

Adolescent Health

FACT SHEET

BHUTAN

Bhutan is a small country in South-East Asia landlocked between China and India. Its population in 2005 was estimated to be around 2,163,000¹ with a growth rate of 2.55%. About 8% of the total population lives in urban areas². The crude birth rate declined from 40 in 1994 to 34 in

2000 and death rate from 15.9 in 1997 to 8.6 in 2000³. According to WHO/SEARO Basic Health Indicators 2004, the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) were 60 and 255 respectively. The total fertility rate at 5.1 is the second highest

in the South-East Asia region. The overall adult literacy rate was estimated to be at 47% in 2000⁴, with the female literacy rate improving from 15% in 1980 to 34% that year. Bhutan's human development index stands at 0.536².

POPULATION OF YOUNG PEOPLE

Bhutan has a very young population with 33% between the ages 10 and 24 (Table-1). Adolescents (aged between 10 and 19) comprise 23.7% of

Bhutan's population with boys accounting for 12.1% and girls for 11.6% in this group. It is estimated that these figures will decline in future primarily

because of a significant drop in fertility rates. By 2025, it is projected that the population of young people will be 29% of the total population⁵.

Table 1: Number and per cent of young people by age and sex in Bhutan, 2004

Age (years)	Male		Female		Total	
	Number	(%)	Number	(%)	Number	(%)
10-14	136,000	6.3	131,000	6.0	267,000	12.3
15-19	126,000	5.8	121,000	5.6	247,000	11.4
20-24	107,000	4.9	103,000	4.8	210,000	9.7
Total	369,000	17.0	355,000	16.4	724,000	33.4

Source: World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2004 Revision. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. <http://esa.un.org/unpp>

STATUS OF EDUCATION

Education is provided free of charge in Bhutan from primary to tertiary levels and there is no discrimination on the basis of gender. However, primary education is not compulsory. The gross primary enrolment rate stood at 72% in 2001 and the government aims to enhance the enrolment of children between 6-12 years of age at the primary level to at least 90% by 2007 during its Ninth Five-Year Plan (2002-2007)⁶. The provision for increase in enrolment to primary and secondary education was also accompanied by

significant progress in the enrolment of girls. Gender parity is close to being achieved in primary education with girls constituting about 47% of the total enrolment in 2002. At the secondary level the gender gap was reduced from 42% in 1991 to 10% in 2002⁷. Gender disparities are also being reduced in primary school drop-out rates. However, 38% of adolescent girls dropped out in the course of their secondary and post-secondary education⁸.

The three prominent reasons for school drop-out among both male and female poor and rural youth reported by a recent study were: a) they were needed at home to assist parents; b) parents unable to afford school expenses; c) failing at the school exams⁹. Nearly 83% of those youth who had dropped out of school because they were needed at home came from peasant families. Data on literacy rates among adolescents is not available.



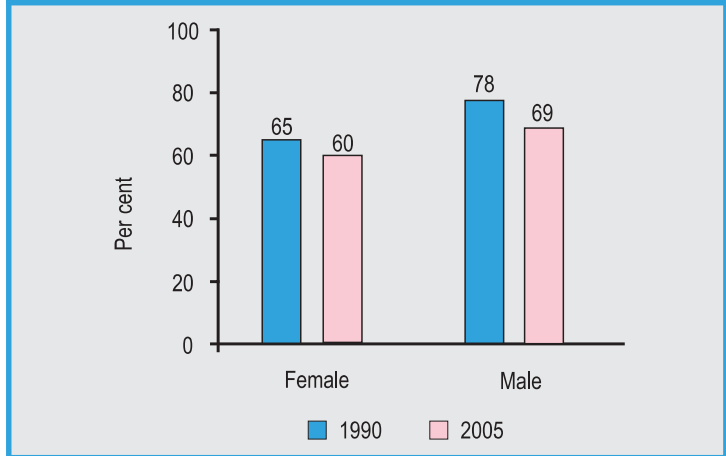
EMPLOYMENT

Currently the majority of the labour work force comprises adolescents and young people in the rural areas which are predominantly agricultural. Traditional practices in agriculture are now undergoing a gradual change because of the shift in social patterns, improving educational infrastructure and an increase in the population. There is, however, some change over the last 15 years in the proportion of adolescents who are economically active (Figure-1).

Bhutan prohibits the employment of minors although child labour is known to exist. Children, mostly boys, can be seen in and around urban areas working for a living. Girls are mostly found working in homes as domestic helps and as baby-sitters. The commercial exploitation of child labour, including child prostitution, is not known in Bhutan.

Migration from rural to urban areas is increasing inexorably. Young and educated people in particular are moving to the towns in search of

Figure 1: Percentage of economically active adolescents aged 15-19 in Bhutan, 1990 and 2005



Source: The World's Youth 2006 data sheet, Population Reference Bureau, Washington DC.

employment. It is estimated that around 50,000 students will enter the labour market during the Ninth Five-Year Plan period (2002-2007) and about 19,000 economically active rural residents are expected to migrate to urban centres seeking employment. Jobs outside the farming sector will need to be created for them¹⁰. Creating appropriate opportunities in both urban and rural areas to meet the aspirations of this generation is

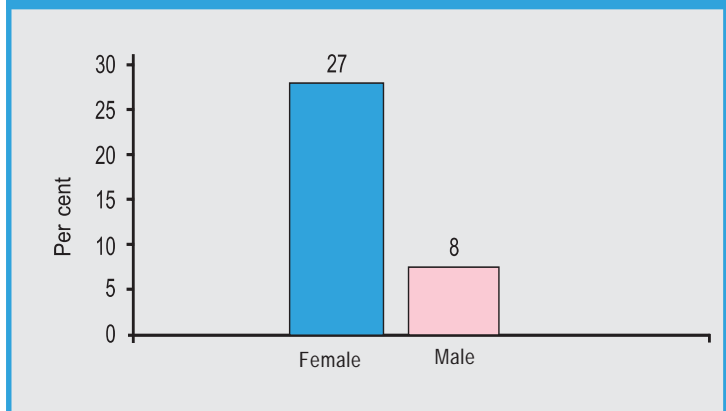
assuming priority importance in Bhutan¹¹.

The largest employer of educated people in the country is the Royal Civil Service¹². Previously, this sector had absorbed most university graduates. Now-a-days, employers, particularly in the private sector, feel that lack of skilled labour is one of their biggest problems and stress the need for technical and vocational training programmes appropriate to organizational needs and demands.

AGE AT MARRIAGE

The legal minimum age of marriage for both men and women is 18. All couples are encouraged to obtain a "marriage certificate" from the courts. The practice of child marriage, once relatively widespread, has largely declined with modernization. In 1994, the age at first marriage for 55% of women was less than 20 years¹³. While the age at first marriage was not included in the 2000 survey it appears from age-specific marital status that the average age at first

Figure 2: Percentage of ever married adolescents aged 15-19 in Bhutan



Source: The World's Youth 2006 data sheet, Population Reference Bureau, Washington DC.



marriage is increasing. About 27% of adolescent girls and 8% of boys in the age group of 15-19 are now married (Figure-2). Divorce is common and there is no

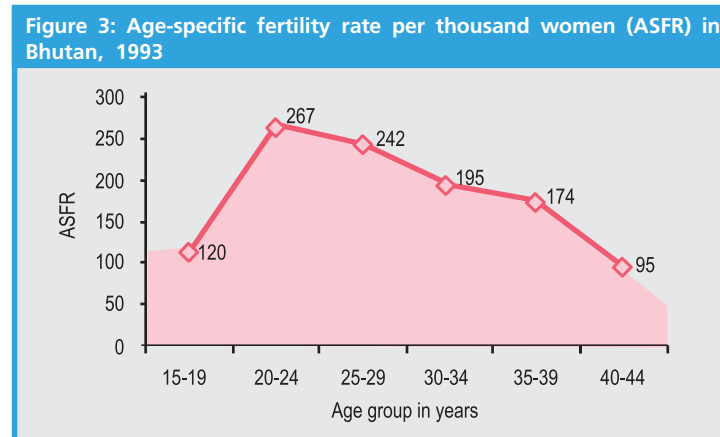
social stigma attached to it. Both partners can initiate divorce and there are clearly defined procedures for each to follow¹¹.

Some of the reasons cited for early marriage are lack of awareness, poverty, family problems, and lack of guidance from parents on matters of love and romance¹⁴.

PREGNANCY AND CHILDBEARING

Women who marry early get pregnant early since knowledge about sexuality and reproductive health is rudimentary among young people in Bhutan. About one-third of births in a given year are attributed to women in the age group of 15-24 years¹⁶. 4% of women aged 15-19 give birth in one year⁵ and 6% of the Total Fertility Rate (TFR) is attributed to births by adolescents aged 15-19¹⁵. Detailed statistics regarding the age of the mother at her first delivery are not available but it is believed that teenage marriage and pregnancy is not as common in Bhutan as it is in some neighbouring countries.

In a small study on youth perspectives regarding teenage sex,



Source: World Fertility Report 2003, Population Division and DESA, UN.

pregnancy and early marriage conducted in June 2000 by the Youth Guidance and Counselling Division, young people had identified lack of awareness in rural areas as one of the main reasons for early adolescent pregnancies¹⁷.

Unplanned sex and lack of precaution and guidance were also cited. Schools in Bhutan do not allow young women to continue schooling if they are found pregnant¹³, though, there is no written policy to this effect.

CONTRACEPTION

The current family planning policy provides for universal access to family planning information and services and does not exclude adolescents¹³. However, the reluctance of young people to seek care and attitudes of the service providers may be affecting current utilization of family planning services.

Knowledge of family planning among adolescents is high (93.6%) (Table-2). However, contraceptive use among adolescents was found to be very low (2.4%), especially in comparison with the next age cohort. Among young people, incorrect

	Age 10-19	Age 20-29	Age 30-39	Age 40-49	Total
Knowledge about FP	93.6	95.2	96.3	91.7	95.0
Use of FP	2.4	26.3	53.9	39.9	30.7

Source: Adapted from WHO Reproductive Health Profile, Bhutan 2004.

use of contraceptives is a prime cause of method failure. Young people who do have the knowledge about use of family planning methods still face obstacles in obtaining them. Furthermore, rural women are less likely than urban women to know of any single source of contraceptives¹⁸.

In a study¹⁴ of 185 students, 34.2% of respondents said they used condoms and other contraceptives while 26.2% did so sometimes and 20.2% did not use any at all. The sample size being very small and limited to the capital city of Thimphu, the findings do not fully represent the views of youth across the country.



FACT SHEET

N A T I O N A L B H U T A N

Induced abortion

Abortion as a method of contraception is socially unacceptable and illegal in Bhutan. In 1999, the Ministry of Health and Education legalized "Medical Termination of

Pregnancy" only if the mother's life is at risk or is threatened or if the unborn child may suffer severe physical and mental abnormalities as a result of the pregnancy¹³. The law

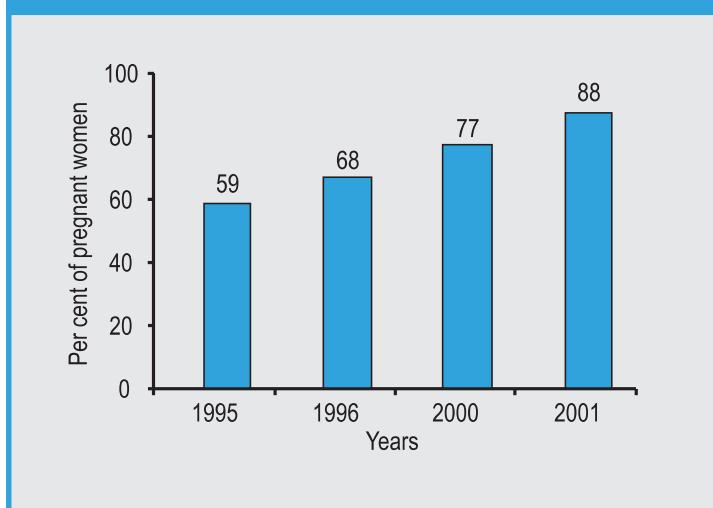
also permits termination of pregnancy consequent of rape. Information and data related to abortion among adolescents is not available in published literature.

NUTRITIONAL STATUS

No age specific data on nutritional status of young people in Bhutan is available. Young people are provided same nutrients as the rest of the family and there are no known social preferences for either gender or specific age group.

Anaemia was found to be the most common cause of complications during pregnancy (also for pregnant young women) in 1995 and 1996 and increased to an alarmingly high level of 88.2% in 2001 (Figure-4). A UNICEF study¹⁹ in 1985 found 59% of pregnant women to be anaemic (haemoglobin less than 11g/dl). Anaemia prevalence was higher (78%) in the southern zone than in Thimphu (50%). The higher anaemia

Figure-4: Anaemia among pregnant women in Bhutan



Source: RGoB/Health Department, Annual Health Bulletin, 1995-1996, 2000-2001.

rate in the south is probably related to the high incidence of malaria though dietary habits could also be

a factor. The same study also suggested iron deficiency to be the major cause of anaemia in Bhutan.

SEXUAL ACTIVITY

Bhutanese society is perceived to have less stringent practices and views about sexuality for both men and women than other South Asian countries^{7,12}.

Studies on the sexual behaviour of young people in Bhutan indicate

that they become sexually active in their teens. According to reports, a few are sexually initiated as early as when 13-years old while almost 10% have had their first sexual experience by the age of 14. Girls often become

sexually active in the context of marriage. Studies show that early sexual activity results in unprotected sex, multiple-partner relationships and sex with partners who have been at risk of HIV exposure²⁰.

HIV AND YOUNG PEOPLE

(For details please refer to "Fact Sheets on Young People and HIV/AIDS", WHO/SEARO)

Although there is scant evidence of HIV/AIDS in Bhutan, its large young population is not isolated from the risks. According to country reports, 11 cases of HIV/AIDS have been

identified in the age group of 10-24 years²¹. Three AIDS-related deaths have also taken place in this age group. All reported cases of AIDS in Bhutan had been infected

through the heterosexual route. Though there is no specific data on young people with regard to other sexually transmitted infections (STIs), there is increasing evidence of STI



presence in the country²². Often young people are unaware of the fact that presence of other STIs, especially those that cause ulcerative lesions, increases the risk of HIV transmission and thereby the potential for its spread.

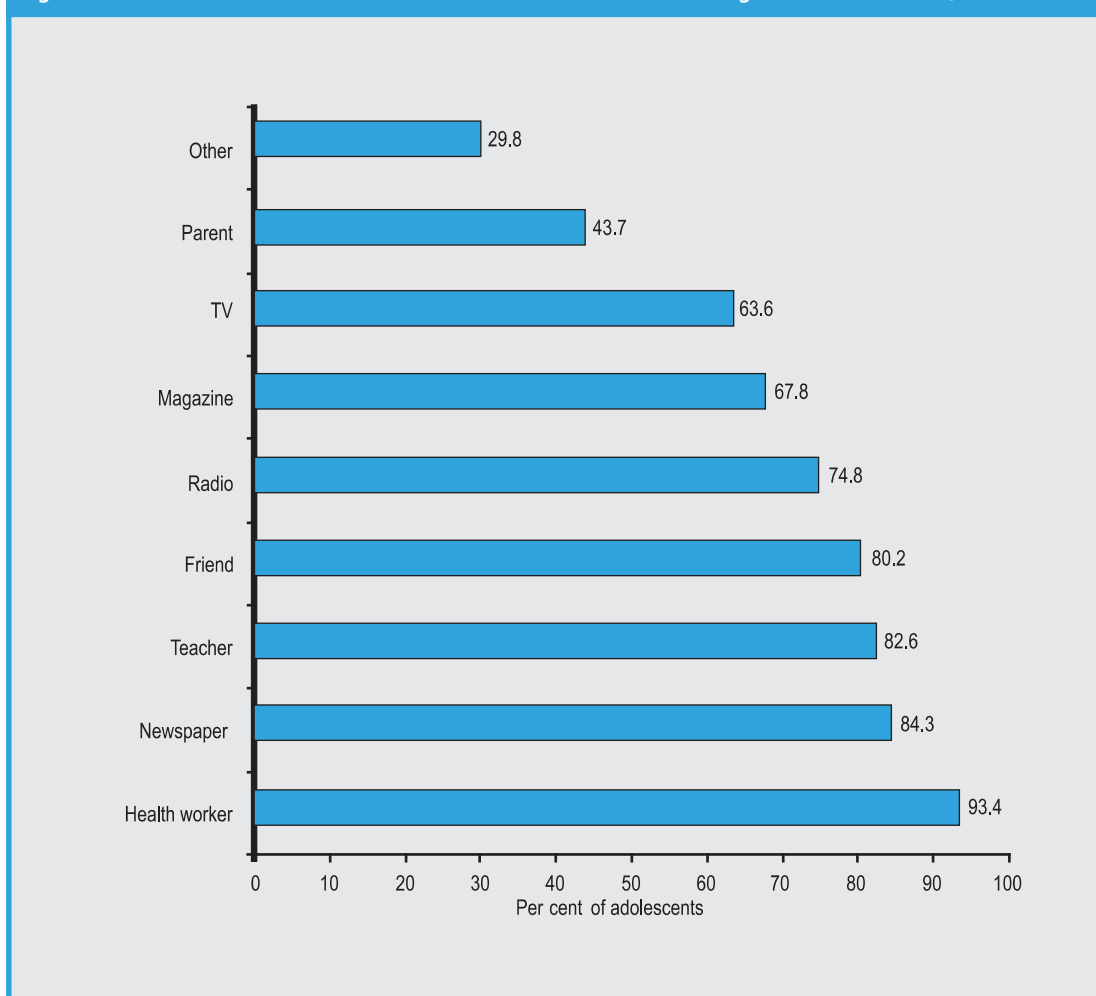
Young people lack information and skills

Awareness about HIV/AIDS among young people in Bhutan is high but in-depth knowledge about the disease is often inadequate. Misconceptions regarding transmission and prevention are also widespread. Though no national-level data is available, a survey of Punakha high

school students conducted by Royal Institute of Health Sciences in 2001, reported that 99.5% had heard of HIV/AIDS and 95.9% knew that the primary mode of transmission was sexual intercourse. However, 48% thought that HIV could be transmitted by mosquito bites, 66% thought donating blood was risky, 69% believed HIV/AIDS to be curable if treated early, and 76% felt that HIV/AIDS patients should be isolated to avoid spreading the risk of infection²⁴. Knowledge on STD symptoms was about 70.2% while 90.5% knew its mode of transmission. The results also

indicated that boys and those in the higher grades were better informed than girls and those in the lower grades. Health workers were cited as main sources of information, followed by newspapers and teachers (Figure-5). Parents constituted a source of information only for 43.7% of those surveyed. Although encouraging, the findings from this study cannot be taken to reflect the knowledge and awareness of Bhutanese youth across the nation. Similar studies need to be conducted in rural/urban schools across the country to provide more accurate information on the knowledge and attitude of students.

Figure 5: Source of information on HIV/AIDS for adolescents in a high school in Bhutan, 2001



Source: *The Mirror: The Journal of Health Sciences*, July 2001 (Royal Institute of Health Sciences/Health Department) as cited in reference No. 13.



SUBSTANCE ABUSE

In rural Bhutan most people brew alcohol in their homes and its consumption is a traditionally accepted practice. Commercial alcohol is also easily available. Due to easy availability and low cost, the consumption of alcohol is on the increase. However, there is no data specific to alcohol consumption among young people.

Drug use is also on the increase among adolescents who engage in the experimental abuse of cough

syrops, sedatives, morphine, amphetamine, glue and even cocaine. Although there is no data available on substance abuse by young people, evidence shows that school students are indulging in drug abuse with a variety of drugs now being available in Bhutan²⁵. Thimphu police records reveal that 353 males and three females were arrested for substance abuse since 1998. Most of them were young, aged between 8 and 25 years.

About four out of ten offenders were students and three out of ten were unemployed youth.

The Royal Government of Bhutan has declared the country to be tobacco-free. Nevertheless, smoking is common, both among the adolescents and youth. This is particularly true in urban areas. Chewing of tobacco, either in the form of tobacco leaves with lime or commercially prepared items such as 'khaini', is also observed.

INJURY, ACCIDENTS AND VIOLENCE

With the unemployment rate among youth rising from 2.6% to 5.5%, there are visible signs of risk behaviours, growing incidences of juvenile crimes, drug abuse, and increasing HIV infection²³.

It has been reported that violence among 15-20 year-olds is increasing. In 2004, *Kuensei*, the national newspaper reported that police had detained three teenaged boys for physically

attacking people on the road in five violent incidents²⁵. According to the police, gang fights in which adolescents form groups are also common.

Laws & policies impacting adolescents²⁵

- **Law on Marriage:** Legal age of marriage for girls is 18 years.
- **Law on Rape:** Rape is a criminal offence.
- **Law on Tobacco use:** Smoking is totally banned; it is illegal to sell tobacco and tobacco products.
- **Law on Alcohol use:** Serving alcohol to minors below 18 years of age is prohibited.
- **Laws on Drugs:** The cultivation, production, possession, sale and purchase, transportation, storage and consumption of all narcotic drugs prohibited.
- **Law on Juvenile Delinquency:** Promulgated in draft Act.



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