




Happy and resilient? Mental health, resilience, substance use and sexual behaviour of college students in Bhutan: Policy implications

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Abstract

Bhutan is known for its guiding philosophy of Gross National Happiness (GNH). However, concerns have increased about the well-being of its young people, and many young people are leaving Bhutan, uncertain about their futures if they remain. A survey of 2471 Bhutanese college students in 2016 explored mental health, substance use, and sexual behaviour. The survey was repeated in 2023 with 2043 college students with the addition of the Brief Resilience Scale and questions about optimism and the future. A relatively low prevalence of problematic mental health, substance use, and sexual risk behaviour was identified, but the findings continue to raise concerns. Specific concerns identified related to suicidal ideation, an increase in current alcohol, tobacco and betel nut use, low-level condom use, over 50% not regarding themselves as resilient, and many wanting a future outside Bhutan. Evidence informed policy is required to shape and support responses to the health and well-being concerns identified and to create realistic pathways for young people to feel valued, appreciated and optimistic.

Keywords

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Background

Bhutan is known for its guiding philosophy of Gross National Happiness (GNH) (Sherab & Schuelka, 2024). However, there has been growing concern in the media about the mental health and resilience, substance use, and sexual behaviour, of its young people, and the intersectionality/entanglement of these concerns with social and structural factors. For Bhutan, these include rapidly increasing exposure to social media, perceptions of a lack of meaningful employment opportunities for young people, an inequitable distribution of wealth, young people leaving the country, and poor access to appropriate youth-friendly services (Bhutan Centre for Media and Democracy 2023; Dias & Patidar, 2023; Sharma, 2023; Tobgay, 2022; Wangchuk, 2024).

Some of these issues were addressed in the National Youth Policy of 2011 which provided a rationale and guidelines to promote mainstreaming youth programming across all sectors, and placed youth at the centre of growth and development (Department of Youth and Sports (2011). Academics and commentators have been advocating for greater attention to be paid to Bhutanese youth. They assert that not enough progress has been made to address the needs of young people in Bhutan, develop effective inter-sector cooperation and strategies (Bhutan Centre for Media and Democracy, 2000, 2023; Choden, 2016; Choden et al., 2017; The Druk Journal, 2021). Jose (2015) cautioned about the 'Kerala (India) model': a state with high level of education, including women and lower castes, female literacy, raised expectations, few opportunities, high levels of mental health issues, including suicide.

However, no new youth policy has been released in Bhutan since 2011, and more recently the media has highlighted issues such as mental health and well-being, resilience, declining optimism, feeling misunderstood and rejected, youth substance use, un/under-employment, and 'brain drain'. It appears that increasing numbers of young Bhutanese believe that 'Happiness' exists somewhere else and that they are ignored or have no future in Bhutan. Many who leave Bhutan for education or work often use social media posts to promote the positives in their new lifestyles, and minimise or hide the many significant struggles they face in high living cost (Bhutan Centre for Media and Democracy 2023; Dias & Patidar, 2023; Jose, 2015; Kuensel, 2022; Sharma, 2023; Tobgay, 2022; Wangchuk, 2024).

Research has identified a range of overlapping individual, social and structural protective and risk factors for mental health disorders, substance use, and unsafe sexual activity in young people. The impacts of early onset and continued substance use, early sexual debut, and risky sexual behaviour are associated with lowered engagement with and participation in education, training and employment, reduced social cohesion, stigma and discrimination, poorer physical and mental health, and involvement in criminal activity (Alves et al., 2022; Hall et al., 2016; Kieling et al., 2024; Patton et al., 2016; Paul et al., 2024; VanBronkhorst et al., 2024). Those young people who are vulnerable are not a homogenous group, and risks can vary (Michel et al., 2020).

However, many of the possible harms associated with youth health risk behaviours are preventable with development of effective and ongoing inter-sectoral collaboration to address the complex entangled contributory factors to poor health and social outcomes, and delivery of evidence informed preventive and treatment interventions (Degenhardt et al., 2019; Stockings et al., 2016). Positive connections with family, other adults and school have been found to reduce the health risk behaviours, as have supporting vulnerable families, safe housing, retention and participation in education, resilience, and access to affordable youth-friendly health services (Cousijn et al., 2018; Department of Human Services, 2010; Gubbels et al., 2019; Hall et al., 2016; Mesman et al., 2021; Rudzinski et al., 2017; Rutter, 2006).

Over the past twenty years in Bhutan there have been a number of surveys of importance undertaken covering the above, but most have not been replicated. Data are now ageing, and it

is not clear what impacts the studies had in terms of enhanced policies and interventions to address identified issues. The following sections outline what is known about the mental health, well-being, substance use, and sexual risk behaviours of young people in Bhutan, and highlights the need to ascertain if there have been improvements in these domains, and to further inform the shaping of evidence informed policy and interventions.

Mental health and young people in Bhutan

The Bhutan National Health Survey of 2012 (Dorji et al., 2015), reported that about 30% of young people (10-24 years) surveyed 'felt lonely', and a similar number (29%) of young people felt 'worried' to the extent that they experienced troubled sleep. About 4% reported suicidal ideation and attempting suicide; more females than males. This is similar to the previous college student survey with a mean age of 21 years (Sherab et al., 2017), but lower than the over 11% for secondary school students reported by Dema et al. (2019) using GSHS data.

While overall most of the college students surveyed in 2016 did not report symptoms of mental ill-health, about 10% reported experiencing some symptoms most of the time or always, for example: feeling sad (8.9%), nervous (9.0%), hopeless (15.4%) or worthless (11.6%) (Sherab et al., 2017).

However, no studies appear to have been undertaken to explore resilience, optimism and whether young Bhutanese see their futures in Bhutan or elsewhere. Resilience and optimism are central to mental health and well-being (Nicholls & Staines et al., 2021).

Substance use and young people in Bhutan

The consumption of alcohol is widely accepted by Bhutanese society, deeply rooted in customs and culture (Dorji, 2012). However, alcohol is also associated with the leading causes of mortality in Bhutan - alcohol use-related diseases (e.g., of the liver) (Kypri et al., 2017; Ministry of Health, 2022). Bhutan has one of the highest per capita alcohol consumptions in the South Asian region, and its use begins at an early age (Panda et. al. 2009; WHO 2006).

The reported lifetime use of cannabis at 11.8% for male college students in the 2016 college student survey (Sherab et al., 2017) was far lower than for the 2016 WHO student survey (WHO 2023). The WHO survey revealed that 28.3% of male secondary students had used cannabis at least once in their lifetime, 57% had used alcohol, with 3.8% currently using twice a week/daily; and 17% had used tobacco, with 3% currently using twice a week/daily.

Concerns about youth resorting to substance use due to unemployment, poor academic performance, peer pressure, urbanisation, migration from rural to urban areas for employment and education, have been raised in the Royal Government of Bhutan (Panda et al. (2009). Curiosity, low self-esteem, family environment and easy availability were associated with substance use in a small qualitative study (Doma & Wickramasekera II, 2019).

Sexual activity and young people in Bhutan

Historically, the Bhutanese have had a fairly open attitude towards sex and sexuality (Tshomo, 2016). Early marriage and pregnancy impact young women, with reduced participation in education, fewer graduating high school and gaining tertiary education. Many become mothers at an early age and work on farms or as homemakers (Gurung & Tshomo, 2015; Gurung, et al., 2016; National Youth Policy, 2011).

In relation to sexual debut, the National Health Survey of 2012 revealed that of those aged 10-25, 10% had their first sexual experience by age 14. Around 23% of males and 10% of females aged 10 to 19 had been sexually active. Injectable contraception was most commonly used by 64% of sexually active females, and condom use was low with 75% of males not using a condom during last sexual intercourse (Dorji, 2015). The 2016 survey of Bhutanese college students found 41% were sexually active, with less than 50% condom use (Sherab et al., 2019).

Overall, in the previous study, substance use among the college students surveyed was found to be low, mental health concerns were identified by about 10%, and sexual risk behaviour by over 50% of sexually active students (Sherab et al., 2017). This study replicates and expands the first survey of college students in Bhutan in 2016. It was undertaken seven years after the initial study to ascertain any differences in responses, a period which included the Covid-19 pandemic, change of government, rapidly expanding use of social media, and increasing numbers of young people leaving the country for study and work.

Central Research Question

What is the current status of substance use, sexual behaviour, and mental health of college students in Bhutan?

Sub Questions

The following sub-questions were explored to provide comparison with the findings of the 2016 survey:

- i. What is the status of the college students' mental health and their level of optimism and resilience to bounce back from stress?
- ii. Is there a statistically significant sex difference in terms of their resilience?
- iii. Are the college students optimistic about their futures, and do they see their futures in Bhutan, elsewhere, or both?
- iv. What is the level of substance use and reasons for the college students using various substances?
- v. Is there a significant increase/decrease in ever having used substances when compared with the 2016 survey results?
- vi. What are the perceptions of college students with regard to the safety of the substances?
- vii. What is the level of sexual activity of the college students, how many are in

relationships, and how much sexual activity is 'unprotected'?

- viii. Has there been a change in perception of non-heterosexual students by those identifying as heterosexual?

Methods

Survey and scales

This study employed a self-administered online structured survey to a representative sample of 2043 students from 16 of the 17 university campuses across Bhutan; one refused to cooperate. In addition to demographic information, family circumstances and support, the 2023 survey included the 2016 questions and scales, but added items related to resilience and optimism.

The survey instrument comprised items regarding: substance use, reasons for substance use, perceptions of the safety of various substances, sexual orientation, sexual behaviour (with "sexual intercourse," defined as vaginal or anal sex). Mental health was assessed using the Kessler 6 (Kessler et al., 2002, 2003; Kessler et al. 2010; Pratt, 2009), and questions regarding suicidality.

As resilience and optimism are key features of well-being (Nicholls & Staines, 2021), the widely used six-item Brief Resilience Scale (Fung, 2020; Lai & Yue, 2014; Smith et al., 2009; Stojkovića & Hinifá, 2022), was added to the original 2017 instrument. As 'brain drain' has been identified as a major issue for Bhutan, a question was included regarding plans to remain in or leave Bhutan. Respondents also had an opportunity to provide open-ended comments. The 2023 survey results in relation to experiences of bullying and discriminations have been reported elsewhere (Sherab et al., 2024).

After the ethical approval was granted by the Centre for Educational Research and Development, Paro College of Education, Royal University of Bhutan, where this project was based, the management of all the university campuses in Bhutan were approached to seek permission to carry out this study, and, after review by appropriate authorities, ethics approval was granted by the 16 campuses that participated (one college refused to participate). All the sampled campuses had roughly equal numbers of students and in terms of gender.

Data Analyses

Data analyses were mainly descriptive. However, where relevant, inferential statistics such as t-test were carried out using SPSS (Cooksey, 2007). A few open-ended responses are included under relevant sections. The overall findings of the current survey were compared with the findings of the 2016 survey results (Sherab et al., 2017).

Ethical Considerations

Ethical clearance was provided from the Centre for Educational Research and Development. As indicated in the survey form, students responding to the online survey will be

considered as having consented to participate. Participants were permitted to withdraw from the study at any time as desired by the participants. Confidentiality of the information collected was guaranteed and pseudonyms are used where appropriate. A range of contact numbers and details were provided at the conclusion of the survey to link any students experiencing any level of distress to services available to provide information and assistance, such as counsellors, mental health, sexual and reproductive health, and youth-friendly services.

Results

Demographics: Female students comprised 58.3% of those surveyed with mean age 19 years, and 40.8% as male with a mean age of 20 years. Slightly more than one percent identified as both male and female (1.3%), neither (0.2%) or unsure/undecided (0.9%). Only 4.1% were married, but 37.8% were in a relationship. Almost half of the sample were in their first year of college (46.3%), with 33.2% in second, 11.6% in third and 8.9% in fourth year or higher. The majority resided in college hostels (80.4%), 9.5 % away from the college with family, 6.7% lived with friends and 3.5% lived alone.

The main occupations of the students' fathers were farmers (41.3%), government service (27.9%), and having their own business (15.2%). Almost half of the fathers had no schooling (40.2%), with almost another quarter (23.3%) leaving school with no qualification. Only 11.4% completed high school, 8.8% had a university degree, 4.9% a postgraduate qualification, 0.6% completed vocational education, and 3.2% had attended monastic schools.

For the mothers, 41.7% were identified as farmers, similar to fathers, 22.6 % in home duties, 9.7% having their own business, and 6.8% in government service. More mothers than fathers had not attended school (64.1%), 20.1% left school with no qualification, 7.5%, completed high school, 3.5% had a university degree, 0.9% had a postgraduate qualification, 0.4% completed vocational school, and none went to a monastic school.

Mental health and well-being/optimism and resilience

Mental health

The Kessler 6 scale revealed that while overall most students did not report many symptoms of psychological distress, between 10 and 19% reported experiencing some symptoms most of the time or always, for example, feeling everything was an effort (19.1%), nervous (18.1%), hopeless (17.6%), restless and fidgety (17.4%), worthless (15.8%) or sad (10.3%). These were much higher than in the 2016 survey (see Table 1), with indications of possible depression. Data from both 2016 and 2023 showed that female students experienced more psychological distress compared to their male counterparts.

Table 1

*Mental Health Symptoms Reported by College Students in Bhutan 2023 (N = 2043) and 2016 (N = 2471)**

Symptom	Gender	None		Little/Some		Most/Always	
		2016	2023	2016	2023	2016	2023
So sad nothing could cheer up	Overall	34.7	36.7	56.5	53.1	8.8	10.1
	Male	42.3	49.2	50.1	42.6	7.6	8.3
	Female	26.4	27.9	63.5	60.5	10.1	11.6
Nervous	Overall	22.8	24.3	68.1	57.8	9.1	17.9
	Male	29.3	36.6	64.3	52.6	6.4	10.8
	Female	15.7	15.7	72.3	61.4	12.0	22.9
Restless and fidgety	Overall	23.0	30.2	59.5	52.5	17.5	17.4
	Male	27.6	39.7	56.9	47.1	15.5	13.2
	Female	17.9	23.5	62.5	56.2	19.6	20.3
Hopeless	Overall	27.9	29.9	56.7	52.9	15.4	17.2
	Male	34.6	41.1	53.9	48.6	11.4	10.3
	Female	20.5	22.1	59.8	56.0	19.8	22.0
Everything an effort	Overall	26.1	29.2	52.2	51.7	21.7	19.1
	Male	31.1	38.2	46.6	47.7	22.3	14.0
	Female	20.6	22.9	58.3	54.4	21.1	22.7
Worthless	Overall	41.6	37.7	46.9	46.5	11.6	15.7
	Male	48.2	47.7	43.3	42.0	8.4	10.3
	Female	34.1	30.7	50.8	49.7	15.1	19.5

*The male and female percentages do not add up to the total percentage as there was 'other' and 'undecided' categories.

Despite low reporting of current symptoms, 16.6% reported lifetime suicidal ideation (9.5% male; 10.4% female; 0.3% others), and 5.4% (1.8% male; 3.4% female; 0.2% others) making an attempt to end their life; higher than for the 2016 sample (Sherab et al. 2017). Females were slightly more likely to report both suicidal ideation and suicide attempts. Concerned about the rising mental health issues, a few student respondents suggested the following:

I see a need for mental health programmes in colleges in Bhutan and the need for the colleges to understand students.

I believe it is high time for our society to have awareness of mental health and sexual education. If such topics are kept forbidden many youths will fall victim to so many problems.

Resilience, Optimism, and Future

Resilience

The Brief Resilience Scale revealed that around 45% of the participating college students appeared to see themselves as very or somewhat resilient for three of the six items ('I tend to bounce back quickly after hard times', 'it does not take me long to recover from a stressful event', and 'I usually come through difficult times with little trouble'). Thus, about 55% did not see themselves as resilient or were unsure. Only about one-third (27.8%) believed that they quickly get over setbacks in their life (see Table 2).

Table 2

*Brief Resilience Scale Items for College Students in Bhutan 2023 (N = 2043)**

Item		Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
I tend to bounce back quickly after hard times	Overall	10.6	10.9	33.4	24.8	20.3
	Male	14.1	9.8	30.6	26.4	19.1
	Female	8.2	11.6	35.3	23.8	21.1
I have a hard time making it through stressful events	Overall	10.0	15.8	28.8	28.1	17.3
	Male	14.9	18.8	30.8	20.6	14.9
	Female	6.6	13.8	27.2	33.4	19.0
It does not take me long to recover from a stressful event	Overall	10.3	16.4	28.1	28.3	16.8
	Male	13.4	15.1	27.2	26.6	17.6
	Female	8.1	17.3	28.8	29.6	16.3
It is hard for me to snap back when something bad happens	Overall	11.7	18.3	30.4	26.6	13.0
	Male	16.5	20.5	31.7	21.0	10.3
	Female	15.0	30.3	29.7	16.6	8.4
I usually come through difficult times with little trouble	Overall	10.6	14.0	32.5	23.5	19.4
	Male	14.4	14.7	31.1	21.8	18.0
	Female	8.0	13.6	33.6	24.7	20.2
I tend to take a long time to get over setbacks in my life	Overall	11.6	16.2	32.4	20.1	19.8
	Male	16.5	18.3	31.9	17.0	16.2
	Female	8.1	14.5	32.7	22.4	22.2

*Resilience scale was not included in the 2016 survey

Expressing a lack of resilience and how suicidal ideation occurs, one student shared:

Sometimes I really wish that someone could save me, understand me during my hard times. When my life becomes hard, I sometimes used to speak harshly to the people around me. I'm really poor at expressing my feelings and overthink a lot. I used to cry alone at night so that no one would see that I'm going through hard times. I don't know why but I don't wanna let my friends and families know that I'm going through hard times. Sometimes I just want to disappear from life.

Discussing how to survive a difficult situation, one student suggested:

Life is tough to live, yet we have to survive through every tough situation. Sometimes we don't have anyone beside us to lean on to, so I keep a diary which I know is really safe. I feel relieved after writing everything there [in the diary].

An independent sample t-test showed statistically significant differences in resilience scores for five of the six items (see Table 3). Examination of mean and standard deviation for the five significant items showed that females are more resilient in four items- 'I have a hard time making it tend to bounce back quickly after hard times' and 'I usually come through difficult times with little trouble', while males are more resilient in the other item- 'I tend to bounce back quickly after hard times.'

Table 3

Results of the Independent Samples Test on Resilience in Terms of Gender

		Levene's Test for Equality of Variances		t-test for Equality of Means				95% Confidence Interval of the Difference		
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
I tend to bounce back quickly after hard times	Equal variances assumed	5.495	.019	-2.100	2024	.036	-.115	.055	-.223	-.008
	Equal variances not assumed			-2.071	1699.58	.039	-.115	.056	-.225	-.006
I have a hard time making it through stressful events	Equal variances assumed	1.026	.311	-7.935	2024	.000	-.427	.054	-.532	-.321
	Equal variances not assumed			-7.798	1677.68	.000	-.427	.055	-.534	-.319
It does not take me long to recover from a stressful event	Equal variances assumed	7.528	.006	-1.622	2024	.105	-.089	.055	-.196	.019
	Equal variances not assumed			-1.597	1690.46	.110	-.089	.056	-.198	.020
It is hard for me to snap back when something bad happens	Equal variances assumed	.469	.494	-7.306	2024	.000	-.389	.053	-.494	-.285
	Equal variances not assumed			-7.240	1734.17	.000	-.389	.054	-.495	-.284
I usually come through difficult times with little trouble	Equal variances assumed	3.670	.056	-3.865	2024	.000	-.213	.055	-.321	-.105
	Equal variances not assumed			-3.807	1693.50	.000	-.213	.056	-.323	-.103
I tend to take a long time to get over set-backs in my life	Equal variances assumed	.000	.983	-6.800	2024	.000	-.381	.056	-.491	-.271
	Equal variances not assumed			-6.720	1714.81	.000	-.381	.057	-.492	-.270

Optimism

Overall, over two-thirds of the participating college students felt very optimistic (40.6%) or somewhat optimistic (25.6%) about their futures after graduating. However, another quarter (25.3%) were unsure, and 8.5% were not optimistic.

Future

Of concern was the finding that only one-third (36%) of the participating college students saw their future in Bhutan, with 10.4% reporting they saw it in another country and 53.6% in Bhutan and another country.

Substance Use

As Table 4 illustrates, overall, low levels of drug use were reported by the college students surveyed for most substances with minimal current use, other than for Doma (betel

nut), Alcohol and Tobacco. Independent samples t-test (see Table 5) showed a significant increase in ever having used Tobacco, Baba (chewing tobacco), and Alcohol but a significant decrease in ever having used Doma when compared with the 2016 survey results. However, there were increases in current use of Alcohol, Tobacco, Baba, Doma and cough syrup. Some of the student respondents revealed the prevalence of smoking and drinking on college campuses:

Being a first-year [student] can be challenging at times, you experience a lot of things for the first time. Drinking, going for a walk with someone who you don't even know, getting into toxic relationships and assignments that are always left for the last minute. Although college provides a lot of freedom, I feel that there are students who are affected by certain behaviours of other students. For instance, some people, while drunk, act like a monkey set free right from the cage, misbehaving, especially with girls and blaming it on alcohol. Reported prevalence of the pharmaceuticals (SP, Relipen, N10, Diazepam) and brown sugar and amphetamines remained minimal (less than 1.5%). Overall, more males had used substances than females.

Table 4

*Self-reported Substance Use of College Students in Bhutan - % Overall, and by Gender 2016 (N = 2472) * and 2023 (N = 2043)**

Substance	Gender	Never		Rarely/Occasionally		Twice a week/daily	
		2016	2023	2016	2023	2016	2023
Tobacco	Overall	83.0	74.2	5.0	5.0	3.0	11.2
	Male	71.6	58.9	8.0	7.3	4.9	17.2
	Female	94.4	84.8	2.1	3.3	1.1	7.0
Baba(Chewing tobacco)	Overall	88.2	82.7	2.3	5.1	2.4	4.1
	Male	79.1	74.2	3.7	5.8	4.4	7.1
	Female	97.6	88.7	0.8	4.6	0.3	0.8
Alcohol	Overall	43.0	48.5	38.3	21.1	3.8	12.0
	Male	31.2	39.2	44.0	23.4	5.6	15.8
	Female	55.0	54.8	31.7	19.4	1.9	9.3
Doma (betel nut)	Overall	37.9	53.5	34.8	13.7	7.9	17.1
	Male	34.4	46.5	34.5	12.6	9.2	22.1
	Female	41.3	58.2	35.3	14.4	6.3	13.8
Inhalents (e.g. glue, dendrite, petrol, etc.)	Overall	91.9	94.7	2.1	0.5	0.5	0.8
	Male	85.9	89.4	2.9	0.6	0.7	1.6
	Female	98.1	98.3	1.2	0.4	0.1	0.3
Cannabis, ganja, marijuana	Overall	88.2	93.2	3.0	0.3	0.7	1.0
	Male	78.3	87.3	5.7	0.6	1.1	1.9
	Female	98.2	97.3	0.3	0.2	0.2	0.4
Cough syrup e.g., corex	Overall	93.2	89.4	4.2	3.8	0.4	3.1
	Male	95.0	91.6	2.6	1.8	0.1	2.5
	Female	91.9	87.8	5.9	5.3	0.5	3.5

* The male and female percentages do not add up to the total percentage as there was a very small number in the 'other' category.

Table 5

Results of the Independent Samples Test on Substance Use between 2016 and 2023

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. tailed	Mean Diffe rence	Std. Error Difference	Lower	Upper
Tobacco	Equal variances assumed	1442.1 13	.000	-17.050	4121	.000	-.342	.020	-.382	-.303
	Equal variances not assumed			-16.932	3024.1 71	.000	-.342	.020	-.382	-.303
Baba	Equal variances assumed	1000.2 7	.000	-14.393	4166	.000	-.254	.018	-.288	-.219
	Equal variances not assumed			-14.190	2887.8 49	.000	-.254	.018	-.289	-.219
Alcohol	Equal variances assumed	6019.5 5	.000	-17.766	3892	.000	-.468	.026	-.519	-.416
	Equal variances not assumed			-18.171	3343.9 74	.000	-.468	.026	-.518	-.417
Doma	Equal variances assumed	141.09 0	.000	2.372	3466	.018	.059	.025	.010	.108
	Equal variances not assumed			2.367	3300.1 53	.018	.059	.025	.010	.108

While some participants indicated that they had used tobacco, baba, doma, alcohol, cannabis and cough syrup prior to age 15, those who used these substances mainly initiated use between ages 15 and 18. For pharmaceutical substances and opiates, initiation mostly began at about age 18.

Reasons for the use of various substances

Survey data revealed that the most popular reason for the use of various substances

amongst college students was curiosity, followed by friends using, stress and boredom. This was further confirmed in one of the open-ended responses, Reasons such as media and parental influence appeared to play a minor role.

Perceived safety of substances

Most substances were perceived to be extremely harmful. For example, tobacco was viewed as harmful/extremely harmful by 81.8%, baba by 79.1% and alcohol by 78.1%. However, doma, despite its relatively high level of use, was viewed as harmful/extremely harmful by 62.5% and was reported as safe/mostly safe by 18.2% (with 19.2% not sure), Cannabis was seen as safe/mostly safe by 4.2% and harmful/extremely harmful by 82.2%. About 70-95% viewed Nitrazepam, Diazepam, SP, Relepin, heroin and brown sugar as harmful/extremely harmful.

Sexual behaviour

The majority of students identified as heterosexual (96.6%), 0.4% as gay, 0.2% as lesbian, 1.3% as bisexual, and 0.9% as unsure/undecided. Less than a third of the sample (29.3%) was sexually active (45.4% male, 18.1% female), and 7.7% by age 18.

Contraception was used by 27.7%, and condom use was generally less than 62% overall. Interestingly, there has been an increase in condom use compared to 2016 data (see Table 6), except for commercial sex, which showed a slight decline. The main reasons offered for not using a condom were ‘not enjoying sex with a condom’ (74.4%), ‘partner not wanting to use’ (47.9%), being ‘too drunk’ (19.4%), or ‘forced not to use’ (19.2%). About one in three males stated that they knew the risks of not using a condom but ‘did not care’ (male= 31%; female= 3.3%). Overall, there was a slight decline in the reported levels of ‘not knowing’ if a condom had been used.

Table 6

Comparison of Condom Use by Those Sexually Active

Condom use	Yes		No		Don't Know	
	2016	2023	2016	2023	2016	2023
First time sex (n*=890) (n**= 597)	57.1	67.0	37.0	28.3	6.0	4.7
Commercial sex (n*=153) (n**= 173)	51.6	48.6	39.9	42.2	8.5	9.2
Casual sex (n*=616) (n**= 272)	56.2	65.1	27.4	27.2	16.4	7.7
Regular sex (n*=644) (n**= 442)	56.5	69.5	31.7	26.0	15.7	4.5

n* 2016 sexually active and n** 2023 sexually active

In relation to the perceptions of the heterosexual students of those with non-heterosexual identification, 79% believed that ‘they were born non-heterosexual’, 4% that ‘they have a disease’, 11.6% that ‘they were influenced by the media or fashion’ (17%). However, a generally tolerant attitude was evident, with 85.2% saying they could have an “openly gay, lesbian, bisexual, etc.” person as a friend, up from 78% in the 2016 survey. Supporting the

growing LGBTQ community in Bhutan, one student expressed, “Love has no gender, so I think it is important for people to open their minds and accept the LGBTQ and support them.”

Discussion

The 2016 survey of substance use, sexual behaviour and mental health in Bhutan was the first to specifically target college students. The 2023 survey provided an opportunity to explore any changes that may have taken place among Bhutanese college students. Overall, substance use remained low, mental health concerns were identified by about 10%, and about 55% did not regard themselves as resilient or were not sure. Although reported sexual risk behaviour declined, it was reported by about 30% of sexually active students in the 2023 survey.

A finding of concern was the increase in suicidal ideation reported (from 12.7 to 16.6%) and suicide attempts (3.7% to 5.4%), together with the data reported in the Suicide Prevention Plan (2015–2018) (Royal Government of Bhutan 2015), reports in the media (BBS 2015), and also anecdotal records of increased incidence of death by hanging and jumping from bridges, continue to raise concerns. While no recent national data are available for comparison purposes, and the results of the 2023 National Health Survey will not be known for some time, the findings from this study reinforce the need for greater attention to college student’s mental health and well-being, as well as that of the broader community. This could take the form of enhanced screening in generalist settings and increased availability of youth-friendly physical and mental health and welfare service provision in the community and on all school and college campuses. The WHO Health Promoting Schools and Youth Friendly Health Service approaches can be a crucial component of the latter (Turunen et al., 2017; WHO, 2012; WHO, 2002; WHO, 1996).

About 55% did not see themselves as resilient or were unsure, with females reporting greater resilience. Two-thirds felt very or somewhat optimistic about their futures, only a third saw their futures in Bhutan, just over a half in both Bhutan and elsewhere, and one in ten seeing it in another country. Such findings do not augur for the future of Bhutan.

The lifetime use of alcohol (51.5%) and tobacco (35.8%) by college student participants appears to be lower than those aged 15-24 years from the general population, found in the WHO STEPS survey conducted in 2019 (Department of Public Health, Ministry of Health (2020); the latest data available. While the STEPS 2019 survey included alcohol, tobacco and doma, data on young people were aggregated into a 15 to 24 age range, precluding a direct comparison.

However, it is concerning to note that the reported current use of alcohol (12.0%), tobacco (11.2%), and doma (17.1%) was statistically considerably significantly higher than that found in the 2016 college student survey, and for doma higher than the 15-24 years age group in the 2019 STEPS survey. While the current use of alcohol and tobacco warrants further attention, the use of doma at 17.1% of participants requires specific consideration given known health risks and despite cultural acceptance. Findings from this study suggest that a majority of college students consider doma use as less harmful than other substances; thus, the potential health risks may be disregarded, and they are likely to continue and/or condone its use.

The issues related to the current use of alcohol, tobacco and doma include potential impacts on physical and mental health, capacity for study, and risk behaviours, such as impaired driving, higher likelihood of serious accidents such as falls, drowning, and engagement in aggressive situations that may result in various fractures, major organ and brain damage, and various cancers. Heavy alcohol use can induce and or exacerbate mental health disorders such as anxiety, depression, and suicidality and is implicated in many sexual assaults and unwanted/unplanned pregnancies. The impact of Covid 19 and the enforcement of strict lockdowns in Bhutan requires consideration in relation to the increase in current substance use.

Use of substances other than alcohol, tobacco, doma, cough syrup and cannabis was minimal, albeit there was a slight increase in current use among the small number of participants who reported their use. This may be reflective of those gaining entry to tertiary education having lower experimental substance use during their secondary education, the protective role of remaining in education. The reported lifetime use of cannabis by the college students in the study was 6.7% (12.7% for males and 2.7% for females), and current use at 1.3% was far lower than for the 2016 WHO student survey, which found 28.3% of male secondary students had used cannabis at least once in their lifetime.

The extent of sexual risk-taking is consistent with other data from Bhutan and is concerning but may be lower than rates for non-college students. These findings indicate that relevant stakeholders need to be proactive in strengthening population-level education in relation to sexual safety and contraception and the consequences of sexual risk-taking.

It is likely that reporting of non-heterosexual identification at 2.8% is lower than could be expected, given the high level of use of social media in Bhutan and media coverage of LGBTQ+ issues. This may indicate that there is still a way to go to reduce fear, stigma and discrimination in Bhutanese society, as found earlier by the United Nations Development Programme (National AIDS Control Programme, 2015).

Implications

The findings of this study indicate that a concerning number of college students, including pre-service nurses, health workers, and teachers, have mental health concerns, including suicidality, low resilience, worry about their futures, poor knowledge of drugs and their use, and low condom use. A review of curricula is required for a number of professional courses, particularly health and education, as their graduates are on the front line in the identification of mental health and substance use concerns and other risky behaviours. Capacity building using evidence-informed health promotion approaches in schools, colleges and clinics is required, with a focus on building resilience.

Building resilience and optimism appear to be central to GNH, as it is uncertain that Bhutan's aspirations for GNH are being met, given the results of this study in regard to resilience, optimism, and future plans. More effective strategies to engage young people more

fully and meaningfully in decisions and policies that affect them and develop training and employment pathways and opportunities to see and craft futures within Bhutan seem needed to increase the well-being of Bhutan's young people and for them to see a future in their country and reduce the 'brain drain' (Dias & Patidar, 2023; Jose, 2015; Kuensel, 2022; Sharma, 2023; Sherab & Schuelka, 2023; Tobgay, 2022).

There appears to be a need for enhanced country-wide, universal health promotion programmes and activities targeting the potentially significant harmful effects of the more widely used substances often perceived as 'softer drugs' – tobacco, baba, doma and alcohol. The STEPS report noted concern about the levels of heavy episodic alcohol consumption (Department of Public Health, Ministry of Health, 2020). In addition, a review of curricula content and general health promotion activities in schools and colleges could assist in ensuring evidence informed and effective interventions target the specific needs of children and young people as they develop. To facilitate this and ensure the current relevance of programmes and activities, regular, routine surveying of key target health indices and behaviours is necessary. It is noted that to address mental health concerns (especially suicidality), substance use, and other health-compromising behaviours, collaborative, inter-sectoral and whole-of-government policies and struggles are required, as these behaviours are complex and have entangled personal, social and structural aetiologies.

Many of the concerns raised in the 2023 survey of Bhutanese college students are not new and are featured in the National Youth Policy (Department of Youth and Sports (2011)). They are often intertwined and entangled, requiring coordinated responses that need to address more than one risky behaviour or health and well-being issue. Integration of policies and responses and a whole-of-government approach are important, as is recognising that not all young people remain in school or college education. In addition, strengthening early interventions to prevent or reduce adverse childhood experiences and their impacts plays a role in reducing risky behaviours and settings. However, it is evident that many of the noble aims of the policy have not been realised among this sample of college students who probably have more advantages than their less educated and un/underemployed peers.

Choden stated in 2016, "... the hard fact remains that unless we put our money where our mouth is, it will continue to be business as usual. Having an impressive youth policy is meaningless if it has no impact on improving the situation of Bhutanese youth and society" (p. 18). While consultations with young people were undertaken in 2020 to hear their voices and for them to provide suggestions for reforming the 2011 Youth Policy, Bhutan awaits a fit-for-purpose revision of the 2011 policy (Bhutan Centre for Media and Democracy, 2000, 2023). It is hoped that the Pema Secretariat might provide strong and focused guidance in relation to mental health and well-being and substance use issues (The Pema Secretariat, 2023).

Limitations

There are several limitations that would have affected this study. The self-report survey questionnaire was lengthy, and respondents took almost an hour to complete it. Some

respondents may not have recognised the names of all the substances listed, and fear of reporting drug use and identifying a sexual orientation other than heterosexual may have had an impact.

Unfortunately, there is little contemporaneous data for comparison in Bhutan. The 2023 WHO STEPS survey data will not be available for some time and may remain reported in a manner precluding direct comparisons. As for many low- and middle-income countries, national surveys on issues of importance are undertaken only when funded, fully or partly, by an external donor [e.g., UN organisation or agency such as WHO, UNICEF, UNFPA, UNODC, UNPD, Save the Children]. Often, the findings confirm or raise concerns held by key community groups, academics, law enforcement, educators, health workers, government departments and politicians or journalists of repute. However, they are rarely replicated, and findings suffer possible criticism, such as ‘just one survey that might be flawed’, identified an ‘idiosyncratic occurrence’, and ‘policy and intervention changes might not be wise without verification, replication and monitoring’. It is a rarity that external funds are available for follow-up surveys to identify actual trends and the dimensions of ‘issues of concern’, thus, internal opportunities need to be identified, and regular surveying is regarded as a key activity.

Conclusions

As in the 2016 survey, the findings with regard to the situation of mental health, substance use and sexual behaviour of the college students in Bhutan surveyed in 2023 raise concerns, especially with the additional findings for resilience, optimism and a future in Bhutan. There are more than enough reasons for various stakeholders, such as health workers, educators, and policymakers, to review current policies, guidelines, practices and service access and craft an effective whole-of-government approach.

The problems associated with mental health concerns, the current use of substances such as alcohol and doma, and risky sexual behaviour amongst college students require comprehensive evidence-informed responses that recognise the intersectionality and entanglement of individual, social and structural factors that can promote risk and vulnerability and those that can be protective. The rising influence of various social media platforms and postings by those who have left Bhutan and provide photos, videos and messages of their current lifestyles (albeit often attempts to hide or minimise the struggles they have to negotiate in high living costs) require consideration in policy formation.

Likewise, there is an urgent need for a new Youth Policy to shape and support responses and create realistic pathways for young people to feel valued, appreciated, and optimistic, seeing benefits in wanting to remain in Bhutan and contribute to its growth and development. If not, the current situation appears to have a high potential to negatively impact the quality of life of young people in Bhutan and, thereby, the national vision of Gross National Happiness. It would appear that the predicament in Bhutan is not unique and that lessons learned may have similar implications in other low to middle-income settings and those influenced by a GNH approach.

Compliance with Ethical Standards

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declarations and its later amendments or comparable ethical standards. Participants were assured their data would remain confidential and securely stored, and no names or identifying information were requested. After an introduction to the study, prospective participants were informed that proceeding with the online survey indicated consent and that they could withdraw at any stage.

Conflict of Interest

The authors declare that they have no conflict of interest.

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