
The Factors Of Population Growth In Bhutan

Growth of population has been a rising issue in both developed and developing nation and its fluctuation have now become a major concern as it has a huge impact in the places where there is increase in population. Population growth refers to the increase in the number of people that live in a country, state or city (Business Dictionary n.d.) It has caused disorientation in terms of economy, environment and social aspects. Rapid change in population statistics can be dangerous to the upcoming generations. Population exceeding the carrying capacity of the earth are caused due to better medical facilities which eventually lead to decline in death rate, changes in literacy rate and fertility rate.

Bhutan, even though being in its developing phase is facing the major concern of rising population. According Population and Housing Census of Bhutan (PHCB) 2005, the total population was 634,892 which were expected to increase by 887000 i.e. 40% within next 25 years but the most recent PHCB which was conducted in 2017 reveals the increase in total population to 735,553 including non-Bhutanese which means the total population size has increased by 100,571 persons (16%). The Population Growth rate from 2005 to 2017 is 1.3% per annum (National Statistical Bureau of Bhutan, 2018). As stated in worldometer, the population of Bhutan as of Tuesday, March 10, 2020, based on worldometer elaboration of the latest United Nations data is 768,962. Bhutan's population is about 0.01% of the world population. 48.8% of the Bhutanese population is located in urban area and rest in rural areas. The median age in Bhutan is 28.1 year (2020).

With advancement in health sector, there has been decrease in mortality or the death rate of the people of all age (infants, adolescence and old age). As per the National Statistical Bureau of Bhutan, (2017) Crude Death Rate of Bhutan was 6.7 in 2017. The CDR in urban area is quite less than in a rural area that is 5.5 and 7.5 respectively. For instance, in Thimphu the CDR was 5.2 and in Trashigang it was 8.6. In the same year the CDR for male population was 7.1 and for female it was 6.3. In addition, the Maternal Mortality Ratio (MMR) was 89 in 2017. Similarly, the infant or Child Mortality Rate in 2005 was 40.1 which has decreased to 15.1 in 2017. The reasons for these changes are improvement in health infrastructures, better service coverage in different areas, more skilled workers and advocacy programmes.

Bhutan has worked hard to provide equal distribution of health facilities nationwide. At a community level health facilities and services are provided through Basic Health Units (BHUs). According to the Druk Journal, most of the district hospital we have can at the maximum accommodate 20 people with basic diagnostic tests including X-ray. At present there are two regional referral hospitals one located at Mongar in the east and one in Gelephu in the central region. The Bhutan Living standard survey of 2012 shows wide disparities in access to health care though health care and services are provided free may be due to the cost of expenditure goes in order to render the health services, lack of awareness or some population preferring local healer than the modern health facilities. Allopathic and traditional medicines are integrated under one roof to further provide better health facilities. As of now there are 54 traditional medicine units attached to district hospitals and BHUs in the country (Ministry of Health, 2016).

As cited in The Kingdom of Bhutan health system review, "government revenue is the source of

health financing. In 2014, the total health expenditure made by the government was 36% of the Gross Domestic Product. Though the country is covered with difficult geographical terrain and dispersed population it has achieved its objectives in improving the health services. Bhutan is recognized as one of the top global performers in gaining the life expectancy in the last 40 years and by 2010 Bhutan has maintained an immunization level of 95%” (WHO, n.d.). Due to the enhancement made by the government in the health sector, the life expectancy has increased from 66.3 in 2005 to 70.2 in 2017 which has caused increase in the dependent population (age between 15-25 and 60), the set of population that are economically inactive. Even though different diseases are emerging the improvement in medical equipments and development of cure for different diseases has caused the growth in population.

The term literacy is characterized as the capacity to read and write Dzongkha, English and any other languages. In our consequences, 6 years or more is the official passage age for pre-essential education. Out of 656,522 people aged 6 years and above, 1407 people had not reacted to the proficiency questions. The education rate is accordingly, in view of an absolute population of 655,115 people. The 2017 PHCB revealed that 467,647 people in the nation are literate, speaking to an education pace of 71.4%. The grown-up (15 years and more) literacy rate is 66.6%. There is checked contrast in the literacy level between the male and the female population with 78.1 of the male population proficient as contrasted with 63.9% of the female population. The design is comparative in both urban and rural territories in spite of the fact that the dissimilarity is moderately bigger in provincial zones at 16.8 rate focuses when contrasted with 10.1 rate focuses in urban territories (NSB, 2018).

The proficiency rate has expanded from 59.5% in 2005 to 71.4% in 2017, an expansion of 11.9 percent. The proficiency rate for both male and female population have expanded by 9.0 rate and 15.2 rate separately, while the sexual orientation dissimilarity in 2017 has tumbled to 14.2% from 20.4% in 2005. Also, there is an improvement in the divergence between urban and country zones, which has declined from 23.8% in 2005 to 20.5% in 2017. At first, the literacy rate increased with age. At 98.4%, it is the most elevated among people in the age group 10-14 years and at that point diminishes with increment in age. It drops to 22.9% for the population 65 years and more. The literacy rate for male and female population for 65 years or more are 36.0% and 9.4% individually. There is no noteworthy sex disparity in literacy rates among youngsters. In any case, the male population is more educated than the female population as age increases. The most elevated sex divergence is seen among the age group 50-54 years at 36.4% and afterwards drops progressively to 26.6% for population 65 years or more (NSB,2018).

The education paces of the six dzongkhags of Sarpang, Bumthang, Paro, Chhukha, Trongsa and Thimphu are higher than the national literacy rate of 71.4% while the literacy rate is lower than the national average in the 14 dzongkhags. The most elevated proficiency rate is in Thimphu dzongkhag at 83.9%, trailed by Trongsa and Chhukha dzongkhags at 77.2% and 75.1% individually, while the most minimal is watched in Gasa at 59.8%. Trongsa dzongkhags encountered the highest improvement in education level between 2005 and 2017 trailed by Wangduephodrang and Sarpang while the education level of Pemagatshel dzongkhags was the least improved (NSB, 2018). Changes in literacy rate have caused changes in growth rate. Since women are provided with an opportunity to enrol themselves in education the opportunity to give birth is delayed leading to decrease in fertility rate. Though the exact figure is increasing the growth has declines over the years.

On contrary to better health facilities and increase literacy rate which led to growth in population of Bhutan, there has been considerable decrease in Total Fertility Rate. First, compared to the rural, urban areas have slightly lower fertility rate i.e. 1.8 and 1.7 respectively. Second, District wise Lhuentse, Trashiyangtse, and Wangdue Phodrang has most noteworthy TFR of 2.3, while Samtse Dzongkhag, at 1.4 has the most reduced. Trashiyangtse Dzongkhag revealed the most noteworthy TFR in 2005 (3.5). Finally, among Thromdes, the most noteworthy TFR is in Samdrup Jongkhar Thromde at 1.9 and the most minimal in Gelephu Thromde at 1.3. In comparison to data collected in 2005, there is a decrease in the TFR in 2017 for all dzongkhag. The TFR for Trashiyangtse Dzongkhag which was the most noteworthy for both 2005 and 2017 has decreased from 3.5 to 2.3 respectively. Samtse Dzongkhag supplanted Thimphu as the dzongkhag with the lowest TFR (1.4) in 2017; Thimphu dzongkhags TFR in 2005 was 2.0. The TFR for Bhutan has diminished from 2.5 in 2005 to 1.7 in 2017, which is the replacement level of 2.1. In the event that the nations TFR stays underneath swap level for a quite a while, it would prompt expanding maturing population, in this manner expanding the absolute dependency proportion and decrease in overall work power. Moreover, expanding maturing population would involve higher weight to government in providing medical services and social administration (NSB, 2018). Some of the reason for decrease in fertility rate could be due to increase literacy over the years, advocacies on family planning, and etc.

Over the years, fluctuation in the growth rate of Bhutan can be seen. The growth of population has due to factors like better medical facilities, increased literacy rate and total fertility rate. Though there is increase in the exact figure of the population in the country, the growth has declined as compared to 2005. Growth rate of a population should be taken into consideration and reviewed in the following years to come.