



## Bhutan and Family Planning: An Overview

### Background

Modern medical care in Bhutan began in the early 1960s. In the early 1970s there were only 34 doctors in the country, and no health assistants or basic health workers. It is estimated that 90% of the population lives within 3 hours' walking distance from a health facility. Bhutan's development has been rapid, and it is now embarking on the Ninth Five-Year Plan for Development (July 2002 – June 2007).

In 1971 family planning was introduced in the health care delivery system. During this first decade, family planning services had limited geographic coverage, and a narrow range of contraceptive methods were available. By 1980 family planning was integrated into the general health care system and in 1981 the National Institute of Family Health (NIFH) was created, which expanded family planning throughout the country as an integrated service.

Out of Bhutan's estimated population of 900,000, about 40% is under the age of 15 (see Figure 1). The annual population growth rate is 2.6% and population density is 48 people per square kilometre. Ten percent of Bhutan's population lives in urban areas.

### Situation Analysis

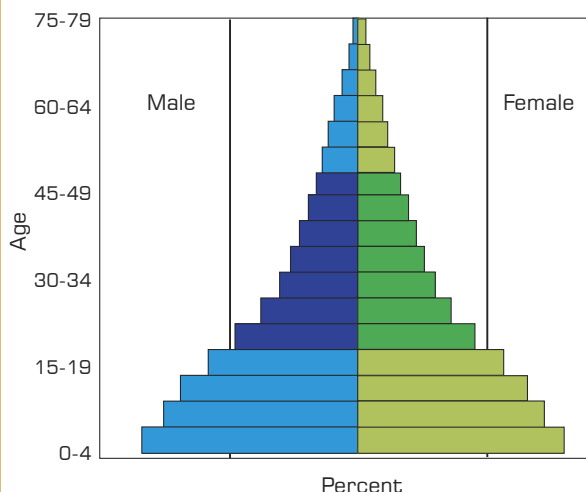
#### **Bhutan's 1994 National Health Survey revealed poor reproductive health indicators:**

the total fertility rate (TFR) was above 5; almost half the population was under 15 years of age; population growth was just above (TFR) 3%; and the expected age at first marriage for 55% of women was less than 20 years. As a result, special attention was accorded to the population issue and family planning activities were intensified.

Numerous activities at the national and at the *dzongkhag*

**Bhutan has seen remarkable achievements in terms of primary health care coverage**

Figure 1: Population Pyramid Bhutan

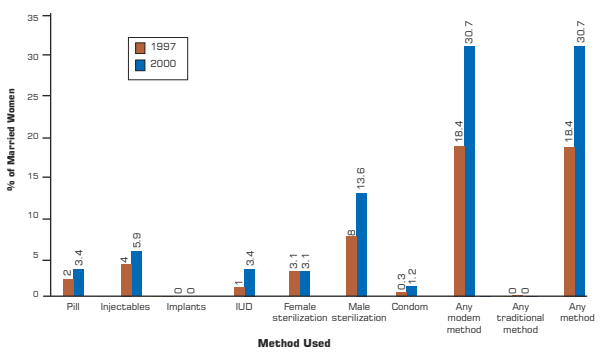


Source: UNAIDS, 2002

(district) levels were initiated from 1995 onwards. This includes high-level advocacy and campaigns on safe motherhood, adolescent reproductive health, family planning, prevention and management of complications of abortion, and management and prevention of STDs and HIV in all the *dzongkhags*. In 1999, Her Majesty the Queen Ashi Sangay Choden Wangchuck accepted the UNFPA Goodwill Ambassadorship and began high level advocacy with the armed forces and schools on population issues and reproductive health. By 2000, there was notable improvement in contraception use (see Figure 2) and other critical indicators.

Bhutan's **contraceptive prevalence rate (CPR) has risen to 30.7%** and the contraceptive method mix consists almost entirely of modern methods: male sterilization accounts for almost 45% of the overall contraceptive method mix; injectables make up almost 20%; and the remainder is a relatively even split between IUD, oral

Figure 2: Trends in Contraceptive Method Use



Source: World Contraceptive Views, 2003; Bhutan Reproductive Health Profile, 2003

contraceptives, and female sterilization (see Figure 3). The TFR is currently 4.7.

**Access to family planning services for youth is limited.**

Among young people, incorrect use of contraceptives is a prime cause of method failure. Young people who are knowledgeable about use of birth control methods still face obstacles in obtaining them. Furthermore, adolescent women in rural areas

**The current development plan features intensified activities in reproductive health, including family planning, with a specific commitment to curb population growth.**

are not as likely as those in urban areas to know a single source of modern contraceptives.

**The topography of the country poses problems** in coordinating social services to rural communities. About 79% of the population lives in remote areas and 85% of the population is dependent on agriculture.

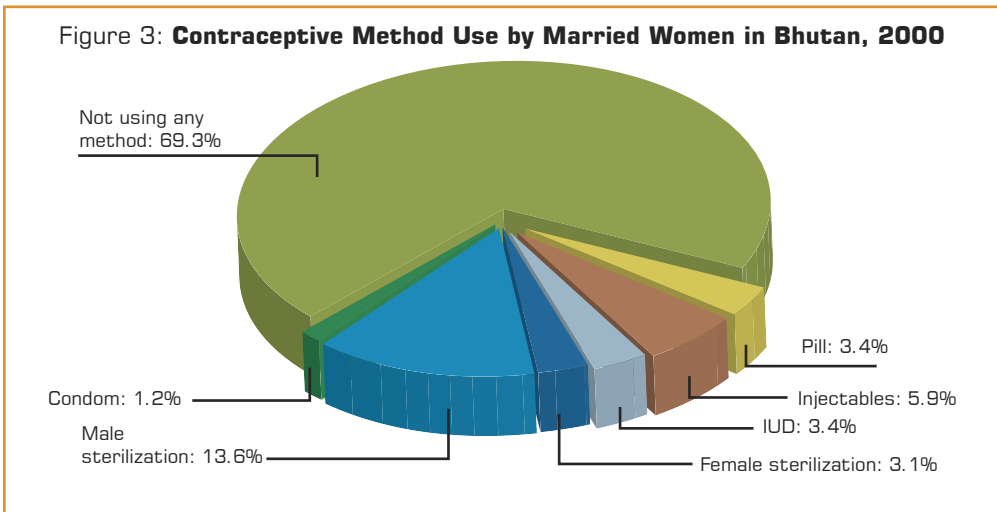
**Current Family Planning Efforts**

**The Reproductive Health Programme has set a range of specific goals** to be achieved by the end of the 9th Five Year Plan in 2007. Family planning related objectives include:

- Increase family planning knowledge from 94% to 100% among women of reproductive age;
- Increase CPR from 30.7% to 60%;
- Reduce population growth rate from 2.6% to 2% or less; and
- Reduce TFR to 3 or less.

Strategies to achieve these objectives include **increasing access to and utilization of services** by creating new facilities and expanding the existing health units. Mobile services will also be conducted periodically for those populations in uncovered areas. Adequate staff, equipment and instruments

Figure 3: Contraceptive Method Use by Married Women in Bhutan, 2000



Source: Bhutan Reproductive Health Profile, 2003



will be made available to all reproductive health units. To encourage more women to use the facilities, efforts will be made to provide privacy, and the facilities made more user-friendly and comfortable.

To improve the efficiency and quality of health services, the following will be implemented: regular refresher training courses will be conducted for health workers, guidelines and standards will be reviewed and revised periodically; all reproductive health services will be standardised to create uniformity across the country; and supervision at all levels will be strengthened.

**Community, civil-society, and multi-sectoral awareness and participation** are also important aspects of the government's strategy. Adolescent health will be addressed by strengthening the school health programme. Channels of media and the IEC bureau will be used to promote reproductive health awareness, including family planning. Furthermore, linkages with other programmes will be further strengthened to ensure proper planning, coordination and implementation of the programme.

In Bhutan, UNFPA is the main funding partner in the area of family planning, and implementation is exclusively carried out by the Government.

## Key Indicators:

Total Population, 2003 (in millions)	0.9
Population Growth Rate, 2003	2.6%
Population Density, 2003 (people per square km)	48
Urban Population, 2003	10%
Population <15 years of age, 2003	40%
Total Fertility Rate (TFR), 2000	4.7
Contraceptive Prevalence Rate (CPR), 2000	30.7%
- Pills	3.4
- Injectables	5.9
- Implants	0
- IUD	3.4
- Female Sterilization	3.1
- Male Sterilization	13.6
- Condom	1.2
- Traditional or Natural Methods	0
Unmet Need	N/A
Average age at first marriage	N/A
Average age at first birth	N/A
Crude Birth Rate (CBR) (per 1,000 population), 2000	34.1
Maternal Mortality Ratio (MMR), 2000	42
Infant Mortality Rate (IMR), 2000-2005	54
HIV adult prevalence, 2002	<0.1%

**Approximately 40% of Bhutan's population will be entering reproductive age in the near future.**

## Challenges and Opportunities

**1. Lack of trained personnel.** Poor knowledge and skills in technology and counselling, a scarcity of adequately trained providers, a high turnover rate, and inadequate supervision are problems.

**2. Reaching remote areas.** Geographical constraints limit follow-up to only some methods; infrastructure needs improvement; and funds and supplies of commodities are not secure.

**3. Access for adolescents and those who are not married.** It is difficult for those who are not married and for youth in general to get access to family planning information and methods.



## Sources

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