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**GENDER-RESPONSIVE ADOLESCENT HEALTH  
AND WELL-BEING IN UKRAINE**

*The paper summarizes the key findings of gender assessment of the current trends in adolescent health and well-being in Ukraine. Some important issues of author's concern covered a general deterioration of adolescents' health, increased incidence of communicable diseases, including HIV-infection and sexually transmitted diseases, the lack of comprehensive knowledge about ways of HIV transmission, prevalence of risky behaviors and unhealthy way of life.*

*Most of these problems are gender-sensitive and may result in the increased vulnerabilities for either boys or girls. In particular, risky behaviors and unhealthy habits are more prevalent among boys, including the early start of smoking and alcohol consumption. At the same time, the problems of reproductive health are more acute for girls, as they absolutely prevail among registered patients with STIs in the ages of 15–17. The problem of HIV-infecting is also getting pressing for adolescent girls, mostly due to the increased role of sexual transmission. As a whole, adolescent girls are more likely to have multiple health complains, as compared with boys.*

*In the context of reproductive health, a particular attention is paid to the problems of high adolescent birth rate that largely exceeds the European indicators, as well as unmet need for contraception and abortions. The pressing problem of violence against children is also uncovered in the paper, while the author articulates the gender dimension of adolescents' experience of violence, including bullying, domestic violence, trafficking in human beings, and involvement of adolescent girls into the sex work. The author argues that particular challenges remain unsolved in accessing the most marginalized and vulnerable adolescents, as well as children in stationary institutions.*

*Gender-responsive policy programming has to be developed to address the outlined problems, including targeted information campaigns on health and life style issues. The Internet and social media are considered the most effective information channels for adolescents and young people in both advancing gender-responsive health and well-being and transforming gender stereotypes that limit adolescent girls' empowerment.*

*The paper was prepared within the framework of UNICEF Country Office Gender Programmatic Review and Gender Action Plan programming activities.*

**Keywords:** *adolescent health and well-being, violence against children, gender-responsive policy programming.*

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## ГЕНДЕРНИЙ ВИМІР ЗДОРОВ'Я ТА ДОБРОБУТУ ПІДЛІТКІВ В УКРАЇНІ

*Узагальнено ключові результати гендерної оцінки сучасних тенденцій у сфері здоров'я та добробуту підлітків в Україні. Розглянуті проблемні питання охоплюють високий рівень захворюваності підлітків, включаючи ВІЛ-інфекцію та хвороби, що передаються статевим шляхом, брак обізнаності щодо шляхів передачі ВІЛ, поширення ризикованої поведінки та шкідливих звичок. Більшість із цих проблем є гендерно чутливими та можуть призводити до підвищеної вразливості хлопців або дівчат підліткового віку. Зокрема, ризиковані моделі поведінки та шкідливі звички більше поширені серед хлопців, включаючи ранній початок тютюнопаління та споживання алкоголю. Разом із тим, проблеми в сфері репродуктивного здоров'я більш актуальні для дівчат, оскільки саме вони переважають серед підлітків, хворих на інфекції, що передаються статевим шляхом. У контексті репродуктивного здоров'я особливу увагу приділено високій підлітковій народжуваності, оскільки за цим показником Україна значно випереджає країни Європи. Незадоволена потреба в контрацепції та брак знань щодо особливостей планування сім'ї також спричиняють поширення небажаних вагітностей та абортів серед дівчат-підлітків. Окреслено актуальну проблему насильства щодо дітей, що має чіткий гендерний вимір, включаючи вразливість до булінгу, домашнього насильства, торгівлі людьми та залучення неповнолітніх дівчат до секс-роботи. На думку автора, особливі виклики в цьому контексті пов'язані зі становищем вразливих категорій підлітків та дітей, що мешкають в інтернатних закладах.*

*Вирішення означених проблем потребує запровадження гендерно відповідального підходу до планування заходів політики, включаючи цільові інформаційні кампанії щодо популяризації здорового способу життя серед підлітків. Автор наголошує, що найбільш ефективним комунікаційним каналом у цьому випадку можуть стати мережа Інтернет та соціальні медіа.*

*Стаття підготовлена в рамках Гендерного програмного огляду та Планування програми дій представництва ЮНІСЕФ в Україні.*

**Ключові слова:** здоров'я та добробут підлітків, насильство щодо дітей, програмування політики з урахуванням гендерного фактору.

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## ГЕНДЕРНОЕ ИЗМЕРЕНИЕ ЗДОРОВЬЯ И БЛАГОПОЛУЧИЯ ПОДРОСТКОВ В УКРАИНЕ

*Обобщены ключевые результаты гендерной оценки современных тенденций в сфере здоровья и благополучия подростков в Украине. Рассмотренные проблемные вопросы охватывают высокий уровень заболеваемости среди подростков, включая ВИЧ-инфекцию и болезни, передающиеся половым путем, недостаток осведомленности о путях передачи ВИЧ, распространение рискованных форм поведения и вредных привычек. Большинство этих проблем гендерно чувствительны и могут приводить к повышенной уязвимости мальчиков или девочек подросткового возраста. В частности, рискованные модели поведения и вредные привычки более распространены среди мальчиков, включая раннее начало табакокурения и употребления алкоголя. Вместе с тем проблемы в сфере репродуктивного здоровья более актуальны для девочек, так как именно они преобладают среди подростков, страдающих от инфекций, передаваемых половым путем. В контексте репродуктивного здоровья особое внимание уделено высокой подростковой рождаемости, поскольку по этому показателю Украина значительно опережает страны Европы. Неудовлетворенная потребность в контрацепции и недостаток знаний об*

*особенностях планирования семьи также приводят к распространению нежелательных беременностей и аборт среди девочек-подростков. В статье также рассмотрена актуальная проблема насилия по отношению к детям, имеющая четкое гендерное измерение, включая уязвимость к буллингу, домашнему насилию, торговле людьми и вовлечение несовершеннолетних девушек в секс-работу. По мнению автора, особые вызовы в этом контексте связаны с положением уязвимых категорий подростков и детей, проживающих в интернатных заведениях. Решение обозначенных проблем требует внедрения гендерно ответственного подхода к планированию мероприятий политики, включая целевые информационные кампании, направленные на популяризацию здорового способа жизни среди подростков. Автор делает акцент на том, что наиболее эффективным коммуникационным каналом в этом случае могут стать сеть Интернет и социальные медиа.*

*Статья подготовлена в рамках Гендерного программного обзора и Планирования программы действий представительства ЮНИСЕФ в Украине.*

**Ключевые слова:** *здоровье и благополучие подростков, насилие по отношению к детям, программирование политики с учетом гендерного фактора.*

**Introduction.** Adolescence as a second decade of life is an important period of individual development, while adolescent health has an impact across the life-course. Adolescent health and development was made an integral part of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), being recognized as vital for the progress towards achieving the Sustainable Development Goals. According to the recent studies of the World Health Organization (WHO), investments in adolescent health and well-being bring multiple dividends of social and economic benefits, including immediate improving of adolescents' health, their future adult lives and potential positive effects for their own children. Moreover, investments in adolescent health and well-being will not only transform the lives of girls and boys around the world, but will also generate high economic returns, especially in low income countries.

In 2014, the WHO «Health for the World's Adolescents» report [1] showed that considerable gains from investments in maternal and child health programmes are at risk of being lost without corresponding investments in adolescent health. The latest data show that more than 3,000 adolescents die every day from largely preventable causes, and that many key risk factors for future adult diseases start or are consolidated in adolescence, including physical inactivity, poor diet, and risky sexual behaviours.

Gender gaps and disparities are significant for adolescents, as boys and girls have different problems and needs at this life stage; they also may face different risks and vulnerabilities in terms of health and well-being. In addition, gender norms and attitudes start to be developed and reproduced already in adolescence, influencing priorities, opportunities and empowerment of young people. That's why gender analysis of various dimensions of adolescent health and well-being is crucial to provide adequate response to the needs of young people and expand their opportunities of development. Gender-responsive programming intentionally allows gender to affect and guide services, creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of girls' and boys' lives, and is responsive to the issues and needs of representatives of both sexes being served.

**Literature review.** Recently, many comprehensive gender studies and assessments have been realized in Ukraine [2; 3]. Some vulnerable categories of women and girls were targeted as special groups of gender analysis, in particular rural, elderly, and Roma population, HIV-positive persons and survivors of gender-based violence. The national experts articulate that persistent social stereotypes on distribution of roles and powers between women and men are widely believed to be the major constrains in promoting gender equality, being closely related to unequal distribution of resources, opportunities and powers between men and women.

As to adolescents, gender gaps in their public attitudes may be available for analysis based on the 2015 Youth of Ukraine Survey [4] and 2012 Ukraine Multiple Indicator Cluster Survey (MICS) [5]. Issues of school-to-work transition for young people were covered by 2016 ILO Work for Youth Survey (W4Y) [6]. A comprehensive overview of the key challenges faced by girls in Europe and Central Asia (ECA) region was provided by the UNFPA report «10: How our common future in Eastern Europe and Central Asia depends on a girl at this pivotal age» [7], while multiple aspects of adolescent health, including reproductive health, and fertility trends in Ukraine were covered by Aksyonova [8].

Despite a robust legislative framework and programmes developed to address gender inequality and child rights, there are still some persistent contextual challenges related to adolescent health and wellbeing, as well as social norms, particularly related to violence. Adolescence is usually associated with the teenage years, but its physical, psychological or cultural expressions may begin earlier and end later. While there are no universally accepted definitions of adolescence and youth, the United Nations and other international organizations understand adolescents as persons aged 10–19, and youth as those between the ages of 15–24 for their statistical purposes. Together, adolescents and youth are referred to as young people, encompassing the ages of 10–24 years. Due to data limitations, these terms can refer to varying age groups that are separately defined as required. Also, the age end of adolescence varies by country and its social and cultural context.

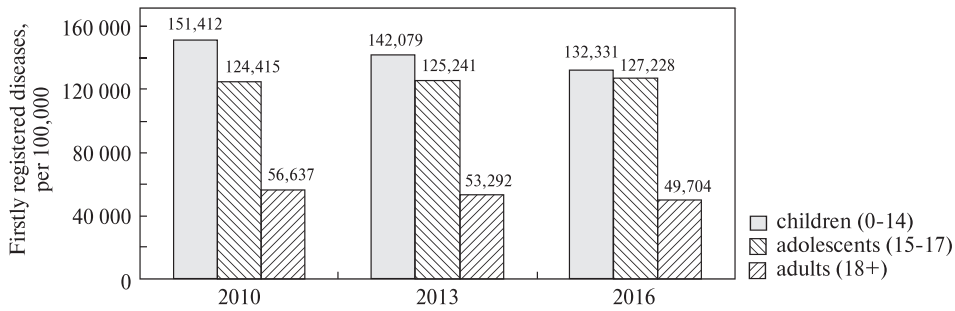
In particular, the current legislation of Ukraine doesn't provide any legal definition of «adolescents», though this term is used in some normative regulations of the Ministry of Health of Ukraine. For statistical purposes, the national researchers categorize adolescent population within the age group of 15–17, while the youth is defined as persons in the age of 14–35 by the Law of Ukraine «On Facilitation of Social Empowerment and Development of Youth in Ukraine». In this study, we focus on the particular age group of 15–17 to address the issues of adolescent health and well-being.

This paper aims at gender-responsive assessment of the current problems in terms of adolescent health and well-being, including communicable diseases, reproductive health, risky behaviours and life style of young people. The paper has been prepared within the framework of UNICEF 2012–2016 Gender Programmatic Review and Gender Action Plan for the next Country Programme.

**Key findings.** According to the WHO, adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Acknowledging the multiple gender disparities in Ukraine's society, the current paper addresses those domains of unequal gender-based attitudes, treatments and opportunities which are particularly important in terms of outcomes for adolescents. The targeted gender priorities for adolescent health and well-being are covered with in-depth situational analysis below.

*Adolescent health and life style associated problems.* According to the WHO Regional Office for Europe, multiple worrying trends are observed in Ukraine's public health, including high rates of mortality and morbidity, low life expectancy, prevalence of communicable diseases and risky behavioural patterns, as well as the total lack of a healthy life style. Inadequate response of the healthcare system is also argued by most experts; as a result, Ukraine was ranked 99 th out of 145 countries by public health score based on the Bloomberg rating in 2013.

Most of these healthcare problems have important outcomes in terms of adolescent's health. In particular, the number of firstly registered diseases among adolescents has been



**Fig. 1. Incidence of diseases among children, adolescents and adult population (number of firstly registered diseases per 100,000 persons), 2010–2016**

*Source:* Medical Institutions and Population Morbidity in Ukraine, Statistics Bulletin, State Statistics Service, 2010–2016.

more than twice as high as the same indicator for the adult population (correspondingly 127,228 firstly registered diseases per 100,000 persons aged 15–17 in contrast to 49,704 diseases per 100,000 adults). Moreover, the incidence of diseases among adolescents (ages 15–17) has been increasing since 2010, while the opposite trends have been observed among children and adults (Fig. 1). As a result, some medical examinations reveal that only 2 % of children can be regarded healthy after graduation from school [9]. Based on the Health Behavior in School-Aged Children Survey (HBSC), girls evaluate their health to be worse compared to boys (27 % of girls reported their health to be satisfactory or bad compared to 14 % of boys) [10]. Generally, girls are more likely to have multiple health complaints, with differences in prevalence increasing with age.

Diseases of the respiratory system prevail in the structure of adolescent's morbidity (almost a half of the total registered diseases). Diseases of the skin and subcutaneous tissue, digestive and genitourinary system, and eye apparatus are also quite prevalent. Mental and behavioral disorders among adolescents are of particular concern, as there were 415 incidents per 100,000 children in the age of 15–17 registered in 2016 (287 incidents per 100,000 adult persons). Importantly, injuries, poisonings and other consequences of external cause remain quite prevalent among adolescents (6,714 incidents per 100,000 children aged 15–17 in 2016), being often associated with risky behavior patterns. In terms of the aggregate demographic outcomes, the external death causes are much more important for male population, as compared with females; these disparities are increasing with the age among young population (Fig. 2), and largely contribute to the gender gap in the average life expectancy.

*Life-style associated health problems are also more acute for male population.* Currently, cigarette smoking is much more prevalent among men, in particular in rural areas of Ukraine. As to women, sociological surveys reveal that women are more likely to smoke if they are young, live in large cities and have a university education [10]. Smoking mainly starts during adolescence, and the percentage of those teenagers who smoked their first cigarette before the age of 15 doesn't differ considerably between urban and rural areas. Gender factor is significant in early smoking practices, as only 13 % of girls and 31 % of boys (age 15) smoked at least once a week in Ukraine. Boys are also much more likely to engage in other unhealthy behavioral patterns than girls. Every tenth boy and 6 % of girls have tried alcohol by the age of 11 [10]. In terms of body mass index, 15 % of boys and 7.5 % of girls were overweight or obese in Ukraine [10].

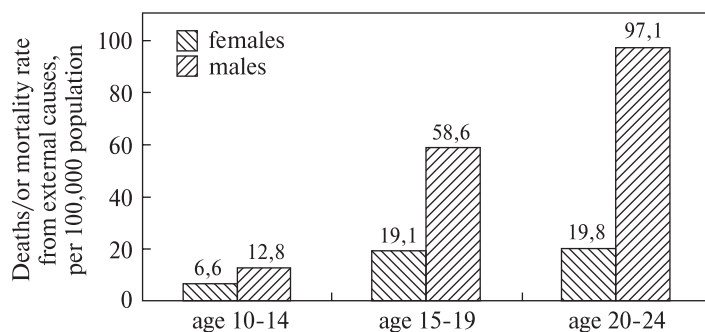


Fig. 2. Deaths of the external death causes by sex and age groups, per 100,000 population, 2016

Source: Medical Institutions and Population Morbidity in Ukraine, Statistics Bulletin, State Statistics Service, 2016.

Issues of reproductive health are of particular concern, as international comparisons demonstrate disadvantaged position of Ukraine in terms of prevalence of sexually transmitted infections (STIs), unwanted pregnancies and abortions among teenagers. Ukraine's adolescents are at risk of contracting STIs (Table 1) and HIV-infection due to low levels of awareness and risky behaviors. In particular, 30 incidents of syphilis were registered among adolescents (ages 15–17) in 2016 (more than two thirds of them were registered among girls), as well as 62 incidents of gonorrhoea (a half of them among girls). As a result, many girls are already experiencing some reproductive health harm, when they enter the reproductive age.

Table 1. Firstly registered diagnoses associated with STIs by sex and age groups in Ukraine, 2016

Indicators	Total, persons	Of them:		Proportion, %	
		male	female	male	female
<b>Firstly registered diagnoses of syphilis</b>					
Total population, in persons	3,220	1,815	1,405	56.4	43.6
per 100,000 population	7.6	9.2	6.2	x	x
of them by age groups:					
0–14	22	11	11	50.0	50.0
15–19	117	47	70	40.2	59.8
of them: 15–17	30	8	22	26.7	73.3
20–24	371	170	201	45.8	54.2
<b>Firstly registered diagnoses of gonorrhoea</b>					
Total population, in persons	5,326	3,551	1,775	66.7	33.3
per 100,000 population	12.5	18.0	7.8	x	x
of them by age groups:					
0–14	24	1	23	12.5	87.5
15–19	294	159	135	54.2	45.8
of them: 15–17	62	28	34	44.7	55.3
20–24	1,164	778	386	68.3	31.7

Source: Medical Institutions and Population Morbidity in Ukraine, Statistics Bulletin, State Statistics Service, 2010–2016.

According to the HBSC, every third boy and every sixth girl aged 13–17 had a sexual experience, at the same time almost every eight boy and every third girl hasn't used a condom during the last sexual intercourse [10]. Only 24 % of adolescents demonstrated comprehensive knowledge about patterns of HIV transmission that is far below the target of 95 % awareness among youth. Based on UNICEF study, only 10 % of adolescents had any lifetime experience of HIV testing (15 % for girls and only 7 % for boys), while only 28 % of them correctly identify the ways of HIV transmission [11].

As a result, the problem of HIV/AIDS has become particularly pressing for Ukraine, with an estimated adult HIV prevalence of 1 %. While men still account for the majority of people living with HIV in the country, women's share is gradually growing, accounting for almost 43 % of the new diagnoses and almost 47 % of total registered HIV-positive persons in 2016. Importantly, the number of firstly registered HIV-infected women is more than 4 times as large as the corresponding number of men in the ages of 15–17 (Table 2). Such increase is largely associated with growing role of sexual transmission of HIV, resulting from insufficient comprehensive knowledge about ways of HIV prevention and transmission.

In terms of reproductive health, teenage pregnancy still remains a pressing problem, although a decline in the number of unwanted pregnancies and abortions was observed in all age groups of women in Ukraine (Table 3). A sharp drop in adolescent birth rates took place in 1991–2000 (Fig. 3); still, no important progress has been observed since then. As a result, Ukraine's adolescent birth rate (27.3 live births per 1,000 women ages 15–19 in 2015) largely exceeds the European indicators (respectively 11.0 live births in EU as on average in 2014). The highest teenage birth rates are traditionally registered in Zakarpattia oblast (52.8 live births per 1,000 women aged 15–19), resulting from prevalence of early marriages in Roma communities located in the region. In particular, there were 161 births in the age under 16 registered in the region in 2015. Also, birth rates in the age under 20 are quite high in Kirovograd, Mykolayiv and Kherson oblasts. This trend is particularly important with regard to opportunities of women's empowerment, as early motherhood is associated with persistent constrains for girls' education and employment.

*Adolescent well-being and interpersonal violence.* As a whole, the problem of violence remains quite prevalent among children, as one-third of all school children reported being engaged in fights at least once a year, and every fifth girl has resorted to using force to assert

Table 2. HIV-infected and AIDS-positive persons by sex and age groups in Ukraine, 2016

Indicators	Age	HIV-infection			AIDS		
		total	male	female	Total	male	female
Number of persons with firstly registered diagnosis	total	17,066	9,808	7,258	8,852	5,462	3,390
	0–14	2,817	1,412	1,405	61	29	32
	15–17	38	7	31	9	4	5
	18–24	846	324	522	123	42	81
Number of persons, registered in medical institutions as on the end of the year	total	132,945	70,369	62,576	38,730	24,304	14,425
	0–14	7,868	3,877	3,991	696	338	358
	15–17	471	222	249	125	72	53
	18–24	9,947	3,824	6,123	897	400	497

Source: Medical Institutions and Population Morbidity in Ukraine, Statistics Bulletin, State Statistics Service, 2010–2016.

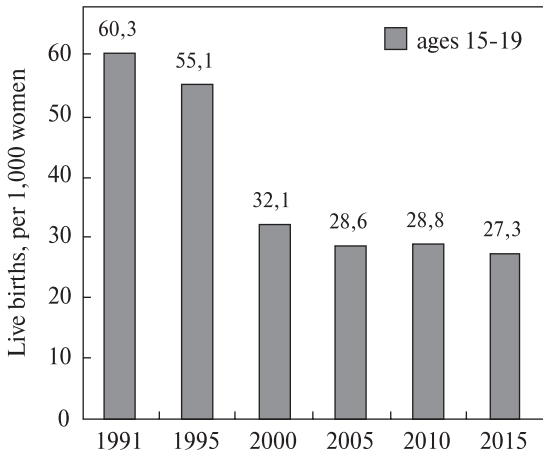


Fig. 3. Adolescent birth rates in Ukraine, 1995–2015

Table 3. Number of abortions by age groups of women in Ukraine, 2008–2016

Year	Total number	of them among women in the age:			
		under 14	15–17	18–19	20–34
2008	217,413	103	3,836	15,454	161,683
2009	194,845	83	3,012	13,240	144,864
2010	176,774	84	2,433	10,486	131,823
2011	169,131	85	2,186	9,349	125,895
2012	153,147	76	1,869	7,901	113,045
2013	147,736	54	1,685	6,985	108,652
2014	116,104	51	1,170	5,059	85,575
2015	106,357	44	1,019	4,329	78,084
2016	101,121	56	875	3,815	73,680

Source: State Statistics Service of Ukraine.

herself [10]. Based on HBSC in Ukraine, 36 % of school children have been insulted at least once a year, including text messages, timeline posts on social media, e-mails or web-sites, while the key drivers of bullying are low openness to communication and low family income. While girls were more often the victims of bullying than boys, the type of bullying carried out by boys and girls differed with boys more associated with explicit bullying (which some incorrectly defined as including fighting) and with girls more associated with implicit or indirect bullying [12].

Whether it occurs inside or outside schools, violence against children is highly gendered, as patterns of violence and causation differ for girls and boys. Usually, girls are more likely than boys to be at risk of sexual violence in forms such as sexual harassment, sexual assault, and rape. Such experience could provoke not only immediate negative consequences in terms of health loss and emotional harm, but also result in the postponed long-term effects



caused by psychological traumas and quite prevalent stigma attitude to survivors of sexual violence. At the same time, boys are at greater risk of physical attacks, which also impact negatively on psychosocial well-being and performance in school. Sociological surveys show that experience of physical and sexual violence may start as early as in the ages 15–17 [13], while the incidence of GBV increases with survivors' age (Table 4).

In 2016, there were 127,478 complains on domestic violence to the National Police, of them 982 were provided by children. Most complains were classified as administrative offences (80,082 administrative protocols issues), only 4% of complains were subjects to initiate the criminal proceedings (5,303 complains). In addition, the National Child Hotline is operated by NGO «La Strada-Ukraine», providing counseling on children's rights. In 2016, there were 45,392 calls registered by consultants (7,000 calls more than in 2015 and 18,000 more than in 2014). The largest number of calls was devoted to psychological problems and fears (28 %), while issues of children's rights were subjects of 18 % of calls, reproductive health, sexuality and intimate relations – 14.9 % of calls, relations with friends and classmates – 8.6 %, domestic violence and bullying – 6.2 % of total calls.

The experts argue that children often do not understand that their rights are violated, so the tasks of consultants are not only to provide advice, but also identify the fact of violence. Most of callers to the Child Hotline are children (84.6 %), while some adults apply to have advice on their misunderstanding with adolescent children or children's problems with school teachers or classmates. Sometimes, indifferent adults call in case of observed domestic violence against children (grandparents, neighbors, and friends).

The experts argue that children in special (stationary) institutions may face particular problems with violence and other types of rights violation. Indeed, only 137 calls to the National Children's Hotline (0.3 % of total calls) came from children in stationary institutions. That may result from the low awareness on availability of the Hotline among such children, from the lack of access to communication facilities in the institutions (e.g. no phone). As a result, children have no assistance in addressing the problem of bullying, conflicts with close persons and friends or misunderstanding with workers of stationary institutions (including physical punishment).

Escalation of the new GBV challenges due to the conflict in Eastern Ukraine caused a need in the new studies on various forms of violence in the conflict-affected regions [14, 15]. Multiple evidences on the increased vulnerability of displaced persons to various forms of violence were collected. Importantly, new forms of GBV appeared, being related to survival sex strategies in the conflict setting and humanitarian crisis, as well as multiple evidences of adolescent GBV victims in the conflict-affected regions.

**Table 4. Experience of physical and sexual violence by adolescent girls and young women in Ukraine (percentage of women, who experienced any form of violence), 2014, %**

Age groups	Physical violence	Sexual violence	Physical and sexual violence	Physical or sexual violence
15–17	5.6	1.5	0.6	7.7
18–19	10.3	2.1	0.0	12.4
20–24	10.0	2.4	2.1	14.4
Total	14.5	2.9	5.0	22.4

Source: [13].

As a whole, *involvement of adolescent girls into the sex work* is of particular concern in Ukraine. This problem was articulated in the Concluding Observations of the Convention on Rights of a Child (CRC) and Convention on Elimination of All Forms of Discrimination against Women (CEDAW) Committees and well-illustrated by multiple surveys and social studies [16]. The alternative «shadow» report to the CEDAW Committee (2016) declared that «there are cases of abduction of women and girls from the area of fighting to sell them as sexual and labor slaves. In the so-called «grey area», the «shadow» sex industry is being developed... Women are forced into prostitution because of poverty, they put their health at risk and are stigmatized in the society» [17].

Finally, the problem of *human trafficking* is relevant for Ukraine, which is a country of origin, transit, and destination of sex trafficking and forced labour in men, women, and children. All types of trafficking are observed in the country, including labor exploitation, begging and forced prostitution. The situation is particularly risky in the conflict-affected regions, as there have been reports of kidnapping of women and girls for the purposes of sex and labor trafficking. A variety of sources, including the OSCE Special Monitoring Mission in Ukraine, reported children as young as 15 years old continued to take part in active combat as part of combined separatist forces. There were reports that children aged 15 to 17 were actively being recruited to participate in militarized youth groups that teach children to carry and use weapons.

Based on the US Department of State [18], approximately 82,000–200,000 children institutionalized in state-run orphanages are particularly vulnerable to trafficking, having no proper information and access to assistance and protection. The 2016 IOM survey of children in difficult life circumstances (orphans, children from foster families, children in boarding schools, homeless children, etc.) demonstrated that most of them did not receive any timely information over the last year about how to prevent human trafficking. As a result, 40% of vulnerable minors from 13 to 17 were ready to accept at least one offer that may lead to their involvement in human trafficking.

**Conclusions and Recommendations.** The findings of the conducted analysis confirm that problems of adolescent health and well-being are clearly gendered and should be addressed with consideration of gender-responsive policy programming. In particular, the risky behavioral patterns are much more prevalent among boys and may not only result in negative outcomes for their general health, but also contribute to the increased death rates due to external death causes. Unhealthy habits are also more common for boys, including the early start of smoking and alcohol consumption, as well as unhealthy diet.

At the same time, the problems of reproductive health are more acute for adolescent girls. Ukraine is characterized by rather high adolescent birth rates, as compared with the EU indicators, as well as unwanted pregnancies, resulting in abortions among young females. These problems are closely associate with unmet need in contraception and low awareness on the issues of family planning. Adolescent girls' vulnerability of HIV-infection is of particular concern for the same reasons; moreover, a share of women among HIV-positive persons in currently growing in Ukraine, mostly due to increased role of sexual transmission of HIV.

In the context of well-being, adolescent girls and boys face different risks of interpersonal violence, including vulnerability to bullying in schools, domestic violence and human trafficking. Sociological surveys confirm that girls' experience of sexual violence also starts in adolescence and may lead not only to reproductive health harms, but also to postponed emotional effects.

That's why gender-responsive adolescent health and well-being should become the priorities of policy programming in Ukraine, being addressed as gender mainstreaming in

development strategies, as response to critical needs in the conflict-impacted regions of the country. The arguments for policy strengthening can be seen in the increased risks of communicable diseases and risky behaviors, low awareness on preventing HIV/AIDS and unmet needs for contraception among adolescents, prevalence of various forms of violence, including bullying in schools, occasional practices of early marriages and rather high teenage pregnancy rates.

The priority efforts should be concentrated at increasing adolescents' awareness on patterns of safe behavior, potential risks and ways to prevent them. In terms of preventive services, it is important to motivate teenagers to get tested for HIV, in particular by informing them on opportunities to get tested since the age of 14. The targeted preventive interventions should be realized to assist adolescents of the risk groups such as street children, adolescents who consume injective drugs or practice sex work. This task would require some purposeful works on improving the referral system for vulnerable population groups, strengthening capacities of service providers and upgrading skills for social workers, and combating discrimination, stigmatizing and criminalizing of adolescents from the risk groups by establishing friendly and gender-sensitive approaches to service providing.

To address adolescent's needs in improving reproductive health, a network of youth friendly clinics was established in Ukraine, while the targeted governmental programs have been realized, including «Family Planning», «Reproductive Health for 2001–2005», and «Reproductive Health of the Nation for the Period until 2015». The Concept of the new State Social Program on Reproductive Health of the Nation for the Period until 2021 has been discussed by experts in 2016, while multiple problems of public health and well-being were included in the priorities of Ukraine's Sustainable Development Goals till 2030.

Positively, adolescent and youth NGOs have been created in Ukraine, some of which were established and are managed by girls. There is an opportunity to increase the scale of the audience and the participation by adolescents, while successful initiatives of safety programs in schools create opportunities and space to develop this area country wide. In this regard, it is important to engage adolescents to the modern innovative projects to assess their needs and monitor their views on the acute social problems. There are some good cases of using on-line platforms and smartphone apps to get a feedback from young people (such as Teenergizer! youth project or U-Report on-line platform), so this practice should be up-scaled and expanded.

Particular challenges remain unsolved in accessing the most marginalized and vulnerable adolescents, as well as children in stationary institutions. That's why the targeted information campaigns have to be launched to promote gender-responsive health and life style attitudes, while sociological pools demonstrate that internet and social media are the preferred forms of information channels for adolescents and young people. Thus, these partnerships can be crucial to both advancing gender-responsive adolescent health and well-being and challenging gender stereotypes that limit opportunities for adolescent girls' empowerment.

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