of the respondents, as well as general public, perceives the talks about reproductive health issues as talks about sex, the topic is tabooed and it is hard for adolescents to express their interest and freely talk about their needs. Even the physiological changes during the puberty are the very hard topics for them to talk about. Nevertheless they actively search for information among their peers, grown-ups, different means of mass-media; in other words where they will not be judged for their interest;
- The majority of teenage boys become sexually active with female sex workers, that increases the risk of infection, especially when taking into account low awareness and barriers for buying condoms;
- Discrimination of HIV positive people is high among respondents with low awareness on HIV/AIDS;
- The gender discrimination is observable when talking about sexual life, abortion and safe sex practices. The stereotypes contradict to the religious norms (boys are allowed to be sexually active, girls –not);
- There is preparedness and will that reproductive health information is available at schools.

Recommendations

Based on the study results:

1. It is necessary to dedicate some hours at schools to the reproductive health issues (puberty, STI/HIV/AIDS, family planning methods, safe sexual relationships), so that each age group is provided information in understandable and appropriate manner;
2. At the meetings, groups should be divided based on the sex, and accordingly a woman should work with girls, and a man – with boys. This will support groups to freely express interest and ask questions not only about their gender, but about the opposite gender as well;
3. It is advisable to address gender stereotypes that were identified by study.

Appendix 1: Qualitative research instruments

Qualitative research questionnaire for X-XI grades' students

Respondent's age: -----

Respondent's sex: -----

Introduction

Interviewer: "Hello. My name is (name and surname) and I represent NGO "TANADGOMA". First of all let me thank you for your time and participation in our research. Before we start the questionnaire let me explain to you briefly the main purpose of our meeting. The goal of this survey is to study and analyze the existing situation regarding reproductive health in secondary schools. The project is funded by Swedish organization RFSU and the project's name is "Timely Intervention for Health". So, our aim is to study the awareness, attitudes, needs related to reproductive health issues and the best ways how to provide this information to young people, their parents and teachers.

We do not intend to estimate your personal level of education and there is no correct or wrong answers to the questions we pose. It is extremely important for us that you share your personal experience, opinions and attitudes regarding adolescents' behavior, habits and their environment. We are interested if they are informed enough regarding puberty and puberty-related physiological or psychological issues, STIs, HIV/AIDS, family planning methods, gender-based discrimination and reproductive health rights. We'll discuss also the ways how to provide the relevant information. To achieve the high quality of our research it's better if you are actively engaged in our discussion. The results of this research will help us to estimate the real situation regarding Reproductive Health and facilitate planning of the related activities. Any of your ideas or opinions is very important for us.

(For interviewer: In case of Focus Group Discussions the facilitator should mention: Participants may have different ideas and we welcome that. It is even better for active engagement. The more different ideas the more active is discussion, and the higher quality of the research).

In case you feel uncomfortable and decide to withdraw, you can do it any time. Our discussion is confidential.

It's difficult to remember all the interviewees and if you do not mind I'll use audio recorder and one of my colleagues (name and surname) will attend our meeting and write down the ideas you will express. That is important to save all important opinions/suggestions and eventually this will help us to analyze the obtained information perfectly. Let us start the interview.

Puberty

- **What have you heard about puberty?**
- What physiological changes can take place in girls during puberty?
- What physiological changes can take place in boys during puberty?
- At what age puberty starts in girls?
- At what age puberty starts in boys?
- Have you heard about menstruation?
- If yes, when it starts and what are the signs of menstruation?

- **What have you heard about puberty related psychological problems?**
- Have you (or your friend) had such feelings and emotions that you did not have before puberty period?
- Can you describe these feelings?
- What had changed in your and your peers' feelings and emotions after the puberty started?

HIV/AIDS

- **Have you heard about HIV/AIDS? If yes:**
- What exactly have you heard about HIV/AIDS?
- What is HIV?
- What is AIDS?
- Can you name the ways of HIV transmission?
- Is it possible that a person gets HIV infection through a mosquito bite?
- Is it possible that a person gets HIV infection through sharing meal with HIV positive person?
- Is it possible that a person gets HIV infection through sharing bath or towels?
- Is it possible that a person gets HIV infection while studying together with HIV positive person?
- Is it possible that an HIV positive woman delivers healthy (HIV negative) baby?
- If yes:
- What can be done for HIV positive woman to deliver a healthy (HIV negative) baby?

- **How can a person know whether she/he is HIV infected or not?**
- Is it visible by appearance whether the person is HIV infected or not?
- Are there any signs or symptoms according to which the person can judge about HIV infection?

- **Have you heard about HIV/AIDS testing? If yes:**
- How HIV/AIDS testing can be done?

- **Have you heard about HIV/AIDS treatment? If yes:**
- What exactly have you heard about HIV/AIDS treatment?
- Is it possible to cure HIV/AIDS?

- **In your opinion, is it possible to prevent HIV? If yes:**
- How is it possible to prevent HIV?
- What a person can do for HIV prevention?

Sexually Transmitted Infections (STIs)

- **Have you heard anything about STIs?**
- If yes: (for interviewer: please give a definition of STIs-venereal diseases to the respondent).
- What exactly have you heard about STIs?
- Which STIs do you know? (please name them)
- In case the respondent does not know any STIs, please ask him/her about different STIs separately:*
- Have you heard anything about Syphilis?
- Have you heard anything about Gonorrhoea?

→ Have you heard anything about Chlamydia?

➤ **What are the symptoms of STIs?**

→ What are the conditions when a person can think that he/she might be infected?

→ Can you name the symptoms of STIs?

→ Is it visible by appearance whether the person is STI infected or not?

➤ **How can the person know whether she/he is infected by STIs?**

→ How do you think is it necessary to do testing for STI detection?

→ Have any of your friends or acquaintances had any STI (of course I do not need their names)?

➤ **What are the complications of maltreated or non-treated STIs?**

➤ **Is it possible to prevent STIs? If yes:**

→ How STIs can be prevented?

→ What a person can do to avoid STIs?

Abortion

➤ **What have you heard about abortion?**

→ What is an abortion?

→ Can you describe the feeling you get when hearing a word "abortion"?

→ For you an abortion is . . .

→ What is your personal attitude towards abortion?

→ What negative result an abortion can have for women?

→ Have any of your friends or acquaintances done an abortion (of course I do not need their names)?

➤ **In your opinion, who is responsible for decision of making an abortion?**

→ Responsible for abortion is a man or a woman?

If respondent thinks that responsible for an abortion is a woman:

→ Why do you think that the responsible for an abortion is a woman?

→ What do you mean by saying that the responsible for making an abortion is a woman?

If respondent thinks that responsible for an abortion is a man:

→ Why do you think that the responsible for an abortion is a man?

→ What do you mean by saying that the responsible for making an abortion is a man?

For an Interviewer: one of the ways to avoid unwanted pregnancy is abstinence, but in case the adolescent is already sexually active:

➤ **How is it possible to avoid an unwanted pregnancy?**

→ What can couple do to avoid an unwanted pregnancy?

→ What are the ways of preventing an unwanted pregnancy?

→ Have you heard anything about contraception?

If yes:

→ About which methods of contraception have you heard?

→ What are the alternative methods of an abortion to avoid an unwanted pregnancy?

Sexual life and safe sexual relationships

Interviewer: We are interested in what is existing situation among adolescents regarding sexual relations. Are they sexually active or not? Are there any risky behaviors spread among your peers regarding HIV/AIDS, STIs and abortion. So let's start discussion about sexual life and related safe behaviors among your peers.

➤ How spread is among your peers the practice of sexual life?

- Do you know teenagers that are already sexually active?
- In your circle of friends, are there sexually active adolescents?
- What is the age when adolescents start sexual life?
- In your opinion, who among your peers are more sexually active - girls or boys?

➤ Have you heard anything about condoms?

- How popular is condom among your peers?
- In your opinion, do your friends use condoms? *if yes:*
- Why your peers use condoms?
- What are the reasons they use condoms for?

If they do not use condoms:

- How do you think why your peers do not use condoms?
- What are the reasons they do not use condoms for?
- How do you think who is responsible for using a condom – a girl or a boy?
- What are the advantages or disadvantages of using condoms?

➤ Where your peers can get condoms?

- What they say, is it easy for them to get condoms?
- Have they mentioned any confusion while buying/getting condoms?
- Were there any cases when because of confusion or embarrassment your peer did not get the condom and had an unsafe sexual relation?

Sources of information and their reliability

➤ Has anyone talked to you about abovementioned issues: puberty, HIV/AIDS, STIs, safe sexual relationship?

If yes:

- Who were the people who discussed these issues with you?
- Who provided you with this information: teachers, parents, peers, newspapers, TV, internet or other?
- How interesting was the given information?
- Which particular issue was the most interesting for you?
- How comfortable you felt while talking about abovementioned topics?
- How comfortable you felt during these meetings?

Despite the fact the respondent has received the relevant information or not an interviewer discusses with him/her the following issues:

➤ In your opinion, is it necessary to discuss abovementioned topics among your peers?

If yes:

- In your opinion, why is it necessary to discuss these issues?
- In your opinion, do your peers need to receive this kind of information and do they want to receive it?
- Do you personally want somebody discuss these matters with you?

→ In your opinion, should there be a possibility in schools to receive such information?

➤ **Who are the people you want to get information from?**

→ Do you and your friends prefer to get this kind of information from your peers?

→ Do you and your friends prefer to get this kind of information from your parents?

→ Do you and your friends prefer to get this kind of information from your teachers?

→ Do you and your friends prefer to get this kind of information from the persons who are specialists/experts in the field?

The desirable format for providing information related to reproductive health

➤ **What should be the format of the meetings while discussing these issues?**

→ In which case would you agree to attend the meeting where abovementioned issues are discussed?

→ What kind of environment there should be that you and your peers attend the meeting?

→ Would you feel more comfortable during the meeting if only peers of the same sex are attending?

If yes:

→ Why would you feel more comfortable?

→ What makes you confused?

→ What conditions make you feel more confident in mixed group (when girls and boys are attending the meeting together)?

If the respondent thinks that these kind of educational meetings are not necessary and useful:

➤ **Why do you think that discussion of abovementioned issues and educational meetings are not necessary for your peers?**

→ In your opinion, what would be an advantage of not having such kind of educational meetings and not providing the information on these issues?

→ In your opinion, what would be a disadvantage of not having such kind of educational meetings and not providing the information on these issues?

Interviewer/ Facilitator: Our meeting is over. Thank you very much for participation and sharing your experience and attitudes. Is there anything I did not ask you and you believe is important to discuss?

For facilitator: If the respondent has nothing to add or discuss tell him/her:

If during the next 3 days you have some additional ideas you want to share with us or discuss, please, come or call us. *(For facilitator: Please give the respondent a card where telephone number, address and working hours are indicated).*

Thank you again for participation. We wish you success.

Qualitative research questionnaire for X-XI grades' teachers

Respondent's age: -----

Respondent's sex: -----

Introduction

Interviewer: "Hello. My name is (name and surname) and I represent NGO "TANADGOMA". First of all let me thank you for your time and participation in our research. Before we start the questionnaire let me explain to you briefly the main purpose of our meeting. The goal of this survey is to study and analyze the existing situation regarding reproductive health in secondary schools. The project is funded by Swedish organization RFSU and the project's name is "Timely Intervention for Health". So, our aim is to study the awareness, attitudes, needs related to reproductive health issues and the best ways how to provide this information to young people, their parents and teachers.

We do not intend to estimate your personal level of education and there is no correct or wrong answers to the questions we pose. It is extremely important for us that you share your personal experience, opinions and attitudes regarding adolescents' behavior, habits and their environment. We are interested if they are informed enough regarding puberty and puberty-related physiological or psychological issues, STIs, HIV/AIDS, family planning methods, gender-based discrimination and reproductive health rights. We'll discuss also the ways how to provide the relevant information. To achieve the high quality of our research it's better if you are actively engaged in our discussion. The results of this research will help us to estimate the real situation regarding Reproductive Health and facilitate planning of the related activities. Any of your ideas or opinions is very important for us.

(For interviewer: In case of Focus Group Discussions the facilitator should mention: Participants may have different ideas and we welcome that. It is even better for active engagement. The more different ideas the more active is discussion, and the higher quality of the research).

In case you feel uncomfortable and decide to withdraw, you can do it any time. Our discussion is confidential.

It's difficult to remember all the interviewees and if you do not mind I'll use audio recorder and one of my colleagues (name and surname) will attend our meeting and write down the ideas you will express. That is important to save all important opinions/suggestions and eventually this will help us to analyze the obtained information perfectly. Let us start the interview.

Puberty

➤ What have you heard about puberty?

- What physiological changes can take place in girls during puberty?
- What physiological changes can take place in boys during puberty?
- At what age puberty starts in girls?
- At what age puberty starts in boys?
- Have you heard about menstruation?
- If yes, when it starts and what are the signs of menstruation?

→ What have you heard about puberty related psychological problems?

- In your opinion, has something changed in your students' feelings and emotions after the puberty started? *If yes:*
- What exactly have you noticed?
- Do these changes affect interpersonal relationships of adolescents?

HIV/AIDS

➤ **Have you heard about HIV/AIDS? If yes:**

- What exactly have you heard about HIV/AIDS?
- What is HIV?
- What is AIDS?
- Can you name the ways of HIV transmission?
- Is it possible that a person gets HIV infection through a mosquito bite?
- Is it possible that a person gets HIV infection through sharing meal with HIV positive person?
- Is it possible that a person gets HIV infection through sharing bath or towels?
- Is it possible that a person gets HIV infection while studying together with HIV positive person?
- Is it possible that an HIV positive woman delivers healthy (HIV negative) baby?

If yes:

- What can be done for HIV positive woman to deliver a healthy (HIV negative) baby?

➤ **How can a person know whether she/he is HIV infected or not?**

- Is it visible by appearance whether the person is HIV infected or not?
- Are there any signs or symptoms according to which the person can judge about HIV infection?

➤ **Have you heard about HIV/AIDS testing? If yes:**

- How HIV/AIDS testing can be done?

➤ **Have you heard about HIV/AIDS treatment? If yes:**

- What exactly have you heard about HIV/AIDS treatment?
- Is it possible to cure HIV/AIDS?

➤ **In your opinion, is it possible to prevent HIV? If yes:**

- How is it possible to prevent HIV?
- What a person can do for HIV prevention?

Sexually transmitted infections (STIs)

➤ **Have you heard anything about STIs?**

If yes: (for interviewer: please give a definition of STIs-venereal diseases to the respondent).

- What exactly have you heard about STIs?
- Which STIs do you know? (please name them)

In case the respondent does not know any STIs, please ask him/her about different STIs separately:

- Have you heard anything about Syphilis?
- Have you heard anything about Gonorrhoea?
- Have you heard anything about Chlamydia?

- **What are the symptoms of STIs?**
 - What are the conditions when a person can think that he/she might be infected?
 - Can you name the symptoms of STIs?
 - Is it visible by appearance whether the person is STI infected or not?

- **How can the person know whether she/he is infected by STIs?**
 - How do you think is it necessary to do testing for STI detection?
 - Have any of your friends or acquaintances had any STI (of course I do not need their names)?

- **What are the complications of maltreated or non-treated STIs?**

- **Is it possible to prevent STIs? If yes:**
 - How STIs can be prevented?
 - What a person can do to avoid STIs?

Abortion

- **What have you heard about abortion?**
 - What is an abortion?
 - Can you describe the feeling you get when hearing a word "abortion"?
 - For you an abortion is . . .
 - What is your personal attitude towards abortion?
 - What negative result an abortion can have for women?

- **In your opinion, who is responsible for decision of making an abortion?**
 - Responsible for abortion is a man or a woman?

If respondent thinks that responsible for an abortion is a woman:

 - Why do you think that the responsible for an abortion is a woman?
 - What do you mean by saying that the responsible for making an abortion is a woman?

If respondent thinks that responsible for an abortion is a man:

 - Why do you think that the responsible for an abortion is a man?
 - What do you mean by saying that the responsible for making an abortion is a man?

- For an Interviewer: one of the ways to avoid unwanted pregnancy is abstinence, but in case the adolescent is already sexually active:*

- **How is it possible to avoid an unwanted pregnancy?**
 - What can couple do to avoid an unwanted pregnancy?
 - What are the ways of preventing an unwanted pregnancy?
 - Have you heard anything about contraception?

If yes:

 - About which methods of contraception have you heard?
 - What are the alternative methods of an abortion to avoid an unwanted pregnancy?

For an interviewer: if the theme of condom has not been arisen while discussing HIV/AIDS/STI and abortion please ask the following questions:

For an interviewer: if the topic of condom has not been raised while discussing HIV/AIDS/STI and abortion, please ask the following questions:

- **In your opinion, should adolescents use condoms in order to prevent not only unwanted pregnancies but also STIs and HIV/AIDS? If not:**
- Which way of prevention should sexually active adolescents use in order to prevent unwanted pregnancies, STIs and HIV/AIDS?

Sexual life and safe sex relationship

- **In your opinion, how spread is among adolescents the practice of sexual life?**
- In your opinion, what is the age an adolescent starts sexual life?
- In your opinion, who are more sexually active among adolescents - girls or boys?
If boys:
- Why do you think that boys are more sexually active than girls?
- You think that boys are more active in Georgian reality because of.....
- If girls:*
- Why do you think that girls are more sexually active than boys?
- You think that girls are more active in Georgian reality because of.....

- **Is it any difference in your personal attitude towards girls' and boys' sexual activity?**
- What is your personal attitude when you hear that boys are sexually active?
- What is your personal attitude when you hear that girls are sexually active?
- If the respondent says that there is a difference between his/her attitude to girls' and boys' sexual activity:*
- Why there is this difference in your attitude towards girls and boys sexual activity?
- If the respondent says that there is no difference between his/her attitude to girls' and boys' sexual activity:*
- Why there is similarity in your attitude towards girls' and boys' sexual activity?
- When we speak about girls and boys sexual activity you think that. . . .

Assessment of needs for reproductive health information

- **How do you think do your children need the information about HIV/AIDS and other STIs, family planning methods and safe behaviors? If yes:**
- Why is it important for adolescents to be informed on abovementioned issues?
- Imagine that in front of you is the teacher who thinks that there is no need to provide information about reproductive health issues neither to his/her children nor to other adolescents. What would you tell this teacher, how would you convince him/her?
- If the respondent thinks that there is no need to provide adolescents with this kind of information:*
- **Why do you think that there is no need to discuss with adolescents reproductive health issues?**
- Why adolescents do not need reproductive health information?
- What negative effects can it have if adolescents receive information about reproductive health?

- What positive result can it have if adolescents do not receive information about reproductive health?
- Imagine that in front of you is the teacher who thinks that having information about reproductive health issues is very useful for his/her children and for other adolescents too. What would you say to this teacher?

Sources of information and their reliability

- **Have you personally talked to your students about abovementioned issues: puberty, HIV/AIDS, STIs, safe sexual relations?**

If yes:

- Exactly which issues have you discussed?
- How comfortable did you feel while discussing these matters with your students?
- In your opinion, did your students feel comfortable during discussion?
- Who was initiator of this discussion – you or them?

- **In your opinion, should there be a possibility to receive such kind of information at schools?**

- From whom you prefer your students to receive this kind of information?
- From peers?
- Parents?
- Teachers?
- From people who are the experts of this field?
- Other?

The desirable format for providing information related to reproductive health

- **What should be the appropriate format of the meeting with adolescents while discussing these issues?**
- In which case would you agree that adolescents (your students) attend the meeting where abovementioned issues are discussed?
- Should these meetings be attended only by the adolescents of the same sex - only boys or only girls? *If yes:*
- Why do you think that boys and girls should attend this kind of educational meetings separately?
- Why is it better if adolescents of the same sex attend these educational meetings?
- If the respondent thinks that group should be comprised of both boys and girls together:*
- Why do you think that the group should be mixed (boys and girls together)?
- Why would it better if the group consists of boys and girls together?

Interviewer/ Facilitator: Our meeting is over. Thank you very much for participation and sharing your experience and attitudes. Is there anything I did not ask you and you believe is important to discuss?

For facilitator: If the respondent has nothing to add or discuss tell him/her:

If during the next 3 days you have some additional ideas you want to share with us or discuss, please, come or call us. *(For facilitator: Please give the respondent a card where telephone number, address and working hours are indicated).*

Thank you again for participation. We wish you success.

Qualitative research questionnaire for X-XI grades' students' parents

Respondent's age: -----

Respondent's sex: -----

Introduction

Interviewer: "Hello. My name is (name and surname) and I represent NGO "TANADGOMA". First of all let me thank you for your time and participation in our research. Before we start the questionnaire let me explain to you briefly the main purpose of our meeting. The goal of this survey is to study and analyze the existing situation regarding reproductive health in secondary schools. The project is funded by Swedish organization RFSU and the project's name is "Timely Intervention for Health". So, our aim is to study the awareness, attitudes, needs related to reproductive health issues and the best ways how to provide this information to young people, their parents and teachers.

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(For interviewer: In case of Focus Group Discussions the facilitator should mention: Participants may have different ideas and we welcome that. It is even better for active engagement. The more different ideas the more active is discussion, and the higher quality of the research).

In case you feel uncomfortable and decide to withdraw, you can do it any time. Our discussion is confidential.

It's difficult to remember all the interviewees and if you do not mind I'll use audio recorder and one of my colleagues (name and surname) will attend our meeting and write down the ideas you will express. That is important to save all important opinions/suggestions and eventually this will help us to analyze the obtained information perfectly. Let us start the interview.

Puberty

➤ What have you heard about puberty?

- What physiological changes can take place in girls during puberty?
- What physiological changes can take place in boys during puberty?
- At what age puberty starts in girls?
- At what age puberty starts in boys?
- Have you heard about menstruation?
- If yes, when it starts and what are the signs of menstruation?

→ What have you heard about puberty related psychological problems?

- In your opinion, has something changed in your children's feelings and emotions after the puberty started? *If yes:*
- What exactly have you noticed?

- These changes are....
- Do these changes affect your relationship with your children?
- What feelings do you have while talking about puberty related psychological changes in your children?

HIV/AIDS

- **Have you heard about HIV/AIDS? If yes:**
 - What exactly have you heard about HIV/AIDS?
 - What is HIV?
 - What is AIDS?
 - Can you name the ways of HIV transmission?
 - Is it possible that a person gets HIV infection through a mosquito bite?
 - Is it possible that a person gets HIV infection through sharing meal with HIV positive person?
 - Is it possible that a person gets HIV infection through sharing bath or towels?
 - Is it possible that a person gets HIV infection while studying together with HIV positive person?
 - Is it possible that an HIV positive woman delivers healthy (HIV negative) baby?
- If yes:
 - What can be done for HIV positive woman to deliver a healthy (HIV negative) baby?
- **How can a person know whether she/he is HIV infected or not?**
 - Is it visible by appearance whether the person is HIV infected or not?
 - Are there any signs or symptoms according to which the person can judge about HIV infection?
- **Have you heard about HIV/AIDS testing? If yes:**
 - How HIV/AIDS testing can be done?
- **Have you heard about HIV/AIDS treatment? If yes:**
 - What exactly have you heard about HIV/AIDS treatment?
 - Is it possible to cure HIV/AIDS?
- **In your opinion, is it possible to prevent HIV? If yes:**
 - How is it possible to prevent HIV?
 - What a person can do for HIV prevention?

Sexually transmitted infections (STIs)

- **Have you heard anything about STIs?**
- If yes: (for interviewer: please give a definition of STIs-venereal diseases to the respondent).
 - What exactly have you heard about STIs?
 - Which STIs do you know? (please name them)
- In case the respondent does not know any STIs, please ask him/her about different STIs separately:*
 - Have you heard anything about Syphilis?
 - Have you heard anything about Gonorrhoea?
 - Have you heard anything about Chlamydia?
- **What are the symptoms of STIs?**
 - What are the conditions when a person can think that he/she might be infected?

- Can you name the symptoms of STIs?
- Is it visible by appearance whether the person is STI infected or not?

- **How can the person know whether she/he is infected by STIs?**
- How do you think is it necessary to do testing for STI detection?
- Have any of your friends or acquaintances had any STI (of course I do not need their names)?

- **What are the complications of maltreated or non-treated STIs?**

- **Is it possible to prevent STIs? If yes:**
- How STIs can be prevented?
- What a person can do to avoid STIs?

Abortion

- **What have you heard about abortion?**
- What is an abortion?
- Can you describe the feeling you get when hearing a word "abortion"?
- For you an abortion is . . .
- What is your personal attitude towards abortion?
- What negative result an abortion can have for women?

- **In your opinion, who is responsible for decision of making an abortion?**
- Responsible for abortion is a man or a woman?
- If respondent thinks that responsible for an abortion is a woman:*
- Why do you think that the responsible for an abortion is a woman?
- What do you mean by saying that the responsible for making an abortion is a woman?
- If respondent thinks that responsible for an abortion is a man:*
- Why do you think that the responsible for an abortion is a man?
- What do you mean by saying that the responsible for making an abortion is a man?

For an Interviewer: one of the ways to avoid unwanted pregnancy is abstinence, but in case the adolescent is already sexually active:

- **How is it possible to avoid an unwanted pregnancy?**
- What can couple do to avoid an unwanted pregnancy?
- What are the ways of preventing an unwanted pregnancy?
- Have you heard anything about contraception?
- If yes:*
- About which methods of contraception have you heard?
- What are the alternative methods of an abortion to avoid an unwanted pregnancy?

For an interviewer: if the topic of condom has not been raised while discussing HIV/AIDS/STI and abortion, please ask the following questions:

- **In your opinion, should adolescents use condoms in order to prevent not only unwanted pregnancies but also STIs and HIV/AIDS? If not:**
- Which way of prevention should sexually active adolescents use in order to prevent unwanted pregnancies, STIs and HIV/AIDS?

- **What should parents do if their daughter is pregnant without being married?**
- If the daughter is pregnant without being married should the parents take decision that their daughter has to undergo an abortion? *If yes:*
- Why do you think that the parents should take such decision? *If not:*
- Why parents should not allow their daughter to do an abortion?
- What can you say to the parents who think their daughter should do an abortion in case of pregnancy without being married?

Sexual life and safe sex relationship

- **In your opinion, how spread is among adolescents the practice of sexual life?**
- In your opinion, what is the age an adolescent starts sexual life?
- In your opinion, who are more sexually active among adolescents - girls or boys?
If boys:
- Why do you think that boys are more sexually active than girls?
- You think that boys are more active in Georgian reality because of.....
- If girls:*
- Why do you think that girls are more sexually active than boys?
- You think that girls are more active in Georgian reality because of.....
- **Is it any difference in your personal attitude towards girls' and boys' sexual activity?**
- What is your personal attitude when you hear that boys are sexually active?
- What is your personal attitude when you hear that girls are sexually active?
- If the respondent says that there is a difference between his/her attitude to girls' and boys' sexual activity:*
- Why there is this difference in your attitude towards girls and boys sexual activity?
- If the respondent says that there is no difference between his/her attitude to girls' and boys' sexual activity:*
- Why there is similarity in your attitude towards girls' and boys' sexual activity?
- When we speak about girls and boys sexual activity you think that. . . .

Assessment of needs for reproductive health information

- **How do you think do your children need the information about HIV/AIDS and other STIs, family planning methods and safe behaviors? If yes:**
- Why is it important for adolescents to be informed on abovementioned issues?
- Imagine that in front of you is the parent who thinks that there is no need to provide information about reproductive health issues neither to his/her children nor to other adolescents. What would you tell this parent, how would you convince him/her?

If the respondent thinks that there is no need to provide adolescents with this kind of information:

- **Why do you think that there is no need to discuss with adolescents reproductive health issues?**
- Why adolescents do not need reproductive health information?
- What negative effects can it have if adolescents receive information about reproductive health?
- What positive result can it have if adolescents do not receive information about reproductive health?

- Imagine that in front of you is the parent who thinks that having information about reproductive health issues is very useful for his/her children and for other adolescents too. What would you say to this parent?

Sources of information and their reliability

- **Have you personally talked to you children about abovementioned issues: puberty, HIV/AIDS, STIs, safe sexual relations?**

If yes:

- Exactly which issues have you discussed?
- How comfortable did you feel while discussing these matters with your children?
- In your opinion, did your children/child feel comfortable during discussion?
- Who was initiator of this discussion – you or he/she?

- **In your opinion, should there be a possibility to receive such kind of information at schools?**

- From whom you prefer your children to receive this kind of information?
- From peers?
- Parents?
- Teachers?
- From people who are the experts of this field?
- Other?

The desirable format for providing information related to reproductive health

- **What should be the appropriate format of the meeting with adolescents while discussing these issues?**

- In which case would you agree that adolescents (your children) attend the meeting where abovementioned issues are discussed?
- Should these meetings be attended only by the adolescents of the same sex - only boys or only girls? *If yes:*
- Why do you think that boys and girls should attend this kind of educational meetings separately?
- Why is it better if adolescents of the same sex attend these educational meetings?

If the respondent thinks that group should be comprised of both boys and girls together:

- Why do you think that the group should be mixed (boys and girls together)?
- Why would it better if the group consists of boys and girls together?

Interviewer/ Facilitator: Our meeting is over. Thank you very much for participation and sharing your experience and attitudes. Is there anything I did not ask you and you believe is important to discuss?

For facilitator: If the respondent has nothing to add or discuss tell him/her:

If during the next 3 days you have some additional ideas you want to share with us or discuss, please, come or call us. *(For facilitator: Please give the respondent a card where telephone number, address and working hours are indicated).*

Thank you again for participation. We wish you success.