

Research of Sexual and Reproductive Health service accessibility for young people

Analytical Report

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1. Introduction

In the present document we will review the existing projects, programs, and services for sexual and reproductive health of young people under 25 years of age. In addition, we will analyze the needs of young people in terms of sexual and reproductive health services and barriers to using the services.

Sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. The latter means that every person has the right of access to competent and comprehensive information, as well as modern safe and effective family planning services and methods, free healthcare programs and more.

Through its activities, the non-governmental association "HERA XXI" promotes sexual and reproductive health rights issues in Georgia, emphasizes their relevance and provides competent information to the public and informal education of interested parties.

At the present stage, the aim of the association is to analyze the current state of access to sexual and reproductive health services, programs and information for young people, to conduct a comprehensive study on this issue and to prepare an analytical report that will be available to the public.

The project is being implemented with the support of the Estonian Sexual Health Association „Eesti Seksuaaltervise“.

We hope the report we have prepared will help stakeholders to raise awareness on the needs of providing young people with sexual and reproductive health services. It will also help young people and their families, service providers and human rights defenders to analyze the current situation and take measures to promote an equal environment.

2. Relevance of the issue

Sexual and reproductive health, well-being and rights are one of the basic human rights, recognized and regulated by the Constitution and laws of Georgia, as well as by international and regional human rights treaties ratified by Georgia. Sexual and reproductive health is physical, mental and social health in all aspects related to the reproductive system. It is a state when an individual can make a free and informed decision about their own sex life and reproduction, to have a safe and satisfying sex life. The latter means that every person has the right of access to competent and comprehensive information, as well as modern safe and effective family planning services and methods, free healthcare programs and more.

Sexual and reproductive health includes issues such as sexuality and cycle of life (sexual maturity, menopause, stigma, sexual problems, etc.), anatomy, maternal and child health, pregnancy, family planning, providing information on sexually transmitted diseases and their prevention, access to modern methods of contraception, safe abortion, prevention of oncological diseases of the reproductive system, screening and more.

Although the protection and equality of sexual and reproductive health rights are stipulated in many legal documents, the mechanisms of their enforcement are rather weak. The publication prepared by the Public Defender in 2019 mentions a number of problems that still remain unresolved.¹ Receiving friendly and confidential services is an important barrier for young people that drives them away from medical facilities and pharmacies. Financial inaccessibility to contraception services is another significant barrier that most negatively affects socially vulnerable, marginalized women and adolescents. Because of the financial barrier, these groups do not have access to an informed and individually tailored contraceptive. The report also states that despite the involvement of the Ministry of Education, the problem of providing adolescents with comprehensive information about sexual and reproductive health is still relevant and requires a more thorough delivery of the subject to adolescents.

The assessment document² of the Action plan for the Promotion of Maternal and Newborn Health of Georgia for 2017-2019 discusses and evaluates future strategies and implemented activities. The document mentions a range of problems.

- Although the legislation regulating outpatient and inpatient services defines an obligation to have appropriate internal perimeter (ensuring conditions for the safe movement of persons with disabilities) and there are strict administrative levers, the problem remains that in many cases, only the entrance to medical facilities is adjusted to persons with disabilities. It is very difficult for girls with wheelchairs or other physical disabilities to use the inner perimeter, gynecological office and gynecological chairs. Access to quality medical care in the region, especially for girls living in rural areas, also remains an unresolved problem. To do this, they go to the city to receive services. In this case, the indirect costs associated with the use of the service remain a problem, which in itself reduces both geographical and financial accessibility.
- Although family doctors are required to provide information on family planning services, they are unable to carry out this duty properly. Although a project “Health Care System Response to Gender-Based Violence” was

¹ Sexual and reproductive health rights and services.

Publication prepared by the public defender, 2019

² Assessment of the Action plan for the Promotion of Maternal and Newborn Health of Georgia for 2017-2019

implemented in 2019 in collaboration with the Agency for State Care and Assistance for the Victims of Trafficking and UNFPA to address this shortcoming, no indicators or efficient mechanisms have been put in motion to measure the work done by a family doctor;

- According to the Policy Department of the Ministry of Health: "At the initiative of the Ministry of Education and Science, activities have been introduced to strengthen the school health system, which was reflected in the launching of the Institute of School Doctors in public schools. The United Nations Population Fund and the LEPL Center for Disease Control and Public Health work together to promote the strengthening of the school health system in two regions, which implies access to health care for young people, including sexual and reproductive health services, and the provision of comprehensive, quality information on human health and the promotion of healthy lifestyle. "However, no substantial action has been taken under the current action plan, and the activities outlined in the information section of the Policy Department cover a period before the approval of the action plan. Also in 2016, a three-party memorandum of understanding was signed between the University of Lausanne, UNFPA and the NCDC, and a training module was developed to cover reproductive issues, gender and other related issues. 20 trainers were trained to conduct this course for school doctors, the functions and responsibilities of school doctors were defined. Within the frames of this action plan, the state was supposed to conduct trainings throughout the country, but the process was no longer continued;
- As part of the reform initiated by the Ministry of Education, Science, Culture and Sports, information on sexual and reproductive health has been integrated into the general education system. The process was conducted in accordance with UNESCO recommendations, which envisages providing age-appropriate, evidence-based and culturally relevant information about sex education for adolescents. According to international standards, teaching reproduction education issues in schools should be distributed among different age groups and their inclusion in the textbook of only one class does not meet international standards;
- Up to 800 biology teachers across the country were trained in 2012-2013 to teach sexual and reproductive issues in schools. However, the effectiveness of biology lessons about sexual and reproductive health issues has not yet been evaluated. However, according to the observation by the representatives of the Center for Teachers' Professional Development, conducting the lessons related to this issue depends on conscientiousness and qualification of the teachers. Often, biology teachers do not teach sexual and reproductive health lessons. By rough calculations, out of 6300 biology teachers 1500 teachers cover the relevant issues. Based on a memorandum signed between the National Center for Teachers' Professional Development and the NGO "Association HERA XXI", focus group meetings were held in 2020 in four regions, where the target groups were the teachers of natural science, biology and civic education. It was revealed that part of the teachers refuses to teach sexual and reproductive health and education because they consider themselves incompetent and also, they take into account the possible negative reaction of the society.
- An economic policy review document was developed with the effort of UNFPA. The policy document estimates the costs of delivering free contraceptives in Georgia in 2017-2019, analyzes two possible scenarios for the costs of delivering free intrauterine devices and oral contraceptives to two target groups: socially vulnerable women and all females in the age group of 15 to 49 years. The development of the policy document was not followed by any concrete steps. However, the purchase of contraceptives has not been added to the universal health care program, mainly due to budget constraints.

In the period of conducting the research, in terms of providing sexual and reproductive health services to young people under the age of 25 and informing the young people throughout Georgia, there are certain services and programs offered to young people by both state and non-governmental organizations.

First of all, it is noteworthy, that the Georgian school educational program aims to raise the awareness of adolescents on sexual and reproductive health issues. The curriculum for the 9th grade includes issues related to sexually transmitted diseases, physiological aspects of sex, and pregnancy. However, this is a small part of sexual and reproductive education and does not provide young people with complete information about sexual and reproductive health. In addition, according to a publication prepared by the Public Defender in 2019, "The standards for primary (1st – 6th grades) and basic (7th – 9th grades) levels were revised and approved with the support of the United Nations Population Fund Country Office in Georgia. The information relevant to each age on sexual and reproductive health, reproductive rights and gender equality is integrated into the subjects: "Nature" and "Society and Me" (in the primary level), and "Biology" and "Civic Education" (in the basic level). Based on the age of the students, relevant topics are integrated into the curricula regarding the standards of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). The revision of the "Biology" and "Civic Education" curricula for the middle level (10th – 12th grades) has been started".

In terms of medical services, there is a student insurance program for young people, which helps them to receive a variety of medical services at an affordable price. However, the program is not for all young people and applies only to those who study at an authorized higher education institution. (See Annex 1)

It should also be noted that free state programs such as breast and cervical cancer screening, universal hepatitis C screening and HIV screening, etc. have been operating in Georgia for years. However, projects focused on young people are rare. (See Annex 2)

The non-governmental sector is more active in providing sexual and reproductive health services and information to young people under 25. However, a large part of programs in NGOs address general rights, and only very few programs focus on sexual and reproductive health. It should also be noted, that through the funding obtained, or personal capabilities NGOs mostly implement small-scale projects. Non-governmental services and projects are for specific target groups and the programs have a limited number of beneficiaries. Most of the beneficiaries of the programs are persons with disabilities, adolescent girls and women of fertile age, and only few projects have been implemented with a full focus on young people. (See Annex 3)

As for future projects, the 2020 resolution of the Parliament of Georgia has approved the concept of Georgian youth policy for 2020-2030, in which one of the important issues is to raise awareness on sexual and reproductive health. According to the resolution, evidence-based information should be provided through formal and informal education, relevant updated standards of school subjects should be appropriately reflected in new textbooks, and teachers should be trained. Additionally, in terms of health care, it is planned to provide integrated sexual and reproductive health services to young people. (See Annex 4)

When discussing future activities, we should mention the third task of 2021-2030 Action Plan of the National Youth Strategy, which aims to strengthen the health and well-being of young people. (See Annex 5). The task includes reducing chemical dependency and behavioral addictions among young people, including gambling addiction, combating child / early marriage and adolescent pregnancy, improving mental health and emotional well-being of adolescents and young

people, reducing violence and discrimination perpetrated against young people and by young people, facilitating the implementation of crime prevention activities among young people, increasing the involvement of young people in physical and sports activities and introducing healthy eating habits, improving the protection of personal data of young people.

Apart from this, the National Strategy for the Promotion of Maternal and Newborn Health in Georgia for 2017-2030 envisages the provision of sexual and reproductive health services to young people in a friendly manner. (See Annex 6)

Unfortunately, there are very few studies on sexual and reproductive health in Georgia, making it difficult to fully explore the essence of the problem. In order to identify the existing needs on the one hand, and raise public awareness on the issue on the other, the non-governmental organization “HERA XXI”, with the support of the Estonian Sexual Health Association, conducted a study aimed precisely at identifying the barriers to receiving the services and sexual and reproductive health needs of young people.

We hope that this study will clearly demonstrate the severity and importance of the issue for young people under 25 years of age. Additionally, the research will serve as the basis for a more in-depth and large-scale study of the issue.

3. Research Methodology

Aim and objectives of research

The aim of research was to study the accessibility of sexual and reproductive health services for young people and to identify the main barriers to using the services for young people. In addition, the aim of the research was to study the attitudes towards sexual education among young people aged 18-25 and to identify the main sources of information regarding sexual and reproductive health issues.

- Analysis of existing sexual and reproductive health programs and services;
- Analysis of experiences of young people using sexual and reproductive health services;
- Identifying the barriers to accessing sexual and reproductive health services for young people aged 18-25;
- Analysis of needs of young people regarding sexual and reproductive health services;
- Identifying the attitudes of young people toward sexual and reproductive health issues;
- Identifying the main channels for obtaining information on sexual and reproductive health issues for young people.

Research Method

The research methodology was developed by the “Association HERA XXI” and the research team of the Research and Consulting Company Anova. The research was planned in two main directions:

1. **Analysis of secondary data** - Analysis of existing sexual and reproductive health services and programs in Georgia, which will allow us to see the current situation in the country and the activities planned for the future, also, the involvement and the role of the state, non-governmental organizations and the civil sector regarding the research topic.
2. At the second stage of the research, a **qualitative study** was conducted with young people aimed at identifying the barriers to using sexual and reproductive health services and programs for young people and the needs of young people. Focus group discussions were used to study the target group.

The target group of the study were 18-25 young people living in different regions of Georgia. See composition of groups. In Table 1.

Table 1. Study participants

Resp. N	Group N	Region	Sex	age	Representative of a minority
1	FG 1	Tbilisi	female	19 years old	Ethnic non-Georgian
2	FG 1	Tbilisi	female	21 years old	
3	FG 1	Village of Agara, Adjara region	female	20 years old	Religious minority
4	FG 1	Batumi	female	24 years old	
5	FG 1	Kutaisi	female	22 years old	
6	FG 1	Imereti(village of Partskhanakhanebi)	female	23 years old	Socially vulnerable
7	FG 1	Kvemo Kartli/Tetritskharo/Koda	female	19 years old	
8	FG 1	Gori	female	18 years old	
9	FG 2	Tbilisi	male	22 years old	
10	FG 2	Tbilisi	male	18 years old	People with disabilities
11	FG 2	Adjara (Batumi)	male	25 years old	
12	FG 2	Adjara (village of Tsikhisdziri)	male	23 years old	Religious minority
13	FG 2	Imereti (Kutaisi)	male	24 years old	
14	FG 2	Imereti (village of Banoja)	male	22 years old	
15	FG 2	Khashuri	male	22 years old	
16	FG 2	Gori	male	23 years old	
17	FG 3	Batumi	female	23 years old	Queer community
18	FG 3	Kutaisi	female	25 years old	Queer community
19	FG 3	Tbilisi	male	24 years old	Queer community
20	FG 3	Batumi	male	23 years old	Queer community
21	FG 3	Tbilisi	female	24 years old	Queer community
22	FG 3	Tbilisi	male	23 years old	Queer community
23	FG 3	Tbilisi	male	18 years old	Queer community
24	FG 3	Rustavi	female	25 years old	Queer community

Research instrument

The research instrument was a guide developed by the Estonian Sexual Health Association "Eesti Seksuaaltervise" in accordance with the aims and objectives of the research. In total, 1 instrument was used considering the target groups and research objectives.

The research instrument is given in Annex # 6

Research period

The research took place in the period of November-December of 2021.

4. Key conclusions and recommendations of research

Sexual and reproductive health services and programs

According to the research, young people aged 18-25 living in Georgia turn to sexual and reproductive health services only for medical needs and have not heard of any official services or programs they could use to get information about relationships and sexual intercourse, seek advice on interesting issues, and more.

According to the qualitative study, the following are important for the young people while receiving sexual and reproductive services:

- Confidentiality - this issue is especially relevant for young people living in regions, because they feel that it may not be safe to see a doctor and their family member may learn the details of their visit from the doctor.
- Feeling of freedom and the opportunity to speak openly – since sexual and reproductive health is still a taboo subject to some extent, there are topics that young people may avoid asking about, which is why the openness of doctors / specialists, friendly attitude and willingness to provide information become especially important.
- Trust in a medical facility or doctor - which includes, on the one hand, the qualification of medical staff / doctors and, on the other hand, attitudes towards patients. Young people, especially members of the queer community and young people with special needs, expect mockery or ill-treatment on the part of doctors.
- Getting the right information - Since the young people receive most of the information online, it is difficult for them to distinguish qualified and credible information from the wrong one. Therefore, one of the major needs for young people is to have correct/qualified information about sexual and reproductive health issues, also about the existing programs and services in this regard.

According to the young people aged 18-25 participating in the study, there are multiple factors hindering the use of sexual and reproductive services for young people:

- Financial accessibility of sexual and reproductive health services is a significant problem for young people; In addition to the high cost of medical services and programs, a significant barrier to accessing services is also the high cost of medicines, therefore a young person may visit a doctor, but may not be able to undergo the prescribed treatment;
- According to the young people, sexual and reproductive health services are relatively affordable in the regions, however, there is a scarcity of medical services and low competence of specialists in the regions;
- Absence of certain services or lack of information about them - according to the young people in the study, free contraceptives and self-protection programs, sexologist's services and mental health services are not accessible today (e.g., consultations of a psychologist and psychiatrist, especially in the regions);
- Unethical attitudes on the part of doctors and fear of violation of confidentiality while receiving medical services - Study participants had different experiences of receiving medical services. A part of them noted that the doctor was kind to them while providing the service. However, some of the young people also had negative experiences of visiting doctors. The negative experiences were mainly discussed by young women participating in the study

and representatives of the queer community. Negative experiences with doctors are mostly related to mockery or inappropriate attitudes on the part of the doctor and the violation of confidentiality of service.

Sexual and reproductive health services and programs

The qualitative study shows that sexual education of young people is not comprehensive. The information that young people have is mostly obtained from informal channels - peers, or from various sources on the Internet, and young people are less likely to be provided with accurate, age-appropriate information from their parents, through medical services, or training programs.

- Private Facebook groups, tick-tock blogs, and Google search engine are one of the main sources of information for young people on sexual and reproductive health issues and services. The main problem of obtaining information online is identifying reliable information. Young people in the study noted that they often come across conflicting information and it is hard for them to find out which is true. It should be noted that young people start asking questions about this information through the Internet at a very young age (10-12 years), therefore, it is important to provide adolescents with age-appropriate and competent information from this age;
- Besides the information found on the Internet, young people share their experiences and knowledge with each other; However, like information found on the Internet, advices from friends may involve some risks.
- The young people in the study have not received information on sexual or reproductive health from their parents - only girls reported that their mothers talked to them about the menstrual cycle during adolescence;
- Young people did not receive information at school either - the majority of respondents mentioned that their teacher skipped a lesson on sexual health, asked the students to read the material at home, or tried to have a lesson about this topic, however, failed to manage the students' reactions (lesson was disrupted by the students' mockery and negative comments).

It should be noted that non-governmental organizations are an additional source of information for young people from the queer community participating in the study. Study participants reported that they had seen information shared on social media by an NGO or attended trainings offered by them. The information disseminated by the organizations is considered reliable and qualified.

The study participants would like to have more information about the following issues: sexually transmitted diseases; methods of contraception and self-protection; transition age, menstrual cycle and changes in the body, including information about various hormones; Information about existing services and modern new developments - according to young people, the medical field in general is developing rapidly, therefore, it is important to have access to new information as well.

Solving the problem of access to information on sexual and reproductive health is considered the responsibility of the state. In order to raise the sexual education level among young people, the participants of the study expressed their desire for information trainings to be planned; Information to be more actively shared through various media, including television and social networks; to create TV programs on sexual and reproductive health. In addition, the creation of a mobile application is considered to be a comfortable channel for young people to get information, where they will have the opportunity to receive qualified information and advice on issues of interest to them in one place.

5. Conclusion

The research identified three key directions that need to be taken into account in terms of sexual and reproductive health when developing youth-friendly services and programs and working to improve existing services.

Firstly, it is important to raise **awareness on the importance of sexual and reproductive health issues and to provide sex education for young people**. As research shows, young people today receive information about sexual and reproductive health issues and services mostly through informal channels, the Internet or friends, which fails to provide reliable and qualified information.

Raising awareness of adolescents on sexual and reproductive health issues in Georgia is provided by the school program. However, the young people in the study noted that they had not taken a lesson on sexual and reproductive health issues. According to the study, school teachers generally skip this lesson, ask students to read it themselves at home, or cannot conduct a lesson despite their efforts, because it is hard for them to control the students' reactions. Therefore, it is important to train teachers so that they can provide the adolescents with information included in the school education.

The second important issue is **the training of medical staff and the protection of confidentiality in the provision of sexual and reproductive health services**. Barriers to accessing services for young people participating in the study are often due to unethical attitudes on the part of medical staff. In many cases, young people also do not trust that receiving the service will remain confidential.

In addition, since the issue of sexual and reproductive health is still taboo in the society, it is difficult for young people to discuss this with their parents. In case of need for medical services, young people find it difficult to ask their parents for financial support and in many cases refrain from receiving services at all. **Therefore, it is important for young people to have access to free services** in such areas as: testing and prevention of sexually transmitted infections, self-protection and contraception, sexologist services. It should be noted that in addition to financial access, there is also the problem of territorial access to these services. According to the young people aged 18-25 in the study, quality services are often available only in Tbilisi, creating a problem of territorial access for young people living in other regions.

6. Sexual and reproductive health services

6.1. Availability and accessibility of sexual and reproductive health services

By sexual and reproductive health services most of the young people in the study mean medical facilities and their services (services of doctor, gynecologist, urologist and sexologist). Young people turn to medical professionals only for medical needs and have not heard of any official services or programs they could use to get information, seek advice on interesting issues, and more. The study reveals a tendency that

- Young people mostly use the services of gynecologist and urologist.
- Young women participating in the study noted that they consult a gynecologist both to solve the existing problem and to prevent further problems. However, for them, the gynecologist's service is the only official service where they can ask questions on topics they are interested in
- Young men in the study were more likely to fear going to the specialists for sexual and reproductive health services, or to feel ashamed of the need for such service;
- The representatives of the queer community mostly use the services of non-governmental organizations.

The young people participating in the study mostly recall public or private medical institutions, and non-governmental organizations are mentioned only in few cases. However, *most of the young people from the queer community were informed about the services and programs provided by non-governmental organizations, such as the Equality Movement and TANADGOMA programs and services* (dissemination of information and trainings, services of various specialties, including psychologists, providing free contraceptives for community members, testing program for sexually transmitted diseases).

"There is one in Tbilisi, the GGRC group. They also have a TV program, Nino Museridze and Otari Tatishvili talk about this topic in the program, they talk very well, I listen to them and when I was interested in something Nino gave me a comprehensive answer. They do fertilization, it is a German clinic, it is satisfactory in every way, in terms of a gynecologist as well, even for men, adults and everyone. The equipment and everything is in order." [FG 1, 18-25-year-old women]

"In that case, as they said, you can go to a sexologist, a gynecologist and a doctor, those, who we can ask. Besides that, I do not know if there is any such public institution, but even if there is one, I do not think it can receive media coverage and popularity so easily in our country". [FG 1, 18-25-year-old women]

"Yes, in general I go to the doctor not just to find out how my body is doing before or after the sexual intercourse. I go very often anyway, as a child, I had a problem with my menstrual cycle and I often take smear tests to find out if I have inflammation or not, I get inflammation very easily. Well, in terms of the result, I only had inflammation, fortunately nothing else." [FG 1, 18-25-year-old women]

6.2. hindering the use of the existing services

Research shows that there is a shortage of services and programs available to young people in Georgia today. According to the young people aged 18-25 participating in the study, the factors hindering the use of sexual and reproductive services for young people today are the following:

- ! Financial access to sexual and reproductive health services;
- ! Scarcity of medical services in the regions and low competence of specialists;
- ! Absence of certain services or lack of information about them (for example sexologist's services);
- ! Scarcity of mental health services;
- ! Unprofessionalism of doctors;
- ! Unethical attitudes of doctors and fear of violation of confidentiality while receiving medical services;
- ! Doctors' lack of information about medical needs of the queer community;
- ! Access to reliable information.

6.2.1. Financial and territorial accessibility of services

The results of the study showed **that financial access to sexual and reproductive health services is a significant problem** for young people aged 18-25.

Financial access to the diagnosis and treatment of sexually transmitted diseases is considered particularly important in this regard. According to the young people participating in the study, they find it difficult to talk to their parents about such issues, therefore, they cannot receive financial support from them. According to the respondents, due to lack of financial resources and barrier to talking to parents, they often have to hide the problem, which further complicates their health condition.

In addition, the study revealed that **financial inaccessibility of medicines** is one of the major barriers that may prevent young people from receiving the prescribed treatment despite a visit to the doctor.

According to young people living in different regions of Georgia, the services available in the regions are more affordable compared to Tbilisi. However, as they mention, **quality service is available only in Tbilisi.**

"For example, I did not have any medical complains at all and (the doctor) told me that I had inflammation, it was just that my husband was receiving treatment and I went for a check-up. Some people really cannot afford it, it cost me too much. As if it's nothing, but it cost me up to 1500 GEL and not everyone has that kind of money, so they refrain from going to the doctor, but they do want to go. They make you pay 60 Gel just for saying hello to you at the consultation." [FG 1, women aged 18-25]

"First of all, the examination and even the treatment of sexually transmitted diseases should be free before we get to the point where the child can go to the parent and tell them that they have a problem. Because you cannot go to a parent and say it, most people cannot go and say that they are suffering from some kind of sexually transmitted disease. You can tell them anything else, no matter what is happening to you, you will go to them and tell them and they will help you. But in this regard,

as if you are left alone and this treatment, the visit to the doctor and everything else gets protracted." [FG 3, LGBT young people, aged 18-25]

"For example, I would say that it is a bit cheaper in Kutaisi than in Tbilisi, but they are not good professionals. If you want to receive good treatment, get a relatively better consultation and get a prescription, you have to go to Tbilisi. There is less professionalism in the region, if there is any at all, and it is relatively cheap too." [FG 3, LGBT young people aged 18-25]

"Medicines are so expensive, so what happens is that you go to the doctor, you have a prescription and then unless you have an eighty thousand GEL- a-month job, you can't buy these medicines and this means that you went to the doctor for nothing." [FG 3, LGBT young people aged 18-25]

6.2.2. Professionalism of doctors and their attitudes towards patients

The young people in the study had different experiences regarding the quality of service provided by a doctor and the attitudes of doctors. However, the study shows a tendency that young people seek to ask friends/close people about their own experience before visiting the doctor and often go to the doctor after hearing about their positive experience.

Part of the young people mentioned that the doctors who provided service to them personally were open, friendly and competent towards the patients. For young people a positive experience of visiting a doctor includes the following:

- Competent consultation and obtaining comprehensive information on questions of interest to the patient;
- Friendly and open attitude on the part of the doctor; For example, it is a positive experience if the doctor himself/herself asks if there is any other issue that the patient is interested in, has no taboo issues and makes the patient feel that they can talk about any issue;
- To protect the confidentiality of the service, for example, a doctor asked a young patient's parents to leave the room temporarily before consulting the patient and asked the patient questions in a confidential environment.

"Personally, I am satisfied with the service and what I have asked, a doctor had normal, objective answers and did not impose his/her thoughts on me." [FG 1, women aged 18-25]

"My doctor is friendly, we do not have barriers to talking about things, on the contrary, s/he tells me all the time, think well, is there a topic you want to discuss with me, rather than getting the wrong information later, it is better to remember anything you are interested in and we can talk about everything." [FG 1, 18 -25-year-old women]

"I remember a small positive incident, I do not know how to say, but I was actually visiting a gynecologist and of course my mother followed me into the room, I was 17 years old and she told me I was a minor, so she would not let me go alone. The gynecologist told her that s/he was going to ask personal questions and asked her to leave the room and she left. Then the doctor asked me everything and then my mother came in when I told the doctor I would be comfortable if she was in the room, and I remember that very positively. I don't know, I think this should be the case at all times." [FG 3, LGBT young people aged 18-25]

"I remember a positive experience, I remember that my boyfriend and I were in the mentioned hospital about a sexually transmitted disease and we were very well received by the doctor, there

was a very good interaction, after that I had another communication with this doctor and well, to say the least, I was not unsatisfied; the doctor also explained to me that the services they provided me were state-funded, and in addition the doctor prescribed me additional medications that I could take, and I was very pleased." [FG 3, LGBT young people aged 18-25]

However, some of the young people also had a negative experience of visiting doctors. The negative experiences were mainly reported by young women study participants and representatives of the queer community. **Negative experiences with doctors are mainly related to mocking or inappropriate attitudes on their part** (e.g. mocking remarks about a patient's weight). Because of such attitudes, some of the young women in the study stated that it is difficult to find a trustworthy and friendly gynecologist today.

As for young people from the queer community, the study participants noted that due to the poor qualification of doctors and negative personal attitudes, **they avoid receiving services in state medical institutions and mainly use the services and programs offered by non-governmental organizations**. The experience of using public services is mostly negative and includes the following:

- Unsympathetic and unethical attitudes on the part of doctors, revealing personal attitudes towards patients' identities;
- Violation of the privacy of the service - they are afraid that the doctor may tell about their health condition or a particular service they received to their acquaintance. The queer young people living in the region were especially afraid of going to an acquainted doctor and thus violating their privacy.
- In addition, young people from the queer community noted that the fear of visiting a doctor is aggravated by the doctors' pre-dispositions about a patient's identity.

"I went to the family doctor and then this doctor came to my house, I was so scared I thought I was literally going to die but it ended well and the doctor did not say anything to my family members, but it does not matter, you are still worried that the doctor may turn out to be an acquaintance." [FG 3, 18-25-year-old LGBT young people]

Research participants describe the services received at the AIDS Center particularly negatively:

- Confidentiality is violated - the door of the doctor's office is not closed during consultation; patients are registered in a journal where, when writing down a new patient's personal information, the patient is able to read other patient's personal information and thus, for example, discover an acquaintance who has also taken tests at the AIDS Center;
- In addition, the unethical attitude of doctors was also mentioned - "they look at people who come there with suspicion", they make the patients feel their personal attitude towards HIV and do not provide complete information on treatment options.

"Confidentiality is definitely violated there [at the AIDS Center] because it is literary an open door policy, because the beneficiary is sitting in a room with an open door where millions of people walk down the corridor and see whose blood is being taken, who is filling out a form." [FG 3, LGBT young people, aged 18-25]

"Once I had a situation, a doctor asked me if I was sexually active and I said yes, then the doctor asked me if I was pregnant and I said it was not possible, the doctor started explaining to me that

none of the contraception methods provide full protection and that my abdominal pain could still be due to pregnancy. Then I told the doctor that I had sex with a woman. I was lucky and they did not have a bad reaction, however, I tried my best not to say it, I was afraid." [FG 3, LGBT young people aged 18-25]

"By the way, it is very difficult to choose the right gynecologist. I remember when I had a problem with my menstrual cycle as a child, my parents took me to a gynecologist and when the gynecologist saw me told me mockingly, first take care of your weight and then come here about the menstrual cycle and literally threw me out, and it is like you can't trust a gynecologist anymore and afterwards it is hard to gain that trust back." [18-25-year-old women]

"I only managed to get the services of a psychologist in Tbilisi, who was queer friendly. Not in the region, you can't just go even to a psychologist and say that, you can't do that. Even because it is a very small region, everyone knows everyone and you can't be sure that what you talk about will not be told somewhere else, because these people are mostly unprofessional." [FG 3, LGBT youth aged 18-25]

The queer youth in the study positively assess the services offered by NGOs and think that 1) doctors / specialists are kind to them when providing services offered by NGOs, 2) they trust that their privacy will be protected when receiving services, 3) they are able to use these services for free. However, the services and programs of non-governmental organizations are mainly in Tbilisi and have a limited number of beneficiaries, which is why these services are not accessible to everyone.

6.2.3. The Availability of services and informing the representatives of target groups about them

The study revealed that some services are not available to young people at all, or the study participants did not have information about the existence of these services.

Young people have less access to free **contraceptives and self-protection products**. Only very few respondents recalled the Equality Movement program, which provided free distribution of contraceptives to target groups.

"I remember the Equality Fund, I think that is the name. They were giving young people self-protection products on the street and I think they also invited us to attend a training." [FG 2, Men 18-25 years old]

Getting a **sexologist's service** is a problematic issue for young people. The study participants note that receiving the service of a sexologist is only possible in Tbilisi and Batumi, while in other regions it is limited and it is necessary to develop these services at the regional level as well. In some cases, specific sexologists were mentioned with whom a visit could be made.

- On the other hand, it was noted that today the services of a sexologist are not accepted in the society and even if they need this service, they may refrain from visiting a specialist.
- According to the respondents, they only seek the services of a sexologist in case of infertility problems. At other times, access to this service is associated with certain stigmas, which is a barrier to using the service.

"It's a little difficult, I find it hard to answer this, but wherever I have been I have not seen a sexologist's office or anything like that. If men have a problem they go to the urologist and if women

have a problem they probably go to the gynecologist and it was also true, that they go to the sexologist only in case of infertility. "[FG 2, men aged 18-25]

"I am telling you about medical care because a sexologist is available in all clinics in Tbilisi and there is only one in Batumi, an even that one is available by pre-planned visits, so they are not available in this regard, and people rarely go to them." [FG 2, men aged 18-25]

One of the most important needs for respondents is the availability **of mental health services** (services of a psychologist and psychiatrist). It should be noted that the need for these services is especially emphasized by the representatives of the queer community.

"In my opinion, the services of a psychologist are needed, but the services of a professional psychologist. In general, I am not even talking about mental health, I do not think we have professionals in that area, I mean psychiatrists and so on. "[FG 3, LGBT youth aged 18-25]

6.3. The needs of young people regarding sexual and reproductive health services

According to the study, the following are important for the young people while receiving sexual and reproductive services:

- *Confidentiality* - Since sexuality issues are still a taboo in the society and young people cannot talk about them freely in the family, it is important for them that the family does not know about them receiving various services. This issue is especially relevant in regions where young people feel that it may not be safe to see a doctor and their family member may learn the details of their visit from the doctor.
- *Feeling of freedom and the opportunity to speak openly* – by which young people meant the opportunity to talk freely with a doctor / specialist on any issue. Although young people say that they talk freely about sexual health issues with each other, some of them still have a barrier to talking freely with doctors / specialists / older people in general. There are issues that young people may avoid asking, which is why the openness of doctors / specialists, friendly attitude and willingness to provide information become especially important.
- *Trust in a medical facility or doctor* - which includes, on the one hand, the qualification of medical staff / doctors and, on the other hand, attitudes towards patients. Young people, especially members of the queer community and young people with special needs, expect that the doctor will not "accept" them, laugh at them, talk offensively etc. Because of this, before visiting a specialist, they often find out about a trustworthy doctor from friends and close people.
- *Getting the right information* - Since they receive most of the information online, they feel that they may not have the correct information about some of the issues. Having information is important also in relation to the availability of specific services.

"One word comes to my mind, freedom, you should not be uptight about these issues and you should feel free even in terms of exploration and interest." [FG 1, 18-25-year-old women]

"They should tell us what a lack of information can lead to, what an improper use of hygiene items can lead to." [FG 1, 18-25-year-old women]

The young people in the study believe that when advertising sexual and reproductive health services for young people, firstly it is important to inform young people about the available services and afterwards encourage them to start using these services.

According to young people, when advertising services, the focus should be on the following issues:

- Safe sex and protection from sexually transmitted infections;
- Sexually transmitted diseases, their symptoms and consequences; also ways of prevention and treatment;
- Proper use of hygiene products.

Words named by young people that may be used in communication with them:

- Health - According to young people, communication should focus on the fact that sexual health is also the care for the general health of the person and it is necessary to normalize this issue, receiving services is not a shame;
- They also believe that it is important to show young people the importance of the issue - what consequences can there be without information, what are the threats, what can they avoid;
- Confidentiality, safety;
- Freedom, openness;
- Prevention, safeguard against problems. Part of the young people thought that it would be interesting to be informed about the complications and the consequences that can be caused by avoiding a visit to a specialist and the lack of timely treatment;
- Information, more education;
- Sexual intercourse; Free relations;
- "Healthy sex for healthy relationships";
- Safety, self-defense;
- Harmonious relationship, mutual understanding, communication;
- Care;
- Education;
- Accessibility for all.

"They need to talk about the importance of not knowing these things and how dangerous it is." [FG 3, 18-25-year-old young people, queer community]

"Normal care - to emphasize that all this is normal, ordinary, and working on it is working on yourself and nothing else and nothing bad." [FG 3, 18-25-year-old young people, queer community]

7. Sexual education

7.1. Sexual education and its taboo

Young people under the age of 25 participating in the study have less comprehensive knowledge about human sexual and reproductive health. However, despite the fact that not all respondents had full information, most of them correctly define the term "sexual education" and consider this term to mean the following:

- Information on changes during the transition age, including the knowledge of human anatomy, as well as ongoing physiological and psychological changes in the transition age;
- Information on the issues of safe sexual relations and consent;
- Information on sexually transmitted diseases, knowledge of their prevention and control mechanisms;
- Information about methods of self-protection;
- Information on ways to avoid unwanted pregnancy;
- Knowledge of intimate hygiene and proper use of hygiene products.

"I think that sexual education does not mean just sex, it is about the changes in the human body and sexual anatomy in general, which is a very important issue for adolescents, because there are many unexplained questions that affect their psyche and afterwards the confusion leads to wrong decisions in their lives." . [FG 1, 18-25 year old women]

"Sexual education includes providing children, schoolchildren with information on how to have safe sex, how to avoid unwanted pregnancy, intimate hygiene and similar issues." [FG 2, 18-25 year old men]

"Sexual intercourse itself, the issue of consent, the issue of getting pleasure, the issue of informed consent, I think these are the issues that are included in sexual education." [FG 3, 18-25 year old young people, queer community]

According to young people, there is very little sexual education both among them, and in the society in general. Information that young people have is mostly obtained from peers, or from various sources on the Internet, and young people are less likely to be provided with accurate, age-appropriate information from their parents, through medical services, or training programs.

According to the young people participating in the study, the issue of sexual and reproductive health is taboo in the entire society. In addition, there are still stigmas and stereotypes about sexual health in society today, for example: certain stigmas are related to sexually transmitted diseases, the need to consult a sexologist, etc. Because of this, on the one hand, some young people noted that they find it difficult to talk openly with adults (even a doctor or a teacher) about sexual and reproductive health issues and ask questions they are interested in. On the other hand, receiving certain services is also considered a shame (e.g. getting tested for HIV or visiting a sexologist), which clearly becomes an additional barrier to receiving services.

"I personally go to the doctor because other people around me can not talk about it freely, without mocking and shaming. Many will agree with me on this, you understand what the situation is like. It is a taboo subject and such an approach is uncomfortable for me as well." [FG 1, 18-25 year old women]

"I think they are free around their peers, but I will say that these topics related to sexual education are a taboo and they always avoid talking about it in the society, they even make fun of children who mention sex, telling them, you are impolite and such and such." [FG 2, 18-25 year old men]

According to the study participants, unlike the generation of parents, sexual and reproductive health issues are no longer a taboo in their circle of friends and in young people in general. It was mentioned only in one case that talking about this issue leads to mocking by friends.

"With me, mostly my peers acquire such a role and, based on their personal experience, they help me avoid a lot of things." [FG 1, 18-25 year old women]

"Gradually the topic becomes less restricted, the society grows more regarding this topic and they speak more openly, I mean discussing similar topics even in a circle of friends, as I know it used to be a complex and now, I think, more and more such topics are discussed, people listen to others' opinions, etc " [FG 1, 18-25 year old women]

7.2. Main sources of information about sexual and reproductive health

According to the study, young people receive information on sexual and reproductive health issues, including relationships, sex, contraception and other issues, mostly through informal ways. Today, official services are less available to young people, where they will be able to ask questions and listen to advice.

The young people in the study said that they learned about relationships, contraception and other similar issues mainly **from friends or through the internet**. Additionally, it is noteworthy, that due to access to the Internet, adolescents have access to information from a fairly young age. Respondents noted that they started seeking information on sexual and reproductive health issues at the age of 10-12. Therefore, it is important to provide age-appropriate and competent information to adolescents of this age.

"In my opinion, information is mainly obtained from the Internet because such information is not protected and there is no age limit. Everyone has access, children of any age, adolescents, and very young children are so involved in social networking, and in Internet networks generally, that it seems inevitable that they will not come across something similar in the form of advertisements. It is inevitable that the child will not have contact with such information in the Internet space and first of all, I think, before our parents told us anything, we had already learned everything from here. Before a parent decides it's time to talk about it, children already know some kind of information. "[FG 1, 18-25 year old women]

"I mostly get information from: friends, close friends, in the neighborhood, in the society [FG 2, 18-25 year old men]

In case of receiving information from the Internet, young people rarely talked about official sources. They mostly obtain information by posting the desired question **in private groups on Facebook, tick-tock blogs, and Google search engine**.

- Facebook pages of NGOs were mentioned a few times (mostly youth from the queer community). It should also be noted that the information shared by NGOs is considered reliable and qualified.

"The Internet and forums are still that kind of place. In real life, at most, someone may touch on that issue in a circle of friends or the topic may come up on its own. No one gathers specifically for this reason, to discuss sexology." [FG 2, 18-25-year-old men]

"Now I remembered, I also could not recall any institution or organizations, but I remembered small feminist or queer pages that often share information about their community, but include information that can serve as sexual education for non-LGBT people as well and of all the posts I have seen, they are the most informative". [FG 2, 18-25-year-old men]

Finding information on sexual and reproductive health issues on the Internet is associated with a number of risks:

- There is a high risk of being misinformed – study participant young people noted that they come across a lot of different information on the Internet about issues of interest to them and find it difficult to determine which is true.
- There is also a risk of receiving wrong information / advice in Facebook groups and forums - where young people share their experiences with each other and give advice based on their own experiences. However, it is noteworthy that according to the young people participating in the study, some Facebook groups also include specialists, and the advice / information received from them is considered more credible.
- In addition, pornographic sites are also a source of information about human sexuality and sexual intercourse in general, which, according to the perception of the study participants, often provides them with incorrect information and raises false expectations.

"I have also googled a lot of things and the information is so wrong, because it has been posted by a person who has the wrong attitude towards this topic, because it is not in line with the scientific research; I mean some of the things that I have read, even things I have googled and I really do not trust that information." [FG 2, 18-25 year old men]

"I received this information from a private group on Facebook, a group of women. There are also gynecologists who check the comments and if something is wrong, they definitely comment so that nothing is left unclear." [FG 1, 18-25-year-old women]

"Even though there are so many sites about these issues, no one can guarantee that all of that is true. They often confuse and mislead us, because there may be different information on different sites and this leads to confusion." [FG 1, 18- 25 year old women]

"I have googled these topics several times and mostly what Google finds is unqualified posts and information written on forums. Quorum is one of these forums, that's what google finds mostly, though there are a few platforms where qualified doctors and medical staff often write recommendations on sex relations, but it is hard to find them, there are so many different answers that you cannot easily find the credible one. Most of the assumptions on the internet are written by unqualified people and that is what google finds in the beginning" [FG 2, 18-25 year old men]

In addition to the information obtained on the Internet, young people also receive information from each other. Young people participating in the study note that **friends mostly share their own experiences and knowledge with each other.**

- The barrier to talking to peers was identified in the case of young people from the queer community. Young people from the queer community avoid talking about sexuality with friends for fear of violating the privacy of their

identity. However, they noted that sexual and reproductive health issues are openly discussed in a small circle of queer friends, where they share both information and experiences with each other.

"In my circle of friends we have never had a problem talking openly about anything, among us, boys and there are issues in sexology that are not recognized in the society, we've never had any problems to discuss these issues." [FG 2, 18-25 year old men]

"We also can't ask each other everything, someone can go and talk about it somewhere else" [FG 3, 18-25 year old LGBT young people]

"There is a problem in young people as well, however, in small circles, community members share information with each other more" [FG 3, 18-25 year old young people, queer community]

Only study participant girls reported that they had also received information on certain issues from their parents. Young women have talked mostly to their mothers about transition age and menstrual cycle.

- A large proportion of young people reported that talking to their parents about sexual and reproductive issues, as well as with older people, is awkward and uncomfortable for them.
- Young people from the queer community also talk less to their parents about sexual and reproductive health issues. It was mentioned that they can talk to their mothers about the menstrual cycle, however, they cannot talk about sexual relations because the parents do not have important information for them about queer relationships.

"In my case, I cannot ask my mother, even if it wasn't a taboo topic, and I could talk about sex with my mother, she has only been in a relationship with a man and she cannot talk to me about a lot of things." [FG 3, 18-25 year old young people, queer community]

"The main factor is the age difference and the relationship between those having the conversation, for example, you can talk openly with a friend or a brother about these issues, but you cannot talk to a parent or a person older than you. There can be no daily and informal discussion between the generations on this issue in my opinion, it is not natural." [FG 2, 18-25 year old men]

Young people from the queer community participating in the study noted that **community NGOs are an important source of information for them**. According to the group members, community organizations often conduct meetings, trainings, or offer sexual and reproductive health services to beneficiaries. According to the respondents, they were able to get information about many important issues from the organizations.

7.3. Sexual education within the school program

According to the qualitative study, although the curriculum includes material on sexual and reproductive health, **young people are hardly provided with that information at school**. Young people under the age of 25 participating in the study noted that **only two lessons were allotted to sexual and reproductive health at school, which in case of the majority of study participants the teacher skipped altogether** or was unable to provide complete information to the students;

It was noted only in one case that the teacher conducted the lesson perfectly. It was an especially positive fact for the youth because the teacher asked one of the boys to tell about menstruation issues and also freely discussed various issues of interest to them during the lesson.

Based on the experience of the study participants, the barriers to receiving sexual education in school are the following:

- Teachers do not have the willingness to talk to students about sexual and reproductive health issues or relevant information - most of the young people participating in the study said that their teacher skipped sexual and reproductive health issues completely, or asked them to read the material at home on their own;
- Lack of teacher skills in managing the reactions from students to sexual and reproductive health issues - some young people reported that the teacher in their class tried to teach the lesson, however, the lesson was disrupted by the students' laughter or negative comments.

"In my opinion, teachers also have a complex, they are embarrassed to explain this topic. I was also a student in school and it was in the book, but I do not remember the teacher saying anything about this topic." [FG 1, 18-25 year old women]

"In my case, it was a separate lesson for the boys and girls. It was in the 8th or 9th grade, and even then, the lesson was laconic, short and the teacher maximally tried to convey the information in a language we could understand, but very little information was provided." [FG 1, 18-25 year old women]

"In my case, we went through this material normally, but the mentioning of any term related to this topic, such as 'egg cell' or something similar, caused the agitation of the class and it was not a normal environment during the discussion of these topics." [FG 1, 18-25 year old women]

"As I remember, I was in the 8th or 9th grade and I used to go to one of the most prestigious schools in my city, but the biology teacher skipped those 2 lessons for some reason, touching on the issue and saying - I know you will start laughing and joking - and skipped the topic, saying it was not interesting and we would learn what it is anyway, when the time was right." [FG 2, 18-25 year old men]

According to the study participants, getting sexual education in school is very important. According to young people, it is important to improve the current system in schools by doing the following:

- Train teachers to provide them with more information and willingness to talk to students and not skip a lesson about sexual health; the young people also point out that it is necessary for teachers to be more open and change the attitude towards the students;
- Research participants believed that as part of school education, students should receive information not only about the anatomy of the body, reproductive system and menstrual cycle, but also about contraception, sexually transmitted diseases and ways of self-protection from them etc.;
- Respondents focus on the need for equal delivery of information. In their opinion, the view that information about female anatomy is necessary only for women is incorrect, and knowing this information is just as important for boys as it is for girls;
- It was also suggested that additional trainings, seminars and open meetings may be held in the upper grades, which the students can attend if they wish to do so.

Only in a single case was it mentioned that sexual and reproductive health education should be voluntary and the school should decide whether to include the subject in the curriculum and parents will be able to select a school which provides the curriculum according to their views.

"I wanted to say earlier, in today's reality, introducing the subject on sexual education in schools this way... it's a Georgian stereotype that we find it difficult to accept anything new, these open topics should be added slowly in trainings, public lectures, so that the society gets more used to it, to open these taboo topics, this idea will probably be better, to conduct trainings, public lectures for children in the upper grades and over time the society will more or less get used to the fact that it is necessary. This too, is probably a matter of time." [FG 2, 18-25 year old men]

"In my opinion, most of the young people are in school and university and there should be trainings in universities, and so on, not only in terms of sexology, but also in terms of feminism training in general, because men have this kind of thinking, there is something about sexuality of women, they sexualize them in terms of their perception, behavior, clothing, that's where these associations and attitudes towards women come from and such trainings would be good." [FG 3, 18-25 year old LGBT people]

7.4. The wishes and recommendations of young people regarding sexual education

The young people in the study would like to have more information on the following issues:

- Sexually transmitted diseases;
- Contraception and self-protection;
- Transition age, menstrual cycle and changes in the body, including information about various hormones;
- Information about existing services and modern new developments - according to the young people, the medical field in general is developing rapidly, therefore, it is important to be informed about the news as well.

"It is necessary to know about hormones and hormonal imbalance, because it can cause many problems. Even if it is excess hair growth on the body or pimples on the face, these problems are also caused by hormonal imbalance and even with a transgender person, it is also a result of that, so it is necessary to know about the hormones." [FG 1, 18-25 year old women]

"I think we have no information about the harm. Also, regarding contraceptives. We don't have services, there is a lack of information." [FG 3, 18-25 year old young people, queer community]

The young people participating in the study consider that for the most part, it is the competence of the state to solve the problem of access to information about sexual and reproductive health. The following wishes were expressed for the improvement of the situation in Georgia in terms of providing sexual education:

- Plan trainings and various activities for young people, where they will be provided information in a fun / entertaining way. They want trainings and activities to be interactive, where young people can be actively involved and share their opinions or ask questions. An opinion was expressed, that based on the sensitivity of the issue, it was desirable for meetings and trainings to ensure the confidentiality of participants' personal information or to allow anonymous participation;
- Create a mobile application which will provide access to qualified information for young people;

- Share information more actively on TV – they have a desire that more shows or films are dedicated to sexual and reproductive health. According to respondents, today's medical shows are in the morning, which is an inconvenient time for young people (school pupils or students);
- Actively use social networks to disseminate information, through which the public will receive information about the importance of sexual and reproductive health, as well as existing services;

"Public speeches can be held. Not to give a lecture which no one will listen to, but more fun activity, like a concert where everyone will gather, the main motive will be sexual education, but there will be some games, quizzes, etc. When people find out that there is much they don't know, they will realize, oh I don't know about this, and I'm going to learn it" [FG 1, 18-25 year old women]

"In my opinion, there can be some educational films, there are many films on this topic, but something that might interest the Georgian people." [FG 1, 18-25 year old women]

"Even if the already existing programs address this issue, there is a program on the First Channel, I think it is called a personal doctor? Rustavi 2 had a show Doctors, they can discuss sexual education because I use to watch it and that topic was very rare, they talked about other issues more than this one." [FG 2, 18-25 year old men]

"It should be spread through social networks, because everyone uses them. Knowing that it exists and you can use it." [FG 3, 18-25 year old LGBT young people]

"In my opinion, again the state should provide that information. Either by advertising, or I do not know. Mostly probably through TV, because it has a wide coverage, either TV or the Internet, but the state must provide everything so that the information is trustworthy and convincing." [FG 3, 18-25 year old LGBT young people]

"I think the trainings would be really desirable and interesting. I would share my experience if there was an opportunity and I would be happy to receive it from someone else. " [FG 2, 18-25 year old men]

8. Annex

Annex 1. Student insurance under the Universal Healthcare Program

Under the program, the student is entitled to free medical services such as ultrasonography, radiography-roentgenography, specialist's consultation, on-site and in-home services of family doctor, total blood count, urinalysis, lipid metabolism, creatinine, cholesterol, glucose, fecal occult blood test, electrocardiogram, 100% for emergency surgeries and 80% for scheduled surgeries.

Type of service	Funding
✓ Scheduled outpatient service. Scheduled outpatient service is available only according to the patient's place of registration.	100%
✓ Services of specialist doctors according to the prescription of family or rural doctor	100%
✓ Instrumental examinations with doctor's prescription	100%
✓ Computer tomography	80%
✓ Clinical-laboratory examinations with doctor's prescription	100%
✓ Emergency outpatient service	100%
✓ Emergency inpatient service, Intensive care and management of critical conditions;	100%
✓ More than 450 emergencies according to the defined list.	80%
✓ Management of all other emergencies and urgent conditions.	80%
✓ Scheduled surgeries with annual limit of 15,000 GEL. Oncological and cardiac surgeries	80%
✓ Other surgical operations	80%
✓ Chemotherapy, hormone therapy and radiation therapy. Annual limit 23 000 GEL.	80%
✓ Physiological labor (childbirth)	Limit 500 Gel
✓ Caesarean section	Limit 800 Gel
✓ Inpatient services for high-risk pregnant women, women who are in labor and those who have just given birth - Inpatient services - Childbirth / Caesarean section - Sepsis	80% limit 00/800Gel 100%

Annex 2: Ordinance 693 of the Government of Georgia "On Approval of the State Health Care Programs for 2019"

Ordinance 693 of the Government of Georgia "On Approval of State Health Care Programs for 2019" describes the health care programs to be implemented in 2019. The beneficiaries of these programs are Georgian citizens, including young people.

The sexual and reproductive health programs and services described in the ordinance include maternal and child health, early detection and screening of diseases, also HIV / AIDS management programs. However, it should be noted that the beneficiaries of the programs are citizens of Georgia and the document does not specifically mention programs and services tailored to young people under 25 years of age.

The table shows the programs that are being implemented within the frames of this ordinance. The implementing body is the Social Service Agency.

#	Program/Component (Service)
1.	Early detection and screening of diseases
2.	Cancer screening component
3.	Organized cervical screening
4.	Prevention of mild to moderate mental development disorders in children aged 1 to 6 years
5.	Diagnosis and monitoring of epilepsy
6.	Piloting the screening of retinopathy in prematurely born infants
7.	Cervical cancer screening
8.	Colposcopy screening
9.	Safe blood
10.	Donor blood test for hepatitis B and C, HIV / AIDS and syphilis
11.	Ensuring external quality control and monitoring
12.	Management of tuberculosis
13.	Outpatient service
14.	Laboratory control and sputum logistics
15.	Inpatient service
16.	Purchase of first and second line medicines for tuberculosis (not more than 75% of the total cost)
17.	Funding the monetary incentives for patients with resistant forms of tuberculosis to improve the compliance to treatment of patients with sensitive and resistant forms of tuberculosis
18.	Management of HIV / AIDS
19.	Voluntary counseling and testing for HIV / AIDS
20.	Providing outpatient services to people with HIV / AIDS
21.	Providing inpatient services for people with HIV / AIDS
22.	Purchase of first-line (fully) and second-line (not more than 75% of the total cost) medicines for HIV / AIDS treatment
23.	Maternal and child health

#	Program/Component (Service)
24.	Antenatal monitoring
25.	Early detection of genetic pathologies
26.	Provide tests and consumables (immunoglobulin against hepatitis B) for testing hepatitis B and C, HIV / AIDS and syphilis in pregnant women
27.	Neonatal and pediatric screening for hypothyroidism, phenylketonuria, hyperphenylalaninemia, and mucoviscidosis
28.	Screening for neonatal hearing
29.	Providing medicines and food supplements
30.	Treatment of patients with drug addiction
31.	Inpatient detoxification and primary rehabilitation for mental and behavioral disorders caused by the use of opioids, stimulants and other psychoactive substances
32.	Implementing replacement therapy and ensuring the delivery of replacement pharmaceutical products (transportation, escort)
33.	Providing psycho-social rehabilitation
34.	Providing short-term and long-term detoxification with replacement pharmaceutical products in penitentiary institutions №2 and №8
35.	Purchase of replacement pharmaceutical products
36.	Inpatient services for mental and behavioral disorders caused by alcohol abuse
37.	Mental health
38.	Community outpatient psychiatric services
39.	Outpatient services - psychosocial rehabilitation
40.	Outpatient services - children's mental health
41.	Outpatient services - psychiatric crisis intervention
42.	Outpatient Services - A community-based mobile team service
43.	Inpatient psychiatric services for adults with mental disorders
44.	Inpatient psychiatric services for children with mental disorders
45.	component of providing shelter for persons with disabilities and mental disorders
46.	Management of diabetes
47.	Services for children with diabetes
48.	Specialized outpatient care
49.	Providing medication to patients with diabetes
50.	Providing medication for people with diabetes insipidus
51.	Dialysis and kidney transplantation
52.	Providing hemodialysis
53.	Providing peritoneal dialysis
54.	purchase and delivery of goods, materials and medicines necessary for hemo and peritoneal dialysis
55.	Kidney transplantation

#	Program/Component (Service)
56.	Provision of immunosuppressive drugs for people with organ transplants
57.	Transportation, storage and delivery of medicines
58.	Palliative care of incurable patients
59.	Outpatient palliative care of incurable patients
60.	Inpatient palliative care and symptomatic treatment of incurable patients
61.	Providing medication to incurable patients
62.	Treatment of patients with rare diseases and those undergoing permanent replacement treatment
63.	Outpatient services for children under 18 years with rare diseases
64.	Inpatient treatment of patients under 18 years of age with rare diseases and undergoing permanent replacement treatment,
65.	Outpatient and inpatient services for children and adults with hemophilia and other inherited pathologies of blood clotting
66.	Providing patients with rare diseases with specific medications
67.	Rural doctor
68.	Primary health care service in rural areas
69.	Provision of relevant outpatient and inpatient services by institutions with special funding
70.	Promotion and development of the outpatient network of Shida Kartli villages
71.	Ensuring the implementation of additional activities to facilitate the uninterrupted operation of a number of medical institutions with special funding
72.	Referral services

Annex 3: Projects implemented in Georgia in 2017-2021 in relation sexual and reproductive health issues

The table below shows the programs and projects implemented by non-governmental organizations in the field of sexual and reproductive health in the last few years. The main beneficiaries of the projects were adolescent girls and women of fertile age, persons with disabilities and members of the LGBT community.

It should be noted that the projects on sexual and reproductive health have been scarce in recent years and do not fully cover all groups of the society.

The analysis of the presented projects reveals that the main content of the existing programs is related to general rights and information, and only very few programs focus on sexual and reproductive health services. It should also be noted that a large part of the beneficiaries of the programs are persons with disabilities, adolescent girls and women of fertile age, and only a few projects have been implemented that focused directly on young people.

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
1.	Accessible environment for everyone	Open society foundation	Healthcare services for people with disabilities	Research on barriers for people with disabilities in the field of healthcare; Training and advocacy for women with disabilities, monitoring of medical services	Georgia	Women with disabilities	2017-2018	http://www.dpo.ge/ge
2.	Accessible environment for everyone	“ArbeiterSamer-Bund Georgia”	Equal opportunities for persons with disabilities	Studying the activity of local government councils working on issues of people with disabilities (PWDs) – analysis of the existing challenges and ways to increase the effectiveness of councils	Imereti, Adjara, Kakheti, Samegrelo-Zemo Svaneti, Samtskhelavakheti.	People with disabilities	2018	http://www.dpo.ge/ge
3.	Women for regional development	Women’s fund in Georgia	It’s your right to know and be secure	Improving women’s and young girls’ reproductive health through awareness raising	Ozurgeti, the village of Dvabzu	Women and girls	2018	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
4.	Initiative for social changes	Women's fund in Georgia	Information campaign on the issues of reproductive health	Capacity building of eco-migrant women living in the nearby villages of Zugdidi conflict zone and Lagodekhi, and increasing their access to reproductive health services through awareness raising and advocacy.	6 villages of Zugdidi and 4 villages of Lagodekhi	Women and girls	2018	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
5.	Woman and Reality	Women's fund in Georgia	Women with disabilities for self-advocacy of sexual and reproductive rights	Promoting the protection and realization of the reproductive rights of women (girls) with disabilities to achieve equality and social inclusion.	Adjara, Samegrelo	Women and girls	2018	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
6.	Council of Elder Women	Women's fund in Georgia	Access to healthy personal life for women living in Pankisi gorge	Promoting awareness of women and girls on reproductive health and sexual freedom, increasing access to information, and attempting to involve young men as potential partners and initiating conversation on tabooed issues.	17 villages of Pankisi gorge	Women, girls young men	2018	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
7.	Association for well-being of Society	Women's fund in Georgia	Reducing the stigma of abortion in reproductive health service providers	Contributing to reducing the stigma of abortion in reproductive health service providers	Batumi, Kutaisi, Gori	People working in healthcare services	2018	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
8.	Evidence-based Practice Center	Open Society Foundation	Promoting the development of community mental health services in Georgia 2018-2019	Developing a new training module based on the assertive program and its accreditation in the Ministry of Health	Tbilisi	Mobile teams working with persons	2018	https://osgf.ge/

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
						with mental disorders		
9.	UNDP in Georgia	UNDP	Protecting the rights of people with disabilities	Increasing the capacity of local councils for persons with disabilities to develop inclusive local services. Protecting the rights of persons with disabilities, especially women with disabilities, at the municipal level	Georgia	Persons with disabilities	2018-2019	https://www.ge.undp.org/content/georgia/ka/home.html
10.	Women's organization in Kvemo Kartli "Unity"	Women's fund in Georgia	Promoting prevention of forced marriage by raising awareness	Promoting prevention of early marriage by raising awareness	Kvemo Kartli, Bolnisi	Women	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
11.	Youth Involvement and development center of Akhmeta	Women's fund in Georgia	Prevention of violence against women in young people	Changing the attitudes of the society towards divorced women and single mothers. Reducing the violent attitude of the society towards this vulnerable group.	Akhmeta	Population of Akhmeta	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
12.	Partnership for human rights	Women's fund in Georgia	Raising awareness on sexual harassment of women in higher education institutions	Conducting a seminar on sexual harassment of women in 5 higher education institutions with state-funding	Georgia	Students	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
13.	Initiative for Social Changes	Women's fund in Georgia	Strengthening gender equality councils regarding sexual and reproductive health issues	Strengthening gender equality councils at the municipal level regarding women's sexual and reproductive health issues to facilitate the development and	Kakheti, Shida Kartli, Mtskheta-Mtianeti,	Citizens of Georgia	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
				implementation of gender-sensitive policies and programs	Kvemo Kartli, Racha-Lechkhumi, Imereti, Samegrelo-Zemo Svaneti, Adjara, Guria and Samtskhe-Javakheti			
14.	Young people for health of population	Women's fund in Georgia	Research on menstrual stigma and related rights violations in Georgian public schools	Studying the knowledge about menstruation in schools, the stigma surrounding it, the state of school infrastructure and their impact on the exercise of girls' sexual and reproductive health and education rights.	Tbilisi, Telavi, Batumi (nearby villages)	Girls	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
15.	I am woman	Women's fund in Georgia	Life without rules	Raising awareness of women and girls on reproductive health rights	Gori, Kareli, Khashuri	Girls	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
16.	Cognitive Center of Georgia	Women's fund in Georgia	My body	Personal empowerment of girls by providing them with knowledge about their own body, sexual and reproductive rights.	Adjara	Girls	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
17.	GrizWave	Women's	Sheimetsne	Providing factual information and	Tbilisi	Women and girls	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
		fund in Georgia		knowledge through social networks and social media channels that will help young girls and women to plan their lives, take care of their bodies and make future decisions.				ndgeorgia.org/ka/Publications/AnnualReports
18.	Accessible environment for everyone		Advocating for legislative and state policy changes to ensure access to inclusive health and habilitation-rehabilitation services	Studying access to medical and rehabilitation services for persons with disabilities in Georgia	Georgia	Persons with disabilities	2019	http://www.dpo.ge/ge
19.	Equal Opportunities for Equality	Women's fund in Georgia	Women for better future	Increasing access to a fair, social and safe environment for groups of vulnerable women living in mountainous regions (mothers of children with disabilities, women belonging to national minorities)	Marneuli	Persons with disabilities, Mother of children with disabilities, women representatives of national minorities	2019	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
20.	Georgian Down Syndrome Association	City Hall of Tbilisi Municipality	Preparing children and adolescents with Down Syndrome for puberty and healthy adult life	Publishing the manual "Preparing children and adolescents with Down Syndrome for puberty and healthy adult life"	Georgia	Parents of persons with disabilities, specialists	2019	http://dsage.orgia.ge/
21.	Women's Fund in Georgia		Sexual and Reproductive health And Rights (SRHR) Manual	Raising awareness on sexual and reproductive health	Georgia	Population of Georgia	2019	http://womenfundgeorgia.org/Files/WFG-SRHR-

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
								Handbook-GEO.pdf
22.	UNDP Georgia	The UN Sustainable Development Goals	Transforming the social protection system for persons with disabilities in Georgia	Changing the medical approach to persons with disabilities	Georgia	Persons with disabilities	2020	https://www.ge.undp.org/content/georgia/ka/home.html
23.	Social Workers' Union	Women's fund in Georgia	Promoting access to sexual and reproductive health services for homeless children	Supporting specialists working with homeless children in raising awareness on sexual and reproductive health	Tbilisi	Homeless children	2021	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
24.	Cognitive Center of Georgia	Women's fund in Georgia	"Is a woman a human being?"	Empowering girls and women psychologically by providing the right information about their bodies, their rights and developing their skills.	Batumi	Women and girls	2021	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
25.	XXI / Center for Youth Development	Women's fund in Georgia	Teaching sexual and reproductive health and rights through informal education	Promoting sexual and reproductive health and rights education and advocating for equal education	Sagarejo	Women and girls	2021	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
26.	Mariani	Women's fund in Georgia	My body beyond the light	Increasing access to information on sexual and reproductive health and rights for girls and women with visual impairments		Blind and visually impaired girls and women	2021	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
27.	Identoba	Women's fund in	Reproductive rights and health of rural	Increasing access to information on sexual	Adjara	Women living in	2021	https://www.womenfundgeorgia.org

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
		Georgia	women living in mountainous Adjara	and reproductive health and rights		rural areas		rg/ka/Publications/AnnualReports
28.	Women's Gaze	Women's fund in Georgia	Free gynecological assistance for socially vulnerable women during the Covid 19 pandemic	Conducting free gynecological examinations and providing assistance in the treatment process to socially vulnerable women.	Tbilisi	80 socially vulnerable women aged from 16 to 30 years	2021	https://www.womenfundgeorgia.org/ka/Publications/AnnualReports
29.	„Association HERA XXI“		Youth-friendly services	<p>Access to legally protected, high quality sexual and reproductive health services. The following services can be received through the call center:</p> <ul style="list-style-type: none"> • Free, face-to-face, online and telephone consultation on sexual and reproductive rights and domestic violence; • Free, face-to-face telephone consultation with a doctor-reproduction specialist; • Counseling service for young people, free, face-to-face online consultation; • Free, face-to-face online telephone consultation with a social worker for IDPs. 	Georgia	Girls and women of fertile age; girls and women below the poverty line; internally displaced girls and women of fertile age; rural population; girls and boys aged 14 to 25; high risk groups; ethnic minorities	Ongoing	https://hera-youth.ge/%e1%83%9e%e1%83%a0%e1%83%9d%e1%83%92%e1%83%a0%e1%83%90%e1%83%9b%e1%83%94%e1%83%91%e1%83%98%e1%83%a1%e1%83%94%e1%83%a0%e1%83%95%e1%83%98%e1%83%a1%e1%83%94%e1%83%91%e1%83%98/
30.	„Association HERA XXI“		Women's sexual and reproductive health and rights	Facebook allows women to anonymously receive qualified consultation, tailored to their needs in	Georgia	Women	Ongoing	https://www.facebook.com/groups

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
				the program are involved in the activities of the association, in the process of planning and implementation of various types of information-educational or entertaining-cognitive activities.	ni (IDP settlement).			AE%E1%83%90%E1%83%9A%E1%83%92%E1%83%90%E1%83%96%E1%83%A0%E1%83%93%E1%83%94%E1%83%91%E1%83%98/
33.	„Association HERA XXI“		Youth network of HERA XXI	The main aim of work of youth groups is to promote an environment contributing to the full development of young people, where young people will be able to fully realize their potential and be actively involved in all areas of public life.	Georgia	Young people aged 14-25; girls and boys aged 14-25 living in rural areas; Internally Displaced young people aged 14-25;	Ongoing	https://hera-youth.ge/%E1%83%9E%E1%83%A0%E1%83%9D%E1%83%92%E1%83%A0%E1%83%90%E1%83%9B%E1%83%94%E1%83%91%E1%83%98/%E1%83%90%E1%83%AE%E1%83%90%E1%83%9A%E1%83%92%E1%83%90%E1%83%96%E1%83%A0%E1%83%93%E1%83%94%E1%83

#	Organization	Financial support	Name of the program/project	Aim	Coverage	Target group	Period	Source
								%91%E1%83%98/
34.	Equality Movement		Providing LGBTQ people with free psychological services,	Providing LGBTQ people with free psychological services,	Georgia	LGBTQ people	Ongoing	http://www.equality.ge/
35.	Equality Movement		qualified services of doctors from various disciplines	Providing LGBTQ people with free and anonymous services of doctors from various disciplines	Georgia	LGBTQ people	Ongoing	http://www.equality.ge/
36.	Equality Movement		Creating equal rights and opportunities for LGBTQ people	Creating equal rights and opportunities for LGBTQ people, their integration into society. To achieve this, the organization works on the protection of the community's rights and advocacy.	Georgia	LGBTQ people	Ongoing	http://www.equality.ge/
37.	Partnership for Human Rights	Swedish Association for Sexuality Education (RFSU)	"Sexual and reproductive health rights of women with disabilities"	Partnership for Human Rights is announcing a small grants program on "The issues of sexual and reproductive health rights of women with disabilities". The contest is aimed at empowering women with disabilities and raising awareness about the sexual and reproductive rights of women with disabilities.	Georgia	Women with disabilities	Upcoming	https://www.phr.ge/publication/publication/258?lang=geo

Annex 4. Youth Policy Concept of Georgia for 2020–2030 (For young people, with young people and by young people)

In 2020, the Parliament of Georgia issued a resolution on the approval of the concept of Georgia's youth policy for 2020-2030. The resolution outlines the action plan and defines the expected results.

One of the main tasks of the concept is to increase access to sexual and reproductive services, programs and information for young people. The following issues are the main priorities of Georgia's 2020-2030 Youth Policy Concept in terms of sexual and reproductive health:

- Providing evidence-based information through formal and informal education;
- Proper reflection of relevant standards of school subject in the textbooks and training of teachers;
- Raising awareness of parents and the society and mobilizing their support;
- Providing young people with sexual and reproductive health services in line with Georgia's National Strategy for Promoting Maternal and Newborn Health for 2017-2030;
- Providing friendly sexual and reproductive health services;
- Eliminating harmful practices of early marriage;
- Achieving gender equality and sustainable, equal development of all human beings;
- Providing the society with more information on the legal norms regulating the statutory marriage age and gender-based violence.
- Providing evidence-based information to the young generation on sexual and reproductive health, gender equality and healthy lifestyle issues;
- Promoting the elimination of stigma-based approaches and practices;
- Changing the social norms that reinforce gender stereotypes in society;

Perfecting mechanisms for the protection of adolescents and young people from violence and discrimination.

Annex 5. The third task of 2021-2030 Action Plan of the National Youth Strategy

The table outlines the third task of the Action Plan 2021-2030 of the National Youth Strategy, which aims to strengthen the health and well-being of young people.

According to the mentioned resolution, the activities related to sexual and reproductive health of young people include the following:

- Incorporating the topics of early marriage and adolescent pregnancy in the National Curriculum and Teacher Training Programs;
- Developing and introducing the concept of youth-friendly medical services;
- Informing school staff, including school doctors, about sexual and reproductive health rights;
- Introducing age-appropriate multilateral prevention programs against early marriage, selective abortion, and early pregnancy;
- Integrating youth-friendly reproductive health services at the primary healthcare level for young people aged 15-24;
- Introducing reproductive health issues into the school subject standards of the social and natural sciences and within the homeroom teacher's hours and teaching family life;
- Providing medical services tailored to the specific needs of female prisoners aged 15-24 (cancer and pregnancy screening) and taking into account the medical needs of breastfeeding mothers and mothers with infants in the planning process of medical services;
- Raising awareness of religious leaders about the harmful practices of early marriage, selective abortion, and early pregnancy;
- Informing people with disabilities about reproductive health and rights;
- Raising awareness of gender equality councils and representatives of women's rooms at the municipal level and developing their future action plan on the harmful practices of early marriage, selective abortion and early pregnancy;
- Raising awareness of youth about violence (including: violence against women and domestic violence, as well as sexual violence, cyberbullying, criminal subculture), victim protection and support services;
- Raising awareness of young people about human rights by preparing talk shows and informative-educational programs on the Public Broadcaster and entertaining-intellectual activities and events;
- Preparing the guidelines on the prevention of violence and discrimination for youth workers, which will address issues of violence against women and domestic violence, as well as sexual violence, cyberbullying, etc.;
- Raising awareness of school doctors about violence (including: violence against women and domestic violence, sexual violence, cyberbullying, etc.) and victim protection and support services;
- In primary health care – response of healthcare to violence among young people and domestic violence / gender based violence by young people.
- Developing a guide for the peer education program to raise awareness of young people about violence and discrimination;

- Raising awareness of young people about violence and discrimination through community involvement - preparing a guideline for local governments;
- Developing recommendations for creating community-based social support centers for young people;
- Raising awareness among education workers (including social workers) about youth violence (including: violence against women and domestic violence, sexual violence, cyberbullying, etc.) and victim protection and support services.

Action plan 2021-2023 of National Youth Strategy						
Aim 3:	Strengthening Youth Health and Welfare			Relation to SDGs : Aim 3: Ensuring healthy life and welfare for every person Aim 5: Achieving gender equality and improving opportunities for women and girls Aim: 10: Reducing inequality within and between countries		
Indicator of impact3.1:	Life expectancy by 2019 in total and according to sex		Basic	Target	Sources of Verification:	
				Interim	Final	
		Year	2019	2023	2025	National Statistics Office of Georgia
Index	Total 56.0; Male - 51.8; Female - 60.2	56.8	57.4			
Indicator of impact3.2:	Life expectancy by 2019 in total and according to sex		Basic	Target	Sources of Verification:	
				Interim	Final	
		Year	2019	-	2025	National Statistics Office of Georgia
Index	Total 51.2; Male - 47.0, Female 55.3	51.8	52.5			
Task 3.1:	Reducing the level of chemical dependency and behavioral addiction, including gambling addiction					
Indicator of task	Number of young regular tobacco users		Basic	Target	Sources of Verification:	
				Interim	Final	

outcome 3.1.1:		Year	2018	2023	2025	European school survey on alcohol, tobacco and other drugs
		Index	12%	9%	6%	
Indicator of task outcome 3.1.2:	Index of excessive drinking among adolescents and young people (percentage of young people who have confirmed drinking 5 or more glasses one after another in the last 30 days)		Basic	Target	Sources of Verification:	
				Interim	Final	
		Year	2018	2023	2025	European school survey on alcohol, tobacco and other drugs
		Index	41%	30%	20%	
Indicator of task outcome 3.1.3:	The percentage index of adolescents and young people who have used marijuana in the last 30 days		Basic	Target	(Sources of Verification):	
				Interim	Final	
		Year	2018	2023	2025	European school survey on alcohol, tobacco and other drugs
		Index	8%	6%	4%	
Risk:	The prolongation of COVID-19 crisis, the deteriorating foreign and domestic political situation in the country, the lack of necessary funding, the change of priorities, the lack of coordination					
Task 3.2:	Combating child/early marriages and adolescent pregnancy					
Indicator of task outcome 3.2.1:	Index of adolescent childbearing (1000 15-19 year-old women)		Basic	Target	Sources of Verification:	
				Interim	Final	
		Year	2020	2023	2025	WHO database
Index	32.3	28%	23%			
Indicator of task outcome 3.2.2:	Percentage of 20-24 year-old women who got married before the age of 18		Basic	Target	Sources of Verification:	
				Interim	Final	
		Year	2020	2023	2025	National Statistics Office of Georgia
Index	13.90%	12%	11%			
Indicator of task outcome 3.2.3:	New cases of HIV/AIDS among 14-24-year-old youth (per 1000000 population)		Basic	Target	(Sources of Verification):	
				Interim	Final	
		Year	2018	2023	2025	NCDC
Index	25.40%	23%	22%			
Indicator of task outcome 3.2.4:	New cases of syphilis among 15-24-year-old youth		Basic	Target	Sources of Verification:	
		Year	2018	2023	2025	NCDC

	(per 1000000 population)	Index	15.20%	13%	12%		
Indicator of task outcome 3.2.5:	The unmet demand for family planning among young people		Basic	Target	Sources of Verification:		
				Interim	Final		
		Year	2018	2023	2025	Multi-cluster research	
Task 3.3:	Improving mental health and emotional well-being of adolescents and young people						
Indicator of task outcome 3.3.1:	Suicide rate (suicide attempts and committed suicide) among young people per 100,000 population			Target	(Sources of Verification):		
				Interim	Final		
		Year		2023	2025	Ministry of Internal Affairs, National Statistics Office of Georgia	
		Index		26	18		
Indicator of task outcome 3.3.2:	The number of cases of mental and behavioral disorders among young people per 100,000 population			Target	(Sources of Verification):		
				Interim	Final		
		Year		2023	2025	NCDC	
		Index		130	100		
Risk:	The prolongation of COVID-19 crisis, the deteriorating foreign and domestic political situation in the country, the lack of necessary funding, the change of priorities, the lack of coordination						
Task 3.4:	Reducing violence and discrimination perpetrated against youth and by youth						
Indicator of task outcome 3.4.1:	Prevalence of physical and / or sexual violence by a woman's partner / husband		Basic	Target	(Sources of Verification):		
					Interim	Final	
		Year	2017	2023	2025	National Statistics Office of Georgia	
		Index	0.70%	0.50%	0.10%		
Indicator of task outcome 3.4.2:	The number of crimes committed by youth (aged 14-29) on grounds of intolerance with discrimination basis		Basic	Target	(Sources of Verification):		
					Interim	Final	
		Year	2020	2023	2025	National Statistics Office of Georgia	
		Index	%	0.50%	0.10%		
Indicator of task outcome 3.4.3:	The number of youth (aged 14-29) affected by crimes committed on grounds of intolerance with discrimination basis		Basic	Target	(Sources of Verification):		
					Interim	Final	
		Year	2020	2023	2025	National Statistics Office of Georgia	
		Index	%	0.50%	0.10%		

Indicator of task outcome 3.4.4:	The number of 15-year old youth participating in bullying (HBSC)		Basic	Target		(Sources of Verification):	
				Interim	Final		
		Year	2019	2023	2025	National Statistics Office of Georgia	
Index	36.90 %	0.50%	0.10%				
Indicator of task outcome 3.4.5:	The number of 15-year –old youth affected by bullying (HBSC)		Basic	Target		(Sources of Verification):	
				Interim	Final		
		Year	2019	2023	2025	National Statistics Office of Georgia	
Index	14.00 %	0.50%	0.10%				
Risk:	The prolongation of COVID-19 crisis, the deteriorating foreign and domestic political situation in the country, the lack of necessary funding, the change of priorities, the lack of coordination						
Task 3.5:	Facilitating the implementation of crime prevention activities among youth						
Indicator of task outcome 3.5.1:	The number of young people (aged 14-29) charged with committing a crime			Target		(Sources of Verification):	
				Interim	Final		
		Year		2023	2025	Official Report (s) /Data / Survey (s) of the Responsible Structure (s)	
Index		Decreased 2.5%	Decreased Total small 5%				
Indicator of task outcome 3.5.1:	The number of diverted young people (aged 14-21) due to committing a crime			Target		(Sources of Verification):	
				Interim	Final		
		Year		2023	2025	Official Report (s) /Data / Survey (s) of the Responsible Structure (s)	
Index		Decreased 2.5%	Decreased Total small 5%				
Risk:	The prolongation of COVID-19 crisis, the deteriorating foreign and domestic political situation in the country, the lack of necessary funding, the change of priorities, the lack of coordination						
Task 3.6:	Increasing the involvement of youth in physical and sports activities and introducing healthy eating habits						
Indicator of task outcome 3.6.1:	The level of overweight among adolescents and youth		Basic	Target		(Sources of Verification):	
				Interim	Final		
		Year	2020	2023	2025	Nutrition research, NCDC	
Indicator of task outcome 3.6.2:	The level of obesity among adolescents and youth		Basic	Target		(Sources of Verification):	
				Interim	Final		
		Year	2020	2023	2025	Nutrition research, NCDC	
Index	7.10%	5%	4%				
Indicator of task outcome 3.6.3:	Prevalence index of regular physical activities (3 days/ 3 hours a week)		Basic	Target		(Sources of Verification):	
				Interim	Final		
		Year	2020	2023	2025		

		Index	19.00%	25%	30%	Study on the field of sport in Georgia (2017), the Ministry of Education, Science, Culture and Sport of Georgia
Indicator of task outcome 3.6.4:	Level of youth satisfaction with the opportunities of cultural-creative activities		Basic	Target	(Sources of Verification):	
		Year		2020	2023	2025
		Index	32%	37%	42%	
Indicator of task outcome 3.6.5:	Level of youth satisfaction with entertainment-recreation opportunities		Basic	Target	(Sources of Verification):	
		Year		2020	2023	2025
		Index	24%	29%	34%	
Indicator of task outcome 3.6.6:	Sports infrastructure is developed in regions		Basic	Target	(Sources of Verification):	
		Year		2020	Interim	Final
		Index	N/A	2022	2025	N/A
		Sports infrastructure, ongoing and completed project of the Youth center, additional 6 projects				
Risk:	The prolongation of COVID-19 crisis, the deteriorating foreign and domestic political situation in the country, the lack of necessary funding, the change of priorities, the lack of coordination					
Task 3.7:	Improving the protection of personal data of the youth					
Indicator of task outcome 3.7.1:	Index of studying the state of youth data processing by the State Inspector's service			Target		Sources of Verification:
		Year		Interim	Final	
		Index		2023	2025	Report of the State Inspector's service
				Annual 10% increase – 16 cases of youth personal data processing have been studied	Annual 10% increase – 18 cases of youth personal data processing have been studied	
Risk:	The prolongation of COVID-19 crisis, the deteriorating foreign and domestic political situation in the country, the lack of necessary funding, the change of priorities, the lack of coordination					

Annex 6. Projects implemented in Georgia in 2017-2021 in relation sexual and reproductive health issues

The table below shows the programs and projects implemented by non-governmental organizations in the field of sexual and reproductive health in the last few years. The main beneficiaries of the projects were adolescent girls and women of fertile age, persons with disabilities and members of the LGBT community.

It should be noted that the projects on sexual and reproductive health have been scarce in recent years and do not fully cover all groups of the society.

The analysis of the presented projects reveals that the main content of the existing programs is related to general rights and information, and only very few programs focus on sexual and reproductive health services. It should also be noted that a large part of the beneficiaries of the programs are persons with disabilities, adolescent girls and women of fertile age, and only a few projects have been implemented that focused directly on young people.

Activity	Outcome of the activity	Responsible agency	Deadline
Developing and implementing home care programs for mothers and newborns, including: <ul style="list-style-type: none"> Strengthening the role of PHL workers in preventive, antenatal, maternity and postpartum care, breastfeeding benefits and early childhood development (especially in rural / inaccessible areas), including the wide introduction of telemedicine methods; Taking into account the needs of vulnerable groups (including women with disabilities); Developing and introducing a register of home care programs.	Home care programs for mothers and newborns have been developed and implementation has begun Basic: No. Target: Yes Number of PHL (primary healthcare level) institutions where the provision of services through modern methods of telemedicine is introduced. Basic: 0 Target: 200	Ministry of Healthcare	2021-2023
Orienting and informing local governments, NGOs and the public to increase access to maternal and neonatal health services.	Number of orientation / information meetings Basic: 0 Target: >11	Ministry of Healthcare	2021-2023
Increasing financial access to maternal and neonatal health services, including: <ul style="list-style-type: none"> Integration of pre-conception services in the basic package of PHL. Review the mechanisms of postnatal care funding 	Percentage of primary care facilities that provide pre-conception services as part of a basic service package. Basic: No. Target: 15% Postnatal care funding mechanisms have been updated. Basic: No. Target: Yes Percentage of personal costs for reproductive / family planning, maternity and neonatal health services, out of the total sum of costs Basic : 2.8% Target: 2.5%	Ministry of Healthcare	2021-2023

Activity	Outcome of the activity	Responsible agency	Deadline
<p>Preparing and conducting a national information, education, and behavior change communication campaign (including for people with disabilities) to improve the healthy behavior of mothers and families, including finding family-planning, uncomplicated and complicated pregnancy and childbirth care services, focusing on the following messages:</p> <ul style="list-style-type: none"> • Advantages of early visits to antenatal facilities; • Preparation for childbirth; • Nutritional practices important for maternal and newborn health; • Postpartum / postnatal services and neonatal care; • Identifying causes of death of mothers and infants and signs of danger; • Modern methods of family planning; • The importance of finding medical services in timely manner; • Encourage men's involvement in maternal and newborn health 	<p>Percentage of the target audience that has heard / seen messages about maternal and newborn health.</p> <p>Basic: No. Target: 90%</p>	<p>Ministry of Healthcare / NCDC</p>	<p>2021-2023</p>
<p>Creating a special website and mobile application for pregnant women and young mothers and adapting them for persons with disabilities (including COVID-19 and other infection control).</p>	<p>Web-site and mobile application have been created</p> <p>Basic: no Target: yes</p>	<p>NCDC</p>	<p>2021-2023</p>
<p>Creating a special website and mobile application for pregnant women and young mothers and adapting them for persons with disabilities (including COVID-19 and other infection control).</p>	<p>Press-package has been elaborated</p> <p>Basic: no Target: yes</p> <p>Increased media coverage of maternal and newborn health issues based on an accurate and substantive approach.</p> <p>Basic: No. Target: Yes</p>	<p>Ministry of Healthcare; NCDC</p>	<p>2021-2023</p>
<p>Organizing social mobilization activities, including Mothers and Newborns Week; also celebrating the International Day of Women and Children.</p>	<p>Number of activities for social mobilization</p> <p>Basic: 0 Target: at least 2</p>	<p>Ministry of Healthcare / NCDC</p>	<p>2021-2023</p>
<p>Improving financial access to modern family planning services and modern methods of contraception for priority target groups</p>	<p>The provision of modern contraceptives is included in the basic package of universal healthcare users, for the selected target groups.</p>	<p>Ministry of Healthcare</p>	<p>2021-2023</p>

Activity	Outcome of the activity	Responsible agency	Deadline
Developing / updating the guidelines and protocols for sexual and reproductive health services	Number of updated guidelines and protocols for family planning services Basic: 3 Target: 5	Ministry of Healthcare; professional associations	2021-2023
Developing stratified family planning service packages that meet the standard requirements for equipment, methods, infrastructure, and qualified medical personnel at both the PHL and specialized service levels.	Stratified packages of family planning services are developed Basic: no Target: yes	Ministry of Healthcare	2021-2023
Developing an instrument for minimum data collection for each level of service to routinely collect data and analyze the quality of service and utilization	Tools for collecting disorganized data (including for people with disabilities) related to the use of family planning services have been developed for each level of service. Basic: No. Target: Yes	Ministry of Healthcare / NCDC	2022-2023
Updating family planning curricula (including for nurses) in the field of postgraduate and continuous medical education, with focus on the provision of services through telemedicine.	A standardized training program for family doctors (including those tailored to the needs of persons with disabilities) has been revised to ensure the full inclusion of the family planning component and the full range of contraceptive methods. Basic: No. Target: Yes Alternative and innovative methods of providing family planning services (TV medicine, online training courses) are supported and implemented Basic: No. Target: Yes	Ministry of Healthcare Tbilisi State Medical University	2021-2023

Annex 7. Focus group discussion guide

SERVICES

1. Please name all the places and people you know of which young people like yourself can visit and talk to, to find out about relationships, sex, contraception, STIs etc.?
2. Are there any medical institutions (health services) that you are aware of?
3. In your opinion, are these (medical) services equally accessible to everyone? Please explain.
4. What are your general impressions of the health services provided for young people? What do you think are the most important features of a sexual health service for young people? What do you think are the essential elements of a service? What will make young people go?
5. How can these services be most easily delivered to young people?
6. Have you ever been to any services for help and advice about relationships, contraception, STIs, sex etc.? Could you please name them?
7. How were you treated? How did you feel? Did you get the help that you wanted? Were you satisfied with the visit?
8. Are there any services that are not available today? Could you please name them?
9. Can you think of 3 words which are the most important to use when advertising and promoting sexual health services for young people?
10. Please describe how your most recent experience with a sexual- and reproductive service was?
 - Do you feel that you received help?
 - Have the services you attended been welcoming, friendly, helpful, confidential etc.?
 - Are the services easy to get to, open at convenient times?
 - Do they provide you with all the services you want/require?
 - How were you treated? How did you feel? Did you get the help that you wanted? Were you satisfied with the visit?
 - Could you describe your most positive and negative experience?
 - Where did you get information about this service? Family, friends, school etc.
11. In your opinion, which services for young people are currently lacking and need further development. How do you think the services in your locality could be improved?

SEXUAL EDUCATION

1. How would you explain the term “sexual education?”
2. How do young people of your age usually find out about relationships, sex and contraception? Whom or what are the most important sources of information to young people?
3. Do you feel that young people are free to talk about these topics (relationships, sex, contraception) in their interactions, or are these topics tabooer?
4. How do you feel about the sex education that is provided in school? Please explain.
5. How can school-based sex education be made more effective? What needs to be changed?
6. Do you think that the availability of information about sex education in the wider society is sufficient? Please explain.
7. Would you need sex education information / training from a youth counseling service provider? Do you think they should also offer this service?