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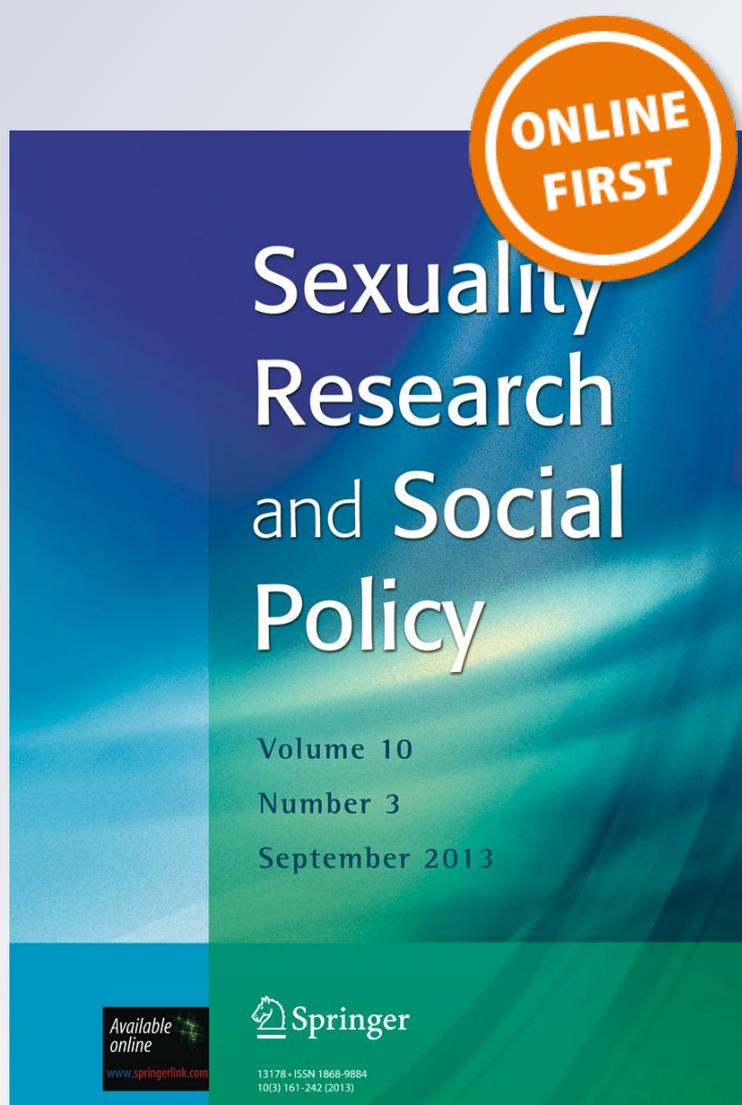
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Sexuality Research and Social Policy

ISSN 1868-9884

Sex Res Soc Policy

DOI 10.1007/s13178-018-0355-8



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An Exploratory Study of Sexual Risk Behaviour Among University Students in Bhutan

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Abstract

Once isolated, Bhutan has become exposed to lifestyles and values from other countries with the rapid expansion of social media access and tourism. This has created tensions with traditional culture and values, especially concerns about substance use, sexual behaviour and mental health of young people. This study employed a self-administered survey in eight university college campuses across Bhutan ($n = 2471$) of substance use, mental health and sexual behaviour among the students and is the first of its kind in Bhutan. Potentially risky sexual behaviour was reported by over 50% of sexually active students. In light of the findings, relevant stakeholders, especially education, nursing and allied health, might review and revitalise tertiary curricula and on campus health promotion activities as their graduates will become valued and trusted frontline workers and role models. National sexual and reproductive health policies might also require review, including those relevant to health promotion and easy access to youth friendly health services.

Keywords Sexuality · Sexual behaviour · University student · Condom use · Regular · Non-regular · Commercial sex partners

Background

Bhutan is a small landlocked country in the eastern Himalayas proximal to India, the Tibet Autonomous Region of China and Nepal. It is known for its philosophy of Gross National Happiness (GNH) as the foundation of well-being and happiness. Education and health services are free and extensive.

Historically, the Bhutanese have had a fairly open attitude towards sex and sexuality (Tshomo, 2016). Early onset of sexual activity at a very young age and marriage (often arranged) were common in Bhutan (Gurung & Tshomo, 2015; Gurung, Wangchuk, Tshomo, & Nidup, 2016; National Youth Policy, 2010). However, early marriage and pregnancy

impacted young women, with reduced participation in education, fewer graduating high school and gaining tertiary education. Many became mothers at an early age and worked on farms or as homemakers (Gurung & Tshomo, 2015).

While Bhutan endorses the definition of sexual health of the World Health Organization and World Association for Sexual Health ('Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.'), much of the current discourse surrounding the sexual behaviour of young Bhutanese is rather alarmist and moralistic and tends to blame modernisation and exposure to 'Western' attitudes and behaviour via television, film, the Internet, social media and an increase in tourism (Dorji, 2015; Gurung & Tshomo, 2015; Gurung et al., 2016).

Television became available in 1999, a period when many of the parents of today's adolescents and youth were born, and a time when Bhutan opened up as a boutique tourist destination, and positioned itself as a happy, last Shangri-La. The arrival of the Internet was quickly embraced by young Bhutanese, and

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social media generated an enormous exposure to 'friends' from all over the world, in addition to the stories brought back by young Bhutanese who had studied in neighbouring countries where they may have led lifestyles very different to their peers in Bhutan. There appears to be limited censorship of the Internet in Bhutan, other than for some pornography and security concerns, and individuals and groups are generally permitted to engage in peaceful expression of views.

As Dorji (2015) has noted, early and often arranged marriage has given way to relationships more associated with concepts of 'love and romance', and more young people cohabiting prior to formal marriage. Away from censure related to traditional attitudes, the embracing of perceived sexual freedoms in some other countries has renewed concerns about the impacts of early sexual debut and risky sexual behaviour on lowered engagement with and participation in education, training and employment for young women and reduced social cohesion, stigma and discrimination.

Sexual Behaviour of Young People in Bhutan

Similar to most countries, values, attitudes and beliefs in relation to sexual and reproductive health and the status of women in Bhutan are shaped by family, tradition, religion, peers, education, health promotion activities, policy change and social media and evolve over time. Contraception has become easily available (injectable, oral, condoms and the 'morning after pill'), and the health of girls and women has been given great importance as a right and in policy and service provision. Now, more young women complete secondary education, gain entrance to university and take up professional careers.

The concerns about early sexual activity appear to now relate to unintended pregnancies, an apparent rise in illegal abortions (abortion in Bhutan is only legal if the pregnancy is a result of rape, incest or to preserve the woman's health and life), birth and infant rearing difficulties and sexually transmissible infections (Choden, Pem, & Pathak, 2015; Dema, 2017; Dorji, 2015, RGoB, 2004). According to Article 183 of the Penal Code of Bhutan, the age of consent remains 18 years regardless of gender or sexual orientation, and commercial sexual activity is illegal (RGoB, 2004). However, there is no strong cultural belief that young people should be virgins throughout their secondary and tertiary studies, or when they marry, and many young people co-habit prior to marriage. Sexual and reproductive health information is provided formally, via life skills education in schools (MoH & MoE, 2009) and tertiary institutions (RUB, 2014), and less formally via peer-led interventions (UNDG, 2015).

The rapid assessment of school students in Phuentsholing in Southern Bhutan, on the border with India, found that the mean and median age at first sex was 15 years for female students and 14 years for male students in classes IX and X

(Panda, Chowdhury, Dendup, & Pahari, 2009). About 1% of the female students and 31% of the male students reported having engaged in sexual activity. Condom use was low during first sex for males, but higher for the females, while having sex for the first time.

In relation to sexual debut, the National Health Survey of 2012 of over 9000 10–25-year olds revealed that 10% had their first sexual experience by age 14 years, and 15% of women aged 15–49 years had their first pregnancy at the age of 15 years or younger. Sixteen percent of the males and 29% of the females were married. Around 23% of males and 9.7% of females aged 10 to 19 years had been sexually active, rising to 80.7% of males and 18.6% of females aged 20–24 years. Injectable contraception was most commonly used by 64% of sexually active females, followed by 10% using oral methods. Condom use was low with 75% of males not using a condom during last sexual intercourse (Dorji, 2015).

A study that used focus group discussions (FGDs) with young people aged 15–24 years ($n = 250$) from four tertiary institutes, five higher secondary schools, five middle secondary schools and two lower secondary schools in Western and Southern Bhutan revealed that young people viewed sex as 'normal, fun, pleasurable and enjoyable' with few negative consequences highlighted (Dorji, 2015). For instance, young couples living together in a university college was seen as fairly normal, but the consequences of an early pregnancy were regarded more seriously, and young women tended to experience greater social criticism and stigma for being sexually active, cohabitating or young mothers. While sexual autonomy was valued by the female participants, low levels of condom use were perceived as being the decision (spoken or unspoken) of male partners.

Dorji (2015) found that young people in the FGDs associated early sex as a global 'youth culture', which could primarily be attributed to the influence of various forms of mass and social media, including more explicit sexual content in films and online chat forums. The development of youth-focused entertainment venues, modelled upon the Western entertainment industry, such as the *Drayangs* (musical entertainment places), karaoke bars and discotheques that serve alcohol freely were also seen as contributing factors.

Parents are often seen to be out of touch with 'modern' views. This was reflected in the findings of the broader study (Sherab, Howard, Tshomo, & Tshering, 2017) which found that about 50% of the respondents' fathers were farmers (49.7%), a quarter government worker and just over 10% having their own business. Almost half of the fathers had no schooling, with another quarter leaving school with no qualification and less than 10% had a university degree. For the mothers, almost half were identified as housewives, four in ten were farmers and less than 10% had their own business. About three quarters of the mothers had not attended school, with about only 2% having a university degree.

Sexual Behaviour of University Students

There have been numerous studies of the sexual activity of university students worldwide, where 'sex' and 'sexual intercourse' primarily refers to vaginal and anal penetrative sex. For instance, a large study of university students (mean age 20.4 years) in 13 tertiary institutions in Ireland found that 75% have had sex, 27% before 17 years and 47.7% reported inconsistent condom use (Dolphin, Fitzgerald, & Dooley, 2017). In Taiwan, 76% of the university students surveyed were sexually active (Lee et al., 2016). Mavhandu-Mudzusi and Asgedom (2016) found 70% sexually active Ethiopian university students (mean age 22.8 years), 59% reported using a condom with their last sexual partner, 30% mentioned of having sex with another person other than their current partner in the past 3 months and 32% of males had sex with a commercial sex worker. In Zambia, 71% of the university students aged 21–24 years surveyed were sexually active, and 62% of male and 37% of female reported inconsistent condom use (Menon, Mwaba, Thankian, & Lwatula, 2017). A study of male university students from four universities in Bosnia and Herzegovina found 75% sexually active and 75% reported using condoms (Hadžimehedovic, Balić, & Balić, 2017).

While university students would have been included in the national surveys in Bhutan, there appears to be a paucity of data specifically on their sexual behaviour. Qualitative data gathered from 91 final year students found that more than half the sample (53%) had been involved in sexual activity at least once in their lifetime, with about 33% not using condoms (Gurung & Tshomo, 2015; Gurung et al., 2016). The authors noted concerns about increased 'sexually irresponsible' behaviour, unplanned pregnancies, STIs, relationship conflict, psychological stress and suicide. All these impact on the retention and participation in tertiary studies and academic performance, especially for women, and social capital, national happiness and economic development (Gurung & Tshomo, 2015; World Bank, 2012).

Regarding sexual diversity, despite the relatively liberal approach to sexual behaviour in Bhutan, significant stigma and discrimination exist towards those with non-heterosexual orientation, other variants of sexual identities and non-conforming sexual behaviours (UNDP, 2013, 2015; Wangdi & Tshering, 2017). This has significant impact in accessing necessary health services and social support, especially for men who have sex with men and transgender people.

This paper is part of a broader research project on sexuality, substance use, sexual behaviour and mental health of university students in Bhutan, funded by UNFPA Bhutan. As substance use and mental health findings are dealt in other papers (Sherab et al., 2017), the focus of this paper is to better understand the sexual behaviour of the students and its possible implications, especially among education, nursing and allied health students as these students will eventually assume

frontline work roles in the development of healthy and functional young people.

Methods

This study employed a self-administered structured survey to a representative sample of students from eight of the 11 university campuses across Bhutan (one refused to participate, one was not reachable and the other was a very small campus). The survey 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), bullying and discrimination and mental health using the Kessler 6: six five-level Likert items (Kessler et al. 2010). This paper focuses on the eight sexuality and sexual behaviour questions contained in the 29 item self-administered survey.

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 eight campuses that participated. All the sampled campuses had roughly equal numbers of students and in terms of gender. The estimated sample size was 3200 students (400 from each of the eight with approximately half male and female) to meet the minimum standard requirement for inferential statistics (Cooksey & McDonald, 2011). Different members of the research team visited each campus to administer the paper survey. A notice was circulated by university management, and up to 400 students were approached in random batches until 400 had indicated that they were willing to participate. They were informed that participation was voluntary, guaranteed confidentiality and the survey was completed in a group setting in the lecture theatres after the last session of the day.

After eliminating unusable questionnaires ($n = 40$), due to incomplete data, 2417 surveys were retained for analysis. The overall response rate was 76% and represents approximately 20% of all university students in Bhutan. The mean age of the respondents was 21.5 years.

Data Analyses and Results

Descriptive statistics, chi-square tests and multivariate analyses were performed using SPSS v. 23. Descriptive statistics were carried out to gain some understanding of the sexual histories and behaviours of the students. The chi-square tests aimed to ascertain any significant relationship between gender and condom use, total number of sexual partners and condom

use and age at first sex and condom use. Multivariate analyses were employed to check if there were any significant differences in students' sexual behaviour in terms of gender and university campus.

Sexual Identity and Behaviour

The majority of students identified as heterosexual (92.8%), 0.1% as gay, 0.1% lesbian, 1.2% bisexual (0.4% male, 0.7% female), 4.8% as unsure (2.5% male, 2.3% female) and 1.1% as other (0.7% male, 0.4% female). About 66% of males and 19% of females reported ever having sexual intercourse. Sexual debut before age 18 years was 58% for males and 15.7% for females. More males (52.7%) than females (45.8%) reported that condoms were used in their first penetrative sexual experience, but a concerning proportion did not know if a condom had been used (see Table 1).

Recent Sexual Experiences

Regarding sexual activity, 59.5% of males and 20.7% of females reported of engaging in at least one sexual activity within last 1 year prior to the survey. Most reported one or two regular, casual or commercial sex partners over a year prior to the survey (see Tables 2 and 3).

Reported rates of condom use varied between genders and whether the sexual activity was with a regular, non-regular or commercial partner (see Table 4).

Relationship Between Gender and Condom Use

Chi-square tests were performed to ascertain if there was a significant relationship between male and female students in terms of their condom use. The tests revealed that there was a significant relationship between gender and condom use with commercial sex workers, $\chi^2(3, N=884)=25.57, p<.001$, and casual sex partners, $\chi^2(3, N=832)=35.67, p<.001$, with males reporting greater condom use. No relationship was found between males and females in terms of condom use with regular sex partner, $\chi^2(3, N=817)=4.25, p=.24$.

The tests also revealed significant relationship between total number of partners and condom use, indicating that the students with a greater number of sexual partners were more likely to use condoms with casual, $\chi^2(15, N=782)=105.78, p<.001$ as well as regular sex partners, $\chi^2(15, N=773)=91.04, p<.001$.

Comparison of Teacher Trainees with Other University College Students

A comparative analysis was performed to ascertain if the teacher education students differed from students studying health and other disciplines in terms of their sexuality, sexual

Table 1 Ever had sexual intercourse, age of first sex and condom use in first sex ($n=2105$)

	Male		Female	
	<i>n</i>	%	<i>n</i>	%
Ever had sexual intercourse ($n=2105$)				
Yes	727	65.9	189	19.0
No	376	34.1	813	81.1
Total	1103		1002	
Age of first sex ($n=712$)				
10–12 years	18	3.2	1	0.7
13–15	85	15.0	4	2.7
16–18	225	39.8	18	12.3
19–21	187	33.0	80	54.8
22–24	45	8.0	41	28.1
25–27	6	1.0	1	0.7
28–30	0	0.0	1	0.7
Condom used in first sex:				
Yes	410	52.7	108	45.8
No	299	38.4	96	40.7
Do not know	69	8.9	32	13.5

behaviour and condom use, given their vital roles in the education, health and well-being of young people. When compared with students in disciplines other than education, pre-service teachers appeared to be more sexually active (see Table 5).

Sexual Behaviour Comparison in Terms of Gender and University Campus

Two one-way MANOVAs were conducted between the three sexual behaviour items: (i) how many different sexual partners have you had in the last 1 year, (ii) how many commercial sex partners have you had in the last 1 year and (iii) how many non-regular sexual partners have you had in the last 1 year as dependent variables and two categorical variables (gender and university campus) as independent variables to explore if there were any statistically significant differences in their sexual behaviour.

The overall multivariate F tests showed a significant difference only for *gender* (Pillai's trace = .025, MV $F(3, 675)=$

Table 2 Sex in the past year ($n=1624$)

	Male		Female	
	<i>n</i>	%	<i>n</i>	%
Yes	560	59.5	138	20.7
No	398	41.5	528	79.3
Total	958		666	

Table 3 Number of sexual partners in past year ($n = 818$)

No of partners	Regular partners		Casual (non-regular)		Commercial	
	Male	Female	Male	Female	Male	Female
1	203	111	67	6	24	28
2	121	20	49	8	15	7
3	71	1	24	7	6	1
4	22	3	9	1	1	0
5+	90	5	14	0	6	0
<i>N</i>	507	120	81	22	52	36

5.722, $p < .001$, partial $\eta^2 = 0.025$). Following the significant multivariate F tests for *gender*, univariate F tests were examined to identify which of the three dependent variables contributed to the significance.

For the univariate F tests (type III sum of squares = 94.010, $df = 1$, $F = 16.166$, $p < .001$, partial eta squared = 0.023), *gender* showed statistically significant difference ($p < .001$) on only one dependent variable (*how many different sexual partners have you had in the last year?*). Examination of the descriptive statistics showed that male students ($M = 1.90$, $SD = 2.58$) had a significantly higher number of sexual partners compared to their female counterparts ($M = 0.93$, $SD = 1.39$). However, the examination of effect size, as measured by partial eta squared (0.023), explained only a small amount of variance (2.3%) of scores between male and female students. The analyses suggest that gender may be more important than type of university campus, as some had more female than male students.

Sexual Diversity

Regarding the acceptance of sexual diversity and attitudes towards non-heterosexuals, 67.2% of heterosexual students believed that those students with non-heterosexual orientation ‘were born non-heterosexual’, 7.7% believed that ‘they have a disease’ and 13.4% expressed that ‘they were influenced by the media or fashion’ (0.7%). However, a generally tolerant

attitude was evident with 78.2% of heterosexual students, who stated that they could be friends with a person who has openly declared as LGB person.

Open-ended responses from the questionnaires indicate that there is generally low awareness and lack of knowledge about gender and sexually diverse people among students. While some believed that gender and sexually diverse people are ‘not born but made’ (university college 3, respondent 36), the students tended to believe that there is discrimination against gender and sexually diverse people. For example, the participants maintained that people with different sexual orientations ‘are looked down on and not supported’ (university college 1, respondent 1); ‘Friends do mock at them for being lesbian/gay/bisexual’ (university college 1, respondent 3); ‘they are ignored by friends and even family to some extent’ (university college 5, respondent 92); ‘they are discriminated and looked differently by society’ (university college 4, respondent 246); and ‘public awareness about gay/lesbian /bisexuals should be made so that their mentality towards such people could be changed and they can live comfortably within a society. After all, they are human too. They deserve to live as per their choice’ (university college 4, respondent 148).

Discussion

Despite concerns about early sexual debut and the influence of ‘modernisation’ and social media, the findings from this study population suggest that the level of sexual activity among Bhutanese university students is lower than the international studies cited above. There appears to be a relatively early sexual debut, but comparable condom uses with regular sexual partners, with concerns in relation to sexual activity with commercial sex workers and casual partners.

It is unclear why the students preparing to be teachers reported more sexual activity. Anecdotal evidence suggests that many students live together before the marriage and is prevalent among students who are staying off-campus. Whatever the reasons, such findings have implications for the pre-service education of teachers and merit further research.

Table 4 Condom used in last sex with regular and non-regular partners and commercial sex workers ($n = 1638$)

	Regular partner				Casual (non-regular partner)				Commercial sex worker			
	Male		Female		Male		Female		Male		Female	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Yes	289	49.1	71	52.2	314	53.2	42	37.2	70	48.3	14	22.2
No	180	30.5	45	33.1	158	26.8	42	37.2	59	40.7	38	60.3
Do not know	120	20.4	20	14.7	118	20.0	29	25.6	16	11.0	11	17.5
Total	589		136		590		113		145		63	

Table 5 Sexuality, sexual behaviour and condom use by campus groupings ($n = 2018$)

Campus group/variable	Other university campuses		Education		Health services		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Heterosexual	1373	92.5	545	91.0	190	95.0	2108	92.8
Ever had sexual intercourse	553	39.5	324	57.9	57	32.9	934	43.4
Sexual intercourse in past year	410	39.1	258	54.7	44	33.6	712	42.5
Condom use with first sex	317	51.8	176	49.2	32	50.0	525	50.3
Condom use with regular partner	197	45.0	138	53.7	29	67.4	364	55.4
Condom use with non-regular partner	213	49.0	129	52.9	21	55.3	363	52.4
Condom use with commercial sex worker	57	38.8	23	46.0	4	33.3	98	39.4

Teachers are held in high regard in Bhutan, with a national Teacher's Day on May 2, despite the 'low professional esteem' and morale of teachers (Sherab & Dorji, 2013; VanBalkom & Sherman, 2010). While teachers and school counsellors are influential role models, especially in rural communities, their knowledge, attitudes and life skills may not always be conducive to student well-being. To ensure that the university students develop a more positive attitude to sexual risk taking and behaviours such as low condom use with commercial sex workers and casual sex partners, increased priority is needed to enhance teachers' factual knowledge regarding sexual and reproductive health.

While the preparation of teachers at the two teacher education colleges in Bhutan have received attention and review in recent years, issues such as sexuality, sexual and reproductive health and the position of teachers in their communities may require further review. Schofield (2016) has noted that there are some desperate influences on the 'ways of teaching' in Bhutan from the traditional Buddhist monastic and Indian education practices, which emphasise memorization and the teacher led/directed activity, to the philosophy of Gross National Happiness and active learning. VanBalkom and Sherman (2010) reported that teacher trainees valued active and group work approaches, which would be more appropriate for addressing the issues related to personal and professional development of teachers.

Brady (2011) draws on Paulo Freire's 'Indispensable qualities of progressive teachers' and has noted, like others, that teacher formation programmes need to include a focus on nurturing an appreciation of the teacher's self, including self-esteem, initiative and care for others and encouraging an understanding of the teacher's role and relationships in society, particularly with the local community and parents (p. 65). Lumpkin (2008) emphasises the importance of teachers as 'role models of character', and Lunenberg, Korthagen, and Swennen (2007) the importance of teacher educators as role models. Importance of the teacher role model, in terms of character in the Bhutanese context, has been extensively discussed in Sherab (2017).

The curricula for students at the non-teacher training campuses may also require attention, particularly those who will work in primary health care, such as nurses, and include a greater emphasis on their personal development. In relation to youth sexual and reproductive health issues, nursing and allied health graduates will be on the front line to identify sexuality and sexual health concerns of young people.

International studies of sexual behaviour among university students cited previously recommend a variety of interventions to address the issues such as provision of culturally appropriate and accurate information on sexual and reproductive health. These studies also recommend provision of greater access to student friendly health and counselling services on campus, including concerns related to sexual attitudes, knowledge and behaviour within curricula. Ideally, any curricula review should include active and valued representation, and similar representation for the development of policies, strategies and resources and their implementation (Dolphin et al., 2017; Hadžimehedovic et al., 2017; Mavhandu-Mudzusi & Asgedom, 2016; Menon et al., 2017). Gurung and Tshomo (2015) have rightly noted that the focus of university leaders and policy makers should be the 'intentional and committed creation of an enabling environment that promotes healthy, happy and motivated individuals, who are proud of their relationships, respectful of theirs and others' sexuality and mindful of their actions' (p. 17).

Although Bhutanese are largely seen as open and inclusive in their approach to life, evidence suggest that many young Bhutanese with non-heterosexual traits suffer bullying and harassment, stigma and discrimination from both students and teachers due to social stereotypes (Bhutan Ministry of Health, 2015; UNDP, 2015). It can be daunting for students questioning their sexuality or accepting their non-heterosexual orientation in the current environment. In addition, the students' experience of stigma and discrimination in their earlier schooling, and negative experiences in their communities, could also prevent students from being more open about their sexual orientation and behaviour.

The impact of victimisation of young people with non-heterosexual orientation is supported by extensive international studies. For instance, Hillier et al. (2010) reported significantly higher levels of substance use and mental health concerns, including suicidality among youths with non-heterosexuals due to bullying and harassment as a result of social discrimination in society.

There are evidence-informed approaches to teacher education that can assist in addressing stigma and discrimination that can be utilised in teacher education to develop teachers who can enact non-discriminatory and non-stigmatising practices and attitudes in their lives, in their teaching and in the provision of safe spaces for all children and youth (Bedford, 2000). However, stigma and discrimination will be dealt in more detail in a separate paper.

Further research might focus on a qualitative study of attitudes and beliefs that influence sexual behaviours of university students, especially those in education and health faculties, which could inform an action research study addressing sexual and reproductive health and responsibility. In addition, future studies may attempt to oversample participants who identify as non-heterosexual as there is a lack of reliable current information on the gender and sexuality diverse people in Bhutan and a low level of such identification in this study.

Limitations

The self-report survey questionnaire was lengthy, and possibly, there was embarrassment and some confusion regarding questions about sexual behaviour. The sample obtained represents about 20% of university students in Bhutan, and while representative, the findings require cautious interpretation. Fear of identifying a sexual orientation other than heterosexual may have had an impact and likewise reporting drug use.

Conclusions

The findings with regard to sexuality and sexual behaviour of the surveyed university students in Bhutan demonstrate that, as in other countries, various stakeholders, such as educators, need to review and revitalise relevant curricula, policies and practices and address stigma and discrimination. This is of particular importance for education, nursing and allied health students, as they will enjoy high status in Bhutan, be visible role models in small towns and villages and assume roles that focus on the development of healthy, happy and functional young people. Sexual and reproductive health policies might also require review, including those relevant to health promotion, and availability and ease of access to youth friendly health services.

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