REPRODUCTIVE HEALTH INITIATIVE FOR YOUTH IN THE SOUTH CAUCASUS

RECOMMENDATIONS

For Policymaking on Youth & Youth Reproductive Health
REPRODUCTIVE HEALTH INITIATIVE FOR YOUTH IN THE SOUTH CAUCASUS

Guram Kiknadze, Givi Javashvili

RECOMMENDATIONS FOR POLICYMAKING ON YOUTH AND YOUTH REPRODUCTIVE HEALTH

TBILISI
2008
The publication has been prepared in the frame of EU/UNFPA co-funded project “Reproductive Health Initiative for Youth in the South Caucasus”

The content of this publication are the sole responsibility of the authors and can be in no way taken as to reflect the views of the European Union and UNFPA.

ISBN 978-9941-0-1614-1
CONTENT

1. INTRODUCTION .................................................................................................................. 4
2. REVIEW OF CURRENT SITUATION IN GEORGIA .......................................................... 5
3. BRIEF REVIEW OF INTERNATIONAL EXPERIENCE .................................................. 18
4. POLICY RECOMMENDATIONS ...................................................................................... 27
5. ABOUT BASIC TERMINOLOGY ....................................................................................... 30
6. RESUME ............................................................................................................................ 31
1. INTRODUCTION

The purpose of this document is to provide recommendations for the interested parties with regard to development and improvement of the policy and legislation related to youth issues in Georgia. In compliance with the objective set by the Customer, the United Nations Population Fund, recommendations shall particularly promote improvement of the current situation existing in the field of youth reproductive health and rights.

Recommendations are based on analysis of the current situation in the country, its needs, achievements, traditions and cultural peculiarities, as well as international experience.

The approach used during preparation of recommendations is not limited only to the issues of reproductive health, but also considers all those factors that, in the long run, will promote formation and development of healthy, socially active youth with responsibility before separate members of the society and the whole society itself. Proceeding from the above, this document covers such issues, as health care, education, professional orientation, employment of youth, development of its individual potential in different fields (sport, art, technology) and its relationship with youth of other countries.

Preface with words said by Ilia Chavchavadze, who underlines importance of “knowledgeable, open-minded, open-hearted men” and the role of school and education in formation of such “men”, has been conditioned by our, possibly wide approach.

By quoting words said by XX century American democrat Thomas O’Neil - “All politics are local” - we wanted to underline importance of needs, peculiarities and cultural traditions of the country and people while determining the policy in any sphere.
2. REVIEW OF CURRENT SITUATION IN GEORGIA

2.1. GENERAL ANALYSIS OF SITUATION AND STATISTICAL DATA

2.1.1. General Demographic Statistics

In accordance with data of Department of Statistics – the state sub-agency organization of the Ministry of Economic Development – by the early 2008 total number of the population in Georgia was 4,382,100\(^1\).

As compared with 1990, population size has been reduced by more that a million, which, together with the marked migration, is conditioned by sharp reduction of birthrate and dropping of natural growth. For example, in 2003 absolute rate of natural growth was only 139 (number of the dead persons subtracted from number of newborns). Fortunately, this number increased up to 8,109 by 2007. Although this figure considerably falls behind the rate of 1990 – 42,094!

Index of natural growth (per thousand population) was 0.0 (null) in 2003, 0.8 – in 2005. This rate increased up to 1.8 in 2007. Moreover, during the same year negative natural growth was registered in three regions of the country: Imereti, Kakheti, Rachana-Lechkhumi and Lower Svaneti. Against the background of increase of natural growth rate, birthrate was not increased significantly. From 2003 to 2007 birthrate per thousand population increased from 10.7 to 11.2. In accordance with the total birthrate index, the country has been marked by much lower birthrate as compared with normal reproductive level – 1,45 children per woman.

In accordance with 2006 data, 60.5 per cent of children born in Georgia falls on the first child, 28.0 per cent – on the second child and only 11.5 per cent - on the third and the following children\(^2\).

It is obvious that general demographic situation in Georgia, from the viewpoint of birthrate and natural growth, still remains heavy in spite of improvement tendency.

Share of children and youth (under age of 25) in population of the country makes up 33.9% in accordance with data of January 1, 2008\(^3\). Furthermore, share of separate age groups is as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged up to 15 years</td>
<td>17.3%</td>
</tr>
<tr>
<td>Aged up to 15-20 years</td>
<td>8.4%</td>
</tr>
<tr>
<td>Aged up to 20-25 years</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

In total, share of persons aged up to 15-25 years makes up 16.6% of the whole population, which in absolute numbers equals to 726,300.

---


\(^{2}\) “For the multiplication of the Georgian People and a populous Georgia - Concept for Demographic Development”. International Charity Foundation of Catholicos-Patriarch of All Georgia for Revival and Development of Spirituality, Culture and Science

\(^{3}\) Health and Health Care in Georgia - Statistical Yearbook; Web page of National Center for Disease Control and Public Health - [http://www.ncdc.ge/W2/Page4_2_ge.htm](http://www.ncdc.ge/W2/Page4_2_ge.htm)
2.1.2. Availability of Education

Education reform in Georgia, namely, introduction of Unified National Examinations and its further improvement has considerably promoted availability of education for those young people, for which getting of higher education was associated with serious obstacles before. For example, for residents of regions, young people from low income families. Statistical analysis of outcomes of Unified National Examinations is indicative of the above-mentioned. For example, in accordance with statistical analysis of 2006 outcomes, 61% of the enrolled falls to the share of persons from regions. Among 4 young persons, who received maximum scores at Unified National Examinations in 2006, 3 persons are from regions, including the person with the highest scores.

It is worth mentioning that transparency and objectivity of Unified National Examinations is of quite a high degree at present, indicative of which is quite low – 0.6 percent of applications for appeal.

It is also important to note the number of student vacancies financed through State Study Grants. At average 8000 young people receives complete or partial tuition from the state annually (in 2006 this figure was 8271).

Growth trend of so called Higher Vocational Education Programs is also worth of mentioning. In 2007-2008 32 educational institutions have offered young people accredited Higher Vocational Education Programs. Duration of these programs is from 3 months up to 2 years and covers wide spectrum of specialties (driver, joiner, fitter, electric welder, stylist, sanitary technician, administrative assistant, seamstresses and knitters, etc). Persons with both secondary and basic education (9 grades) have right to study in the above-mentioned educational institutions. Annual number of persons with secondary education, who fail to enter higher educational institutions varies between 20 000 - 30 000, which is a significant target contingent for higher vocational education. In 2008 vocational education of 2694 persons will be financed from the Central budget.

It is also worth mentioning the efforts of authorities to provide special support for those young people from families living in severe social-economic conditions, who are willing to receive higher education, as well as, for those representing different minority groups⁴, including young people living in conflict zones, representatives of ethничal minorities, young Georgians living abroad, the offspring of families deported from Georgia during the communist regime, residents of high mountain regions.

In accordance with the last year’s (2007) data, 614,700 children study in schools of general education, 17,000 - in intermediate vocational educational institutions, 112,000 students – in higher educational institutions; total number of doctoral candidates equals to 786. Thus, total number of students runs up to 744,500 (16.92% of the total population).

---

⁴ Resolution No.29 of Government of Georgia, dated April 23, 2004
2.1.3 Youth Employment

Unemployment rate in Georgia is higher as compared with the relevant Western European, as well as pan-European and CIS (Commonwealth of Independent States) rates (data of 2005): Georgia – 13.8%, Europe – 9.29%, CIS – 6.25%.

Besides, in accordance with Trade Unions Confederation of Georgia data\(^5\), which is based on official statistics, share of youth in total employment exceeds 7%. Unemployment in this age group twice and more exceeds total unemployment rate existing in the country. It is also worth mentioning, that absolute majority of unemployed youth has never worked before (73-74%).

The above-mentioned can mostly be explained by the fact, that big portion of persons of this age is engaged in studies. On the other hand, there is a lack of working places suitable for youth engaged in studies (part-time employment in second half of the day, distance work, work during weekends, etc). The following statistics is also indicative of the existing situation: majority of the employed youth is self-employed (77.4%) and only 22.6% works through hiring.

2.1.4 Marriage, reproductive behavior, birthrate

In accordance with outcomes of women’s reproductive health survey (2005)\(^6\), the average age for marriage is 21.6 and median age for the first childbirth is 23.2.

Every sixth out of women at the age of 15-19 is married. Rate of marriage among women at the age of 20-24 is 40%, whereas 68% - at the age of 25-29.

91% of respondent women point out that the first sexual intercourse they ever had was with their spouses.

The higher birthrate index falls on age groups of 20-24 and 25-29. In general, the highest birthrate index among women with higher education is observed at the age of 25-29, while among women with lower level of education, the highest birthrate index falls on age groups of 20-24. Also, birthrate indicator is the highest among women at the age of 24 living in villages, and among Azerbaijani and Armenian women.

2.1.5 Sexually transmitted diseases

15070 women and 142 men have been examined for sexually transmitted diseases, in total 15 194 cases, which is by 1.7% less as compared with 2006. 44 cases of syphilis, 20 cases of gonorrhea, 412 cases of chlamydia, 2298 cases of trichomoniasis, 1956 cases of bacterial vaginosis and 617 cases of papiloma virus have been registered.

\(^5\) see relevant web page (regarding importance of youth employment): http://www.gtuc.ge/cms/index.php?option=com_content&view=article&id=34&Itemid=5&lang=ka

2.1.6. Maternal and Child Health Care

Rate of maternal mortality in Georgia (per 100 000 newborns) is much higher as compared with the relevant average European rate and the rate of European Union countries. In Georgia the rate is 20.2, in European region -12.77, while it is 6.2 in European Union and 27.5 in CIS.

In accordance with outcomes of women’s reproductive health survey, rate of using prenatal medical services is quite high; in particular, 95% of women had at least one prenatal examination. Besides, starting of visits during the first trimester was more frequent in urban as compared with village areas (79% and 63%). The mentioned rate was the highest in Tbilisi (84%).

75% of pregnant had four or more prenatal examinations. Percentage rate was lower in rural as compared with urban areas (64% and 86%).

2.1.7. About abortion

In 2007 total number of artificial abortions was 20,644, 2.9% of which (597 cases) falls on the share of the first pregnancy terminations. 2 cases of illegal abortions have been registered. The number of abortions among women aged up to 15 was 7 and 748 – among women aged up to 15-19.

It is worth mentioning that number of abortions per 1000 live newborns in our country – 417.25 is higher in comparison with pan-European (i.e. “expanded” European region) rate – 391.56 (2006 data). Frequency of abortions in the countries of European Union is even lower – 264.4 per 1000 live newborns. In such Western European countries as Germany and Finland the rate is lower as compared with pan-European rate, 177.95 and 180.91 accordingly. It is especially low in Greece - 113.47 and in Poland - 0.91. In latter such a low number can be explained by the applicable legislation.

It should be noted that in Georgia, as opposed to other countries, the number of abortions among women aged up to 20 is still low. This rate is 208.35 per 1000 live newborns. For comparison, the same rate in Finland is 1475.5, in France – 1883.26, in Italy – 1145.26. In orthodox European countries like Greece, Serbia the same rate is even lower as compared with Georgia, 86-54 and 196.47 accordingly.

Proceeding from the above-mentioned data, we can conclude that the total number of abortions in Western European countries (per 1000 live newborns) is considerably low in comparison with Georgia. Moreover, in Western Europe the share of abortions among women aged up to 20 years is exceptionally high, as opposed to Georgia, where this data is much lower in comparison with the Western European rate.

At the end, while interpreting statistical data, it shall be considered that in our country official statistical data on abortion is lower as opposed to real data, recorded during different opinion

7 WHO Regional Office for Europe. European health for all database, www.euro.who.int/HFADB
surveys. For example, aggregate coefficient of abortions revealed by women’s reproductive health survey\(^8\), 6 times exceeds official data of 2002-2004.

### 2.1.8. *Use of contraceptives*

In accordance with official statistical data, intrauterine contraceptive means were placed in 2407 women. By the end of the 2007 year 7548 women were registered. Hormonal contraceptive means were used by 9541 women.

In accordance with women’s reproductive health survey\(^8\), the number of women who have never used contraception is quite high - 58%. The highest rate of contraceptives use (used whenever) was recorded among women, who already had desirable number of children. 47% of married women use contraception.

### 2.1.9. *Religious demography*

In accordance with Report on Religious Freedom\(^9\) prepared by the Embassy of the United States of America in Georgia, the majority of ethnical Georgians out of 4.4 million Georgian population (80% of population, in accordance with 2002 population census), consider themselves, at least verbally, parishioners of Georgian Orthodox Church.

About 10% of Georgian population is Muslims – ethnical Azerbaijanis, ethnical Georgian (Adjarian) Muslims and ethnical Chechen Chists. Then, based on numbers, Catholics -35,000 (mainly ethnical Georgians and Assyrians), Kurds Azidis - 18,000, Orthodox Greeks – 15,000, Jewish - 10,000. About 1% of the population is Protestants and followers of non-traditional religion.

In accordance with women’s reproductive health survey\(^8\) (among respondent women at the age of 15-44), Georgian Orthodox believers make up 80.1%, the share of Orthodox believers of other nationalities is 5.3%, Muslims are 13%, the rest -1.5% falls on the followers of other religions and non-religious people. It is worth mentioning, that religious considerations were important for 50% of respondent women while making decision on selecting traditional methods of contraception. This percent among women with higher education makes up 58%. It is also noteworthy, that share of those women, choices of which are influenced by religious considerations has been increased from 23% up to 50% since 1999. Percentage of those women among Georgians, which do not use modern methods of contraception due to religious considerations and instead prefer to use traditional methods makes up 52%.

---


2.1.10 Involvement of Youth in Social Life

Exact statistical data on involvement of youth in social and political life do not exist. The state tries to finance some programs for youth activation, the indicative of which is financing of certain events and projects (see below Section “About Resources and Financing of Different Programs”).

One of the most tangible expressions of youth involvement is its participation in so called Student Councils, which are cooperating with the authorities of higher educational institutions. Establishment of such councils was facilitated by law on Higher Education adopted in 2004.

2.2. LEGISLATION

2.2.1. Law of Georgia on State Support of Children’s and Youth Unions

Law specifies the essence, principles and forms of state support and assistance for Children’s and Youth Unions. In the end, its purpose is to facilitate improvement of economical and organizational conditions of such Unions, promotion of their activities and creation of legal guarantees.

The law interprets Youth Union as not-for-profit (non-commercial) legal entity, with 2/3 of members aged up to 26, having common interests and united for protection of their rights and freedom.

One of the main principles of the Law is consideration of independence of the above-mentioned unions while implementing the state supporting arrangements.

According to the law, Children’s and Youth Unions can carry out activities as follows:

a) to provide information to President of Georgia and relevant executive authorities regarding situation existing in the country in terms of protection of children’s and youth rights;

b) to propose to the subjects having legislative initiative to make amendments to Georgian laws and other normative acts, considering children’s and youth interests;

c) to participate in elaboration, discussion and implementing of state programs in the field of youth policy.

The main agencies implementing and coordinating arrangements supporting Children’s and Youth Unions are State Department of Youth Affairs and its territorial bodies. The forms of support of Children’s and Youth Unions pointed out by the law are as follows:

• informing these unions about arrangements provided by the state youth policy;
• capacity-building of Children’s and Youth Unions by means of organizing “trainings-seminars”.
• their involvement in implementing programs worked out in the field of youth policy;
• support of the projects developed by Children’s and Youth Unions;
The law provides for development of the register for Children’s and Youth Unions. Being recorded in the register is indispensable condition for using the state support. Department of Youth Affairs of Georgia is tasked to develop the register.

### 2.2.2. Law on Protection of Minors from Harmful Effect

Purpose of the law is to protect minors from harmful effect, which could be connected with movies screenings, printed production, consumption of alcoholic drinks and tobacco, as well as participation in gaming.

This law should have had quite positive influence on undesirable effect of mass media on minors. Unfortunately, this expectation was justified only partially, since full effectiveness of “restriction on movies screenings and dissemination of printed production having harmful effect on minors”, provided by Section III of the law was not promoted and real protection mechanisms for protection from mass media production having harmful effect on mental health of children and adolescents were not developed and put into effect.

National Council of Bioethics existing at the Ministry of Labor, Health and Social Affairs of Georgia had separate meeting for discussing this issue and prepared recommendation, in accordance with which, it is necessary to put the above-mentioned effect in place objectively. “For this purpose it is advisable to establish interagency commission involving representatives of the Ministry of Education and Science, the Ministry of Labor, Health and Social Affairs, Parliament of Georgia and other interested parties. The function of the commission will be improvement of legislation regulating issues having harmful effect on minors’ health, promotion of its implementation and supervision”.

### 2.2.3. Law on Higher Education and Law on Vocational Education

The significant reform was carried out in the fields of higher education and vocational education by adoption of the above-mentioned laws. Education system has rather approximated to Westerns standards.

Law on Higher Education determined all aspects of fundamental reform carried out in the field of higher education by specifying stages of higher education, modern system of academic degrees, titles, positions, types of higher educational institutions, grants principle of financing and introducing Unified National Examinations, etc.

As the above-mentioned law became effective (December of 2004) and the reform started, the system of students’ enrolment in higher educational institutions became more objective, transparent, accessible to everyone, on the one hand, and structure of higher educational system and higher educational institutions and types of management were formed in more democratic form, on the other hand.

The law also defines rights of the student. This implies independence, freedom of expressing his/her own opinion, participating in management of higher educational institutions and students self-government, establishing of student organizations, obtaining of detailed information regarding activities of educational institutions, including information on financial activities, participating in the process of selecting curricula, working out of individual curricula, etc.

---

10 Conclusion of National Council of Bioethics on Sexual Education of Youth and Anti-drug Campaigns, June 26, 2006
2.2.4. Laws in the field of Health Care

Health Care legislation in Georgia creates basis for protection of human rights in the field of health care, which mainly corresponds to modern international standards, also, for development of safe and quality medical service. In this respect, the following laws are noteworthy:

„On Health Care”;
„On Rights of Patient”;
„On Medical Activities”;
„On Public Health”;

While reviewing legislation in the field of health and rights, the special attention shall be paid to international treaties and conventions, which are ratified by Georgia, including Convention of the European Council “On Human Rights and Biomedicine” and its additional protocols.

2.2.5 Order of the Ministry of Culture, Monuments Protection and Sports
“On Approval of Regulations of Children’s and Youth Unions’ Register”

Preparation of the relevant regulations and development of the register is stipulated by Law of Georgia “On State Support of Children’s and Youth Unions”. The purpose of introducing the register is registration of all those Unions, which, in compliance with the above-mentioned law, are relevant to interpretation of Children’s and Youth Union. The state provides organizations recorded in the register with relevant support (see section 2.3.1). Conditions and procedures for recording in the register are defined by regulations.

2.3. STATE STRUCTURES WORKING ON YOUTH ISSUES

2.3.1. Department of Sports and Youth Affairs of Georgia

Department of Sports and Youth Affairs is state sub-agency organization of the Ministry of Culture, Monuments Protection and Sports. The main objective of the Department is implementation of the state policy in the field of Sports and Youth.

There is a separate structure in the Department working on youth issues – Office of Youth Affairs.

Activities of the Department with regard to youth issues cover the following components:

• coordination of the state policy in the relevant field;
• participation in protection of rights of youth and young families, their consultation and assistance;

11 Newly prepared draft law “On Acquired Immune Deficiency Syndrome/AIDS” is under discussion
- preparation of proposal for development of the relevant legislative basis;
- establishment of the control over children’s labor activity, ensuring creation of conditions promoting involvement of sick, children with disabilities and youth in social life;
- consulting those organizations and private persons, whose activities concern children, youth and young families;
- coordinating cooperation between youth and children’s organizations of Georgia, study of their objectives, activities and problems, as well as coordinating of the state support, protection of their rights and interests;
- participating in solving social and other problems of children and youth of Georgia;
- participating in fight against criminality, drug addiction, alcoholism, prostitution among youth (within its competence);
- organizing invitations of experts, including foreign experts, and organization of seminars, different conferences, as well as charity events;
- establishing connection with similar structures of other countries;
- coordinating the state support for gifted children and youth;
- promoting strengthening of youth contacts with compatriots living abroad;
- elaborating the state programs in scientific-educational field, oriented on children and youth and their submission to the relevant ministries and state structures;
- promoting organization of leisure time of adolescents and youth and establishment of healthy lifestyle;
- establishing relationship and cooperation with young representatives of culture and sports, coordinating their support on the part of the state;
- supporting different initiative groups in organizing massive youth events;
- elaborating and participating in implementing the state programs aimed at resolving of children and youth related issues;
- promoting scientific research of youth issues;
- participating in military-patriotic events and working in commissions calling youth of paramilitary age for military service;
- analysis of social-economic situation existing among young people;
- cooperating with institutions of executive authority for implementing the State Youth Policy.

The actual coordinator and director of the above-mentioned activities is Office of Youth Affairs of the Department.
2.3.2. **Tbilisi City Assembly Interim Commission studying Youth Affairs**

In accordance with Resolution No.3-7, dated March 21, 2008, regulations of Tbilisi City Assembly Interim Commission studying Youth Affairs were approved. The commission consisting of members of the Assembly should promote rehabilitation and development of youth infrastructure facilities, legal, economic and social support of youth, including their employment.

2.3.3 **Legal Entity of Public Law “Children’s and Youth National Center”**

Legal entity of public law “Children’s and Youth National Center” was established by the Order of the President of Georgia No.617, dated November 5, 2007 on the basis of legal entity of public law -“Children’s Federation of Georgia”.

The state control over the Center is implemented by the Ministry of Culture, Monuments Protection and Sports of Georgia, which was also tasked to prepare regulations and assign the person authorized for Center’s representation.

Regulations of the Center were approved by Order No.3/17 dated February 19, 2008 of the Ministry of Culture, Monuments Protection and Sports of Georgia. The Center, in compliance with main directions of the State Youth Policy, creates favorable conditions throughout the country for revelation, formation and improvement of intellectual, spiritual and physical potential of youth; implements measures relevant to requirements of UN “International Convention on Children’s Rights”; supervises condition of children and youth of the country and prepares relevant reports; also, carries out other activities, which are aimed at development of children and youth and resolving their problems.

2.3.4 **Legal Entity of Public Law – Children’s and Youth Center “Vartsikhe”**

Legal entity of public law - Children’s and Youth Center “Vartsikhe” was established by President’s Order No.831 dated October 17, 2005. The Center was established on the basis of the governmental residence complex located in village Vartsikhe, Bagdadi region.

The Ministry of Culture, Monuments Protection and Sports of Georgia was tasked to implement state control over the Center, prepare regulations and assign a person authorized for Center’s representation.

The Ministry of Economic Development of Georgia was also tasked to ensure transfer of the above-mentioned governmental residence complex and its real estate to the Center’s balance.

The purpose of the Center is to promote intellectual, spiritual and physical development of children and youth. The Center, in accordance with its regulations (approved by Order No. 3/626, dated December 13, 2005 of the Ministry of Culture, Monuments Protection and Sports of Georgia), shall participate in implementing state programs oriented on resolving the issues related to children and youth, promote revelation of capabilities of gifted children and youth, as well as organization of different seminars, conferences, festivals and other events, the final purpose of which is development of children and youth and solving of their problems.
2.3.5 Department of Youth Affairs of the Ministry of Education and Culture of Autonomous Republic of Abkhazia

On the basis of the relevant Order\textsuperscript{12}, Government of Abkhazia established the state policy implementing structure in the field of children’s and youth affairs – Department of Youth Affairs, which is sub-division of the Ministry of Education and Culture of Autonomous Republic of Abkhazia.

 Practically, the above-mentioned Department existing within the Government of Autonomous Republic of Abkhazia is similar to the Department of Sports and Youth Affairs of Georgia (state sub-agency organization of the Ministry of Culture, Monuments Protection and Sports). Accordingly, its functions and objectives almost coincide with functions and objectives of the above-mentioned Department (see above).

2.4. ABOUT RESOURCES AND FINANCING OF DIFFERENT PROGRAMS

*Amid lack of resources, the state has to make very difficult decisions with the view of redistribution of as it is limited amount of financing on different priorities for solving youth-related problems.*

In connection with the above-mentioned, programs worked out and financed in the fields of education, science, health care and employment are of particular importance.

In 2003-2006 financing allocated by the state for education increased from 171.7 million GEL up to 450 million GEL, including 269 million GEL allocated for financing of general education in 2006.

Primary, basic, secondary and higher education is being financed by the state, as well as vocational and higher vocational education on the basis of the relevant programs. It is worth mentioning, that the reform implemented in this field from organizational and financial viewpoint promotes accessibility of all forms of education for children and youth.

Every year over 8000 young people receive full or partial tuition from the state for getting higher education.

Special attention shall be paid to special program worked out for development and promotion of vocational education – Program for Promotion of Vocational Education in Georgia – for which 8,700,000.00 GEL have been allocated. 2694 students will get so called “vocational education” at the expense of the state within the above-mentioned program.

Priority ranking of population health, including children’s and youth health is indicated by increased financing of the state programs oriented on this part of population. In 2008 overall budget of the country on health care, social field and employment was estimated at one milliard two hundred sixty million (1,260,000,000.00) GEL. Part of this financing was directed to “State Program for Primary Health Care” (which covers free visits to family doctor, financing of antenatal and postnatal supervision, immunization, supervision of infectious diseases, etc.), “Medical Care Component for People below the Poverty Line”, “State Program for Prevention of Diseases” and its sub-components regarding preventive measures for sexually transmitted diseases, AIDS, drug addiction, establishment of health lifestyle.

\textsuperscript{12} Order No.356 of Government of Abkhazia, dated August 02, 2007 on “Approval of Regulations of Department of Youth Affairs of the Ministry of Education and Culture of Autonomous Republic of Abkhazia”
Based on analysis of decrees of President of Georgia and the Government, it is obvious that the Government tries to focus attention on youth issues and its upbringing-education-development. In particular, based on the above-mentioned decrees, youth cultural events (youth days, financing of experimental movie group), Presidential National Program “Gift for Children”, construction of swimming pool in conflict zone (village Tamarasheni), construction of ski complex and development of the relevant infrastructure in Upper Abkhazia, construction of the main summer youth camp on the territory of Upper Abkhazia, rewarding Georgian National Team members, trainers and medical personnel, who obtained medal places at main competitions of Olympic types of sport (the World and European Championships) with cash prizes, sending some sportsmen abroad for training, etc. were financed by the state budget in 2002-2007.

2.5. INTERNATIONAL FOUNDATION OF THE CATHOLICOS-PATRIARCH OF ALL GEORGIA – CONCEPT OF DEMOGRAPHIC DEVELOPMENT

For improvement of hard demographic condition existing in Georgia (see Section 2.1.1. “Demographic Statistics”), with initiative and blessing of Catholicos-Patriarch of Georgia, His Holiness and Beatitude Ilia II, International Foundation of the Catholicos-Patriarch of All Georgia worked out a concept “For the multiplication of the Georgian People and a populous Georgia”, which is also known as “Concept for Demographic Development”.

Representatives from Institute of Demography and Sociology, Society of Demographs, Cultural Study Center and International Foundation of Patriarch were involved in working out of the concept.

Besides, propaganda model (project) of demographic policy was developed by Cultural Study Center – “Social-psychological and cultural aspects of demographic behavior – research for an efficient propaganda of demographic policy”.

The above project is based on the following regulations:

a) efforts taken for the solving of demographic problems should primarily be oriented towards the formation of demographic behavior;

b) the motivation for increasing the number of desirable children should be carried out on a family/individual level;

c) the priority of the research is understanding the local (Georgian) social-cultural context;

d) it is necessary to research/study the essential cultural-mental attitudes and orientations.

Board of the Foundation of the Catholicos-Patriarch of All Georgia presided by Catholicos-Patriarch considered and unanimously approved the above-mentioned project at a session on March 05, 2008.

---


14 “For the multiplication of the Georgian People and a populous Georgia - Concept for Demographic Development”. International Charity Foundation of Catholicos – Patriarch of All Georgia for Revival and Development of Spirituality, Culture and Science
It is pointed out in the concept of demographic development that depopulation of Georgia is going on against a background of rapid growth of the World’s population. In accordance with predictive calculation, Georgian population will come down to 3-3.3 millions by 2050.

Besides, as it is indicated in the section of the document reviewing existing situation, depopulation in Georgia mostly concerns Georgians and “demographic policy with regard to National Security shall be aimed at population upsurge in the whole country, but Georgians and Abkhazians shall become the main reference points, since they face a real challenge of physical survival”.

In order to solve the above-mentioned problem the authors of the concept consider it necessary to take measures at so called macro (society), meso (youth, women, the elderly, etc) and micro (family and person) levels. In accordance with the concept, strategic objectives of the integral social-demographic policy, as of the system, shall be as follows:

**at macro level**  -  overcoming of poverty in the country; optimization of generations renewal; strengthening of health and increasing of life expectancy by establishing healthy life style of population and rising of self-care (self-support) behavior; promoting development of young families, strengthening the family; rationalization of migratory processes and improvement of settlement system; taking measures relevant to requirements of ecological demography, etc.

**at meso level**  –  solving of youth problems; activation of elderly people; overcoming women’s social-demographic problems; improvement of international relations; diversifying of social-cultural arrangements, etc.

**at macro level**  –  motivating potential of family independence and self-development; developing state, including regional programs for social security of the family and realizing public assistance; establishment of desirable environment in the family for realizing marriage-family relations, reproductive, self-care, educational, cultural and other functions; widespread adoption and development of family planning methods; formation and development of social services for the family.

The concept pays particular attention to the below listed issues, which are aimed at growth of birthrate and improvement of demographic condition:

- development of sentiment for need of having “necessary” children and, thereto, application of educational-psychological method;
- ensuring improvement of social-economical conditions necessary for implementation of already existing “need for having children” and, thereto, taking medical, material, social, legal and other measures;
- reduction of secondary infertility and, thereto, establishment of Unified National Service for voluntary family planning and barrenness, promotion of inevitability of birthrate regulation;
- measures directed towards strengthening of population health and increase of life expectancy, with particular focus on health care of mothers, children, adolescents, pregnant women, etc.
- promotion of development of stable families, with particular accent on young families, their social-psychological adaptation under conditions of market economy, employment, development of small and medium family businesses.

- Rationalization of migration, with special attention paid to youth employment and settling of their problems.

It is worth mentioning, that with regard to developing stable families, the concept points out that "training course on family issues shall be introduced in schools and higher educational institutions".

It is noteworthy that the initiative is brought up in the concept with regard to developing legal framework for support of families. In particular, it is indicated that legal framework for family policy of Georgia shall be developed, by taking the following issues into account:

- proceeding from Constitution of Georgia, orientation of social policy on the family. For this purpose, the family policy, as priority direction of the state shall be legally implemented, the state security indicators in this field shall be defined;

- legal safeguards for social services networks supporting family for multi-profile social service;

- law, in accordance with which motherhood years for those mothers, who are raising three and more children shall be considered as time in employment until their youngest child reaches 16 years of age;

- status of the family (having many children, young, unwed, etc.);

- family legislative concept, considering modern life requirements and experience of foreign countries.”

Thus, resolution of the youth issues, support of young families and development of stable families, in general, health care of mothers, children and adolescents, including care for especially vulnerable, unprotected persons (disabled people, orphan, unsupervised children, as well as children from internally displaced families) is given important place in the concept of demographic development.

At the end, hard demographic condition of ethnical Georgians and Abkhazians, put forward in the concept, shall be pointed out one more time.

3. BRIEF REVIEW OF INTERNATIONAL EXPERIENCE

3.1. EUROPEAN UNION

At present European Union pays big attention to youth issues. Arising of youth issue in the policy of European Union is connected with Maastricht Treaty (1993). In accordance with Article 149 of this Treaty, European Union shall promote “youth exchange and exchange of social-educational instructors”.

Until 2001, institutions of European Union were mainly focused on implementation of the specific youth programs (for example, “Youth for Europe”, which started in 1998). Moreover, the need for more active participation of youth was marked out.
Later, European Commission decided to establish more actual cooperation for the following decades. For this purpose, European Commission worked out a special document on youth *(White Paper on Youth)*, which was adopted in 2001. Four priority directions determined by this document are as follows:

- Participation;
- Information;
- Voluntary activities (voluntariness);
- Better understanding and more knowledge about youth.

With the same document it was proposed to consider youth factor while making policy in other fields like, for example, education, training, employment, social involvement, health, antidiscrimination, etc.

Based on the above-mentioned document, in June of 2002 Council of Europe defined bases of European cooperation in the field of youth. Later on, it was formed as “European Youth Pact”, which covers three core directions as follows:

- **Active citizenship of youth**: The *Youth in Action Programme*, so called *Youth Portal* and *The European Knowledge Center for Youth Policy* are active in this field. Besides, so called “structured dialogue” was established, the purpose of which is involvement of youth in discussions and debates about problems existing in Europe.

- **Social and Occupational Integration of Youth**: This direction implies improvement of youth education and their better preparation for occupation, also, social inclusion of young Europeans; it tries to promote intercombination of work (job), on the one hand, and family life, on the other hand.

- **Involvement of the youth factor in policies of other fields**: First of all this implies involvement of youth in policymaking of such fields, as anti-discrimination and health;

In addition to the above-mentioned, European Union promotes mobility of young citizens and broadening of their knowledge by informal ways of educating.

While working on youth issues, the main partner of European Union institutions is *European Youth Forum*.

Core components of youth social and occupational integration are as follows:

- employment and social integration;
- education, preparation and mobility;
- intercombination of work and family life;

It is recognised that European Youth Pact played important role in bringing up and resolving the youth issues in Europe. Constant consultations with youth are going on over the Pact by means of the above-mentioned “structured dialogue”. The importance of “structured dialogue”
was even more strengthened by special address\textsuperscript{15} made by the European Commission “On promotion of full participation of youth in education, employment and society”, adopted in September 2007.

Within framework of “structured dialogue”, the European commission will select a subject (for example, “Future challenges/priorities for youth” – subject selected in April, 2008) and define cycle of different activities, the purpose of which is investigating youth opinions and considerations by means of constructive dialogue and consultations, organizing meetings. After completion of one “subject cycle” (cycle on the above-mentioned subject will last until November 2009), new subject will be defined and relevant activities will be planned.

As we know, the European Union also cooperates with Georgia with regard to youth issues. In particular, within framework of the above-mentioned the \textbf{Youth in Action Programme}, the European Union financed several youth non-governmental organizations operating in Georgia. The programs on issues of reproductive health and continuous education are also led by representation of the European Commission in Georgia. At the end, Georgia is involved in programs of the \textbf{European Neighbouring Policy}.

3.2 COUNCIL OF EUROPE


In the above-mentioned recommendation, Parliamentary Assembly underlines importance of involvement of youth in the activities of the European Council, especially of those young people, who are not members of worldwide known organizations, also of youth from relatively vulnerable regions. Therefore, it recommends establishment-development of local youth forums and councils. Local authorities and youth organizations having national representations shall participate in the above process.

3.3 THE UNITED NATIONS ORGANIZATION IN GEORGIA

\textit{The United Nations Organization (UN) in Georgia has been implementing various programs via its agencies, funds and permanent representations of separate programs.}

\textit{The United Nations identifies five critical areas in the UN Development Assistance Framework (UNDAF) for work in Georgia in 2006-2010. All of them, especially the first 3 directions are important with respect to the youth related issues. There directions are\textsuperscript{16}:}

\begin{itemize}
  \item Poverty – Reducing the number of households living in poverty through helping people realize their economic potential and ensuring their social welfare;
  \item Governance – Strengthening the efficiency and accountability of governance structures at the central and local levels and promoting inclusive and participatory decision-making;
  \item Basic Social Services – Ensuring increase and equal access to quality basic service and community-based child/family welfare services;
\end{itemize}

\textsuperscript{15} “Promoting Young People's Full Participation in Education, Employment and Society”; Communication From the Commission to the European Parliament, the Council, the European Economic and Social Committee And the Committee of The Regions; Commission of The European Communities, Brussels, 5.9.2007; Com (2007) 498 Final;

\textsuperscript{16} Web site “The UN in Georgia” \texttt{http://www.ungeorgia.ge}
- Volatility and Instability – Reducing the risk and impact of man-made and natural disasters;
- Environment – Demonstrating progress towards ensuring environmental sustainability.

3.3.1 The United Nations Population Fund (UNFPA)

The purpose of the United Nations Population Fund is to promote strengthening rights of women, men and children, establish healthy life and equal opportunities. In general, the Fund is oriented on such programs, which will facilitate to overcome poverty and “to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and that every girl and women is treated with dignity and respect”.\(^{17}\)

UNFPA established its country office in Georgia in 1999 and expanded its operations by funding programs and independent projects focused on reproductive health.

At present UNFPA supports the Georgian Government in the implementation of the International Conference on Population and Development (ICPD) Program of Action and Millennium Development Goals.

The goal of the UNFPA Country Program is to contribute to improving the quality of life of the people of Georgia. The program has three core components:

- Reproductive Health
- Population and Development
- Gender

**Reproductive Health Component** implies provision of full information and service about reproductive health; support of the Ministry of Health, Labor and Social Affairs in improvement of reproductive health policy, standards and systems. The component also covers early detection, treatment and prevention of oncological diseases of reproductive system and improvement of reproductive health service in the region of Abkhazia.

**Population and Development Component** implies improvement of Millennium Development Goals monitoring system and instruments.

Within Gender **Component** - Evaluation of Domestic Violence in Georgia - joint project of UN agencies is being implemented. UNFPA tries to promote gender equality through increasing of awareness, strengthening of institutional mechanisms and capacity building\(^{18}\).

\(^{17}\)“The UN in Georgia” (The United Nations Population Fund) [http://www.ungeorgia.ge/geo/UNFPA.php](http://www.ungeorgia.ge/geo/UNFPA.php)

\(^{18}\)[http://tsc.unfpa.org/main.htm](http://tsc.unfpa.org/main.htm)
3.3.2 **The United Nations Children’s Fund (UNICEF)**

The United Nations Children’s Fund (UNICEF) supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence, exploitation, and HIV/AIDS. The UN is the World’s largest provider of vaccines for Georgia and absolute majority of developing countries.

UNICEF Georgia, in collaboration with other UN agencies, supports the government of Georgia in achieving **Millennium Development Goals (MDGs)** and carrying out national social reform in the area of child care, health and education. All directions of UNICEF Georgia are associated with solving the youth problems existing in the country.

UNICEF Georgia pays special attention to the following directions:

- Increase access and quality of maternal and child health and nutrition services;
- Protection for the most vulnerable children and young people from violence, abuse and exploitation;
- Strengthening of partnerships at all levels to support the development and implementation of pro-poor social policies.

3.3.3 **The World Health Organization (WHO)**

Conceptional bases of the position and guidelines of World Health Organization (WHO) European Bureau in the field of health, in general, and sexual and reproductive health, in particular, are as follows:

- **The World Health Declaration**, the World Health Assembly, 1998;
- **Health 21, Health for All, Policy for European Region**: WHO, Copenhagen, 1999;

Out of the above-mentioned conceptional documents, the following guidelines are especially important in relation to issues of sexual and reproductive health in Europe:

- Health, as fundamental human right and universal accessibility of health services, including reproductive health services, which covers family planning and sexual health; legal equality of men and women in this context;
- Right of the countries to implement recommendations provided by WHO so, that to ensure, that religious and ethical values and cultural peculiarities of this country’s population are respected and, that they are relevant with universally recognized human rights;
- Recognition of concepts of equality, solidarity and social equity and consideration of gender perspective in strategies of sexual and reproductive health;
- Building of all health care services upon scientific evidences within limits of accessibility and ensuring sustainability of these services;
- Ensuring accessibility of primary health care in compliance with descriptions represented in Almaty Declaration;
- Participation of individuals, groups and communities, institutions, organizations and sectors and responsibility for health care and promotion.

At present the main objective of WHO in Europe in the field of sexual and reproductive health is to support the Member States, so that they can ensure protection of sexual and reproductive rights of population, significant improvement of their sexual and reproductive health, establishment of solidarity on European scale in order to decrease difference existing between Western and Eastern Europe, on the one hand, and Central and Eastern Europe, on the other hand, and reduce inequality in some European countries.

For achieving the above-mentioned objective, WHO European Bureau has worked out strategic document, which covers objectives and targets in 10 main directions as follows:

1. Reproductive choice;
2. Safe motherhood;
3. Control of Sexually Transmitted Diseases and AIDS;
4. Sexual Violence;
5. Trafficking in women;
6. Breast Cancer;
7. Youth Sexual and Reproductive Health;
8. Refugees and Internally Displaced Persons;
9. Migrant population;
10. Elderly.

3.4. SOME STATE AND NON-GOVERMENTAL STRUCTURES WORKING ON POLICYMAKING

3.4.1 Center for Health Improvement (USA)

As it is pointed out in one of the recommendations of the Center, for formation of healthy youth it is necessary to work in five main directions:

- Formation of intelligence;
- Physical development, physical health;
- Development of communications, formation of social and cooperation skills;
- Work, job, development of practical skills;

---

- Involvement in social, civil activities.

The policy proposed by this organization covers three core components\textsuperscript{20} for preventing undesirable pregnancy during teen-age:
- Broad sexual education;
- Availability of contraceptives and reproductive health services;
- Youth development;

Sexual education shall also cover issues regarding importance of abstinence\textsuperscript{21}.

As for development of youth, part of the programs developed in this direction showed fairly good outcomes in the context of pregnancy reduction among teens and prevention of undesirable sexual life\textsuperscript{22,23}. Such programs cover preparation for future professional activities, establishment of youth organizations and employment in those, education and consulting of peers, their involvement in social services, organization and participation in health improvement programs, etc. School, community, employer and authorities shall be involved in organizing of such programs.

**BREIF REVW OF FOREIGN LITERATURE REPRESENTING YOUTH POLICY AND STRATEGY ON SOME ISSUES OF SEXUAL AND REPRODUCTIVE HEALTH**

**Sexual Education**

Nowadays there are many discussions about sexual education. It is considered in USA that such approach is important for prevention of undesirable sexual life among teens and, that low level of education about sexual life is dangerous for USA and the rest of the World\textsuperscript{24,25,26}. Recommendations about sexual education are mainly focused on use of contraceptives. Furthermore, it is worth mentioning, that experts indicate on necessity of educating youth about restraint, importance of considering cultural peculiarities and the profession\textsuperscript{27}.

The strategy of sexual education in USA together with use of contraceptives also covers promotion of abstinence (restrain from sexual life). It is shown that both approaches reduce number of pregnancies and sexually transmitted deceases among youth (education about abstinence and methods of contraception)\textsuperscript{28}.

\textsuperscript{20} Three Policy Strategies Central to Preventing Teen Pregnancy (2003), a three-part series, Center for Health Improvement, March 2003. \url{http://www.chipolicy.org/pdf/TEEN_BRF1.pdf}
In recent years, there was quite big discussion in USA, supported by the state, regarding abstinence programs. Application of abstinence programs is often well combined with traditions established in the society and religious considerations. Besides, some authors believe that it is less effective, when sexual life has already started. The effect of abstinence on teen pregnancy was more expressed among youth at the age of 15-17.

In general, effectiveness of combined programs consisting of abstinence component is also confirmed by randomized controlled trials. Although, the effect of abstinence programs in USA was higher during the first 3 months as compared with the following 6-12 months.

The problem of early pregnancy

The experiences of developed countries in the field of prevention of teenage pregnancy are different. Frequency of teenage pregnancy in USA is much higher, as compared with Canada and Europe. Furthermore, the youth is more supported by the state in Europe. In general, review of the developed countries’ experience has showed positive effect of the below mentioned factors for prevention of teenage pregnancy:

- social and economic development and equality;
- strong and broad support of youth and parents on the part of the state;
- positive attitude towards sexuality and distinct expectation (on the part of society, family) for desirable sexual behavior;
- availability of contraceptives and reproductive services for adolescents.

There is no doubt that the above-mentioned approaches shall be considered in economic, cultural and traditional context of the country.

Role of religion

One of the surveys, which used outcomes of National Longitudinal Study of Adolescent Health conducted in the United States of America, showed that religiousness was in negative correlation with number of abortions. The authors explain this by the fact, that extramarital pregnancies were quite rare among religious women. The same authors evaluated influence of peers’ religiousness on start of sexual life using the similar method. As shown by outcome of

30 Epidemiology and prevention of unintended pregnancy in adolescents. Ayoola AB - Prim Care - 01-JUN-2006; 33(2): 391-403
32 The Case for a New Approach to Sex Education Mounts; Will Policymakers Heed the Message? Heather D. Boonstra; Guttmacher Policy Review; Spring 2007, Volume 10, Number 2
35 Darroch JE, Frost J, Singh S, et-al. Teenage sexual and reproductive behavior in developed countries: can more progress be made? Guttmacher occasional report #3 2001
36 Fetal Positions: Unraveling the Influence of Religion on Premarital Pregnancy Resolution; Amy Adamczyk and Jacob Felson; Social Science Quarterly, Volume 89, Number 1, March 2008
37 Friends' religiosity and first sex; Adamczyk A; Felson J; Source: Social Science Research. 2006 Dec;35(4):924-947
the survey, friend’s religiousness considerably influences sexual behaviour of the individual. The strength of this influence is the same as it would have been in case of religiousness of this person. Influence of coeval’s (friend’s) religiousness is expressed at most in those cases, when the given person is tightly involved in such social bonds, where his/her friends are also friends of each other.

Positive influence of religiousness on prevention of undesirable sexual behaviour and early start of sexual life is confirmed by review of outcomes of up to 250 surveys.

**Role of the family**

Role of the family in developing sexual behaviour of youth is confirmed by surveys. For example, problematic sexual behaviour in childhood and early adolescence is conditioned at the utmost by characteristics of the family, which one more time points at importance of family-oriented programs and considering the family factor in the field of developing sexual behaviour of youth.\(^{38}\)

On the other hand, integrity of the family and its structure significantly influences sexual behaviour at early age. In particular, as it is confirmed by surveys conducted in 9 European countries, so called “intact family” (the family, integrity of which is not breached by separation or divorce) is an important “protective” factor, preventing undesirable sexual behaviour among adolescents.

Active parental monitoring on children’s behaviour is also important factor. The above-mentioned research showed that undesirable sexual behaviour of girls is reduced by father’s, while in case of boys – mother’s active monitoring. The importance of both parents on sexual life of the child differs in different countries. In accordance with the research, this factor has the most influence in Hungary. Considering traditions of our country, we can presume that it will also have big importance in Georgia.

The other research showed that maternal demandingness and responsiveness has significant influence on abstinence among adolescents.\(^{40}\)

In general, the role of family and parents is important for prevention of teenage pregnancy and undesirable sexual behaviour.\(^{41,42}\)

---

\(^{38}\) Meyer-Bahlburg HF, Wasserman G, Jaramillo BM, Dolezal CL, Sandberg DE; Determinants of sexual behavior in children and young adolescents; Int Conf AIDS. 1996 Jul 7-12; 11: 176


\(^{40}\) Maternal demandingness and responsiveness as predictors of adolescent abstinence. - Cox MF - J Pediatr Nurs - 01-JUN-2007; 22(3): 197-205


4. POLICY RECOMMENDATIONS
The issues to be considered before development of recommendations are as follows:

- There are many factors influencing youth behaviour (particularly, in the field of sexual life and reproductive health), youth development and formation; it is unlikely to achieve desirable result by marking out and influencing only one certain factor;
- The country context – demographic, social-economic situation, culture, traditions, including the role of family – is significant while planning this or that strategy. Strategy which is successful or unsuccessful in other country will not necessarily be successful or unsuccessful in our country;
- It is necessary to be oriented on long-term, sustainable outcomes while making policy.

Youth (related to the youth issues) policy shall cover different fields. Regardless of the fact, that main focus of these recommendations are issues related to sexual health and rights, it is necessary to have broader approach and cover all those issues, which determine youth behavior and life. Accordingly, these recommendations can not only be limited to issues of sexual and reproductive health and rights. We mean necessity of considering the following priority directions:

- Education, intellectual development and professional training;
- Occupation; employment, work, development of practical skills;
- Involvement and participation in social life;
- Health (including sexual and reproductive health);
- Support of the family life.

The required component for achieving results in the above-mentioned fields is informing of youth, education, development and formation of their behaviour. It is certain that it also covers development of sexual and reproductive behaviour. In order to achieve sustainable and long-term outcomes in this direction, it is necessary to consider factors of so-called internal and external motivation on youth behaviour.

**About external and internal motivation:** It is known that human behaviour is determined by factors of external and internal motivation (“motivators”). It is obvious that sexual and reproductive behaviour of youth also depends on these motivators.

Factors of external motivation could be relevant legislative environment, public opinion, introduced standards of behaviour. Internal motivation is an inner human world, which as if indicates a human what correct behaviour is. Such correct behaviour corresponds to the peculiarities, values and belief of a person. Therefore, if human peculiarities, vision and values are relevant to both his/her, as of the valuable person’s interests and interests of the society, this will be the best guarantee for development of individual’s steady desirable behaviour.

Factors of external motivation are as much tangible and real, as they are weak and unsteady as opposed to internal motivation, which is necessary for development of long-term behaviour peculiarities.

Proceeding from the above, significant attention shall be paid not only to programs of regulatory framework or social marketing (the purpose of which sometimes is only propaganda
of availability of contraceptives and their proper use), but also to development of personality with assistance of family, school, church and society (which supports development of internal motivation).

Considering the above-mentioned, the following recommendations have been prepared about the policy on youth and their sexual and reproductive health.

**Recommendation 1**

<table>
<thead>
<tr>
<th>Priorities of the policy on youth and its sexual and reproductive health shall be all those directions, which stipulate development of young people and their formation as valuable members of the society. These directions cover the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Education, intellectual development and professional training;</td>
</tr>
<tr>
<td>- Employment;</td>
</tr>
<tr>
<td>- Participation in social life;</td>
</tr>
<tr>
<td>- Health;</td>
</tr>
<tr>
<td>- Support of family life.</td>
</tr>
</tbody>
</table>

**Recommendation 2**

While making policy on youth and its sexual and reproductive health, the attention shall be paid not only to creation of those mechanisms, which influence external motivation of youth (for example, social marketing of methods for prevention of teenage pregnancy, sexually transmitted diseases), but also to internal motivation. The latter is achieved through harmonious development of the person and cooperation of the family, school, church and society.

The latter requires much more time and resources for achieving the result; besides, the received outcomes will be found to be more long-term and sustainable.

**Recommendation 3**

The country context – demographic, social-economic situation, culture, traditions, including religious considerations and the role of family shall be considered while making policy on youth and its sexual and reproductive health.

Proceeding from the above-mentioned, the following needs to be done before making a policy:
- Conduction of high-quality opinion surveys, the purpose of which is to study the attitude of the society and its separate groups, including youth, towards issues covered by the policy document, as well as survey of cultural peculiarities of the population. It is important to stipulate influence of religion and churchism on considerations and behaviour of Georgia population;
- Organization of general dialogue with both youth and the whole society, for which the form of “structured dialogue” applied by Council of Europe can be used.

Demographic situation existing in the country shall be definitely considered. Therefore, growth of birthrate, support of young and large families shall become essential component of the state policy. Besides, especially heavy demographic situation existing among ethnic Georgians and Abkhazians shall be taken into account, which requires appropriate state approach.
Recommendation 4

It is important to share positive experience of Europe and other developed countries, as well as cooperation with relevant European structures (youth-oriented programs and forums of European Union and Council of Europe), while determining core components of policy on youth and their sexual and reproductive health.

Furthermore, experience of any country or international experience shall not be introduced in the country without relevant changes, but shall be reconciled with data reflecting attitude of the country’s population and values.

For example, in accordance with literary data\textsuperscript{43}, the negative effect for teenage pregnancy in different countries was revealed in certain factors and measures, which cover education about contraception, education about importance of abstinence, inviolability of the family, positive attitude of parents and involvement in child’s upbringing, religiousness of youth and his/her cycle of friends. From the above-mentioned factors and involvements, the emphasis shall be laid only on those, which are the most traditional and acceptable for Georgian society.

For example, opinion surveys showed that there are quite rare cases of starting sexual life before marriage by Georgian women. The attitude of the society towards this issue is also well known, as well as influence of religious considerations in this respect. It is also known as yet clearly marked role of the family in development of a young person. Therefore, their role shall gain more strength. Besides, as it was mentioned above, these issues require adequate study.

Recommendation 5

Before working out final version of the policy document, which may require comparatively long time, it is desirable to prepare a document reflecting attitude of the authorities, based on which programs oriented towards issues of the youth will be developed and cooperation and coordination of the above-mentioned governmental structures and non-governmental organizations will take place.

\textsuperscript{43} see Section “Brief Review of Foreign Literature Representing Youth Policy and Strategy on some issues of Sexual and Reproductive Health”
5. ABOUT BASIC TERMINOLOGY

Interpretation of terms “sexual health” and “reproductive health” is quite a difficult issue, due to its comprehensiveness and hardly distinguished characteristic features.

Explanations used by the World Health Organization are provided below.

**Sexual Health**

Sexual health is an integration of somatic, emotional, intellectual and social aspects, promoting development of personality, communication and love. Thus, sexual health implies positive approach to human sexuality. The purpose of sexual health care shall not be only provision of consultation regarding issues of fertilization or sexually transmitted diseases and medical assistance, but promotion of life and personal relationships (WHO 1975).

**Reproductive Health**

In the context of WHO health description (complete physical, mental and social wellbeing) reproductive health concerns human reproductive process, functions and systems at all stages of life. Reproductive health implies that humans have ability to have satisfactory and safe sexual life full of responsibility, and that they have ability to reproduce and freedom to decide whether to use this ability or not, or when and how often. Special attention shall be paid to the right of men and women to be informed and have access to safe, effective and affordable methods of fertility regulation, which are relevant to their choice, as well as to relevant health care services, enabling women to have safe pregnancy and delivery, and couples to have healthy child (WHO 1994).

The fields covered by this internationally recognized WHO description of reproductive health are as follows:

- sexual health (imbued with responsibility, satisfactory and safe sexual life);
- reproductive freedom (availability of relevant information, methods and services);
- safe motherhood (safe pregnancy, delivery and healthy children).

Safe motherhood covers provision of optimal medical service for mother and newborn. The latter implies reduction of maternal mortality and morbidity and facilitation of newborn’s health, for which it is necessary to ensure availability of the following services:

a) primary health care services, including family planning, prenatal, intranatal and postnatal medical care for mother and child;

b) obstetrical and neonatal service.
6. RESUME

The document provides recommendations for development and improvement of the policy and legislation related to youth issues in Georgia. Recommendations are based on analysis of the current situation in the country in terms of demographic situation, accessibility of education, youth employment, their involvement in social life, etc. It also reviews applicable legislation covering youth related issues, education and health care. For presenting the state support in the field of youth, the document provides information about state organizations working on youth development and underlines the importance of the state-financed youth programs in Georgia.

Special attention is paid to the concept “For the reproduction of the Georgian People and a populous Georgia”, which is also known as “Concept for Demographic Development” worked out by International Foundation of the Catholicos-Patriarch of All Georgia, established with initiative and blessing of Catholicos-Partirch of Georgia, His Holiness and Beatitude Ilia II and aimed at improvement of hard demographic situation existing in Georgia.

The document underlines importance of using youth related experience of such international organizations, as the European Union, Council of Europe, Center for Health Improvement (USA), the United Nations Organization in Georgia. The latter is implementing various programs via its agencies, such as the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), the activities of which cover such important issues as population and development, gender, child health and nutrition, protection of children from violence, abuse and exploitation, sexual and reproductive health, etc.

The document also provides brief review of foreign literature, covering some issues related to youth sexual and reproductive health including sexual education, teenage pregnancy, role of religion, role of family, etc.

At the end, the document provides 5 recommendations for policymaking on youth and youth reproductive health as follows:

1. Development of young people and their formation as valuable members of the society;
2. Focusing on both external motivation (i.e. social marketing of methods for preventing teenage pregnancy, sexually transmitted diseases) and internal motivation, achieved through harmonious development of the person and cooperation of the family, school, church and society;
3. Taking into account demographic, social-economic situation, culture, traditions, including religious considerations and the role of family;
4. Introducing positive experience of Europe and other developed countries considering traditions and values of Georgian population.
5. Before working out of final edition of the policy document, preparing of initial document, which will ensure cooperation and coordination of governmental structures and non-governmental organizations for development and implementation of different youth programs in Georgia.