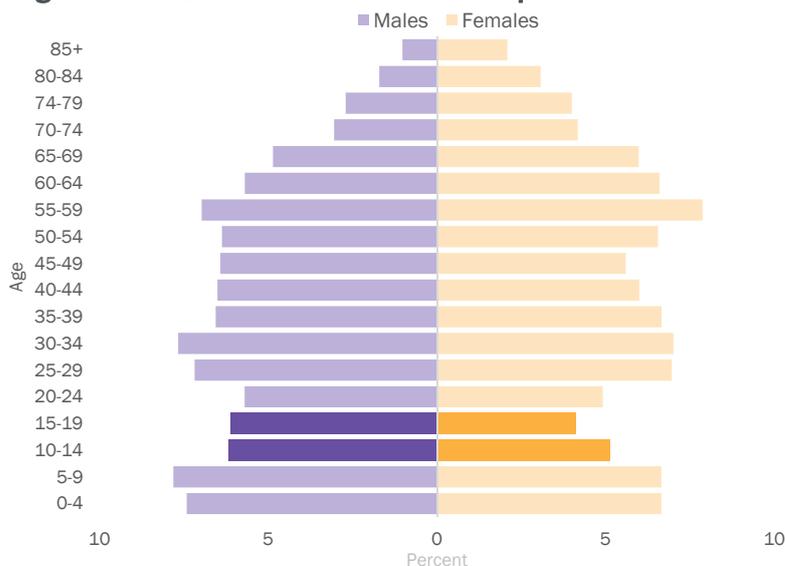


The Adolescent Population: Age 10-19



Age & Sex Distribution of Household Population



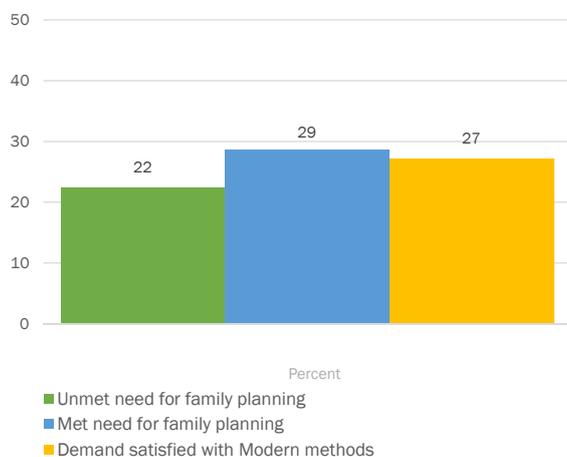
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

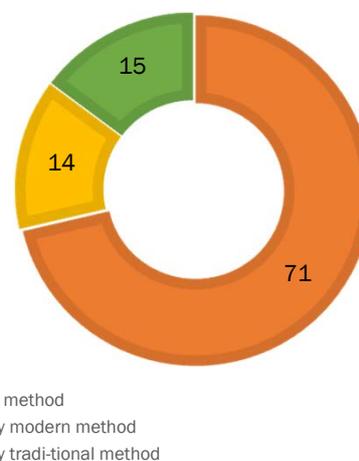
Need and Demand for Family Planning (Currently Married/In Union)



Percentage of women age 15-19 years who are currently married or in union with unmet and met need for family planning, percentage of demand for family planning satisfied by modern method.

*Data for "Demand satisfied with Modern methods" are based on 25-49 unweighted cases

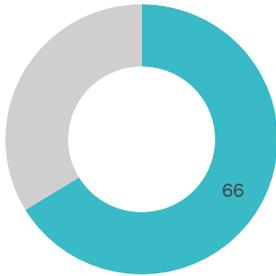
Use of Contraception (Currently Married/In Union)



Percentage of women age 15-19 years currently married or in union who are using (or whose partner is using) a Modern contraceptive method, Traditional contraceptive method or No contraceptive method

Every Adolescent Survives & Thrives

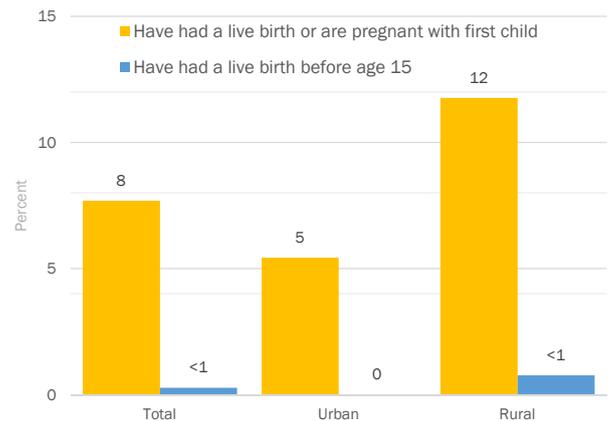
Informed Decision on Reproductive Health Care, SDG Indicator 5.6.1



Women age 15-19 who were married or in union:

- 1) Can say "NO" to sex with their husband/partner if she does not want to
- 2) Decides on use/non-use of contraception
- 3) Decides on health care for herself

Early Childbearing

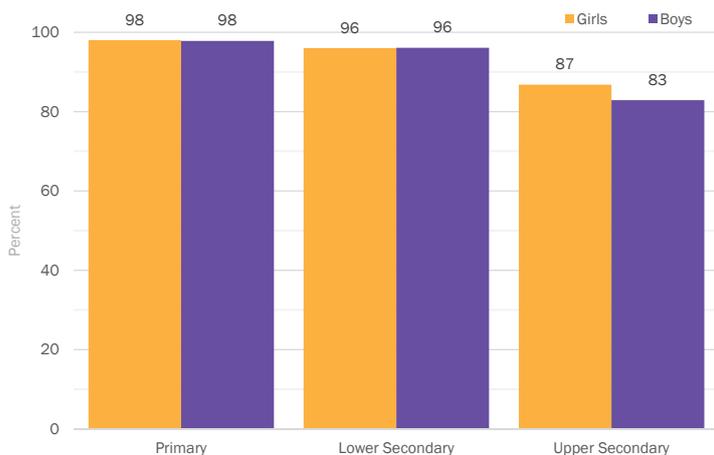


Percentage of women age 15-19 years who had a live birth or are pregnant with first child, and who have had a live birth before age 15

Every Adolescent Learns

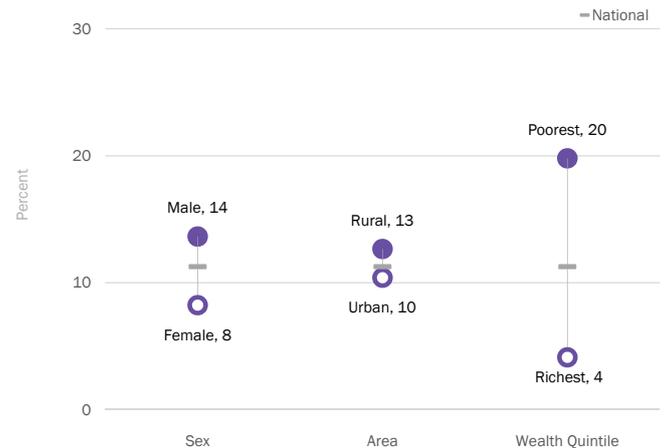
Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

School Net Attendance Ratio (Adjusted)



Adjusted net attendance ratio, by level of education and by sex

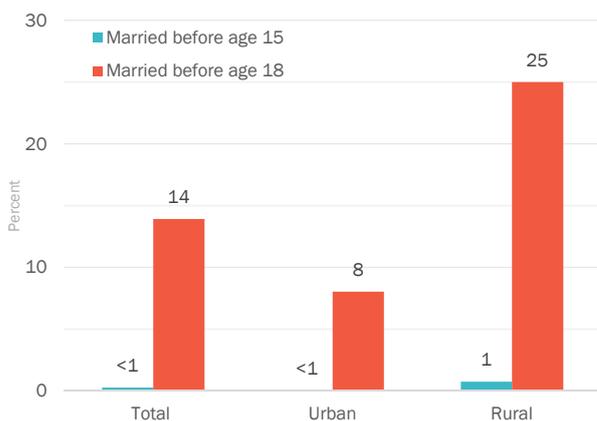
Out of Upper Secondary School



The percentage of children of upper secondary school age out of school are those who are not attending primary, secondary or higher education

Every Adolescent is Protected from Violence & Exploitation

Child Marriage: SDG 5.3.1

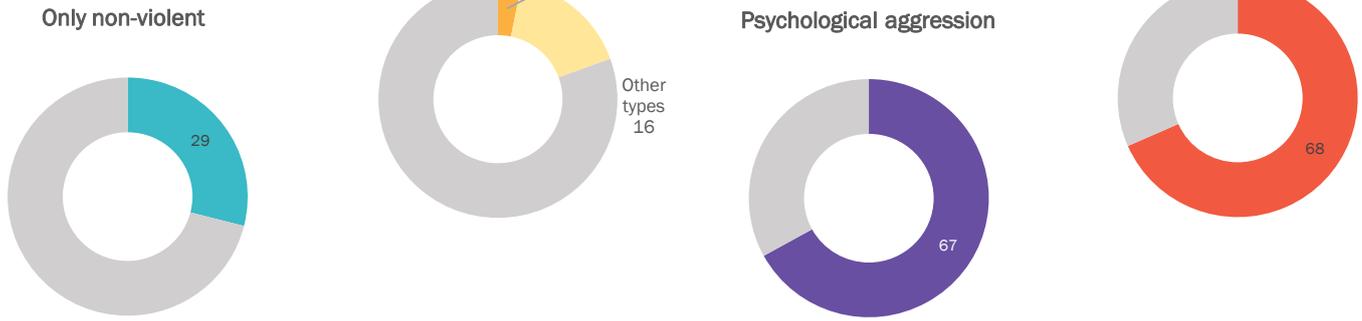


Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. As children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

Every Adolescent is Protected from Violence & Exploitation

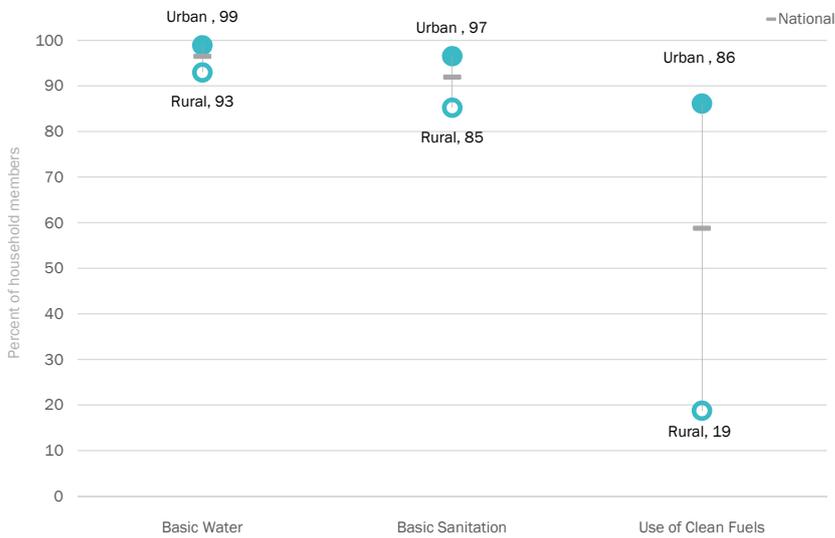
Child Discipline



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
*Age disaggregate of SDG 16.2.1

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

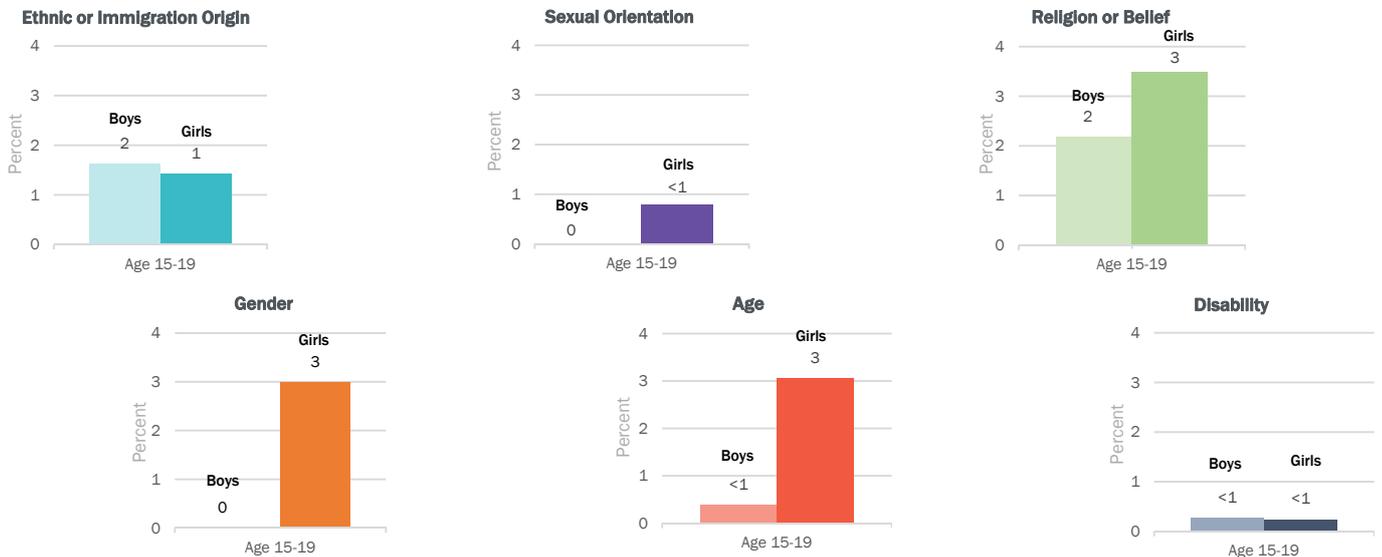
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1: Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; or pit latrines with slabs.

Clean Fuels SDG 7.2.1: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

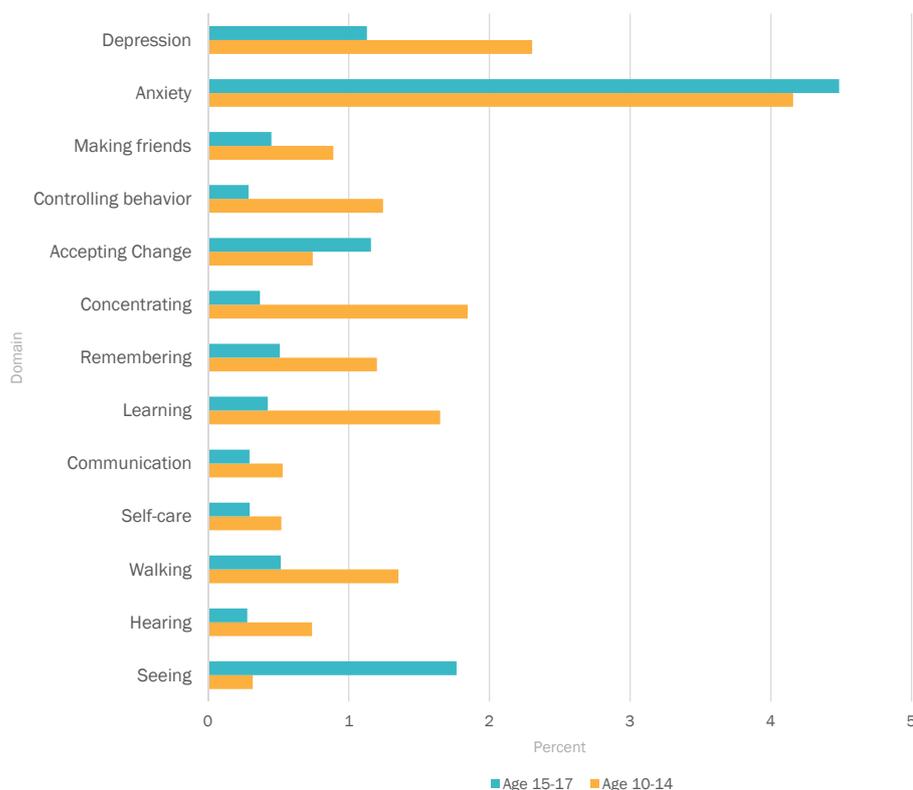
Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- 22% of women aged 15-19 years, who are currently married or in union have unmet need for family planning while 29% have met need.
- 14% of women aged 15-19 years, who are married or in union, use a modern contraceptive method.
- In urban areas 5% and in rural areas 12% of women aged 15-19 years had a live birth or are pregnant with the first child.
- School net attendance ratio does not differ by sex in primary and lower secondary education and has a minor difference in upper secondary level, where rate for girls is 4 percentage points higher than rate for boys.
- In rural areas, 1 out of 4 women aged 20-24 years was first married or in union before age 18, compared to 8% of women of same age in urban areas.
- 86% of population in urban areas and only 19% in rural areas has primary reliance on clean fuels and technologies for cooking, space heating and lighting.
- In the last 12 months, about 3% of girls aged 15-19 have experienced discrimination or harassment based on gender.
- 2% of adolescents aged 10-14 years have functioning difficulty in the domain of depression.
- The functional difficulties are the most prevalent in the domain of anxiety and around 4% of adolescents are facing it.

The Georgia Multiple Indicator Cluster Survey (MICS) was carried out in 2018 by the National Statistics Office of Georgia as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, NCDC, USAID, WB, UNFPA, SIDA, AFD, SCD, ISS, UNDP and WHO provided financial support.

The objective of this snapshot is to disseminate selected findings from the Georgia MICS 2018 related to Adolescents. Data from this snapshot can be found in table SR4.1, TM3.3CS, TM3.1, LN.2.8, LN.2.6, TM16.1CS, TM.2.2W, PR4.1W, PR2.1, WS3.6, TC4.7, EQ3.1W/M and EQ1.2.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys.