

# Chapter I

## Introduction

Bhutan is fast emerging from a predominantly agrarian barter economy into a modern monetised one. Modernisation has introduced a lot of changes and issues, of which population is one. The sudden population growth rate of 3.1 percent in 1994 awakened a surge of interest and debate in terms of its possible consequences. The “Royal Government” expressed concern over the issue of this sudden growth rate and has emphasized the importance of population planning for the eventual peace, prosperity and happiness of the people. The Planning Ministry's guidelines for the Eight five year plan (1997-2002) to the Health sector states the following for population planning:

The critical issue in sustainable development is the maintenance of balance between population and available resources. Therefore, the population control programme, especially the family planning, should be further intensified. All efforts should be made to bring down the present estimated growth rate of 3.1% to even below 2% by the end of the plan. At the current rate, the population is estimated to double in just 22 years. Increase in population will put undue strain on social sectors, employment opportunities, land holding and the quality of life as a whole...(Planning Ministry of Bhutan, P.38).

In light of the above stand, I have felt the need to understand population issues in a wider context rather than look at family planning peose. I have divided this project work

into basically three parts in line with the requirements of the College of Public Health, Chulalongkorn University as; essay, data exercise and proposal. In the essay, I have discussed the problems and limitations that Bhutan has for sustaining high population growth and the possible interventions that may be considered to regulate fertility. The possible interventions are based on the common ground that has been reached within the different groups in the international arena.

In data exercise, a primary data collected in Thimphu, Bhutan and a tertiary data gathered from the Health Division in Bhutan are presented. The primary data collection has been conducted to identify the factors affecting condom use among one of the risk groups. The taxi drivers were chosen as the study group because of the ease in recruiting without much prior arrangement. The secondary data exercise was to point out the discrepancy in the results when the mode of data collection differs. A discrepancy was noted in terms of the contraceptive use rate.

In the proposal, a plan to develop a reproductive health program for students is presented. In choosing to develop this proposal, I have considered many options that are potentially important, and which where nothing much has been done. Measuring unmet needs for contraception was one likely area I had considered. However, because of the low involvement of my organization, I considered condom promotion as the most likely issue to be addressed in consultation with my adviser. In choosing condom promotion there was a need to define the target group to make the program more effective. It was

with this consideration and because of the fact that I will look after the school health program that students emerged as the target group. Sex education in schools is a neglected area and hence the proposal is to assess the need for sex education and to implement an appropriate program. The proposal is focussed more on the needs assessment since nothing much has been done in this area though some of the possible interventions has been discussed.