

International Day
for the Elimination
of Violence
Against Women

2024

Journey of Young Mothers

From teen pregnancy
to empowerment





Respect, Educate, Nurture,
and Empower Women

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A Call for Action

November 25th is observed as International Day for the Elimination of Violence Against Women (IDEVAW). It is an important day to raise awareness and take action against the violence that continues to plague women and girls worldwide. This day also launches the 16 Days of Activism, a global movement that highlights the urgent need to address gender-based violence (GBV) and its devastating impact.

This year, the global theme—“Humanitarian Crisis”—focuses on the vulnerability of women and girls during emergencies such as conflicts and natural disasters. In Bhutan, the local theme, “Adolescent Pregnancy - Prevention and Intervention”, directly connects teenage pregnancies to GBV, calling for urgent attention to this growing issue.

Teenage pregnancy in Bhutan has reached alarming levels, with an adolescent fertility rate of 18.6 per 1,000 girls aged 15-19. Unmet contraceptive needs are high, and many young women, particularly in rural areas, face barriers to accessing essential reproductive health services. Between 2019-2024, 86 cases of teenage pregnancies were reported to the Royal Bhutan Police, while the National Commission for Women and Children recorded over 530 rape cases, with 70 percent involving children. These sta-

tistics underscore the critical need for prevention, intervention, and systemic change.

The 16 Days of Activism offers a unique opportunity to bring about real change. By focusing on adolescent pregnancy and its links to GBV, we can empower young people with the knowledge and resources needed to make informed decisions about their reproductive health. It is not just about preventing teenage pregnancies—it is about creating a future where every girl is free from violence, with access to education, healthcare, and the support to thrive.

This year, we also launch a book featuring the powerful stories of teenage mothers and rape survivors from across Bhutan. These women, despite facing unimaginable hardships, show incredible resilience and strength. Their stories are a stark reminder of why we must do more to create a safe environment for young girls—one where their rights are upheld, and their futures are protected.

As we observe IDEVAW, let us be inspired by these stories and commit to action. By improving access to reproductive health services, supporting policies for GBV prevention, and fostering community engagement, we can ensure that every woman and girl in Bhutan is empowered to make choices that lead to a safe, healthy, and fulfilled life.





A teen's struggle with pregnancy, loss, and the path to independence

Thimphu—She was just 16. He was 18. And then the test came positive. Pregnant. It was a word they dared not speak aloud, a truth they clung to in fear of its implications. He promised her it would be all right, that he would convince his parents that she could still finish school. And together, they would find a way—or so they believed.

Their secret didn't stay hidden for long. Somehow, someone found out and reported it to the authorities. They were soon brought in for questioning.

During their interrogation, they both gave their statements. The girl claimed the boy took all the blame, insisting that the child was his and that she was innocent. But in her own statement, she admitted that it was her fault, that he was not involved.

"Everyone cried when they saw us," she said quietly. "The authorities didn't want to punish us, but the law left them with no choice."

He was soon arrested for rape of a minor leaving her alone.

She felt crushed under the weight of it all, helpless as everything spi-



If I had known, if someone had guided me, I wouldn't be in this situation right now. I did not know about the law, about emergency contraception, I absolutely had no idea.

raled out of control. “Everyone said, “Your situation is pathetic,” she recalled. “And it was true.”

She had once come from a good family. A cozy home, two hard-working parents running separate businesses. She and her two siblings attended private school, well cared for and loved. Her fondest memories were of her and her mother side by side in the kitchen, rolling ladoos for her mother's catering business.

She had excelled in school back then, too.

But when her mother passed away, everything changed.

Her father became a different person—consumed by grief, slipping into alcoholism, and abandoning the family he had once worked so hard to build. Soon, it was left to her and her siblings to care for him. He would disappear for days, sometimes months, leaving the children to fend for themselves.

The family shop barely kept them afloat. The rent covered the basics—just enough to keep the lights on and food on the table, but it was never enough.

As time passed, a quiet fear began to settle over her home. Unwanted touches, lingering stares from her father that made her skin crawl.

One day, the house was empty. Shelves bare. Her father gone. And the landlord was the rent. That was the moment she made a choice. She went to the construction site, desperate for any work she could find—anything to feed her younger brother and sister.

Her boyfriend heard about the situation and of-

fered her a place to stay. He brought food, and for the first time in months, she felt safe. “I felt safe with him,” she said softly. It was during the lockdown—schools were closed, the world shut down.

She had not been ready for a sexual relationship, but things had moved too fast. And she hadn't understood the consequences. A missed period didn't mean much to her at first. She didn't know what it meant for her future.

“If I had known, if someone had guided me, I wouldn't be in this situation right now” she said softly. “I did not know about the law, about emergency contraception, I absolutely had no idea.”

She remembered him knowing more than she did, but he was not equipped to help either. “In biology, we learned about reproduction and pregnancy, but that was all theory,” she said. “When it came to real life, I was completely unprepared.”

“With the difficult circumstances I was in, I missed my chance to study,” she said.

She recalls her mother's strictness, always keeping a watchful eye on her children, never letting them out of her sight. They didn't even have a phone or a Facebook account. After her mother passed away, everything changed. She finally got a phone, and it was then that she met her boyfriend online.

“If my mother had been alive, I would have done things differently,” she reflects, her voice heavy with the weight of lost guidance.

One day, her father dropped her off at a relative's house while he traveled to Haa. There, her safety was shattered—she was nearly sexually molested by a relative.

The case was reported to Nazhoen Lamtoen, a civil society organisation dedicated to protecting children, and soon after, she and her two siblings were placed under their care.

When she found out she was pregnant, she was already three months along.

Reflecting on her journey, she sees it as a blessing. “I received excellent care; my delivery was smooth, and they even trained me in baking, allowing me to find work. My three-year-old son is well cared for by Nazhoen Lamtoen now, so I can focus on my job. I have started saving. The clothes he wears and the life he has at the ECCD are things I could never have provided without their support.”

However, she described the pain of giving birth as the most torturous emotional experience. Other women were surrounded by their husbands while



hers was absent. “I do not wish this for any women in this world,” she said “He regrets missing his son’s milestones, though I regularly take our son to visit him.”

They meet on phone calls every Monday. He still reassures me that he would come back, and marry me. “He wants me to go back to school.”

“I can’t predict what the future holds or whether my marriage will last, even if he comes back,” she said, her voice steady but her eyes shining with determination. “But Nazhoen Lamtoen has given me the strength to stand on my own. I have a job now, and I am saving to build a life for myself.”

She paused, her gaze firm. “We love each other,

and we still dream of staying together. But if that doesn’t happen, I know I can carve my own path. I am committed to continuing my studies and fulfilling my dream of becoming a nurse.”

Yangyel Lhaden

She is a reporter with Kuensel for last four years. She mostly covers women and children, and climate stories.





Teenage mothers in rural Bhutan: Navigating early parenthood amid socioeconomic challenges

A 19-year-old mother of two from in Kanglung, Trashigang shoulders the full weight of motherhood. She gave birth to her first child at 17, a son now nearing two years old. Her second son, just eight months old, followed soon after.

Socioeconomic challenges forced her to leave school in 2020, dropping out of Class IX to support her family. In her village, cultural expectations often make early marriage a necessity for survival.

Unaware of contraceptive options, she didn't use any before her first pregnancy. "I visited the hospital after missing my monthly period for two months, and that's when the health staff confirmed I was pregnant," she said.

She described feeling both happiness and nervousness upon learning she was pregnant, unaware of the health risks associated with early pregnancy. Her mother supported her during delivery. She breastfed her first son for nine months, but without understanding precautions, she soon conceived again. Now using contraceptives, she reflects on her journey, saying early motherhood has made her stronger. "I didn't face any health complications," she added.

Her experience mirrors a wider issue. Last year, Trashigang hospital recorded 15 cases of teenage pregnancies.

Nationwide statistics from the Royal Bhutan Police (RBP) reveal a concerning trend. From 2021 to early November 2024, 77 cases of teenage pregnancies were reported. This year alone, 24 cases have been documented, with Trashigang accounting for six. Thimphu and Mongar reported the highest numbers, with 14 and 11 cases, respectively.

In 2023, 25 cases of teenage pregnancy were reported, compared to eight in 2022 and 20 in 2021.

These cases are most prevalent among young mothers from low-income, often illiterate backgrounds. In rural Trashigang, where many girls leave school early to support their families, early marriage and teenage pregnancies are a common reality.

Young mothers in these areas often marry early

and take on family responsibilities, entering adulthood without preparation. Financial struggles and the demand for labour at home forces many to leave school, assuming adult roles prematurely. The reliance on agriculture and manual labour in villages further entrenches this cycle.

Another 19-year-old mother from Kanglung dropped out of school after Class VIII due to financial challenges. She worked as a babysitter in Thimphu, earning about Nu 5,000 a month, before returning to her village and getting married. Now raising a two-month-old daughter, she recalled the pain of a miscarriage last year at four months. "I didn't know how it happened; it was heartbreaking," she said.

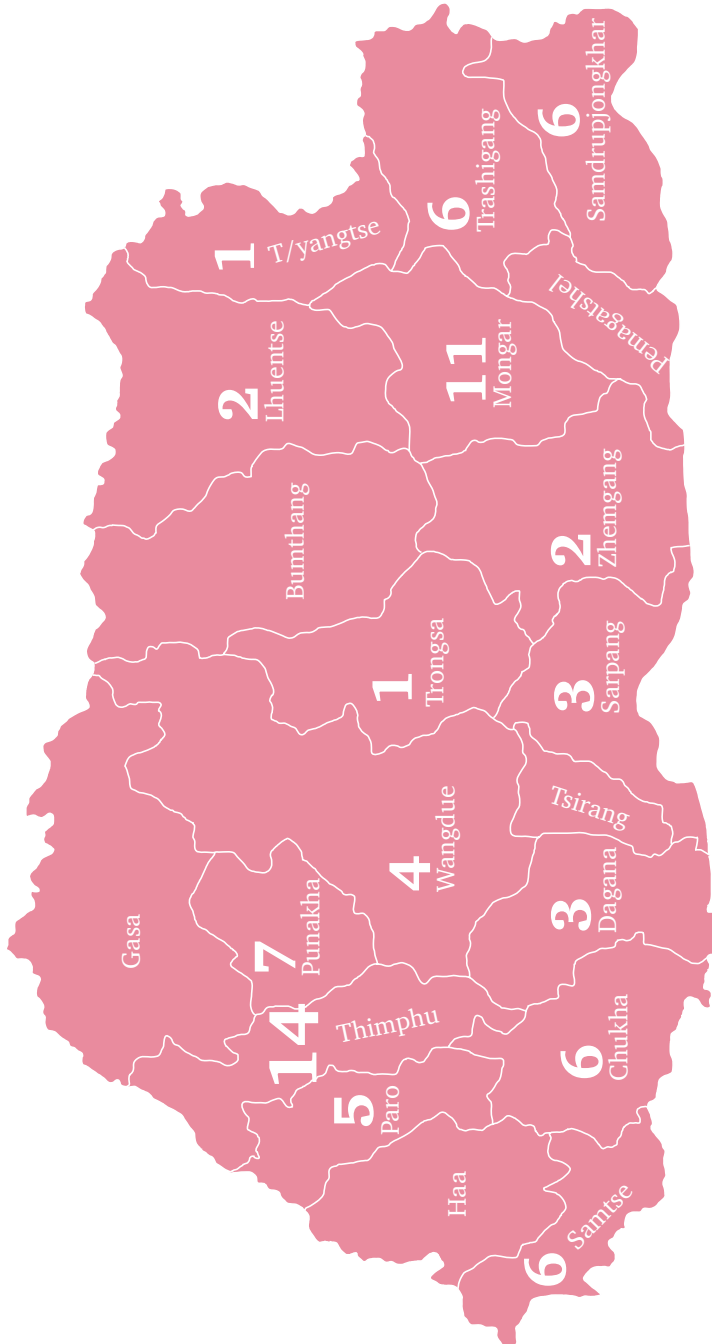
After marriage, she and her husband used contraceptives for a few months before deciding to have a baby. Initially worried that health workers might reprimand her for getting pregnant again, she was relieved to find them supportive and caring, providing excellent healthcare.

"Even my family and the community were supportive," she said. "In rural society, taking on the responsibilities of motherhood helps us mature faster." Her mother often reminded her that becoming a mother at a young age was not uncommon in their community.

Similarly, a 19-year-old mother from Wamrong, who left school after Class VIII due to health and financial difficulties, reflected on her journey into early motherhood. She chose to stay in the village to assist her mother, embracing a life shaped by familial responsibilities and rural realities.

Now the mother of a one-year-old daughter, she recalled feeling hesitant during her first hospital visit, fearing disapproval from health officials. "They were supportive and provided health services," she said. Reflecting on her experience, she believes motherhood is best delayed until after the age of 20. "After that age, we are mentally and physically prepared. I struggled a lot initially, being a young mother and working in the fields," she said.

Another 19-year-old mother from Wamrong,



Dzongkhag wise teenage pregnancy case 2021 - 2024

raising a nine-month-old son, left school after Class VIII due to financial difficulties. The youngest of seven siblings, she admitted she did not want to continue her education, as she found academics challenging. Unaware of contraceptive options, she became pregnant shortly after marriage. Despite the hardships, she feels having children early can be advantageous.

Similarly, an 18-year-old mother from Yangneer, now caring for a one-year-old son, had her education cut short after Class II due to illness and the lack of someone to stay with her aging parents. Raised on farmland, she met her partner through mobile connectivity and married young to take on the responsibility of supporting her parents.

She said that although she was aware of contraception, her attempt to seek preventive measures at the hospital was unsuccessful, as the health service provider did not offer them, citing her young age. “I went to the hospital because I was sick, not knowing that I was pregnant. That’s when they told me I was expecting,” she recalled.

After her pregnancy was confirmed, health workers offered full support, advising her to prepare mentally and physically for motherhood. She said: “At my age, other girls in the village are still studying. I believe we should only have children after the age of 20, when we are fully grown and ready, both mentally and physically.” She has experienced no health complications and gave birth normally.

According to Trashigang’s dzongkhag health officer, the health department runs regular awareness programmes on teenage pregnancy, emphasising education, prevention, and support. These efforts include comprehensive sex education in schools. officer said the programs engage schools, communities, and families to highlight risks and prevention strategies. Initiatives like co-ordination meetings, school health programmes, the RENEW initiative, and DIASAN focal points play a central role in spreading awareness and providing support.

In 2020, over 237 teenage pregnancies were reported nationwide, with Thimphu recording the highest at 55 cases, followed by Chukha with 30 and Trashigang with 20 cases.

Officials attribute Trashigang’s high teenage pregnancy rates to poverty and a lack of education. Limited knowledge about sexual health and reproduction fosters misinformation and risky behaviors



Every organisation has a role to play in preventing violence and supporting mental health. It’s time to come together to build a safe and supportive society.

among teenagers. Societal attitudes favoring early marriage and restricted access to contraceptives and reproductive health services further exacerbate the problem.

In remote areas, inadequate healthcare, scarce educational resources, and poor communication about sexual health create conditions where teenage pregnancy becomes normalised. Although cultural norms around early marriage are changing in many parts of the country, they remain deeply rooted in remote regions like Sakteng and Merak, where teenage pregnancies are still common.

The health official said that teenage mothers face heightened health risks, including preterm births and low birth weights, according to the health officer. Many lack access to adequate prenatal and postnatal care, proper nutrition, and essential support systems, which can adversely

affect both the mothers and their babies.

Social stigma and discrimination further marginalise these young mothers, depriving them of critical family and community support during a vulnerable phase of their lives. These challenges not only jeopardise their physical health but also impact their emotional well-being and long-term prospects.

Between June and October 2023, The PEMA Secretariat assisted 23 cases of teenage pregnancy, offering comprehensive support mechanisms.

An official from the PEMA's Centre response Services said that once a case is reported, protection services are activated, and officers assess the individual's risks, needs, and circumstances to create a tailored support plan. Cases involving minors are referred to the Royal Bhutan Police (RBP) for investigation to ensure justice.

The PEMA Centre facilitates medical checkups, provides counseling, and ensures family support through intervention and follow-ups to promote well-being. Post-delivery support mechanisms are also established in collaboration with organisations such as RENEW and Nazhoen Lamtoen, addressing the specific needs of young mothers.

For those wishing to resume education, the PEMA centre assists with school relocations and admissions. Young mothers unable to return to school are connected to skilling and livelihood opportunities. Additionally, PEMA is in the process of launching a reintegration and economic empowerment programme to support individuals in challenging circumstances.

The PEMA Secretariat is developing a robust reintegration and aftercare programme to support individuals in difficult circumstances. A new pillar focusing on reintegration and economic empower-

ment has been established within the Secretariat to address these pressing needs.

The Secretariat works in close collaboration with government ministries, civil society organisations (CSOs), and local authorities to ensure vulnerable populations receive the necessary support and resources. "Every organisation has a role to play in preventing violence and supporting mental health. It's time to come together to build a safe and supportive society," an official said.

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Dechen Dolkar

She is a reporter with Kuensel for last 10 years. She mostly covers gender, tourism, politics, governance, and energy.



Teenage marriages contribute to rising intimate partner violence

Sarpang—When 18-year-old Namgay Wangmo (name changed) considered leaving her husband after facing dependency-shaming abuse from him following the couple's move to Gelephu a few months ago, it was a difficult decision to make. Trapped in an abusive relationship, Namgay recently reached out to the village tshogpa to help mediate her divorce. However, due to the fact that the marriage occurred when she was just 16 and lacked a formal marriage certificate, the tshogpa was unable to intervene effectively.

Her husband, who was temporarily working on a construction project in her remote village in Zhemgang at the time of their marriage, had a history of unemployment, and Namgay often endured emotional abuse, which eroded her self-esteem and left her feeling worthless.

According to a local government leader, because the couple did not have a legally recognised marriage certificate, it was inappropriate for the tshogpa to get involved in their disputes. "We don't even get involved in disputes among couples who are legally married," the official said.

Namgay's parents, both farmers, are unaware of the abuse in her relationship. "At first, I didn't want her to marry him because of the age gap, but I reconsidered since she insisted. I thought it would be fine as long as they were happy," said her father.

It was only when Namgay was three months pregnant that her parents discovered the relationship. Unfortunately, she miscarried at five months and later moved in with her husband.

As the eldest of five children, Namgay left school after completing seventh grade to help her parents. "She struggled with her studies, so I decided not to send her back to school. Girls are more useful at home," her father said.

Another teenager, 17-year-old Wangmo (name changed), divorced during her fourth month of pregnancy and remarried after giving birth. According to her neighbours, her current marriage is also on the brink of collapse.

In Sarpang, 25-year-old Sangay (name changed), who married in her late teens, divorced shortly af-



Parents also face the stigma, as they feel responsible for failing in their duty of care. If the parents are strong and supportive, counseling becomes easier.

terward due to marital differences and now cares for a four-year-old daughter.

Breeding ground for abuse

Studies consistently show that child marriage increases the risk of intimate partner violence (IPV) for young women, leading to severe physical and mental health consequences. The Oxford Academic Journal on Child Marriage and IPV highlights that men who marry young girls often hold traditional views of masculinity, which can make them more likely to engage in abusive behaviours toward their wives.

UN Women defines IPV as any behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including aggression, coercion, abuse, and controlling actions.

Local government leaders in Sarpang and Zhemgang acknowledge that teenage marriages often result in early divorces, with issues like domestic violence and abuse frequently going unreported to authorities. These matters are usually handled privately to avoid potential legal repercussions.

"There were fewer divorces in the past because couples were well-acquainted, often marrying their neighbours," said one parent, adding that many young girls today marry someone they hardly know, primarily in search of support.

Early marriage, defined as marriage before the age of 18, is a violation of children's rights. While it affects both genders, it is primarily considered a form of gender discrimination due to its more severe



consequences on girls.

A deeply ingrained tradition in many rural communities, early marriage is increasingly recognised as a driving force behind domestic violence. Young girls, often coerced into unions before they are ready, become particularly vulnerable to abuse and exploitation.

“The right time to marry is when you are mature and stable, and that age can vary for each person. There is no need to rush into marriage—it is a huge decision,” another parent said.

Lifeline for young mothers

The Gelephu RENEW Community Service Centre, which currently provides counselling to a few teenage mothers, also works to raise awareness in schools and communities by offering tailored programmes for people of all ages and genders. These programmes are designed to address the specific needs of each community in a comprehensive manner.

However, a lack of family support and social stigma continue to be significant barriers for survivors seeking help. “Parents also face stigma, as they feel responsible for failing in their duty of care. When parents are strong and supportive, counselling becomes more effective,” said the officials.

Officials believe victims often hesitate to report incidents unless physical harm occurs or someone in their community takes action. “In cases of rape and sexual abuse, victims are reluctant to report, and parents may conceal incidents due to fear of consequences,” said one official.

“The survivors are already traumatised by their pregnancies, and the absence of societal support exacerbates the situation,” the official added. “Support should come from family, teachers, and school administrators to help them navigate the real world.”

Despite efforts to raise awareness at the gewog level, some victims still struggle to access counselling due to challenges like long distances and financial constraints.

Legal loopholes and call for reform

Many are advocating for the fair implementation of legal frameworks related to early marriage to better protect both parties involved. Some suggest introducing a separate felony classification for early marriages that end in divorce, as these are currently charged under the child rape statute, with a nine-year sentence.

“The law is making it difficult for victims to seek help or escape abusive situations,” said a local government leader. “Even if the couple is underage,



Phumchung village in Bardo Gewog, Zhemgang

a love marriage should be treated the same as an adult marriage and should not be classified as rape.”

Another local government leader pointed out that in cases of teenage marriage, only men are charged, even when the marriage is consensual. “The law seems unfair; both parties are at fault, not just the men,” he said. “I have never heard of a woman being jailed for raping a minor, despite a few such incidents.”

Locals also voiced concerns about the families of victims not being held accountable for failing to report the crime. “Some parents report the incident to the authorities only when problems arise between the couple, yet they are not charged. The law should be applied fairly,” said a parent.

Police officials say that although late reporters have been charged with aiding and abetting a crime, the Office of the Attorney General has recommended that the charges be withdrawn, arguing that the severity of the charges may not be justified for the defendants.

Section 125 of the Penal Code of Bhutan stipulates that a defendant is guilty of aiding and abetting a crime if their conduct assists or facilitates another person in committing the crime.

Unless specified otherwise in the Penal Code, a defendant found guilty of aiding and abetting a

crime will face a fourth-degree felony charge if the underlying crime is a first, second, or third-degree felony. If the offence is classified as a fourth-degree felony, misdemeanor, or petty misdemeanour, the defendant will receive half the penalty imposed on the principal offender.

Lhakpa Quendren

Based in Gelephu, he works as a bureau correspondent for Kuensel. With eight years of experience in journalism, he has covered a wide range of topics, including political developments, investigations, social issues, women and children rights, health, and agriculture.





Teenage motherhood: Struggles, stigma, and the road to empowerment

Thimphu – A young woman, barely 17, found herself unexpectedly pregnant. She described the experience as a forced maturity, where she was thrust into adulthood far too soon, blaming her lack of self-awareness for her situation.

“When I got pregnant, my partner wasn’t there for me,” she recalled. “He left me for another woman. I thought my pregnancy might change him and make him more responsible, but that was a mistake. To this day, he is not with us.”

As a young and inexperienced mother, she struggled to care for her child, particularly when the baby fell ill. She often felt overwhelmed and unable to meet her child’s needs.

Despite having access to healthcare, societal stigma and judgment led her to avoid seeking medical attention. She kept herself confined at home.

“When my bump started showing, people started judging me. I could only wear baggy clothes to hide it,” she said. “Because of the societal pressures and stigma, I couldn’t access essential healthcare services, which affected both my health and my child’s well-being.”

Her emotional exhaustion made it difficult to attend school, and she often felt the need to hide her situation from others. Initially, she was hesitant to tell her parents about her pregnancy. However, as her pregnancy progressed, she eventually shared the news with them. Although they were shocked and concerned at first, they ultimately provided emotional support and helped her navigate this challenging period.

Between 2021 and 2024, the police recorded over 77 cases of teenage pregnancy in the country. Thimphu had the highest number of incidents, with 14 cases. Notably, the number of teenage pregnancies in Thimphu has been steadily increasing in recent years.

Dr Meenakshi Rai, Programme Director at



Till date they have trained more than 253 teachers from 20 districts and 4 thromdes, including CSE focal District or Thromde Education Officers.

Respect, Educate, Nurture, and Empower Women (RENEW), said that several factors contribute to teenage pregnancy in urban areas. These include risky sexual behaviour, limited knowledge of sexual and reproductive health, a lack of awareness about prevention methods, underreporting of sexual abuse, and misconceptions about fertility.

Other contributing factors include poor communication from parents about sexual and reproductive health, support for traditional child marriage, family history of adolescent pregnancies, and misconceptions about contraceptives.

Thinley Choden, Deputy Chief Programme Officer at the Ministry of Health’s Department of Public Health, highlighted additional risk factors, such as substance abuse, which impairs judgment and leads to unprotected sex, as well as poor



family support, socioeconomic challenges, and the misuse of social media.

She added that teenage pregnancies pose significant health risks, including complications during pregnancy and childbirth, postpartum issues, and mental health challenges like depression and anxiety. Children born to teenage mothers often face long-term challenges due to the emotional and socioeconomic difficulties their young mothers encounter.

However, with proper support from family, friends, and the community, many children can overcome these challenges and lead fulfilling lives.

Peer pressure and social media, according to Thinley Choden, also play a significant role in shaping the sexual behavior of young people. While these platforms can serve as educational resources when used appropriately, they can also misguide and pressure youth if misused.

One teenage mother shared that her pregnancy forced her to drop out of school in the 11th grade. However, after giving birth, she rejoined school and completed her 12th grade. She emphasised the importance of comprehensive sex education and parental support, acknowledging the societal challenges that often hinder such guidance.

Another teenage mother, interviewed by Kuensel, expressed similar sentiments. She felt that comprehensive sex education (CSE) could have helped prevent her early pregnancy. She discussed the challenges she faced in caring for her child, especially during illnesses, due to her young age and limited resources.

She called on the government to prioritise sex education as a key part of the school curriculum. By providing young people with accurate and age-appropriate information, CSE could help prevent unintended pregnancies, promote healthy relationships, and empower individuals to make informed decisions about their sexual and reproductive health.

The Ministry of Education and Skills Development (MoESD), in collaboration with RENEW and UNFPA, has been conducting CSE advocacy and training nationwide.

On December 20, 2022, MoESD, in partnership with UNFPA, launched a curriculum-based CSE program aimed at equipping young people with the knowledge, skills, and values to make informed decisions about sexuality and health.

According to Sonam Wangdi, Deputy Chief Programme Officer in the Health and Wellbeing Division at MoESD and UNFPA, the programme's primary goal is to promote healthy relationships, prevent unintended pregnancies and sexually transmitted infections (STIs), challenge gender norms, foster positive body image, and develop life skills.

CSE is integrated into subjects like English, Dzongkha, Social Studies, Science, Biology, Value Education, and Health and Physical Education, ensuring a holistic approach to sex education from grades PP to XII. Teachers have received instructional guides to support the implementation of CSE concepts.

So far, more than 253 teachers from 20 districts and 4 thromdes, including CSE focal district or thromde education officers, have been trained.

The MoESD and UNFPA plan to expand the training to other districts and introduce online courses to further enhance teachers' capacity to deliver effective CSE lessons.

RENEW, a key partner in the CSE program, has developed a comprehensive curriculum that covers topics such as reproductive health, gender equality, relationships, and responsible decision-making. They have been providing training in schools and at the community level to reach out-of-school youth.

In a recent assessment of CSE implementation in 21 priority schools, RENEW found that 93.4% of students preferred having sexuality education in the classroom.

Dr. Meenakshi Rai also noted that CSE has created a safe space for children to express themselves and discuss sensitive issues such as violence, counseling, and relationships. "CSE is giving children a forum to talk openly, which is crucial for their development," she said.

RENEW also offers person-centered counseling services to support young women who come for assistance, addressing both their mental and physical health needs.

Community-based programmes, in collaboration with the Ministry of Health, aim to raise awareness about sexual and reproductive health.

Through the Multi-sectoral Task Force and Community-Based Support System, as well as the Druk Adolescent's Initiative on Sexual Awareness Network (DAISAN), RENEW advocates against gender-based violence and promotes adolescent reproductive health.



Sherab Lhamo

She is a reporter with Kuensel for last one year. She mostly covers technology, women and children, and climate stories.





Early marriage and teenage pregnancies: Harsh reality for rural girls

Poverty, social pressure, cultural norms, and inadequate resources contribute to early marriages

Zhemgang—Twenty-nine-year-old Sonam (name changed) lives a life of hardship in a remote village of Zhemgang. A mother of four, she spends her days herding over 20 cattle, carrying her one-year-old son piggyback all day long.

Married at just 14, she had never considered marriage at such a young age. But after meeting her former husband—also a teenager—while herding cattle, they developed a mutual attraction. They stayed together for five years until Sonam was 18, with two children to care for.

The eldest of four siblings, Sonam had to leave school midway through sixth grade to help her parents with farming and cattle.

“We were neighbours and met while herding cattle,” Sonam recalls. “We decided to stay together, but if we had stayed single, we would have faced social shaming.”

When her husband left her for another woman, Sonam faced the added burden of raising her children alone. Life was not smooth sailing for her. Four years later, she decided to give her life a second chance by remarrying her current husband—five years younger than her—with whom she now has two more children.

Because of the fear of stigma and having a baby as a minor, Sonam opted for home delivery for her

two older children, even though she knew it was not the safest option. She also does not receive child support (Sothue) from her former husband, as their divorce was mutual due to potential legal implications.

“I initially did not plan for a family, and it was an unintended pregnancy,” she added. “However, I did not miss any of the monthly antenatal care visits to the hospital.”

Sonam’s experience is one of many in Zhemgang, where poverty and cultural pressures often lead to early marriages, some as young as 15. Like Sonam, many girls in rural areas are forced to drop out of school to support their families, and early marriages are a socially accepted norm.

Cultural norms and social pressure

Traditionally, it is said that when a son turns 15, he must take over the axe from his father, while a daughter, at 15, must take over the weaving beater from her mother, signifying their readiness for parenthood. Parents also believe that the onset of menstruation as the age of readiness for motherhood.

Karma (name changed), who married at 15, is now an 18-year-old mother of two children—a three-year-old and a six-month-old son. Eldest of three siblings, she dropped out of school due to financial difficulties.

Karma’s father, a farmer, explains that daughters are often seen as helpers around the house, taking on household chores while also working on the family farm. “Daughters are helpful in taking care of the home and assisting their parents,” he says.

Karma’s husband, a carpenter, is the family’s sole breadwinner.

Another 18-year-old girl, who dropped out of ninth grade, was married to a 35-year-old divorced man when she was 17.

Local government leaders attribute early marriage in Zhemgang to a combination of cultural beliefs, poverty, and limited educational opportunities.

Local leaders said that early marriages continue despite being a violation of children’s rights, which prohibit marriage under the age of 18.

A parent shared that, despite the desire for their daughters to continue their education, many parents feel powerless to intervene. “A daughter, often

the eldest, has to stay back and help the parents,” the parent said. “It is not because the parents do not want them to study, but for various reasons.”

A local government leader said that, in the case of a love marriage, parents may hesitate to advise or intervene in the relationship. “We have to consider the long-term consequences of our interventions. Children have their own plans and want to do what they want to do.”

“I encouraged my daughter to complete her education, but she didn’t listen, as her Class XII results were not good,” a mother said. “We can’t stop children from engaging in sexual relationships. It still happens in boarding schools, despite strict rules.”

According to locals, sexual incidents mostly occur during vacations when students return to the villages. “Some children think they are mature enough to engage in sexual activities in their late teens, while others feel they are not ready for that at such a young age,” said another parent.

In some rural communities, teenage pregnancies are normalised. They not recognise certain acts, such as forced sex within marriage or sexual harassment, as abuse. Instead, this behaviour is often dismissed as “normal” aspect of growing up.

Barriers to reproductive health access

Some parents said that reproductive advocacy may do more harm than good. They believe some of these initiatives are merely implemented without bringing about real change. “The advocacy should go beyond reproductive health, as it may encourage adolescent sexual activity,” a remarried mother said.

“For many couples, marrying at a young age is a common issue that often contributes to the breakdown of their marriage,” she said.

Teenage pregnancies bring a range of long-term social challenges and struggles, which can have lasting impacts on both the young mother and her child, as well as the wider community.

One of the major obstacles teenage mothers face in Zhemgang is access to healthcare. The remote areas lack pharmacies, and many teenagers are unable to access essential pregnancy-related medications or contraceptives. Stigma and fear of legal repercussions also deter young girls from seeking help at hospitals or clinics.

In emergencies, girls have to resort to bringing



Sonam, herding cattle while carrying her one-year-old son on her back

emergency pills from Gelephu or travel to bordering towns in India for abortions. There have been instances where some teenage girls who suffered miscarriages were unable to access post-miscarriage treatment.

Healthcare workers acknowledge that some cases may go unreported. “This may be happening in remote villages due to limited exposure, despite awareness. We are working hard to reduce maternal and neonatal deaths.”

One of the hospitals in Zhemgang reported one case of teenage pregnancy around 2020. For those who are unable to visit the hospitals, community outreach clinics provide health-related care, while community health workers (Drongyul Moenpa) deliver the services at home.

While there are a few cases of teenage marriages, families are planned only after reaching the age of 18, according to healthcare workers. For instance, there is a teenage girl who married at 17 and gave birth only at 22.

The RENEW Community Service Centre in Zhemgang has not received any cases of teenage pregnancies so far. It mostly provides support to divorced women who are struggling to receive their *Sothue* and those dealing with domestic violence.

“We provide awareness and explain the support available to them, but some opt for internal medi-

ation (*Nangkha Nangdrig*) with the perpetrator,” said an official. “We also offer legal aid to support physically challenged clients, in addition to providing them with emotional support.”

In 2021 alone, more than 237 cases of teenage pregnancy were registered across 18 dzongkhags. However, the actual figures are likely higher, as many early marriages occur within families and go unregistered.

This story is supported by an EU-funded project managed by Save the Children Bhutan in collaboration with Bhutan Transparency Initiative and RENEW, implemented by the Bhutan Media Foundation.

Lhakpa Quendren

Based in Gelephu, he works as a bureau correspondent for Kuensel. With eight years of experience in journalism, he has covered a wide range of topics, including political developments, investigations, social issues, women and children rights, health, and agriculture.





Shame, suffering, and resilience

The story of a young rape survivor

Punakha—Fourteen-year-old Tshering (name changed) nervously pulls at her oversized hoodie, trying to conceal the baby bump that betrays her childhood stolen.

“Yes, I am pregnant, and I am due anytime,” she whispers, her voice timid, and barely audible.

Just months ago, Tshering was a fifth-grader, attending school in Punakha. But she had to drop out of school when she discovered she was three months pregnant.

Earlier this year, she was raped by her 25-year-old half-brother—a monk—at their own home.

When asked why she hadn’t reported the incident to anyone, she said he threatened her, warning that if she told anyone, she would only bring shame upon herself and her family. “Not even in my worst nightmares did I ever think my own brother would do this to me,” she said quietly.

The incident reportedly took place at night, when no one else was home.

Tshering’s elder sister, who lives on the ground floor with her family, said she was unaware of the incident and had not been informed by Tshering. “When she mentioned that she had missed her period, I took her to the hospital for a check-up. It was there that I learned she was three months pregnant. I was shocked,” she said.

The hospital immediately alerted the police, leading to her half-brother’s arrest and subsequent conviction. He is now serving an 11-year sentence in Chamgang prison for raping a minor and incest.

But for Tshering and her family, the challenges have only begun.

“Although the law punishes the culprits, what happens to the victims who are left to carry the pain and shame for the rest of their lives?” Tshering’s sister asks, her voice edged with frustration.

With their mother deceased and their father gravely ill, the responsibility of caring for Tshering and her unborn child now rests on her sister. “I am like a mother to her now, but I don’t know how we will manage once the baby is born,” she says. “We have no one to work the fields, and I have my own family to care for.”

Tshering, soft-spoken and withdrawn, hopes to return to school after giving birth. “I want to raise my baby and finish my studies,” she says.

But her sister is less optimistic.

“Even if she changes schools, people will gossip and discriminate against her. I don’t want her to endure that,” she says.

For families like Tshering’s, the social judgment is as punishing as the crime itself.

Tshering’s story is not an isolated case. In Wangdue, a 16-year-old girl endured a similar fate. She was raped by her 50-year-old neighbour during summer vacation. Like Tshering, she remained silent until her pregnancy revealed the truth.

Over the past five years, Punakha district has reported nine cases of teenage pregnancies linked to sexual violence. Victims as young as 12 years have been assaulted by perpetrators ranging from neighbours to family members.

In most cases, the crimes come to light only after pregnancies are discovered. A police official explained, “These girls endure their trauma alone, until the physical evidence of pregnancy forces them to speak up.”

While Bhutan’s legal system has brought many perpetrators to justice, survivors and their families argue that the support for victims is woefully inadequate.

“Justice isn’t just about imprisoning the culprits,” says a 48-year-old aunt of another victim. “These girls and their families need counseling, financial support, and programs to help them heal. Right now, there’s nothing. They are left to carry the burden alone.”

The psychological scars of rape linger long after court cases are closed. Many survivors suffer in silence, unable to access therapy or mental health care. Families, already reeling from the crime, are left to navigate the fallout with no guidance or resources.

Despite the enormity of her circumstances, Tshering clings to hope. “I hope this doesn’t happen to any other child or girl,” she says softly. “But if it does, don’t stay silent. Tell your family, or you will end up suffering like I did.”

Experts stress that Bhutan needs more than just legal frameworks to address this crisis. Comprehensive support systems—counseling, financial aid, and community reintegration programmes—are essential to help survivors rebuild their lives.

Having given birth to a baby girl on November 8, the real challenge begins. For Tshering, the path forward is daunting but she is determined. “I will raise her myself, whether I am capable or not,” Tshering says.

Rape of a child above 12 years

Year	Victim’s age	Suspect’s age	Status
2019	17	23	Convicted for nine year
2020	16	38	Convicted for 11 years
2023	15	30	Suspect at large, victim suffered miscarriage
	14	20	Suspect convicted for nine years
	16	52	Suspect convicted for nine years
	14	23	-
2024	16	46	Convicted for 9 years
	17	26	Case with OAG, suspect on bail
	14	20	Suspect convicted for 12 years

Chencho Dema

Award-winning journalist, she is currently stationed in Punakha and has been covering stories about crime, politics, women and children, the judiciary, and the environment for the past 15 years. She is also Alfred Friendly and Asian Journalism Fellowship (AJF) fellow.



Past Stories



SEPTEMBER 2, 2023

Teenage pregnancies spark urgent awareness campaign in the east

Trashigang—In 2020, over 237 cases of teenage pregnancies were reported in the country. The highest number of cases, 55 in total, was recorded in Thimphu, followed by Chukha with 30 cases and Trashigang with 20 cases.

All the affected individuals were students, primarily in classes V to X. Some of the girls became pregnant during the lockdown when schools were closed in 2020.

An analysis of the Statistical Yearbook of the Royal Bhutan Police reveals that in most cases, the perpetrators were known to the minors. They included stepfathers, brothers, uncles, biological fathers, or neighbours.

The teenage girls who became pregnant predominantly come from low-income backgrounds and belong to illiterate groups. Agencies attribute the probable causes of teenage pregnancy to poor parental guidance, the absence of comprehensive sex education in schools, and access to pornographic content online.

Currently, four youths from Y-PEER Bhutan are in Trashigang, raising awareness about sexual and reproductive health rights (SRHR) and teenage pregnancy.

Bhawana Pradhan, the facilitator of Y-PEER Bhutan, explained that the initiative aims to empower young individuals regarding their sexual and reproductive health rights. She added, “We are



A Y-PEER member explains about SRHR

The team has reached out to over 1,000 students in Zhemgang, Mongar, and Trashigang. They educate students about SRHR and select those who will work as SRHR champions in their respective schools.

focusing on Trashigang dzongkhag as studies show that Trashigang recorded the third-highest number of teenage pregnancies among the 18 dzongkhags.”

The team has reached out to over 1,000 students in Zhemgang, Mongar, and Trashigang. They educate students about SRHR and select those who will work as SRHR champions in their respective schools.

From these efforts, they selected 32 SRHR champions from Zhemgang, 20 from Mongar, and 23 from Jampeling Central School in Trashigang.

Members of the campaign emphasise that they are also shedding light on the challenges faced by the LGBTQ+ community and the issue of discrimination in Bhutanese society.

Bhawana Pradhan noted that, compared to western dzongkhags, students in eastern dzongkhags lack education on teenage pregnancy.

She said, “Most young individuals do not understand the use of modern contraception. More-

over, they do not know much about agencies that support girls and women, like NCWC, The Pema Secretariat/Centre?, and RENEW.”

She added that they would provide resources to the Y-PEER champions to conduct awareness campaigns on SRHR. Members stress that such awareness efforts should be particularly focused on eastern dzongkhags, as youths there are generally less informed about SRHR.

The group also delivered a presentation on the importance of sex education, the age of consent, and the consequences of consensual sex.

The campaign’s theme, “Bring SRHR 2 (You)th; SRHR 4”, is supported by Save the Children Bhutan, ShiftBhutan, and the Department of Education.

Neten Dorji

He is a bureau reporter based in Trashigang, Bhutan, with six years of experience in journalism. He focuses on regional stories, covering topics such as rural development, women and children, environmental conservation, cultural preservation, and local governance.



AUGUST 19, 2021

Lack of after-care for teenage pregnancy will impact the country's future

The past few months have been difficult for the 12-year-old child, who was raped during the lockdown and became a mother in Samdrupjongkhar.

Despite support from her school authorities, where teachers visited her house to teach lessons and facilitated her to sit her mid-term exam, the 12-year-old had to quit after writing two papers as her child became sick and was referred to a dzongkhag hospital.

The child was then referred to Trashigang and Mongar regional referral hospital. "If the child's health doesn't improve, they might have to come to Thimphu," a counsellor with Nazhoen Lamtoen, Tshering Deki, said.

Nazhoen Lamtoen is the only non-profit organisation that had reached out to the child and extended support as of now.

Tshering Deki said that while the news of the child giving birth made headlines, people forgot about the minor. "No one knows the hardship she or children, who become mothers, go through."

She said that besides the stress of being a child mother, the minor also have physical and emotional traumas. "People assume that many women in the past gave birth at a young age and take teenage pregnancy lightly, but the child is robbed off her innocence at a young age and has to shoulder the responsibility of a mother."

The counsellor also said that the minor had to drop out of school although she is interested to continue because of the child. "She is losing an academic year and is travelling for the child's health."

Health officials have explained that teenage pregnancy pose a risk to the mother as the body is not fully developed and also pose a greater risk to the babies.

With as many as 330 cases of teenage pregnancy reported in 2020, social workers said that there



Parents and society need to know times are changing and the protection system should be geared for the changes.

is no after-care for teenage mothers, which will affect the mental health of teenagers, as they have to deal with trauma, emotional injuries and stigma.

RENEW's executive director, Tshering Dolkar, said that Bhutan lacks research to understand why there are lots of teenage pregnancies. "There has to be policy intervention based on research."

She also agreed that serious issues like teenage pregnancy and sexual assaults are taken lightly.

According to the executive director, many peo-

ple accept teenage pregnancy because child marriage was a practice in the olden days. “Times and needs have changed. The way children are brought up has changed.”

She explained that strong parenting programmes are needed and that parents have to understand that safeguarding children is important. “Parents and society need to know times are changing and the protection system should be geared for the changes.”

Tshering Dolkar said that without receiving proper support and counselling, victims of sexual assaults, especially teenagers, will have difficulty coping up in life and will not be productive citizens. “When an individual is not productive, it is the country’s future that is affected.”

She said that Bhutan, as a GNH and blessed country, cannot afford to have an emotionally injured future generation. “Service providers, policymakers, parents, teachers and community should come together to safe our children.”

According to the executive director, many people who have mental health issues have underlying problems as they were subjected to trauma, violence and poverty.

She cited the example of how a girl, who was raped when she was four-year-old, is having difficulty moving on in life and have relationship issues because of the trauma.

Social workers said that policy dialogues are needed to put a strong protection system in place as there are gaps.

A senior programme officer of the child division in National Commission for Women and Children (NCWC), Kinley Dorji, said national child policy is in draft form. “It has a holistic approach to child protection.”

An official of RENEW said that if education ministry adopts the policy, it will make an impact.

The social worker said policymakers should know the gap and it is important to train people to recognize, identify and provide services. “Teachers must be trained in child protection, how to identify children in distress and where to refer.”

Sources explained that while things have improved in the way schools handle such issues from the 1990s and early 2000s, where schools used to terminate girls who are pregnant, a lot could be done.

While Kuensel is still waiting for NCWC to share data, RENEW’s Gawailing shelter has four cases of teenage pregnancy at the moment.

Sources also said sexual assault perpetrators should also undergo reformative exercises when under detention and policymakers should look beyond putting perpetrators in jail.

Meanwhile, a 13-year-old girl, who was raped by her cousin brother, gave birth in Thimphu few months ago.

Tashi Dema

A former assignment editor of Kuensel, she is currently pursuing her PhD in Australia.



JULY 1, 2021

Police record 24 pregnancy cases among students

Of the 330 teenage pregnancy cases recorded by health officials in 2020, only 18 cases were reported to the police.

Police sources confirmed that of the 18 cases, 12 minors were students. “Five minors were impregnated during the lockdown,” a police official said. Even a minor working in the farms and a drayang were impregnated last year.

This year, 12 teenage pregnancy cases were reported to police. They are all students, mostly studying between classes V to X. Some of the girls were impregnated during the lockdown and when schools were closed last year.

A police official said their analysis of the reported cases showed that in most cases, perpetrators were known to the minors. They were either step-fathers, brothers, uncles or neighbours.

The official said most of the victims were living with dependents and come from lower income families. “In some cases, perpetrators were also dependents.”

According to police, teenage pregnancy cases reach police only when schools and hospitals report the matter to them. “But in some cases, it is not reported even if the victim is a minor,” an official said.

The official said lack of access to contraceptive pills during the lockdown and other times resulted in teenage pregnancies. “It was time to create awareness on contraceptive pills.”

Sources also said that it was time to give importance to sex education and teach students about it. “The education ministry and health ministry should come together. There is a serious need of intervention,” a concerned mother said.

Police investigation also revealed that in most teenage pregnancy cases, the girls lacked parenting. “In some cases, it was minors raised by single parents without enough attention,” an official said.

Officials also said it is important to create awareness among youth about laws on the rape and age of consent or consequences of consensual sex.

A police source also said there are minors work-



The education ministry and health ministry should come together. There is a serious need of intervention.

ing in drayang becoming pregnant. “There are laws that prohibit recruiting minors in drayangs, but laws are not followed.”

An official said some rape cases mandated DNA reports. “It is time we have a dedicated DNA forensic unit.”

It was learnt police already have a forensic biologist and chemist, but require a laboratory facility and equipment.

Meanwhile, to ensure that students continue their education, the Women and Child Protection Unit (WCPU) of police is working towards keeping a record of the cases so that they could follow up with the girls and facilitate their return to school.

An official explained that WCPU is also revisiting all data of different sex offenders to monitor the perpetrators in future and that the record of a person is available for any agency to check their background, especially in the case of rape of minors. “We want to analyse the data now instead of only recording. It’ll also help us study the profile of victims and come up with measures to intervene from such cases happening again.

Yangchen C Rinzin
Former reporter

MAY 29, 2021

237 reported cases of teenage pregnancy in 18 dzongkhags in 2020

Social workers fear figures are more, as many do not report

The recent case of a 12-year-old girl giving birth in Samdrupjongkhar not only shocked the nation but also raised many questions on how society fails to protect girls.

Parents and teachers of the girl claimed they did not know about the pregnancy. The alleged rapist is a 35-year-old neighbour.

Officials from RENEW, a non-profit organisation dedicated to empower women and children, said the protection system for children, be it at home, school or public places, is weak.

Records show that there are more than 237 cases of teenage pregnancy in 2020 alone in 18 dzongkhags. Figures could not be obtained from Haa and Tsirang. The highest case was recorded in Thimphu with 55 cases, followed by 30 in Chukha and 20 in Trashigang.

Social workers said figures could be more, as many do not report.

Past media reports stated that records with police showed eight reported cases of teenage pregnancy in 2020, 33 cases of rape of child above 12 years, and five cases of rape of a child below 12 years. It was also reported that the Office of the Attorney General received 37 cases of rape of children above 12 years last year.

Officials from the health ministry's reproductive, maternal and neonatal health programme, which was supposed to compile the list of teenage pregnancies, did not share their data. An official said they are yet to validate the data for 2020.

Sources said negligence from parents and caregivers have resulted in most reported teenage pregnancies, as most know about the children's condition only in advanced pregnancies. "Some parents and caregivers also try to cover children's



Children confide about the cases to school counsellors, who then report the matter to the head of the school.

pregnancy fearing stigmatisation and neighbours judging them," a source said.

A social worker explained that only proactive and dedicated health officials and teachers take sexual assaults and child abuse cases seriously. "Children confide about the cases to school counsellors, who then report the matter to the head of the school."

She said that while some teachers, who are committed to protecting the children, take the matter seriously and report the cases to the police, most resolve it mutually, reasoning the school's reputation and image. "This is totally against the

law and no one has the authority to resolve the cases mutually but it is happening rampantly.”

There are cases where minors, who are allegedly raped by their caregivers or family members, have confided about it to school counsellors but principals have mutually resolved the case. “There is no accountability.”

An official from RENEW explained that when a child goes to the hospital after sexual assault, health officials fear that reporting such matters to police would discourage children from availing of health services. “Even though the case is criminal, most health officials do not report it. We are grateful to those who do.”

The official said teenage pregnancy cases increased during the lockdowns, as there was movement restriction and victims have to stay with perpetrators.

It was learnt that Trashiyangtse dzongkhag referred eight minor girls, who are victims of sexual abuse in 2020 to RENEW for safe shelter, protection and counselling.

Teenage pregnancy and sexual assaults against children are graded as a felony as per the Penal Code of Bhutan. There are also numerous Acts, policies and guidelines to protect and safeguard children.

There are, however, gaps in the national gender-based violence standard operating procedure (SOP), which mandates service providers to report all forms of gender-based violence against children. It states teenage pregnancy should not automatically be considered an indicator of violence and thus grounds for mandatory reporting.

A source said that sexual cases with minors under 18 years are considered rape according to the Penal Code and the SOP states it is not mandatory to report teenage pregnancy. “Such conflicting provisions could cause confusion. The Penal Code is clear and people not reporting such cases should be charged for failing to report the crime.”

RENEW officials said that besides implementing policies, guidelines and Acts of child protection seriously, there is a need to create awareness and advocacies at all levels.

“We also have to educate and develop skills of those working with children,” an official said.

She said that RENEW had initiated ‘good touch and bad touch’ awareness programmes, an anima-

tion series called ‘Yeshey Dawa’ to advocate the rights of women and children, and an animated child sexual abuse awareness video called ‘Acho Khegpa’.

RENEW officials also said it is high time organisations should come together and strategise how to strengthen the implementation of plans, policies and Acts.

“All institutions have their own challenges and we should thrash out the problems and upscale advocacy and awareness,” an official said. “We have to strengthen the network.”

A social worker said, “It is time we do more to protect our girls than just conduct meetings. We have to implement the grand plans and policies than talk about them.”

She also said that taking the judiciary on board was important. “All the hard work of police, social workers and prosecutors go down the drain when our judges do not see the gravity of the cases.”

She said that if teenage pregnancy case should be taken seriously, everyone, including parents, health officials, teachers, police, OAG, judiciary and the media should come on board and not just social workers.

Meanwhile, police in Samdrupjongkhar registered the case against the 35-year-old man for statutory rape on May 26.

Sources said the child should be given counselling.

Tashi Dema

Former assignment editor

JULY 14, 2017

Teenage pregnancy still high in Trashigang

Unlike many women who celebrate pregnancy, the 17-year-old teenager, was worried when she learnt she was pregnant.

For the minor, whose partner refused to accept her as a wife, the news was worrying. Her story was similar to that of her two elder sisters', who also got pregnant when they were 17.

She said her sisters had warned her about how difficult it is to become a mother at a young age. "My situation is worse, as they had their husbands to take care of them," she said.

She dropped out of school. She studied up to class six. She claimed she met her partner, Chimi Norbu, over the phone in June last year. She was staying with her parents, who were on the verge of divorce then.

She said her partner came to live with her when her parents were away, claiming he wanted to help her. Her parents were at the dzongkhag court fighting a legal suit. "But when he knew I conceived, he refused to come. He even refused to answer my calls."

She gave birth to a boy last month. "He was not there when I was taken to hospital for delivery," she said. She was 16 years old then.

Chimi Norbu, 22, said he was unaware that she suffers from a disease similar to epilepsy before they were together. "It scares me when she gets seizures," he said. "I was never informed about the disease either by her or her parents before."

He said he would not stay with her as long as she has the disorder. "She can take any legal action against me but I cannot stay with her. If she cannot look after the child, I can take it."

However, the teenage mother and her elder sister Nima Zangmo claimed that Chimi Norbu knew about her illness. "He used to help me when I lost consciousness," she said. "He is lying because he doesn't want to take the responsibility of a father."

She is not the only teenage mother. Trashigang dzongkhag health officials say they started an awareness and advocacy programme last year to reduce the number of teenage pregnancy cases in Trashigang.

The dzongkhag deputy chief health officer, Tsh-

ewang Dorji, said that the number of teenage pregnancy cases has been declining since the initiation of the programme.

In 2015, a total of 49 teenage pregnancy cases were registered in the dzongkhag. The number reduced to 45 last year and this year, they recorded 21 cases to date.

"The gradual decrease in the number of teenage pregnancy this year is observed after the completion of the advocacy programme," Tshewang Dorji said.

He said that the aim of the programme is to reduce teenage pregnancy and lower the rate of maternal mortality. "Maternal mortality is directly related to teenage pregnancy. When your body is not ready to conceive, it can result in complications and untimely death."

In 2015, there were four maternal mortality cases recorded in the dzongkhag. The number dropped to two last year.

The dzongkhag deputy chief health officer said that most teenage pregnancy cases are related to consequences of alcohol consumption and lack of parental guidance and peer pressure. "Because they are not aware, they fail to make use of emergency contraceptive pills and condoms."

He said that teenage pregnancy is a concern and especially in the east, the numbers are quite high. "We have to address this as soon as possible."

Although the programme covered all the 15 gewogs and higher secondary schools including the college in the dzongkhag, Tshewang Dorji said he would continue the programme starting next month in the rest of the schools and target areas.

Meanwhile, for the teenage mother, more than the pain of being left by her partner, she is worried if she would be able to register her 17-day-old son in census without a father. "I am told that I will need my husband's details to get census for my son. I don't know what will happen to my son."

*Younten Tshedup
Former reporter*

JULY 10, 2016

To understand the burden of teenage pregnancy

Public health department has prepared teenage pregnancy reporting guideline

To help outline a reporting mechanism for incidences of teenage pregnancies in the country, the health ministry's Department of Public Health (DoPH) has prepared a teenage pregnancy reporting guideline.

The department is waiting for government directives on further course of action on the guideline.

The guideline states that village health workers shall line list all pregnant women and girls and report to the health facilities. The basic health unit and community health unit in-charges shall also compile a list of teenage pregnancies and submit it to Dzongkhag Health Officers (DHO) on a monthly basis.

The DHOs shall compile the list of teenage pregnancies in the dzongkhag and submit to the reproductive, maternal and neonatal health programme on a quarterly basis. Similarly, community health department or unit of Thimphu referral hospitals, regional referral hospitals, and Gidakom, Dewathang, and Phuentsholing general hospitals shall report to the reproductive health programme on a quarterly basis. Accordingly, the reproductive, maternal and neonatal health programme shall analyse the data and share with relevant agencies.

Confidentiality shall be maintained by all health workers at all levels, the guideline states further.

According to DoPH's director, Dr Pandup Tshering the guideline was prepared in consultation with relevant stakeholders.

"Through the implementation of the reporting guideline we'll be able to understand the actual burden of teenage pregnancy in the country," he said. "That'll help us develop appropriate public health and other intervention for health and well being of the teenage mother and her child."

In absence of a mechanism to report teenage pregnancy so far, there are no statistics on the teenage pregnancy rates. However, a one-year report



Through the implementation of the reporting guideline we'll be able to understand the actual burden of teenage pregnancy in the country.

of antenatal visits to Thimphu referral hospital showed 26 cases of teenage pregnancy.

Complications of teenage pregnancy

According to DoPH officials, teenage pregnancy leads to several complications on the mother's and child's health.

Officials said that a teenage mother, compared to older age groups, are at a greater risk of having medical complications like anaemia, nutritional deficiency, pregnancy induced hypertension, pre-term baby, inadequate weight gain and obstructed labour. Besides, teens are more likely to smoke, drink, or take drugs during pregnancy.

Health officials said that if pregnancy is out of wedlock, they may not avail antenatal services or come late to the health facilities when they develop pregnancy/delivery complications endangering their lives. Some may also seek unsafe abortions that might lead to long-term morbidity or mortality. Given the non-use of contraceptives there is no birth spacing, which adds to malnourishment and

anaemia.

Socioeconomic effect on mothers such as teenage mothers dropping out of school, remaining unmarried or unemployed and living in poverty are also associated with teenage pregnancy.

Negative health impacts on babies born to teenage mothers include preterm or of low birth weight, according to health officials. In addition, due to emotional immaturity of the mother, the baby is more likely to be neglected and abandoned or abused. These babies are often sick, malnourished, underweight and anaemic. Psychosocial effects on the baby such as higher risk of long-term problems are also expected. Health officials also said that babies born to teenage mothers are more likely to be impulsive or overactive and suffer from anxiety, loneliness, low esteem and depression.

“With drug, alcohol and tobacco use in pregnancy, some babies may have low birth weight with malformed faces, heart problems and mental retardation,” Dr Pandup Tshering said.

WCYC report on teenage pregnancy

Findings and implementation status of the National Assembly’s women, children, and youth committee (WCYC) states that at least two to three teenagers delivered in a year in the dzongkhags the committee visited. The committee observed that although most of the pregnancy was consensual and teenagers were married, some were reportedly caused by abuse and rape.

The report states that health workers do not choose to report teenage pregnancy cases to the police fearing that law-enforcing agencies would take legal action if reported. As a result teenage pregnant girls would not come to hospitals for antenatal care or delivery in future. “It would ultimately lead to drop in institutional delivery causing risk to both the young mother and child,” the report stated. “It was also reported that there is no clear guideline to follow in such situation.”

Therefore, the health ministry was directed to develop guidelines on reporting teenage pregnancies and at the same time considering adequate protection of health workers while providing services. The committee recommended the Assembly provide directions on the endorsement of the teenage pregnancy reporting mechanism.

Issues

According to health officials, there is no specific provision in the Penal Code of Bhutan requiring medical and health professionals to report on teenage pregnancy. Weak multisectorial collaboration on prevention and routine reporting of teenage pregnancies is also an issue. Besides, there is no legal definition on teenage pregnancy and the health system follows the World Health Organisation’s definition of adolescent pregnancy, which is between 10-19 years.

Considering the legality issue, if teenage pregnancies are reported to law enforcement authorities, consequences such as low health seeking behaviour, illegal abortions, low performance in schools, drop outs, stigma, maternal and child mortality and morbidity could increase. Health officials also expect a drop in antenatal coverage and institutional delivery coverage while health worker’s involvement in legal proceedings may hamper their performance besides lack of trust and confidence in health system.

Sections 15 and 17 of the Penal Code of Bhutan 2011 states that a defendant shall be guilty of the offence of statutory rape if the defendant engages in any act of sexual intercourse with a child below 12 years, or incompetent person, either with or without knowledge of the other person being a child or incompetent person. Section 17 states that a defendant shall be guilty of the offence of rape of a child above the age of 12 years if the defendant commits any act of sexual intercourse against a child between the ages of 12 to 18 years. However, consensual sex between children of 16 years and above shall not be deemed to be rape.

On the other hand, section 430 of Penal Code of Bhutan 2004 states that the defendant shall be guilty of offence of failure to report a crime, if the defendant, who witnesses any person committing a crime, does not report to the lawful authority.

The Bhutan Medical and Health Council Regulation 2005, however, mandates medical and health professionals to respect and protect confidential information.

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