



COVID-19 IMPACT ON WOMEN AND CHILDREN STUDY (BHUTAN)

1 December 2021

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National Commission for Women and Children
Royal Government of Bhutan



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Foreword

With the onset of COVID-19 globally, the pandemic has triggered a series of crises ranging from health, economic and social impacts. The pandemic and measures taken to stop the spread of the virus have negatively impacted the economy and have taken a toll on the social well-being of the people. This has led to school closures, loss of employment as well as livelihoods and household income, the impacts of which will continue well beyond the pandemic. Women and children faced disproportionate risks due to deeply entrenched inequalities, social norms, and unequal power relations. For instance, we have seen a significant increase in the reported incidents of violence against women and children. Simultaneously, anecdotal evidence suggests an increase in job losses for women working in small business and the informal sector along with an increase in children dropping out of school.

As we continue to sustain our efforts to slow the spread of COVID-19, while rebuilding the economy, there is an urgent need to revisit how we re-align our plans and budget towards interventions aimed at economic and social recovery in a way that takes into consideration the needs of women and children.

As such, the National Commission for Women and Children in collaboration with the Japan International (JICA) Cooperation has carried out a nationwide study on the impact of the COVID-19 pandemic on women and children. The study will provide the much needed information on how the livelihoods and circumstances of women and children have been affected by the pandemic. It will also provide room to rethink and reprioritize the interventions required to integrate the gender differentiated and child sensitive needs in all the policies, plans and programmes including economic rebuilding interventions. Furthermore, the findings will guide the Royal Government of Bhutan to address issues faced by women and children in a coordinated manner during similar pandemics and disasters going forward.

(Lyonpo Tandi Dorji)

Chairperson

National Commission for Women and Children

A Message from JICA

The virus does not discriminate, but the impacts do. With the onset of COVID-19 globally, the pandemic has triggered a series of health, economic and social crises. While the COVID-19 crisis affects everyone, women and children face specific and often disproportionate economic, health and social risks due to deeply entrenched inequalities, social norms and unequal power relations.

Bhutan is considered as one of the most successful countries combatting COVID-19, owing to the tireless and compassionate leadership of His Majesty the King, a quick response from the government, and solidarity among the people. Yet, there are growing concerns and reports that women and children in Bhutan are experiencing increased protection risks.

Against this backdrop, the National Commission for Women and Children (NCWC) in partnership with the Japan International Cooperation Agency (JICA) conducted an in-depth Study on the impact of the COVID-19 on women and children, as part of the Gender and Child Protection Emergency Preparedness and Response Contingency Plan for COVID-19 Pandemic.

The study was developed through a consultative process. We are grateful to the members of the Technical Working Group who graciously offered their precious time and insights that greatly shaped the study. We are also thankful to the Project Steering Committee members for their guidance. We would like to especially thank the NCWC for providing excellent coordination roles. The study would not have been possible without their strong commitment and leadership.

Drawing from the extensive nation-wide survey, the Study outlines some of the key gendered effects thus far, exploring how these are affecting the lives of women and children in the face of COVID-19. It also outlines suggested priority measures for the immediate response and longer-term recovery efforts.

We hope that the findings and recommendations provided in this study will be used to inform policy and programme making in Bhutan. Given the multi-dimensional impacts of the pandemic, effective policy-making and response requires commitment and action by all relevant stakeholders through a whole of society approach. JICA is fully committed to working closely with the Royal Government of Bhutan, Civil Society Organizations and other relevant stakeholders to ensure that no one is left behind.



Kozo Watanabe

Chief Representative

Japan International Cooperation Agency (JICA) Bhutan Office

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The study was carried out under the guidance of the Steering Committee and Technical Working Group. It would not have been complete without their constant guidance and support throughout the process. Our sincere gratitude also goes to the Kuenden Statistical Services for timely conduct of the study.

Finally, the study was made possible through the financial and technical support of Japan International Cooperation Agency (JICA) and the United Nations Development Programme.

ACRONYMS

BAOWE	Bhutan Association of Women Entrepreneurs
CBSS	Community Based Support System
EA	Enumeration Area
FGD	Focus Group Discussion
FY	Fiscal Year
GBV	Gender-based Violence
HH	Household
JICA	Japan International Cooperation Agency
KII	Key Informant Interview
LAP	Local Area Plan
MoH	Ministry of Health
MoLHR	Ministry of Labour and Human Resources
MVI	Multidimensional Vulnerability Index
NCWC	National Commission for Women and Children
NSB	National Statistics Bureau
PAR	Poverty Analysis Report
PPSWR	Probability Proportional to size with Replacement
PSU	Primary Sampling Unit
RENEW	Respect, Educate, Nurture, Empower Women
RGoB	Royal Government of Bhutan
SCI	Save the Children International
SRS	Simple Random Sampling
SSU	Secondary Sampling Unit
ToR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls

EXECUTIVE SUMMARY

Bhutan confirmed its first imported case of COVID-19 on 5th March 2020. However, it was only on the 16th of August 2020 that the first case of local transmission was detected. Since then, the Royal Government of Bhutan, under the leadership of His Majesty the King, has taken concerted efforts to contain the transmission of diseases.

The measures adopted were social distancing, use of face mask in public places, hand hygiene, temporary closure of schools, offices/institutions, restaurants, entertainment business, sports and games entailing physical contact, public transport, banning public gathering, lockdown, border closure, termination of public transport facilities, quarantine during internal movement as well as for people visiting the country.

In terms of morbidity and mortality, the effect of COVID-19 in Bhutan, at a glance, is minimal but economic losses as well as its impact on the Bhutanese society have been enormous. This is more so in the case of women and children and the marginalized population who felt disproportionate economic, health, and social impacts due to some deeply entrenched inequalities, social norms, and unequal power relations.

As such, the National Commission for Women and Children (NCWC), with support from the Japan International Cooperation Agency (JICA), the United Nations (UN) agencies and other development partners is currently implementing the Gender and Child Protection Emergency Preparedness and Response Plan during COVID-19 pandemic. As a part of this contingency plan, one of the major activities has been to conduct an in-depth assessment of the impact of the COVID-19 pandemic on women and children in the country.

The study was undertaken from 6th May to 10th August 2021 to provide information on how the livelihoods and socio-economic circumstances of women and children were affected by the pandemic in Bhutan, understand gender differentiated vulnerabilities and impacts of COVID-19 and provide recommendation, both policy and programmatic interventions, in particular in preparation for future emergencies. The study assessed impacts of the pandemic with regards to socioeconomic and family characteristics, knowledge and information on COVID-19, employment and livelihood resources, time spent on household activities, access to basic services, safety and protection, coping mechanism, mental health, gender-based violence, sexual and reproductive health, child labor, drop-outs, early marriage and pregnancy.

The study adopted a mixed method- quantitative survey conducted for adults aged 18 years and above and children between 13-17 years and qualitative method which included Focused Group Discussions (FGDs) with adults and children, Key Informant Interviews (KIIs) with relevant government and non-government agencies, and Case Study Analysis. The study covered all 20 *Dzongkhag* and four *Thromde* viz. Thimphu, Phuentsholing, Gelephu, and Samdrup Jongkhar. While 63.6 percent of the adults were from rural areas, 36.4 percent were from urban areas. Among the children, 58.4 percent were from rural areas, and 41.6 percent from urban areas.

The mean age of marriage for female respondents was 19.9 years while that for male was 22.4 years. The mean age of marriage in rural areas was slightly lower (20.5 years) than urban areas (21.4 years). Proportion of men who were married (85.6 percent) was higher than women (77.1 percent) while females who were divorced (9.3 percent) were higher than males (2.7 percent). There were more female widows (5.2 percent) as compared to males (4.0 percent).

On the impact on economic and livelihood resources, although there was no significant change in the number of working hours devoted to paid work, around 18.9 percent of households reported loss of income from job

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or business. At least 59 percent of the respondents reported that their household income had been less than usual after the outbreak of COVID-19 with a higher proportion among rural households (66.5 percent) than urban households (47.6 percent). While those working in the tourism and entertainment sectors were affected the most, the impact was not significant for those in the agriculture sector. Up to 16.8 percent of adults ventured into farming, rearing animals or other farm activities to produce food for the family as a coping mechanism. This was more common in rural (24.1 percent) than in urban areas (4.1 percent). 3.8 percent of adults ventured into a new self-owned activity of family business and 2.1 percent found a new paid job.

The findings revealed that the number of hours devoted to unpaid care and domestic activities increased for both men and women (and girls and boys) during the pandemic, with a slightly higher proportion of women and girls reporting the increase as compared to men and boys.

Access to health and other basic services were found to be good with the majority of adults and children reporting that they could access the services without much difficulty. However, the majority of the respondents (72 percent) reported difficulty due to school closure, particularly in the rural areas (76 percent). The respondents (both adults and children) reported facing challenges with online learning and self-study methods due to limited access to the internet and affordability of data packages and relevant devices such as smartphones.

In addition, up to three percent of the adults (households) had at least one child who dropped out of school during the pandemic. While limited support and guidance, non-affordability of data packages and devices, and relocation of schools were reported to be factors for boys to drop out of school, girls were reported to drop out due to syllabus-teacher pressure, not being able to adapt to online classes, economic situations, and teenage pregnancy. There was no significant difference in dropout rates for girls and boys.

With regard to Violence, Protection, and Safety issues, around six percent of adults reported experiencing one or more forms of Gender-based Violence (GBV) with the majority of them experiencing emotional and economic violence. The percentage of women experiencing GBV was slightly higher than men. In addition, 64.8 percent of the adults felt that there was increased physical violence as a result of COVID-19, followed by sexual violence (47.1 percent), emotional abuse (34.6 percent), and economic violence (30.7 percent). However, the findings revealed that the majority of those who experienced GBV did not report it to anyone.

Around five percent of children reported experiencing one or more forms of violence against children with the majority of them experiencing emotional violence. A slightly higher proportion of girls reported experiencing violence as compared to boys. While the majority of children who experienced physical (53.6 percent) and emotional violence (59.9 percent) did not report their experience to anyone, the majority of those experiencing sexual violence reported to a local government personal (44.8 percent).

More than half of the adults felt that there was an increased risk of violence among children due to COVID-19, with a slightly higher proportion of women than men.

Less than half of the adults reported to being aware of helpline numbers or contact details of service providers with a slightly higher proportion of men having awareness of these details as compared to women. The majority of the respondents (86 percent) reported that they will use the helplines to seek support if the confidentiality of information shared is maintained.

The findings also revealed that 0.2 percent of children married compelled by certain situations and the proportion was higher among girls in rural areas. Similarly, 0.4 percent of children had sexual encounters

during lockdown, higher among urban females. A little less than 0.2 percent of children got pregnant since the pandemic outbreak.

The majority of adults (72.3 percent) reported that school closure and difficulty faced in learning adversely impacted their wellbeing. In addition, limited access to outdoor activities and interaction with family and friends resulted in disruptions in their eating and sleeping habits, increased anger, and frustration among children and adults. A majority of the children reportedly coped with stress by sharing with their family and friends.

It was also found that more than half of the children (58.7 percent) engaged in paid work to supplement their family income and meet their own expenses during the pandemic. The proportion of those who engaged in productive work was higher for male children (45 percent) as compared to their female counterparts (26.3percent). As many as 27 percent of children (41.7 percent boys and 7.7 percent girls) worked at construction sites.

The study revealed that several impacts of the pandemic weighed against women and girl children. Furthermore, this study highlighted vulnerabilities of women and girl children to violence of different kinds including sexual abuse. Based on the findings, some of the proposed recommendations include: dissemination of key messages around existing misconceptions or misinformation on COVID-19; strengthening the programmes and capacities of the training institutes and CSOs to employ those whose livelihood were adversely affected by the pandemic; advocating and promoting male participation in unpaid care and household works; facilitating programmes to reduce women's burden of unpaid care work; strengthening the current Education in Emergency strategies and guidelines; integration of GBV primary prevention and interventions in schools; instituting mechanism to ensure online safety for children; developing strategies to respond to women and children related issues in similar emergency situations in future, and strengthening services for survivors of GBV and VAC.



INTRODUCTION

1.1 Background

Bhutan confirmed its first imported case of COVID-19 on 5th March 2020 although the first case of local transmission was detected only on 16th August 2020. As of 28th October 2021, there were 2,621 cases of COVID-19 infections, out of which 1,008 were women and just three deaths (MOH, 2021a) recorded.

Under the guidance and leadership of His Majesty the King, the RGoB has taken several measures to prevent and contain the transmission of the disease. Some of the measures are social distancing, use of face masks in public places, hand hygiene, temporary closure of schools, offices/institutions, restaurants, entertainment business, sports and games entailing physical contact, public transport, and banning public gathering.

The Royal Government closed its international borders on 23rd March 2020, only allowing movements of vehicle for essential supplies and export of boulders. Every Bhutanese returning to the country and expatriate workers entering Bhutan are quarantined for three weeks and tested (RT-PCR) for COVID-19 infection before they are allowed to mix with the population. Goods are quarantined for twenty-four hours at dry ports and people moving from high-risk areas within Bhutan to low-risk areas are quarantined for at least a week. By 9th April 2021, 473,393 eligible members of the population had already been vaccinated (MoH, 2021b).

With the confirmation of community transmission in mid-April 2021 (Tshedup, 2021), more stringent preventive measures and local lockdowns were imposed. However, despite all these measures and political commitment at the highest level, Bhutan has continued to have sporadic community transmission of COVID-19, mainly in the bordering districts in the south and the east.

While the full effects of the COVID-19 pandemic have yet to fully manifest, the country has already felt numerous economic and social impacts. Tourism, which is an important source of revenue for the country, is severely affected. Furthermore, many businesses remain shut, especially in the more vibrant bordering towns, and several factories have either shut down or are running in lowered production capacity.

Upon the command of the King, the National Resilience Fund was set up in April 2020 to provide economic relief to people through the *Druk Gyalpo's Relief Kidu*, which granted monthly income support to individuals and loan interest payment support to borrowers for a period of one year (April 2020 – March 2021). This *Kidu*

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was extended for another 15 months. Over 37,000 people and their children have been granted monthly income support through the *Kidu* in the last one year, while close to 140,000 loan accounts benefited from the interest payment support (Druk Gyalpo's Relief Kidu, 2021).

Although Bhutan's national poverty rate has declined substantially from 23.0 percent in 2007 to 8.2 percent in 2017, a decline in export and limited employment opportunities in the formal labor market are likely to increase the country's poor and near-poor's vulnerability to shocks. The effects of the pandemic are visible in many sectors, especially tourism and hospitality, which provide a vital source of income for a large number of people, including women.

A Multidimensional Vulnerability Index (MVI) study to identify vulnerability of population due to COVID-19 pandemic in Bhutan has revealed an incidence of 18 percent, meaning that nearly one-fifth of Bhutan total population are multidimensionally vulnerable to the adverse effects of the pandemic. Further, 10.5 percent of the population are multidimensionally vulnerable and deprived in terms of connectivity for education. The vulnerability headcount ratio for rural areas is 27 percent as compared to 3.6 percent for urban population. 32.5 percent of Bhutan's population fall below 18 years and they are the second most vulnerable group after the elderly. In particular, children of primary school age (0-9) are the most vulnerable among children (Alkire & Moreno, 2021).

Bhutan ranks 130th out of 156 countries on the Global Gender Gap Index of 2021 (World Economic Forum, 2021). Gender inequality remains in different spheres, such as literacy, employment, and access to finance. The literacy rate for male (adults) is 78.1 percent as compared to only 63.9 percent for females (NSB, 2018). The incidence of unemployment among female youth is higher than that of male at all levels of education. Unemployment for female youth with middle secondary education is almost double at 11.4 percent when compared to 5.3 percent for male counterparts. Women have much lower participation in regular paid employment (18.4 percent for women vs. 33.4 percent for men) indicating that employment for women is mostly in the informal economy, estimated to account for about 73.6 percent of total employment in the country (RMA, 2020).

The Violence Against Women and Girls (VAWG) study conducted by the NCWC revealed that more than two in every five women (44.6 percent) in Bhutan have experienced one or more forms of partner violence in their lifetime, be it physical, sexual, psychological or economic (NCWC, 2020).

In 2010, it was estimated that 33.9 percent of the children were multidimensionally poor with proportion higher in rural areas (44.0 percent) than urban areas (10.8 percent) (NSB, 2016). In terms of violence against children, in 2016, 64 percent of children aged 13-17 years reported of experiencing physical violence and 12.8 percent of children experiencing sexual violence (NCWC and UNICEF, 2016).

The situation is exacerbated by the COVID-19 pandemic. The strict lockdown measures adopted by the government confined many to their homes and this has proven to be not safe for many women and girls. Reports show an alarming increase in the already existing shadow pandemic against women. Since the COVID-19 outbreak, emerging data and reports from those on the front lines, show that all types of violence against women and girls, particularly domestic violence, intensified. Teenage pregnancy has increased due to strict lockdowns. For example, in Malawi there was 30 percent increase in pregnancies among young girls aged 13 to 19 years in July 2020 as compared to previous years (Michael, 2021).

The United Nations (UN) policy brief on the impact of COVID-19 on women highlighted that the pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems which

are in turn amplifying the impact of the pandemic. (UN, 2020a). Furthermore, it was noted that women and girls are most vulnerable to emergencies as they experience discrimination which can affect them in various negative ways, for example, making them targets of violence and limiting their chance of finding jobs (UN, 2020b).

Hence, it is pertinent that the response to the COVID-19 crisis must be gender-responsive. It is essential that human rights and dignity of the vulnerable are respected and monitored during such emergencies.

1.2 Scope of the study

This study was planned to cover all 20 *dzongkhag* and four *thromde*, covering 8,552 adults (18+ years) and an equal number of children (13-17 years) through quantitative survey. However, the survey could intercept only 8,048 adults and 7,346 children, allowing a response rate of 94 percent for adults and 86 percent for children. The study was conducted from 6th May to 10th August 2021. The study also had qualitative components, including 32 Focus Group Discussions (FGDs), 31 Key Informant Interviews (KIIs) and five case stories.

The main objective of the study was to provide information on how the livelihoods and socio-economic circumstances of women and children are affected by the COVID-19 pandemic in Bhutan.

Specific objectives of the study included:

- Understanding impact of COVID-19 on women and children;
- Understanding the extent and nature of the impact of COVID-19 on women/girls and children in comparison with men/boys;
- Understanding vulnerability of women and children to such pandemic and disasters and analysis of underlying factors;
- Understanding women's contribution and ability/potential to mitigate COVID-19 and similar disasters; and
- Provide recommendations, both policy and programmatic, to address such issues.

1.3 Review of literature- Lessons and practices

Literature on the impact of COVID-19 on women and girls and their families was explored. Available data on similar works in Bhutan were also accessed though they were scant.

The study draws on key evidence, parallel studies, and policy frameworks reflected in resolutions and legislation regulating COVID-19 response, measures, and statistics provided by the Royal Government of Bhutan and concerned agencies.

Globally, as of 24th October 2021, according to the WHO, there have been over 243 million confirmed cases of COVID-19 and over 4.9 million deaths (WHO, 2021). The COVID-19 crisis is a systemic human development crisis, compounding risks to progress towards gender equality. The pandemic and its consequences hit a world wealthier than ever but facing deep divides in human development (UNDP, 2020c).

Across several social, economic, and political dimensions, women and girls are disproportionately affected by the crisis simply because of their sex. The immediate effects of COVID-19 on gender inequality are already

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showing themselves in health and education, on the burden of unpaid care work and gender-based violence (UNDP, 2020c).

Closure of schools deprives children and youth of opportunities for growth and development which is disproportionate for under-privileged learners who tend to have fewer educational opportunities beyond school. Even with measures in place to support distance learning, there is no substitution for face-to-face contact with a teacher, which encourages focus, interaction, and the chance to get feedback on learning. Other impediments are poor nutrition for those who depend on meals for nutrition provided at school, parents unable and unprepared for home schooling, and hence, interrupted learning, difficulties of home-based childcare for working parents, increased exposure to violence and exploitation like early marriage, sexual exploitation of girls, teenage pregnancy, child labor, domestic abuse, and social isolation. Furthermore, mental health of children is severely affected by social isolation as a result of school closure (Parks, 2020).

In countries with comparable data, at least 25 percent ever-partnered adolescent girls have experienced recent intimate partner violence. As the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement, women and girls are at a greater risk of physical, sexual, and psychological violence. Crowded homes, substance abuse, and reduced access to peer support may further exacerbate these conditions. Indeed, dozens of countries have already reported an increase in violence against women since the outbreak of COVID-19. In addition, life-saving care and support to GBV survivors, including clinical management of rape and mental health and psycho-social support, may be disrupted in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases (UNICEF, 2020a).

In more than five of six countries with available data, girls aged 10-14 years are more likely than boys of the same age to spend 21 or more hours on household chores per week, an amount potentially harmful to children's physical, social, psychological or educational development. As unpaid care work increases during the COVID pandemic, the gender imbalance is likely to be further exacerbated as girls, confined to home, are often called upon to cook, clean, care for sick family members, and assist younger children with remote learning, jeopardizing their own opportunities to learn (UNICEF, 2020b).

During lockdowns, victims of partner violence found themselves trapped at home with their abusers, increasing risks of abuse. The pandemic's socio-economic blow is hitting vulnerable women harder than others, putting them at greater risk of being pushed back into poverty (UNDP, 2020d).

Economic stress and uncertainty have led to heightened tensions at home often leading to increased alcohol consumption and substance abuse. Evidence from helplines and media reports in Bhutan, just as around the world, are showing an increase in violence against women and girls and violence in homes more frequent, severe, and unsafe during this period. The hardships triggered by the pandemic pose a greater risk to society's most vulnerable – our women and girls. The pandemic has unfortunately compounded already existing deep-rooted inequalities and harmful practices against women and girls, the effects of which will linger long after the pandemic is over.

More than six out of 10 children (girls: 63 percent; boys: 65 percent) aged 13–17 years in Bhutan have experienced at least one incident of physical violence in their lifetime; a majority of them experiencing it for the first time before they reached their teenage years, commonest form being corporal punishment. Children reported they had been most often subject to tasks involving excessive physical endurance, such as being made to stand for a long time, carrying stones or forced to do heavy work (50 percent), followed by being hit with an object (43 percent). More than 20 percent of children (girls: 22 percent; boys: 24 percent) said they

had been slapped, punched, kicked, had their ear pulled or twisted, their hair pulled or knuckles rapped on their forehead. Nearly three percent of children had been stabbed or cut with a knife or sharp object (UNICEF & NCWC, 2016).

The pre-pandemic scenario of state of violence against children reflects a grim reality in the Bhutanese community. Further, the pandemic augments the exposure of vulnerable children to the perpetrators of violence thereby enabling a worsening situation.

While the COVID-19 crisis affects everyone, women and girls face specific and often disproportionate economic, health, and social risks due to deeply entrenched inequalities, social norms, and unequal power relations. Understanding the gender-differentiated impacts of the COVID-19 crisis through sex disaggregated data is fundamental to designing policy responses that reduce vulnerable conditions and strengthen women's agency, placing gender equality at their centre. This is not just about rectifying long standing inequalities but also about building a more just and resilient world (UNDP, 2020e).

Governments responding to COVID-19 are under huge pressure to act quickly. Decisions that are informed by accurate data and include a gender perspective are more likely to be effective. Hence it is imperative that impact of COVID-19 data is collected and reported by sex, and that gender is integrated in national response plans to achieve better outcomes for everyone.

1.4 Approach and Methodology

The following methodology and approaches were adopted to gain a better understanding of the impact of COVID-19 on women's and children's lives and experiences and to meet the relevant study objectives. Approaches were based on human rights and gender to ensure that human rights standards are integrated into the lives, livelihoods, and policy response, especially of the women and girl children, with regard to socio-economic indicators and gender issues.

The 'impacts' of the study do not refer to the changes as envisaged in the use of the Theory of Change in programme and project interventions. It refers to how COVID-19 affected the lives of women and children.

The study adopted both quantitative and qualitative research approaches. In line with the scope of work, the quantitative household survey was the primary focus of the survey.

For the purpose of sampling, *Dzongkhag* was stratified into urban and rural areas. In the urban areas, the towns are usually divided into LAP (local area plan) and then each LAP is subdivided into Enumeration Area (EA). While in the rural areas they are divided into *Gewog* and then *Chiwog*. The EA and *chiwog* formed the Primary Sampling Unit (PSU) while household (HH) formed the Secondary Sampling Unit (SSU).

A multi-stage sampling procedure was adopted. In the first stage, certain numbers of PSUs were selected using probability proportional to the size with replacement (PPSWR) and the number of HHs in a *chiwog* was the size variable. The number of PSUs was determined such that 10 HHs and 20 HHs were selected from urban and rural areas, respectively. The HHs were selected based on circular systematic sampling (CSS). In the sampled HH, one adult and one child was sampled using simple random sampling (SRS).

The 2017 Population and Housing Census of Bhutan data was used to develop a context-specific sampling frame. However, for the selected PSUs, the HHs list was updated prior to the survey enumeration. This

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exercise was carried out in consultation with the local administration. This updated list helped in sampling and generating weights during data analysis.

The following sample size formula was used to calculate the sample size, N_h :

where:

N_h = sample size in terms of number of households for each *dzongkhag/thromde*

z = statistic that defines the level of confidence desired

p = an estimate of key indicator to be measured by the survey

f = the sample design effect, d_{eff} assumed to be 1.5

k = a multiplier to account for anticipated rate of non-response

e = margin of error to be attained

The z -statistic is 1.96 for the 95 percent confidence level (as opposed to 1.645 for 90 percent level). The default value of f , the sample design effect, was set at 1.5 since we directly select the PSU. The non-response multiplier k was set at 5 percent or a value of 1.05. The estimate of p was set at 20 percent.

Based on the above values/parameters, and factoring the finite population correction $[\frac{no*N}{no+(N-1)}]$, a sample size of 8,552 households was obtained. So from 8,552 households, 8,552 adults (60 percent females and 40 percent males) and 8,552 children were targeted to be enumerated (50 percent females and 50 percent males).

As shown in Table 1.1, out of the target respondents of 8,500 adults (18+ years) and children (13-17 years), the survey could enumerate 8,048 adults (2,925 males and 5,123 females) and 7,249 children (3,464 males and 3,785 males). The details by *dzongkhag/thromde* is provided in Annex table A11.

Table 1.1: Number of adult and child respondents, by area by sex

Area	Adults			Child		
	Male	Female	Total	Male	Female	Total
Urban	1,827	3,169	4,996	2,088	2,321	4,409
Rural	1,098	1,954	3,052	1,376	1,464	2,840
Bhutan	2,925	5,123	8,048	3,464	3,785	7,249

In addition, as stipulated by the ToR, qualitative methods such as FGDs, KIs and case studies were also conducted. The quantitative survey made use of a structured household questionnaire while the qualitative approach used FGD Guide and Key Informants Interview Questionnaire. The purpose of adopting both quantitative and qualitative approaches is mainly for data triangulation.

A total of 34 Key informants were interviewed from 25 key government and non-government agencies at the central level (CSOs, development partners, media) and six Gender and Focal Points from *dzongkhag* administrations at the *dzongkhag* level. (Details of Key Informants are provided in Annexure 2).

Additionally, a total of 32 FGDs were conducted with men, women, children (13-17 years), children (below 13 years), and Community based Support System (CBSS) members, disaggregated by gender and rural and

urban settings in Thimphu, Phuentsholing, Mongar, Bumthang, Zhemgang, and Samtse *dzongkhag*. It involved a total of 220 participants comprising 37 adult males, 34 adult women, 44 boys (13-17 years), 40 girls (13-17 years), 25 girls (below 13 years) and 35 boys (below 13 years) and 5 CBSS volunteer members. The children were intercepted in the educational institutions located in the *thromde* and *dzongkhag/gewog* (Table 1.2).

Table 1.2: Summary of FGDs

FGD Category	Urban		Rural				Total
	Thimphu	P/ling	Bumthang	Mongar	Zhemgang	Samtse	
Men	1 (6)	1 (5)	1 (7)	1 (8)	1 (6)	1 (5)	6 (37)
Women	1 (5)	1 (5)	1 (5)	1 (7)	1 (6)	1 (6)	6 (34)
Children (Boys) 13-17 years	1 (10)	1 (8)	1 (5)	1 (8)	1 (8)	1 (5)	6 (44)
Children (Girls) 13-17 years	1 (7)	1 (7)	1 (5)	1 (8)	1 (8)	1 (5)	6 (40)
Children Boys (<13 years)	2 (20)			1 (9)		1 (6)	3 (35)
Children Girls (<13 years)	2 (20)			1 (9)		1 (6)	4 (25)
CBSS members (RENEW)		1 (5)					1 (5)
Total	7 (68)	5 (30)	4 (22)	6 (49)	4 (28)	6 (33)	32 (220)

Note: The figure in the parentheses denotes the number of participants

The main purpose of the qualitative approach and methods was to understand various strategies, programmes, and activities of the key sectors related to COVID-19 and how it may have impacted the lives of men, women, and children. The FGDs in particular explored the views and opinions of participants on various issues such as awareness, knowledge, and perceptions on COVID-19, impacts on children’s learning in schools, behaviours, occupation and livelihoods, food & nutrition, protection and safety, access to health including mental and sexual and reproductive health, unpaid household work, etc. The qualitative data collection was carried out simultaneously with the main quantitative survey. Written records of FGDs and KIIs were transcribed and systematically reconstructed as narratives, following which key findings of convergence or new insights were identified that are reinforcing to the key findings of the study. Accordingly, necessary integration of key findings has been made in the relevant sections of the report.

Although the study is comprehensive, it has some limitations:

1. The study only included households having at least a child aged between 13-17 years old. Therefore, the analysis is based on those households and the impact of COVID-19 on other households (without children aged 13-17 years) are excluded.
2. The study used the general household sampling frame regardless of the employment status of the respondents. Therefore, the study could have inadvertently excluded households that were impacted by the pandemic such as those working in the tourism sector but did not have children aged between 13-17 years.
3. The study was conducted during the early stage of the pandemic and, therefore, the actual impact of COVID-19 may not have been fully captured by the study.
4. Certain parts of the country were inaccessible to the study due to movement restriction and lockdown. The team had to resort to telephone interviews for places such as Phuentsholing Thromde, certain *chiwogs* in Samtse and Trashigang, and therefore, the quality of data collected could have been affected.

1.5 Ethical Considerations

The participants in this study were given a detailed explanation of the study's objectives and interview content. The participants were required to give verbal consent (and guardian's consent in the case of children) and were also informed about confidentiality procedures by the survey team.

The following standards and ethical considerations were made during the interview and data analysis.

1. The respondents' safety and rights were ensured during interviews. Women's and girls' safety were always prioritized over data collection.
2. Necessary administrative approval was sought from both central and local administrations.
3. The privacy and confidentiality of respondents were protected. Before the interview, the purpose and ground rules were explained carefully.
4. The mental and health condition and stress level of participants were considered carefully when asking questions.
5. The data was password protected and in possession of the team leader which was only shared with the co-investigators and relevant individuals involved in the study;
6. COVID-19 protocols were duly followed during the field data collection, including the use of face-mask, keeping minimum distance, etc.



Picture Courtesy: UNICEF Bhutan

DEMOGRAPHIC AND HOUSEHOLD CHARACTERISTICS

The survey collected information on age, sex, marital status, employment status, and education attainment and literacy. In addition, information on housing condition, access to TV, Internet and electricity, and income were also collected.

This chapter presents the demographic characteristics of adults aged 18 years and above and children between 13-17 years old and their household characteristics. A household is defined as a person or a group of persons, related or unrelated, who live together, sharing a living space, family resources, and having common cooking arrangements. A head of the household is someone who makes key household decisions.

2.1 Household composition

Figure 2.1 illustrates the household distribution by area¹ and sex of household head. The survey estimates that over all 59.4 percent of the households are headed by males and the remaining 40.6 are headed by females. In rural areas, 57.6 percent of the households are male-headed which is 15.2 percentage points higher than female-headed households at 42.4 percent. In urban areas, male-headed households stand at 62.4 percent as compared to female-headed households at 37.6 percent.

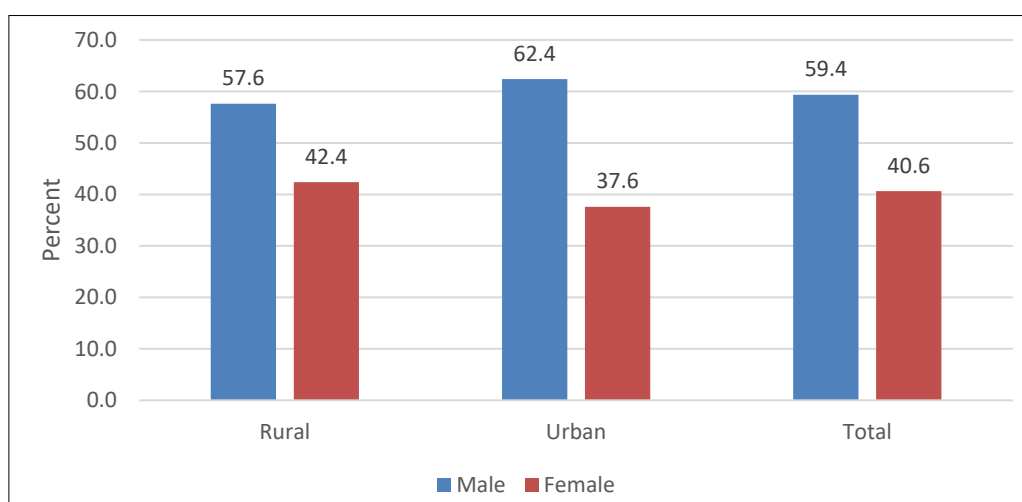


Figure 2.1: Distribution of households, by area and sex of household head

¹ All *Thromde* (urban centres), *Dzongkhag* Headquarters, and satellite towns designated as 'Urban' by the Ministry of Works and Human Settlement (MoWHS) were considered as urban areas and all the rest as rural areas for this study. A place that meets four out of the following five criteria is considered as 'Urban' by the MoWHS. These five criteria are: i) A minimum population of 1,500 people; ii) A population density of 1,000 persons or more per square kilometre; iii) More than fifty percent of the population should depend on non-primary activities; iv) The area of the urban centre should not be less than 1.5 square kilometres; and v) Potential for future growth of the urban centre particularly in terms of its revenue base.

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As shown in Figure 2.2, the household heads are on average, 48 years old. The average age of household heads in rural areas (51 years) is higher than in urban areas (43 years). The average age of male household heads in rural areas is 49 years as compared to 46 years in urban areas. The average age of female household heads in rural areas is 49 years as compared to 40 years in urban areas.

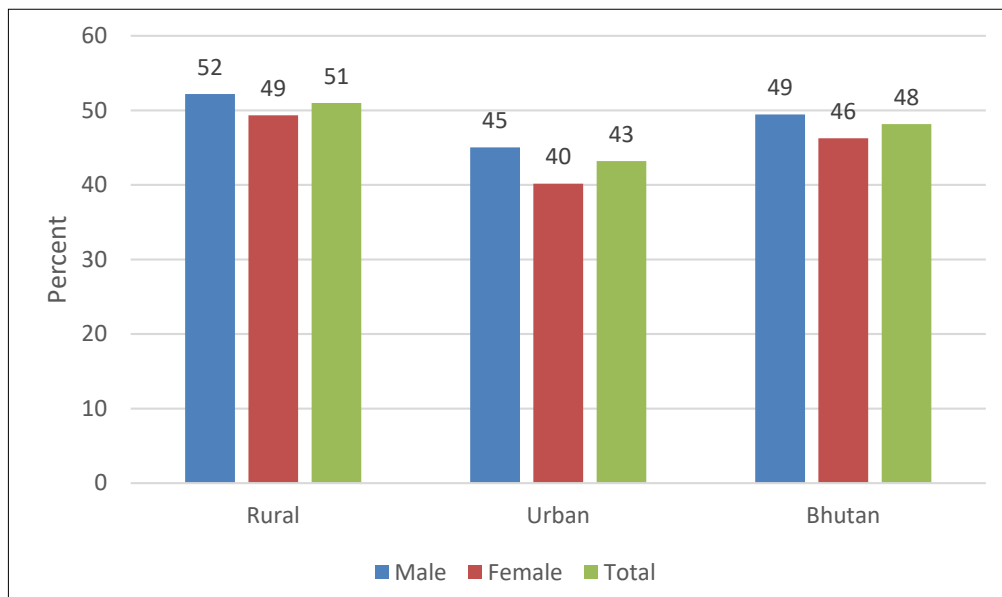


Figure 2.2: Average age of household heads, by area and sex

2.2 Age distribution

Among the adults, based on the broad age-groups, 35 percent are between 31- 40 years, 13 percent between 18 to 30 years, 31 percent are between 41 to 50 years, 11 percent are between 51- 60 years, while only 10 percent comprised of population above 60 years and just about one-third are between 31-40 years old (Figure 2.3). Among the children, about a similar share of children are from each age (13 to 16 years) while the highest number of children is among the 17 year olds at 23 percent (Figure 2.4).

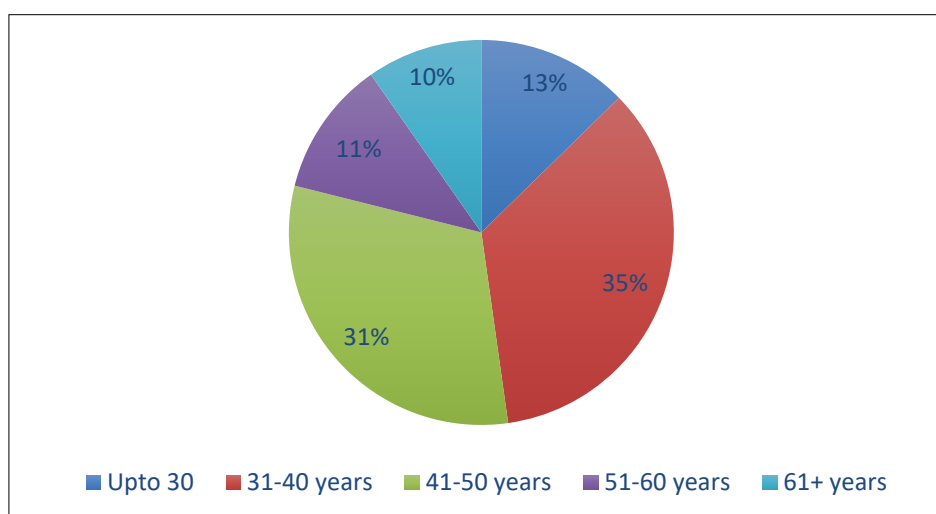


Figure 2.3: Distribution of adults by broad age-group

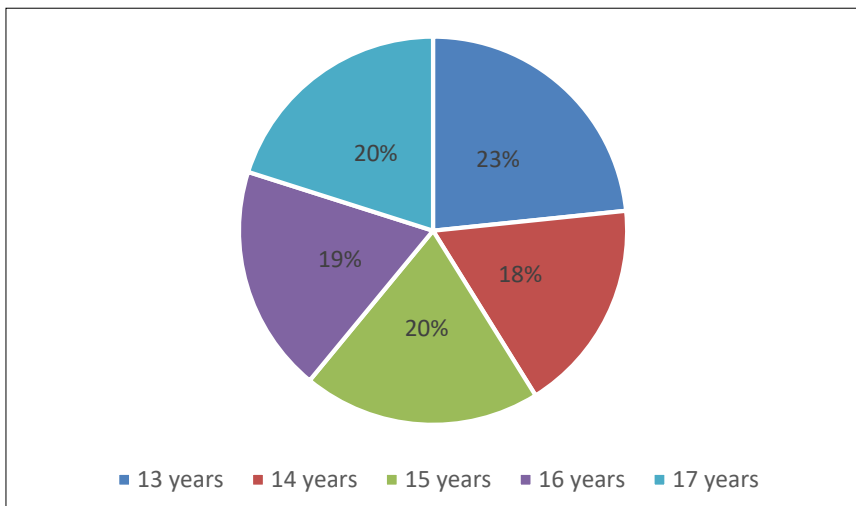


Figure 2.4: Distribution of children, by single age

2.3 Marital status

The marital status of the surveyed population is shown in Figure 2.5. At least eight out of 10 adult respondents are married and the remaining two are either divorced, never married, widow/widower, separated or living together. By sex, the proportion of males who is married (85.6 percent) is higher than females (77.1 percent) while proportion of females who is divorced (9.3 percent) is higher than males (2.7 percent).

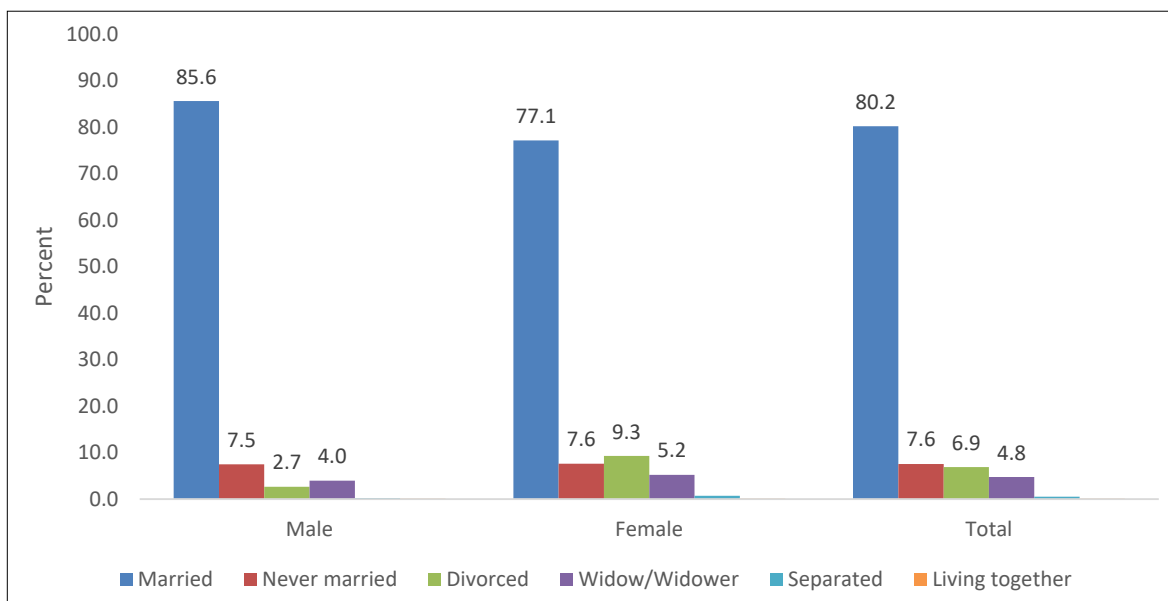


Figure 2.5: Distribution of adults, by marital status and sex

A further analysis from the survey data shows that females tend to marry at a younger age when compared to their male counterparts. The mean age of marriage for females is 19.9 years while for men is 22.4 years. The mean age of marriage in rural areas is slightly lower (20.5 years) than urban areas (21.4 years).

2.4 Literacy status and education attainment

As shown in Figure 2.6, less than half of the adult population are literate or attended school. However, the differences are observed between sex and area of residence. For example, among males, 58.1 percent and 56.4 percent are literate and attended schools, respectively, as compared to 43.4 percent and 42.5 percent among females. By area of residence, 65 percent of the urban adults are literate as compared to 39.3 percent of the rural adults and 64.5 percent of the urban adults have attended schools as compared to only 37.7 percent among rural adults.

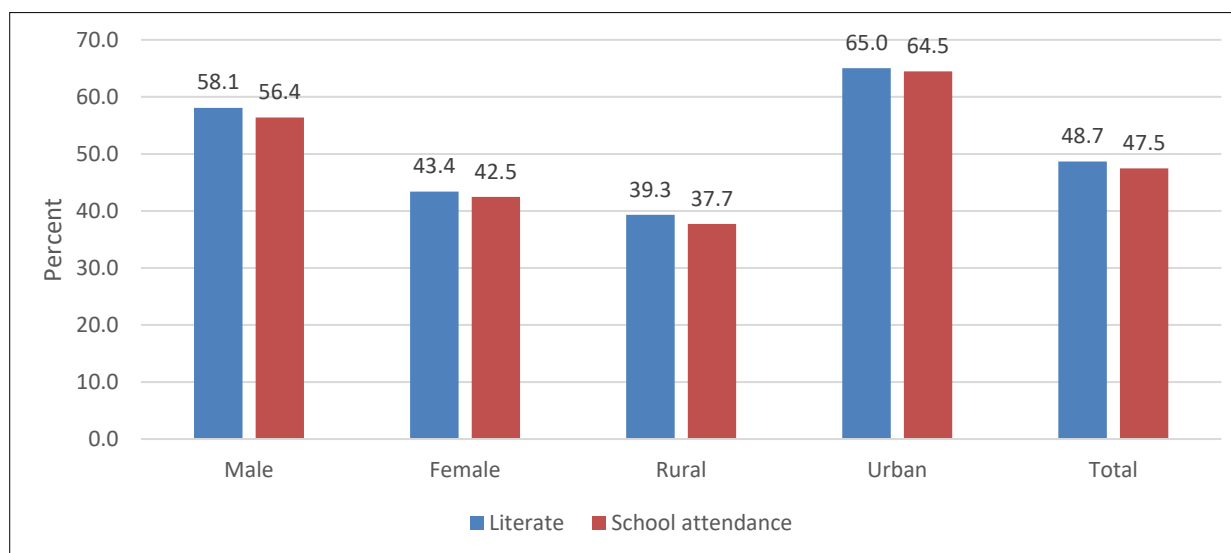


Figure 2.6: Literacy rate and school attendance of adults, by sex and area

2.5 Housing characteristics

At least 36.8 percent of households in Bhutan live in Bricks/Cement blocks/Autoclaved Aerated dwellings, followed by houses with stone with mud (25.9 percent) and stone with cement (11.7 percent). In rural areas, 36.7 percent live in houses with stone with mud wall dwellings followed by Bricks/Cement blocks/Autoclaved Aerated dwellings at 20.9 percent. However, in urban areas, 64.6 percent of the households have walls made of Bricks/Cement blocks/Autoclaved Aerated (Table 2.2).

Table 2.1: Distribution of households' main construction materials of walls, by area

Main construction material	Rural	Urban	Total
Bricks/Cement blocks/Autoclaved Aerated	20.9	64.6	36.8
Stone with mud	36.7	7.0	25.9
Stone with cement	9.1	16.2	11.7
Rammed earth	11.8	2.5	8.4
Wood planks	9.8	5.3	8.2
Bamboo with mud	5.0	1.9	3.9
Cane/Bamboo	1.9	0.8	1.5
Plywood/others	2.9	1.3	2.3
Mud blocks	2.0	0.4	1.4
Total	100.0	100.0	100.0

2.6 Access to utilities/services and asset ownership

The survey asked the respondents if they own certain assets such as land, TV, car, refrigerator, and if they have access to basic services such as electricity and Internet. Access to electricity and mobile phone ownerships are close to 100 percent without statistically significant difference between rural and urban areas. At least 85.5 percent of the urban households reported to having Internet at home which is slightly higher than rural areas (82.4 percent). However, when it comes to ownership of TV, refrigerator, car, computer/tablets, the proportions of urban households owning them are higher than rural households. On the contrary, land and radio ownership are higher among rural areas (Table 2.2).

Table 2.2: Proportion of household owning different assets and access to basic services, by area

Utilities/Services/Assets	Rural	Urban	Total
Electricity	98.7	99.1	98.9
Mobile Phone	97.0	98.7	97.6
Land ownership	95.2	73.9	87.5
Television	76.6	95.9	83.6
Internet at home	82.4	85.5	83.5
Refrigerator	65.0	94.7	75.8
Car	30.5	59.0	40.9
Computer/Tablet	11.0	39.2	21.3
Radio	17.2	6.9	13.4



Picture Courtesy: UNICEF Bhutan

AWARENESS, KNOWLEDGE, AND PERCEPTIONS ABOUT COVID-19

As for any infectious diseases, knowing about the symptoms, its transmission, and preventive measures determines the level of awareness, knowledge, and understanding. This chapter concerns knowing about how COVID-19 impacted the survey respondents in terms of their awareness and understanding about the disease.

3.1 Awareness and Knowledge

The survey asked the respondents on their awareness, knowledge, and perceptions about COVID-19. When asked about the common symptoms of COVID-19, fever, cough, headaches were cited as the top three symptoms both by adults and children. Almost equal proportions of adults and children cited fever as the most common symptom, while a higher proportion of children as compared to adults cited the next two common symptoms, respectively (Figure 3.1).

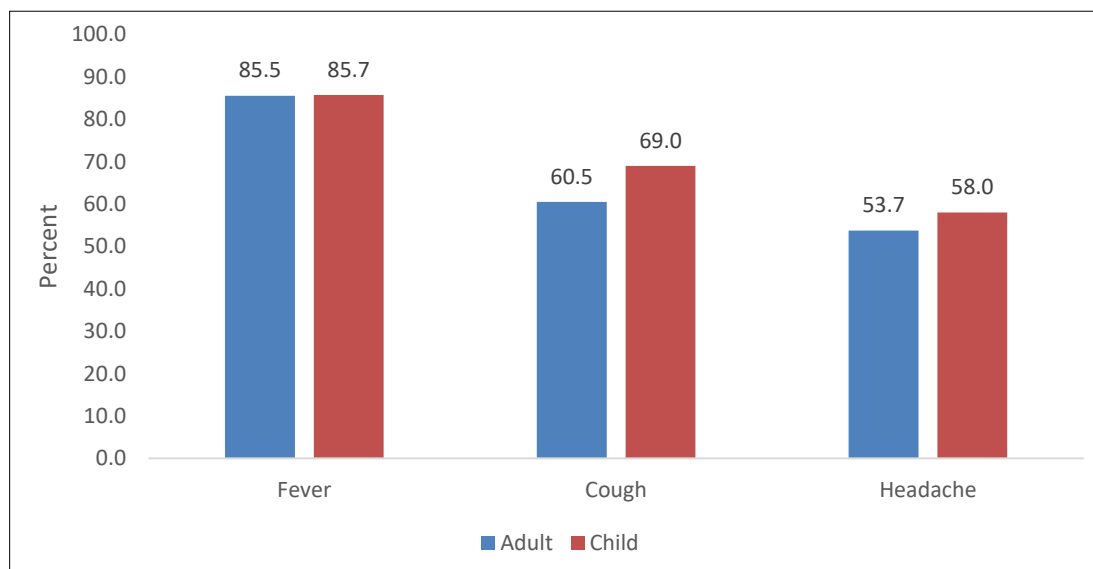


Figure 3.1: Proportion of adults and children reporting top three symptoms of COVID-19

The focus group participants also reinforced with a relatively high level of awareness on the common, less common, and even some serious symptoms of COVID-19. Both rural and urban men and women participants mentioned fever, headache, breathing difficulties, cough, tiredness, loss of taste and smell, throat pain, etc.

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However, they also mentioned ‘loss of appetite’ as a symptom, which is not found in the WHO’s classification of COVID-19 symptoms (WHO, 2021). The children mentioned fever, cough, headache, sore throat, and shortness of breath as the top five symptoms, similar to the adults.

Among children, fever, cough, headache, sore throat, and shortness of breath are reported as top five symptoms similar to the adults. However, diarrhea is one of the symptoms reported by 20.8 percent of children as compared to 13.6 percent among adults (Figure 3.2).

For the under-13 rural and urban children - boys and girls, the common symptoms mentioned are headache, fever, cough and cold, runny nose, body ache, breathing difficulties. The urban children, however, mentioned some additional symptoms like chest pain, diarrhea, loss of appetite, nausea, vomiting, joint pain, loss of smell, and taste. Quite like the urban boys and girls, the under 13 years children also harbored some possible misconceptions as they mentioned ‘loss of appetite’ and ‘vomiting’.

The survey asked the respondents on their knowledge on how COVID-19 spreads. Both male (80.1 percent) and female (75.5 percent) adults mentioned close contact with an infected person as the most common mode of transmission. Less than half of the adults (both male and female) mentioned that it can be infected through respiratory droplets. Further, at most, only 12 percent are aware that it can be infected through droplets on surfaces and objects and can be transferred by touch. Overall, while awareness level was good, the adult population did not have in-depth knowledge on how COVID-19 is spread.

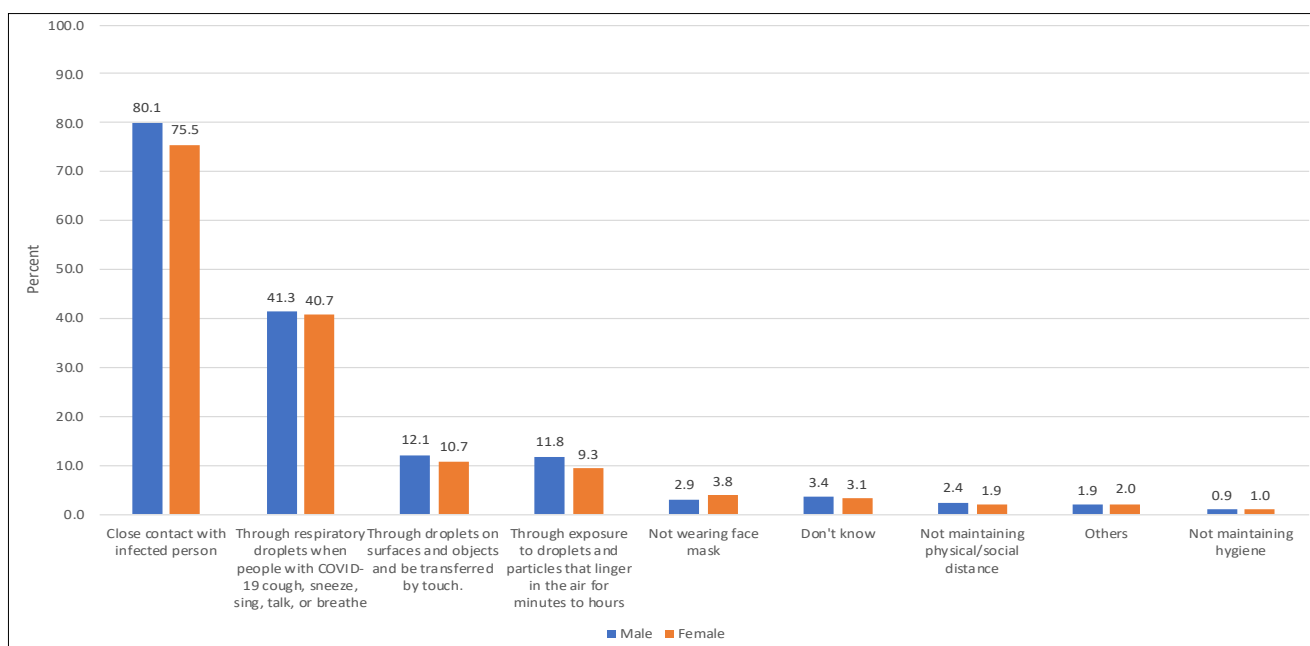


Figure 3.2: Proportion of adults on their knowledge on how COVID-19 is spread, by sex

For the rural and urban men and women focus group participants, COVID-19 spreads through close contact with an infected person, through air droplets from sneezing and coughing, touching contaminated surfaces and things, not washing hands. Urban men and women also added that COVID-19 spreads by sharing meals, no proper ventilation in the rooms, swimming pools, and water sewage system. Here, the urban men and women were more aware and knowledgeable about how the disease is spread than rural men and women. There was, however, a differing level of understanding amongst rural and urban men and women on the number of days that a person infected by COVID-19 may take to show the signs and symptoms of the disease. It ranged from three days to one week to even up to three weeks.

For the children, around 74 percent of both male and female children mentioned ‘close contact with infected person’ as the most common mode of transmission, which was less than the adults’. Further, nearly about 47 percent were aware that it can be infected through respiratory droplets when people with COVID-19 cough, sneeze, sing, talk, or breathe; through exposure to droplets and particles that linger in the air for minutes to hours; through droplets on surfaces and objects and can be transferred by touch. Over all, like the adult population, children also did not have in-depth knowledge on how COVID-19 is spread (Figure 3.3).

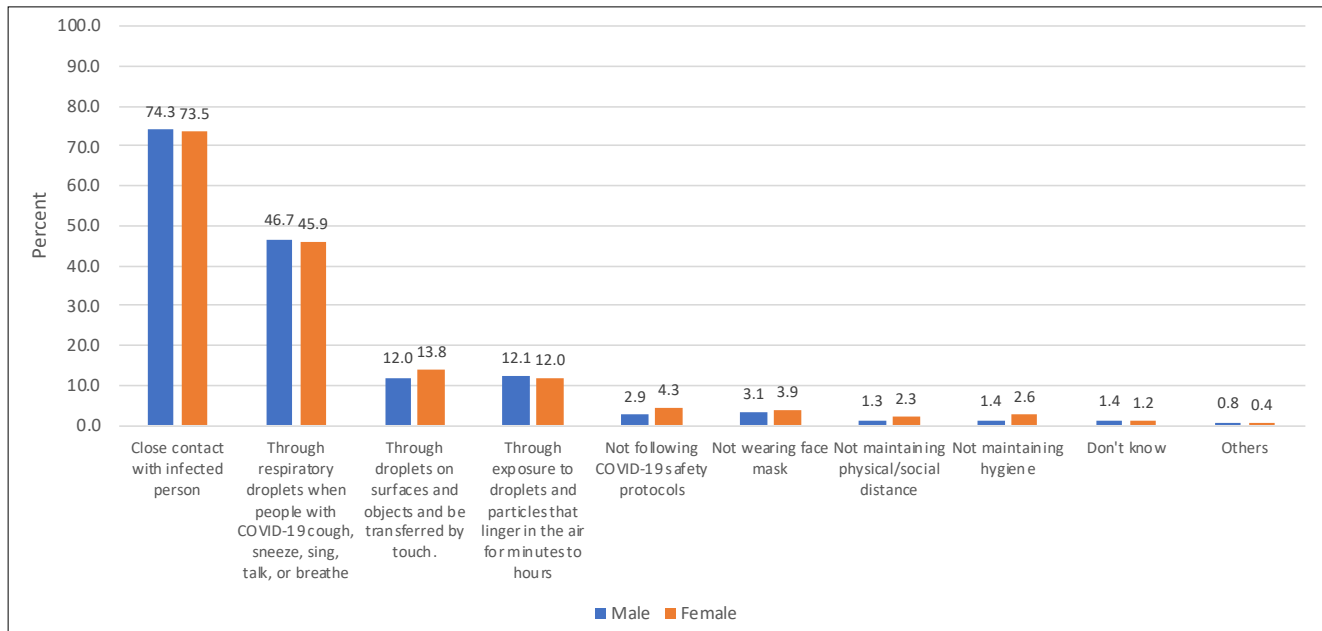


Figure 3.3: Proportion of children on their knowledge on how COVID-19 is spread, by sex

When compared between rural and urban areas, a slightly higher proportion of rural population (both among adults and children) were aware of how COVID-19 is generally spread. However, rural adults were slightly less aware when it comes to the spread of COVID-19 ‘through exposure to droplets and particles that linger in the air for minutes to hours’ as compared to urban counterparts.

The survey further revealed that at least 88 percent of adults were aware that COVID-19 can be spread whether someone has symptoms or not. Just less than five percent of adult male and around three percent did not think it will spread while around seven percent of both male and female adults were not sure about it. By area, a slightly higher percentage of urban adults (91.7 percent) were aware about it as compared to rural adults (87.1 percent). This indicates that about 13 percent of rural adults either did not know or are unsure about it as compared to around eight percent of the urban adults.

Similar to adults, at least 88 percent of children were aware that COVID-19 can be spread whether someone has symptoms or not. Around six percent of both male and female children did not think it will spread while around five percent are not sure about it. By area, a slightly higher percentage of urban adults (90.9 percent) were aware about it as compared to rural adults (88.0 percent). This indicated that about 12 percent of rural children either did not know or were unsure about it as compared to around nine percent of urban children.

The findings from the FGDs with both rural and urban boys and girls, concurred with the finding that a person who is infected but not showing any signs and symptoms can always spread the disease. They said “Some people who are infected but without any symptoms can still remain fit without looking sick. So, doing a test can only confirm if one is infected or not”.

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This was unanimously reiterated by both rural and urban men and women focus groups who said COVID-19 can be spread by people who look fit without showing any sign and symptom of the disease.

3.2 Source of information on COVID-19

With regard to access to their main source of information on COVID-19 risks and prevention, radio/TV/newspaper was the top source of information both for adults and children with a higher proportion of adults (79.3 percent) than children (68.0 percent). Social media use, which was the second most popular source was used by a higher proportion of children as compared to adults (60.7 percent vs 43.8 percent). The third popular source was through family members and friends (39.1 percent for children and 32.5 percent for adults). For children, the fourth common source was school/institute/teachers. About 15 percent used official government/health websites or other communication platforms excluding social media and just about 13 percent used public service announcements (Figure 3.4).

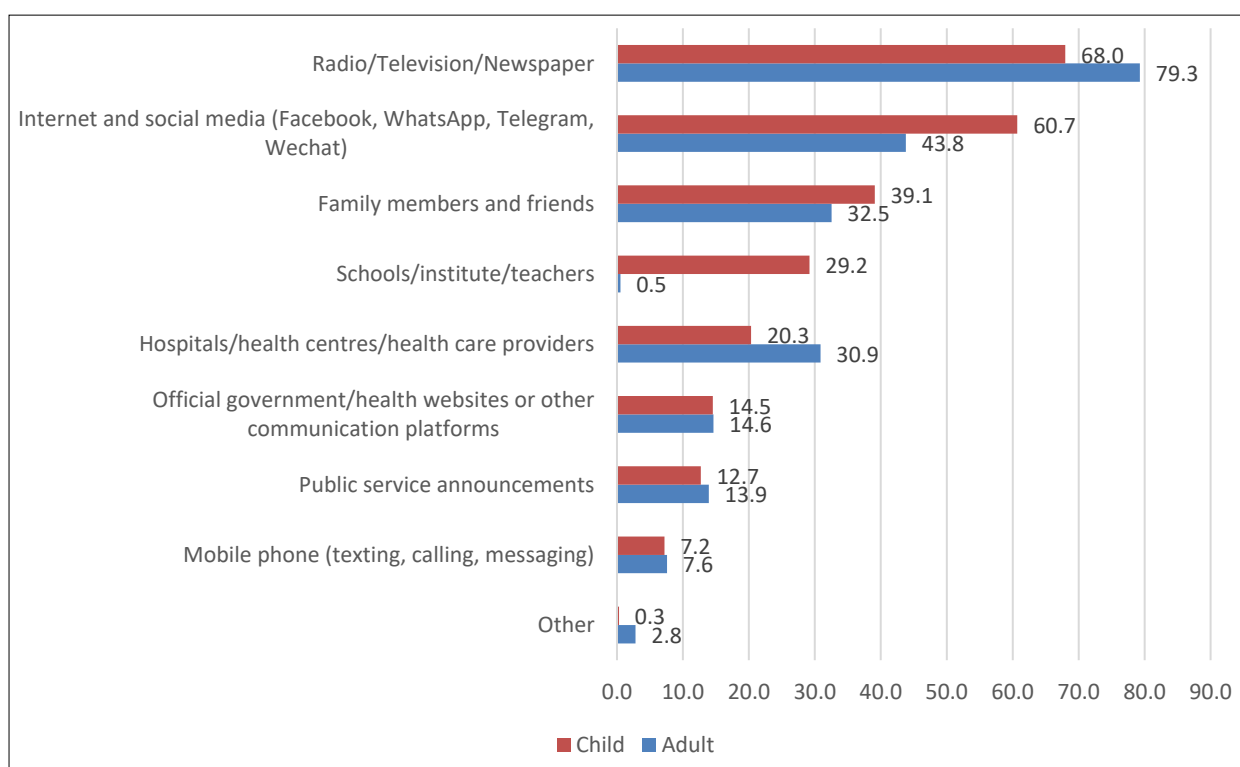


Figure 3.4: Proportion of adults and children on access to main source of information regarding COVID-19 risks and prevention

Among adults, when compared between sexes and areas, some differences were observed. Except for radio/TV/newspaper which was accessed by a slightly higher proportion of females, other sources of information such as the Internet and social media, family members, and official platforms were accessed more by males than by females. By area, the Internet and social media as information source was more popular in urban areas while information through family and friends, hospitals/health centres/health care providers were slightly more popular among rural adults (Table 3.1).

Table 3.1: Proportion of adults according to access to main source of information regarding COVID-19 risks and prevention, by sex and area

Source of information	Sex		Area		Total
	Male	Female	Rural	Urban	
Radio/Television/Newspaper	77.2	80.5	77.1	83.3	79.3
Internet and social media	46.1	42.6	35.0	59.4	43.9
Family members and friends	34.1	31.7	34.7	28.8	32.6
Hospitals/health centres/health care providers	34.9	28.6	32.9	27.4	30.9
Official government/health websites or other communication platforms	18.0	12.8	13.6	16.5	14.6
Public service announcements	14.0	14.0	14.0	14.0	14.0
Mobile phone (texting, calling, messaging)	8.2	7.2	8.4	6.1	7.6
Officials	1.6	2.1	2.7	0.6	1.9
School/College/Teachers	0.8	0.5	0.7	0.4	0.6
Don't know	0.6	0.1	0.2	0.4	0.3
Other	0.3	0.2	0.3	0.2	0.2

Among children, there was practically no difference on radio/TV/newspaper as main source of information regarding COVID-19 risk and prevention. However, a slightly higher proportion of female children relied on family members and friends, and school/teachers as compared to males. By area, radio/TV/newspaper, and internet and social media were more popular in urban areas while family and friends, hospitals/health centres/health care providers were slightly more popular among rural children (Table 3.2).

Table 3.2: Proportion of children according to their access to main source of information regarding COVID-19 risks and prevention, by sex and area

Source of information	Sex		Area		Total
	Male	Female	Rural	Urban	
Radio/Television/Newspaper	68.0	68.4	66.8	70.2	68.2
Internet and social media	60.2	61.2	56.1	67.1	60.7
Family members and friends	37.0	41.5	41.4	36.4	39.3
From school/teachers	26.9	31.4	31.4	26.1	29.2
Hospitals/health centres/health care providers	20.9	19.8	22.8	16.9	20.3
Official government/health websites or other communication platforms	13.6	15.5	14.5	14.6	14.5
Public service announcements	13.5	11.9	11.1	15.0	12.7
Mobile phone (texting, calling, messaging)	6.1	8.2	9.0	4.6	7.2
Other	0.1	0.2	0.1	0.2	0.2

This FGD participants basically concurred with the finding that they are very concerned and felt susceptible to the disease. Both rural and urban boys and girls are predisposed to the feeling that they are also greatly impacted by COVID-19. They expressed deep concerns and said that it is very important for them to follow the preventive measures.

3.3 Awareness on availability of facilities/services

Figure 3.5 shows awareness about the availability of facilities/services related to domestic violence and mental help during the time of the pandemic. In urban areas, 59.2 percent of females and 31.5 percent of males were aware of the protection measures for victims of domestic violence as compared to 36.9 percent for females and 68.9 percent of males in rural areas. About the toll-free helpline for mental help, in urban areas, 61.2 percent of females and 61.2 percent of males were aware of it as compared to 29.8 percent for females and 34.8 percent of males in rural areas.

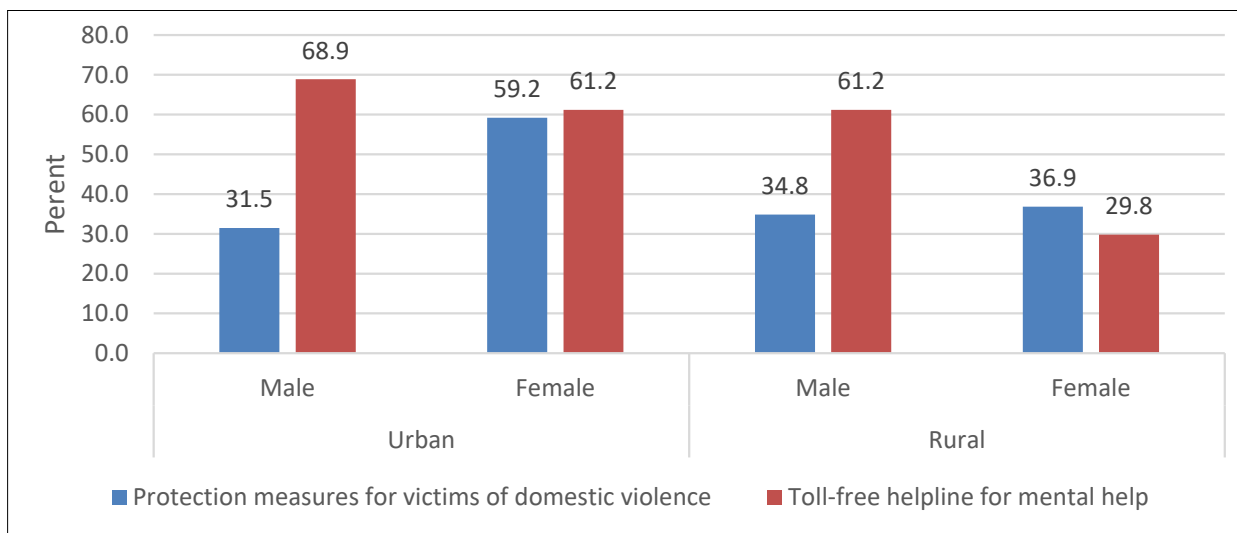


Figure 3. 5: Proportion of adults according to their awareness about protection measure for victim of domestic violence and the toll free helpline for mental, by area and sex

On their awareness about the availability of other facilities/services during the time of the pandemic, 94.2 percent of adults reported to being aware of health facilities, followed by access to shops at 77.1 percent and just over half (55.5 percent) were aware of the access to public transport services (Table 3.3).

Table 3.3: Proportion of adults on their awareness about the availability of facilities/services during the time of pandemic, by sex and area

Facilities/services	Sex		Area		Total
	Male	Female	Rural	Urban	
Health facilities	94.6	94.0	93.3	95.9	94.2
Access to shops	77.7	76.8	76.0	79.2	77.1
Access to public transport services	58.4	53.8	52.2	61.1	55.5
Other	2.1	2.8	2.0	3.4	2.5



Picture Courtesy: UNICEF Bhutan

EMPLOYMENT AND LIVELIHOOD RESOURCES

COVID-19 has brought about tremendous negative impacts on the employment and livelihood resources of people. This chapter concerns knowing how exactly employment/livelihood resources of the study respondents got affected.

4.1 Employment status

The survey asked adult respondents about their employment status during a typical week prior to the emergence of COVID-19 in Bhutan. Among adult males, 48.0 percent were working for government/corporate body/private company/household/person, followed by 22.9 percent who worked in their own farm. The remaining male adults were self-employed (9.9 percent), helped with family business (4.7 percent), among others. Among adult female respondents, 29.4 percent were working for government/corporate body/private company/household/person and 22.0 percent were engaged in their own farm. Self-employment was observed more among females than males. From a gender lens, a higher proportion of males were in ‘secured’ jobs, less affected by vulnerabilities than women.



Figure 4.1: Employment status of the adults during a typical week prior to the spread of COVID-19, by sex

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In terms of the nature of employment, 32.7 percent were own-account workers with males (38.4 percent) higher than females (29.5 percent), and higher in rural (40.5 percent) than in urban areas (18.9 percent). At least 30 percent fall under the ‘inactive’ category which includes housewives, retired, pensioners, and students. Compared to males (8.4 percent), a higher proportion of females (43.0 percent) fell under this category. About 16 percent were regular paid employees, out of whom 27.4 percent were males – which is almost three times more than females. The proportion of urban adults who were regular paid employees (32.3 percent) is more than four times that of rural adults (Table 4.1).

Table 4.1: Distribution of adults by nature of employment status, by sex and area

Nature of employment	Sex		Area		Total
	Male	Female	Rural	Urban	
Own-account worker	38.4	29.5	40.5	18.9	32.7
Inactive	8.4	43.0	28.4	34.4	30.6
Regular paid employee	27.4	9.9	7.1	32.3	16.2
Family worker	12.3	9.6	15.3	2.2	10.6
Unemployed	6.7	5.8	5.2	7.7	6.1
Casual paid employee	5.2	1.5	2.7	3.2	2.8
Employer	1.4	0.5	0.6	1.2	0.8
Others	0.1	0.2	0.2	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0

Table 4.2 shows the distribution of employees (who were working in government, corporate body, private company, etc.) whether they were directed to take leave from work. About half (48.5 percent) of the employees reported that they were not entitled for leave and among them were more females (57.3 percent) than males (38.2 percent), and a higher proportion in rural (70.6 percent) than urban areas (22.0 percent). At least 33.5 percent did not take leave. Over all, 14.9 percent had to take leave but only 4.6 percent had to take leave without pay. Among those who were on leave with full pay, a higher proportion of urban adults (11.8 percent) benefited as compared to 4.8 percent of the rural adults.

Table 4. 2: Proportion of adults employed in government, corporate body, private company, etc. whether they have ever been directed to take leave from work, by sex and area

Took Leave	Sex		Area		Total
	Male	Female	Rural	Urban	
Full paid leave	8.4	7.7	4.8	11.8	8.0
Partially paid leave	3.8	1.0	2.4	2.2	2.3
Leave without pay	3.8	5.2	3.0	6.4	4.6
Did not take leave	43.6	24.9	14.8	55.9	33.5
Not entitled for a leave	38.2	57.3	70.6	22.0	48.5
Don't know	2.2	4.0	4.4	1.7	3.2
Total	100.0	100.0	100.0	100.0	100.0

4.2 Impact on working hours

The survey asked how the pandemic really impacted the number of hours devoted to paid work for those who were working. Overall, 38.3 percent reported no change with a higher proportion among males (43.7 percent) and urban areas (44.4 percent) as compared to females (34.2 percent) and rural areas (33.0 percent). About eight percent reported to increased number of working hours; twice as much among males and in urban areas. Some 26.2 percent reported experiencing decreased hours without losing the job with a higher proportion among females (27.8 percent) than males (24.0 percent). Around four percent of adults have lost their jobs with no difference between males and females (Table 4.3).

Table 4.3: Distribution of adults who reported the change in number of hours devoted to paid work since the spread of COVID-19, by sex and area

Number of hours	Sex		Area		Total
	Male	Female	Rural	Urban	
Increased	11.9	5.2	6.0	10.5	8.1
No change/It is the same	43.7	34.2	33.0	44.4	38.3
Decreased, but didn't lose job	24.0	27.8	21.8	31.3	26.2
Lost job	4.3	4.0	3.1	5.4	4.1
Don't know	16.1	28.7	36.2	8.4	23.3
Total	100.0	100.0	100.0	100.0	100.0

Table 4.4 shows that 18.9 percent of the households lost earnings or income from a job or business while 16.0 percent had increased hours at work and 11.3 percent had reduced hours at work. At least five percent of the households reported having at least one member losing a job or was laid off from a job.

Table 4.4: Distribution of households on whether a household member's work been affected due to COVID-19, by sex of household head and area

Impact	Sex		Area		Total
	Male	Female	Rural	Urban	
Lost a job or was laid off from a job	4.8	5.9	5.1	5.6	5.3
Reduced hours at work	11.4	11.1	9.8	13.9	11.3
Lost earnings or income from a job or business	18.4	19.7	18.8	19.1	18.9
Worked from home	2.6	3.1	1.2	5.6	2.8
Found a new job	0.2	0.2	0.2	0.2	0.2
Increased hours at work	20.5	9.6	14.0	19.5	16.0
Increased earnings or income from a job	0.4	0.3	0.4	0.3	0.4
Not affected	41.9	50.0	50.5	35.8	45.2
Total	100.0	100.0	100.0	100.0	100.0

4.3 Impact on household income

The survey asked the respondents to provide their estimated monthly household income (Figure 4.2) at the time of survey enumeration. The mean monthly income was Nu 17,857 and median income was Nu 12,000. The mean monthly income in male-headed households (Nu 18,516) was more than that of female-headed households (Nu 16,896). The median monthly income of male-headed households (Nu 12,000) was higher by Nu 2,000.

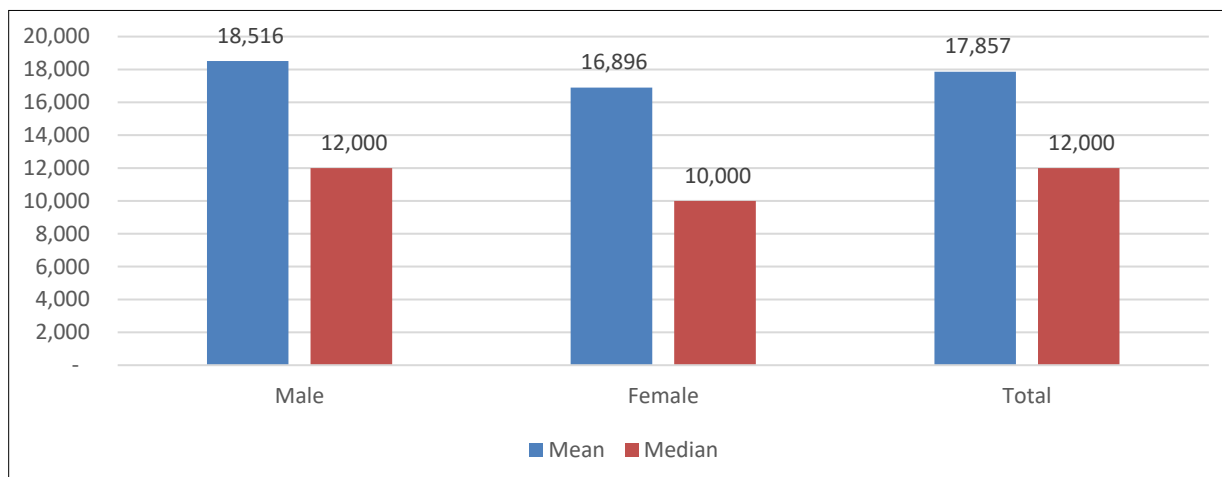


Figure 4.2: Mean and Median Monthly Income of the household, by sex of household head

At least 59.6 percent reported that their household income had been less than usual after the outbreak of COVID-19, with a higher proportion of rural households (66.5 percent) than urban households (47.6 percent). About 34.7 percent of the households had their income remaining the same, with a higher proportion in urban (48.7 percent) than rural areas (26.6 percent). However, five percent of the households reported increased income due to COVID-19. By sex of the household head, higher proportion of male headed households (60.5 percent) reported less than usual income as compared to female-headed households (58.4 percent). A slightly higher proportion of female headed households (6.2 percent) than male headed households (4.1 percent) reported of earning higher income since the outbreak of COVID-19 (Table 4.5).

Table 4.5: Proportion of households on the overall situation of the household income since the outbreak of COVID-19, by sex of household head and area

Impact	Sex		Area		Total
	Male	Female	Rural	Urban	
Less than usual	60.5	58.4	66.5	47.6	59.6
The same as usual	34.7	34.7	26.6	48.7	34.7
More than usual	4.1	6.2	6.3	2.5	5.0
Business no longer in operation	0.8	0.7	0.5	1.1	0.7
Total	100.0	100.0	100.0	100.0	100.0

As per KILs and other related information sources, the impact of COVID-19 on the employment sector in the county came to the forefront. Most training programmes, both in-country and ex-country, got disrupted and had to be suspended due to the pandemic outbreak and its consequent lockdowns. As per the National HRD Advisory: An assessment of Critical Skills Training (CST) and Youth Engagement and Livelihood Program (YELP) of the MoLHR in 2021, 5.2 percent of the unemployed workforce were found to be overseas returnees

and 8.9 percent were laid off workers. Around 189 girls who returned from the Middle East had to be counseled for their mental health and trained on various income generating skills like gardening, cooking, baking, housekeeping, early child care, and elderly care.

The loss of jobs and employment was one of the most visible impacts of COVID-19 which directly affected young people and their families, especially women (Subba, 2020). Even from Critical Skills Training (CST) and Youth Engagement and Livelihood Programme (YELP) programmes categories, 19.9 percent either left or lost their jobs due to the pandemic (MoLHR, 2021).

The pandemic also affected employment prospects of those in the tourism, hospitality, and entertainment sector which affected about 50,000 people (UNDP, 2020). From about 4,000 guides, 360 (10 percent) women guides lost their jobs or got laid off.² Loss of job, especially of those working in the entertainment sector such as *drayang*, bars, hotels, and restaurants became widespread.

Figure 4.3 illustrates that among those who reported less than usual income, the mean household income reported ranged from Nu 14,825 (female-headed households) to Nu 16,277 (male-headed households) which was much lower than those who reported ‘same as usual’ (Nu 20,300 for female-headed households and Nu 22,350 for male-headed households). Among those who reported more than usual, their mean household income ranged from Nu 17,107 (female-headed households) to Nu 19,809 (male-headed households). This shows that among households who reported less than usual, their average incomes are far less than those who earn same as usual or more than usual.

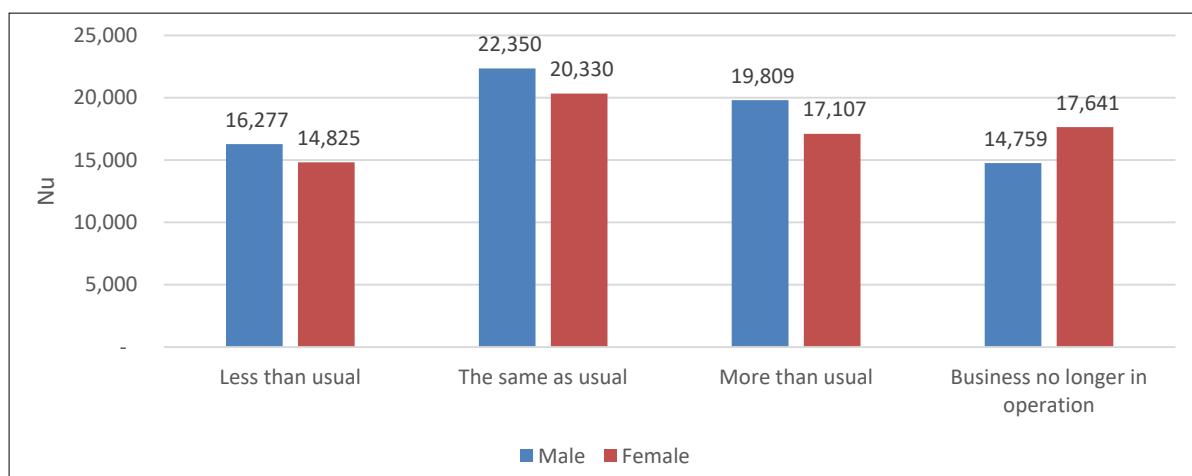


Figure 4.3: Mean income of households according to the overall situation of the household income since the outbreak of COVID-19, by sex of household head

4.4 Impact on personal resources

Regarding the impact of COVID-19 on personal resources, 35.5 percent of males and 32.8 percent of females reported that their income/earnings from farming decreased. One focus group participants reported that since their main occupation is farming, men went about doing their farm works as usual without much change. However, because of movement restrictions, they could not go around freely to marketplaces to sell their produce and do other informal wage jobs. *“The movement restrictions affected our efforts to earn extra income to a great extent”*. It also affected the price of our produce because *“the prices of our local farm produce got impacted badly and we could earn much less than what we used to get earlier”*.

² Communication with the Chairperson of Guide Association of Bhutan, June 2021.

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At least 28 percent of males and 27.7 percent of females reported that their income/earnings from their own business/family decreased, followed by 18.4 percent of males and 16.2 percent of females who reported their food from farming and raising animals decreased. Some respondents reported an increase on their personal resources. The survey estimates that at least 3.2 percent of males and 4.4 percent of females reported of increased income/earnings from farming (Table 4.6) since the onset of the pandemic.

Table 4.6: Distribution of adults according to the Impact of COVID-19 on their personal resources

Personal resource	Increased		Decreased		Unchanged	
	Male	Female	Male	Female	Male	Female
Income/earnings from farming	3.2	4.4	35.5	32.8	18.5	16.9
Income/earnings from own business/family business, informal work	1.9	1.0	28.0	27.7	7.7	8.0
Food from farming, raising animals	3.6	3.2	18.4	16.2	25.5	23.3
Income/earnings from a paid job	0.3	0.7	10.2	9.3	29.9	29.7
Income from properties, investments or savings	0.4	0.7	11.4	8.8	10.2	9.0
Support from family/friends (money, food, etc.)	2.2	1.6	4.8	4.0	14.1	13.9
Kidu relief (COVID related Kidu relief)	2.2	1.9	2.6	2.4	4.0	4.7
Money or goods received from people living abroad	0.4	0.7	2.9	2.4	4.4	4.8
Pensions, other social payments	0.1	0.1	1.3	1.1	3.1	2.1
Support/Charity from CSOs or other organizations	0.2	0.2	0.5	0.8	0.6	0.6
Others	0.0	0.0	0.2	0.3	0.1	0.1

4.5 Source of support and coping mechanism

Income from household business including farming was the number one source of support at 43.9 percent (higher proportion in rural areas at 56.2 percent than urban areas 22.3 percent), followed by income from a paid job of a family member at 31.2 percent (higher proportion in urban areas at 61.4 percent than rural areas at 13.9 percent), and food produced by the household from household farms at 13.9 percent (higher proportion in rural areas at 21.5 percent than urban areas area 0.8 percent). The remaining sources were income from properties, investments or saving, relief *Kidu*, income from other sources such as from casual work, donation, etc. There was no significant difference in numbers when compared by sex of the household head (Table 4.7).

Table 4.7: Proportion of households according to their main source of support, by sex of household head and area

Main source	Sex		Area		Total
	Male	Female	Rural	Urban	
Income from household business, incl. farming	42.9	44.4	56.2	22.3	43.9
Income from a paid job of a family member	31.5	31.0	13.9	61.4	31.2
Food produced by the household from household farming	15.0	13.4	21.5	0.8	13.9
Income from properties, investments or savings	3.5	4.7	1.8	8.7	4.3
Relief Kidu (COVID related relief Kidu)/donation, etc.	3.9	3.4	3.1	4.6	3.6
Income from casual work/wage work	3.2	3.1	3.6	2.3	3.1
Total	100.0	100.0	100.0	100.0	100.0

CASE STORY 1: A SINGLE MOTHER CAUGHT IN THE COVID-19 STORM

Never in her wildest dream did she imagine she would get an opportunity to meet her idol. But it was when she felt the lowest in her entire lifetime, her fantasy became a reality.

Thirty-five-year-old Nima (name changed) was hospitalised and barely sensible after suffering the biggest trauma of her life when His Majesty The Fourth Druk Gyalpo happened to meet her during one of his visits to the hospital where she was also admitted. Nima is a suicide survivor.

Last year, Nima received a letter from her employer stating that she was being laid off from her job because of the COVID-19 pandemic. Her immediate thought was how she would raise her daughter. She is a single mother.

“The letter haunted me. With huge loans to pay and the pressure to raise a child on my own, I started developing stress,” she said.

Nima, who is also a De-Suup, could not perform her duties. She became more detached from her teammates. “I couldn’t focus on things as the thought of not having a job troubled me”.

She said that she couldn’t sleep at night, ultimately resorting to drinking and smoking. “The first few days, I could sleep after drinking. But slowly, alcohol did not work”. Days turned to weeks as she struggled to get sleep. Fearing she might develop an addiction, she decided to quit her drinking habit on her birthday, which was due in a few weeks.

Two days after her birthday, she took a walk along the roadside. “There were a lot of things going on my mind including the struggle to find a new job, paying my loans and rent, and meeting my daughter’s educational needs”.

Unconsciously, she said, she had walked into a forest. “I was looking for a rope when I suddenly realised, I was in a deep forest. At that moment, I grew afraid of myself and immediately called for help”.

Nima called the health emergency number 112 and asked for a counsellor. She was connected to Dr. Damber K Nirola, a psychiatrist with the Jigme Dorji Wangchuck National Referral Hospital.

“I cried and asked Dr. Nirola to help me. He then immediately contacted a counsellor here and I was taken to the hospital”, she said. After reaching the hospital, Nima was given some medication and food. “The next time I came to sense, two nights had passed”.

As commonly expressed, every cloud has a silver lining, it was while she was in the hospital that His Royal Highness Prince Jigyel Ugyen Wangchuck visited the hospital. “Dasho came to me and assured that everything would be alright. He assured me that I would receive His Majesty’s Kidu and that I should not worry about anything.”

A few days later, while she was lying on her bed in the hospital, His Majesty The Fourth Druk Gyalpo had also visited the hospital. After meeting other patients and hospital staff, His Majesty talked to Nima. “I still don’t have words to express how I felt when His Majesty sat near me and assured me everything would be alright” she said, “It is like my god visited me in person to help me”.

Nima said that His Majesty’s final words to her as he exited her chamber was that she should not cry anymore. “Although I could not utter a single word, I was crying when I saw His Majesty near me. That was my last cry after I cried in the forest while speaking to Dr Nirola.”

Nima also received another audience with His Majesty The Fourth Druk Gyalpo a few days later along with her six-year-old daughter. During the audience, she received a Royal Kasho for new job.

Not a single day passes by today, when Nima doesn’t regret her actions. “Had I completed my attempt in the forest that day, I would have been the most unfortunate soul,” she said. “In the middle of all those negative thoughts, I forgot to think about my daughter, my parents and my friends.”

Nima had no answer when her mother came to know about her actions. “With full of guilt, all I could say to my mother then was, I was sorry.” But today, Nima is full of hope. “I survived, and so can you. Don’t give up on life easily,” she said. “Initially, I thought I was weak and the despair overtook my life. But now I believe I’m strong and I feel strong again.”

She said that when emotions run high and hopelessness overpowers, there are people willing to help. “You should seek help no matter how difficult it may be. Don’t be afraid of being judged. Call 112 if you need help. Trust the professionals.”

Nima said, “This is my second birth of life and I’ll cherish every moment henceforth. I’m learning new things. Life is beautiful, and I’m happy now. Everyone can be happy.”

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The survey also asked about their coping strategies, 16.8 percent of the adults reported to venturing into farming, rearing animals or any farm activities to produce food for the family. As shown in Table 4.8, this was more common in rural (24.1 percent) than in urban areas (4.1 percent). Although not high, 3.8 percent of the adults ventured into a new self-owned activity of family business and 2.1 percent found a new paid job. However, 78.5 percent of the adults reported of not adopting any of the three strategies with a higher proportion in urban (90.7 percent) than rural areas (71.6 percent). They may have adopted a different strategy or none (Table 4.8).

Table 4.8: Coping Strategies adopted by adults by sex and area

Coping strategy	Sex		Area		Total
	Male	Female	Rural	Urban	
Farming, rearing animals or any farm activities to produce food for the family	17.6	16.4	24.1	4.1	16.8
A new self-owned activity or family business	3.5	4.0	3.7	4.1	3.8
A new paid job working for someone else, even part-time, casual or from home	2.6	1.8	2.2	1.8	2.1
None of the above	77.7	79.0	71.6	90.7	78.5
Total	100.0	100.0	100.0	100.0	100.0



Picture Courtesy: UNICEF Bhutan

TIME SPENT ON HOUSEHOLD CHORES AND ACTIVITIES

As COVID-19 affected the lives of so many people due to lockdowns and movement restrictions, it not only impacted the way household chores and other day to day activities are carried out but also on the most critical factor of time use. This chapter is an effort to find more on this.

5.1 Time spent on household chores before COVID-19

Before the onset of the COVID-19 crisis, around 92 percent of both adults and children reported to being engaged in various household chores and activities. Among adults, a higher proportion of females (94.3 percent) than males (88.0 percent) were engaged. By area of residence, almost equal proportion (91.7 percent in rural and 92.6 percent in urban) engaged in household chores and activities. With regard to children, 92.3 percent reported to being engaged in various household chores and activities with a slightly higher proportion of females (93.8 percent) than males (90.7 percent). By area of residence, a higher proportion of rural children (94.7 percent) engaged in household chores and activities than urban children (89.0 percent) (Figure 5.1).

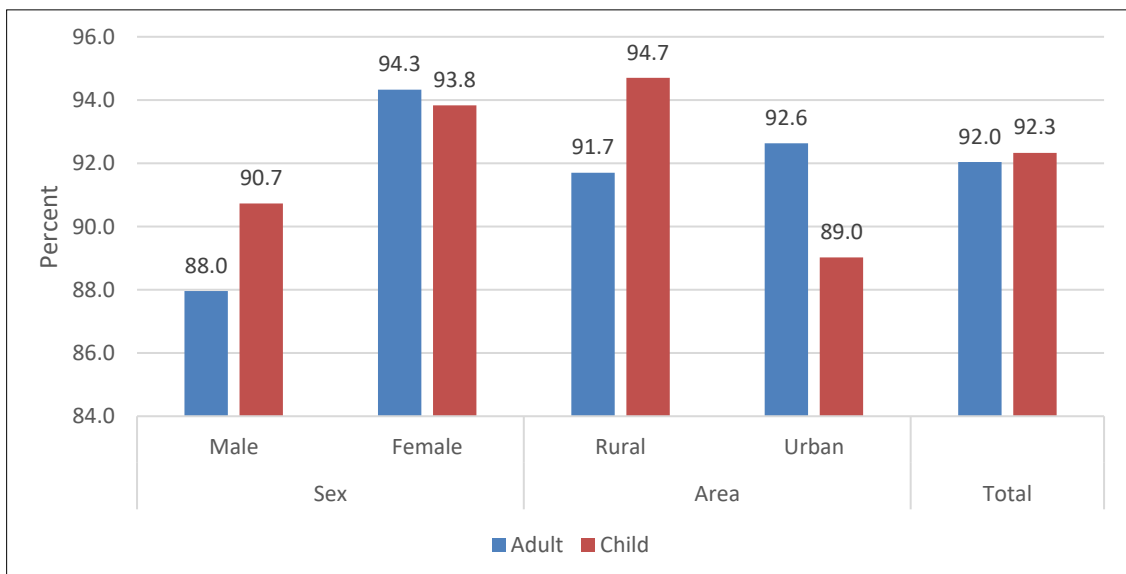


Figure 5.1: Proportion of adults and children who spent time on household chores and activities before COVID-19, by sex and area

COVID-19 IMPACT ON WOMEN AND CHILDREN STUDY (BHUTAN)

The change in the number of hours devoted to unpaid household work since the pandemic affected almost equal proportions of males and females (around 58 percent); with a higher proportion of rural adults (60.7 percent) reporting the change as compared to urban adults (52.8 percent).

In addition, the workload for household chores, especially for the women, increased significantly. Since most of the household income earners are said to be men, women who are engaged in doing household chores face the brunt. *“Some times, we feel that we are losing our worth as a family member”*, said one urban women participant. They opined that the impact on disadvantaged people such as single parent, pregnant women, PWDs, and the elderly was even more distressing because of their physical infirmities and age and also because of stigmas, discrimination, and gender stereotyping.

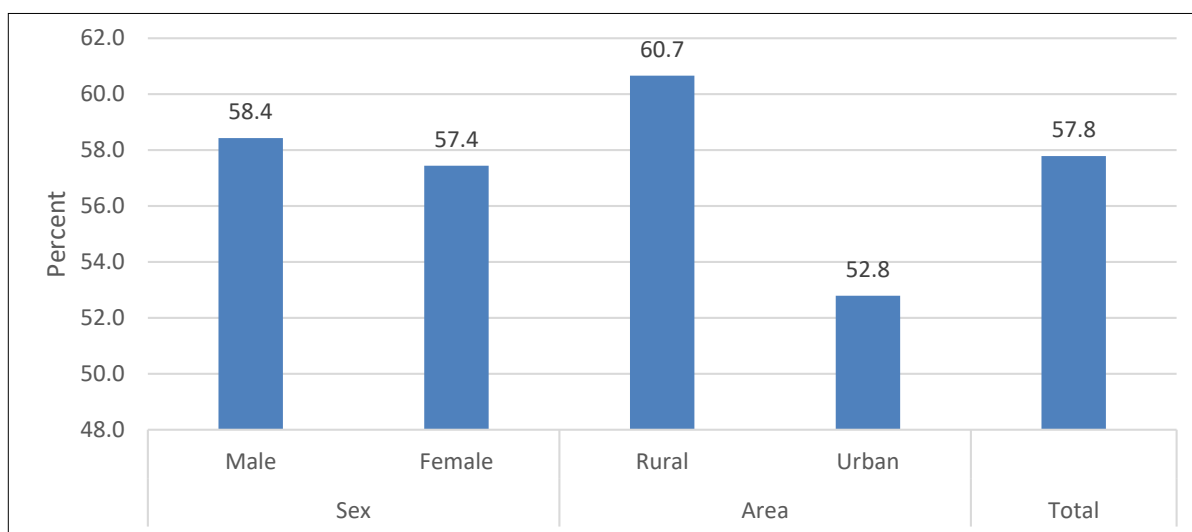


Figure 5.2: Proportion of adults whose hours devoted to unpaid household work changed after the spread of COVID-19, by sex and area

Table 5.1 shows the time spent on the household activities as a result of COVID-19 by male and female adults. Among the household activities performed by males, cooking and serving meals remained unchanged at 65.5 percent. Four activities in which the number of hours engaged increased the most were, caring for children at 37.6 percent, cleaning clothes and maintaining own house/surroundings at 37.5 percent, playing and talking to children, and maintaining own house/surroundings at 36.7 percent, kitchen gardening and growing vegetables at 33.2 percent. At least 20.8 percent reported that the number of hours engaged in shopping for the family/household members got decreased.

Among the household activities carried out by adult females, cooking and serving meals remained unchanged the most at 68.9 percent, followed by cleaning cloths and maintaining own house and household surroundings (55 percent). Top four activities in which the number of hours increased were, caring for children at 43.8 percent, playing and talking to children at 42.1 percent, and cleaning clothes and maintaining one’s own house/surroundings at 41.3 percent, and kitchen gardening and growing vegetables at 30.7 percent. As expected, activities for which the number of hours decreased were activity related to shopping for the family/ household member at 17.8 percent.

Table 5.1: Distribution of adults on whether there was change in household activities as a result of COVID-19, by sex

Number of hours	Increased		Decreased		Unchanged		I do not usually do it	
	Male	Female	Male	Female	Male	Female	Male	Female
Cooking and serving meals	20.7	26.8	4.1	3.4	65.5	68.9	9.8	0.9
Cleaning clothes and maintaining own house and household surroundings	37.5	41.3	3.5	3.1	51.4	55.0	7.7	0.7
Shopping for my family/household member	23.4	28.7	20.8	17.8	48.2	49.5	7.6	4.1
Collecting water/firewood/fodder for cattle	6.4	5.0	3.9	4.1	43.1	42.4	46.7	48.6
Playing with, talking to children	36.7	42.1	4.4	3.9	48.7	47.0	10.2	7.0
Caring for children, including feeding, cleaning, physical care	37.6	43.8	3.0	2.9	42.5	44.2	16.9	9.1
Domestic animals and pet care	6.6	5.7	2.6	2.9	45.3	42.7	45.4	48.8
Kitchen gardening/growing vegetables	33.2	30.7	3.0	2.9	37.4	40.1	26.4	26.3

The above finding was reinforced by the rural and urban focus group participants of men and women. According to them, the COVID-19 pandemic in particular induced an increase in the amount of time spent on household work that were earlier done by people who were not members of the family.

The urban women in general also said that the work value was still driven by traditional beliefs and norms, whereby women or girls are expected to shoulder all of the household work as opposed to men and boys who are considered better for doing heavy or outside work. This indicates that COVID-19 is strongly reinforcing traditional social and cultural gender norms where women and girl children are expected to carry out unpaid household chores while men and boys attend to outside works. With this gender division of labor, it is evident that women typically are spending disproportionately more time on unpaid care work than men. On account of gendered social norms that view unpaid care work as a female prerogative, women, through this study findings, showed that they were spending an important part of their day on meeting the expectations of their domestic roles. For the urban women, this was in addition to their paid activities, thus creating a ‘double burden’ of work for women.

Among the household activities carried out by male children, cooking and serving meals remained unchanged the most at 38.7 percent. In terms of the number of hours that got increased, the most time spent was for cleaning clothes and maintaining one’s own house/surroundings at 33.7 percent. The time for activities that got decreased ranged from three to about seven percent. Among the household activities carried out by female children, cooking and serving meals, and cleaning clothes, and maintaining one’s own house/surroundings remained unchanged the most at 46.6 percent and 46.3 percent, respectively. In terms of the activities for which the number of hours increased, the top was cleaning clothes and maintaining one’s own house/surroundings at 44.3 percent. The activity for which the time spent decreased was related to shopping for the family/household member at 7.1 percent (Table 5.2).

Table 5.2: Distribution of children on whether there was change in household activities as a result of COVID-19, by sex

Number of hours	Increased		Decreased		Unchanged		I do not usually do it	
	Male	Female	Male	Female	Male	Female	Male	Female
Cooking and serving meals	24.3	36.0	4.5	4.1	38.7	46.6	32.6	13.4
Cleaning clothes and maintaining own house and household surroundings	33.7	44.3	4.5	3.8	49.3	46.3	12.5	5.6
Shopping for my family/household member	4.9	5.3	6.7	7.1	11.6	13.5	76.8	74.1
Collecting water/firewood/fodder for cattle	12.8	11.6	3.8	3.4	22.7	20.1	60.7	64.9
Playing with, talking to children	27.1	34.2	6.3	5.2	34.5	33.5	32.2	27.1
Caring for children, including feeding, cleaning, physical care	23.7	32.3	3.2	2.2	27.9	27.7	45.2	37.9
Domestic animals and pet care	12.5	12.1	3.0	2.9	24.7	24.0	59.8	61.0
Kitchen gardening/growing vegetables	22.4	25.6	3.0	3.9	25.3	27.2	49.3	43.3

The focus group participants of under-13 urban children also found themselves getting involved in house works like cooking and cleaning, which they found particularly difficult because they did not experience it before. This indicates that the pandemic caused younger children into doing household chores that they were otherwise not required to do.

5.2 Activities engaged by children

A higher proportion of both male and female children spent their time in studies at 35.3 percent for males and 39.9 percent females. By area of residence, rural children spent more time helping family members in household work (41.8 percent) as compared to urban children at 13.1 percent. On the other hand, rural children spent only 34.6 percent of their time on studies while the urban children devoted 42 percent time on studies. Furthermore, urban children reported to spending 14.8 percent of their time watching TV and 16.8 percent time on social media while rural children spent 5.8 percent and 5.6 percent of their time watching TV and social media (Table 5.3).

Table 5. 3: Distribution of children according to activities that the children spent the most time on, by sex and area

Activity	Sex		Area		Total
	Male	Female	Rural	Urban	
Studying	35.3	39.9	34.6	42.0	37.7
Help family members in household work	25.8	33.7	41.8	13.1	29.9
On social media(Facebook, TikTok, Wechat etc)	12.5	8.2	5.6	16.8	10.3
Watching TV	9.8	9.3	5.8	14.8	9.5
Online games	5.4	1.3	1.6	5.7	3.3
Working outside for earning	2.6	0.7	2.3	0.7	1.6
Outdoor sports/activity	2.6	0.5	1.5	1.5	1.5
Caring for the elderly, children and sick	1.1	1.9	2.0	0.8	1.5
Agriculture	1.7	1.0	2.3	0.1	1.4
Reading/writing/drawing	0.8	1.6	0.5	2.2	1.2
Sleeping	0.4	0.5	0.2	0.7	0.4
Weaving	0.0	0.4	0.3	0.1	0.2
Praying/chanting	0.4	0.0	0.3	0.0	0.2
Other	1.7	1.1	1.3	1.5	1.4
Total	100.0	100.0	100.0	100.0	100.0



CHAPTER

06

ACCESS TO HEALTH, EDUCATION, AND BASIC SERVICES

Health and education are the two important social concerns that have experienced far reaching impacts from the Covid-19 pandemic. The closure of schools and its consequent effects on children’s learning, health and wellbeing, including on how health care delivery addresses its mitigation and containment efforts are at the core of all national efforts. This chapter concerns knowing about access to health, education, and other basic services.

6.1 Access to health

As a result of COVID-19, around seven percent of the adults experienced physical illness with a slightly higher proportion among females (8.4 percent) than males (5.2 percent) and in rural (8.1 percent) than urban areas (5.8 percent). Around eight percent of the adult population experienced illness of a family member. Although not high, about five percent reported to experiencing mental/emotional health problems, with the proportion of rural adults reporting twice as much as urban adults (Table 6.1). There was a clear indication that although the impact on access to health was minimal, a higher proportion of adults from rural areas were experiencing more physical illness and mental/emotional health problems than their urban counterparts.

Table 6. 1: Distribution of adults who experienced health-related difficulties in the household as a result of COVID-19, by sex and area

Experience	Sex		Area		Total
	Male	Female	Rural	Urban	
Physical illness of self	5.2	8.4	8.1	5.8	7.2
Illness of a family/household member	7.6	8.1	8.7	6.5	7.9
Death of a family/household member	1.8	1.8	1.8	1.9	1.8
Mental/Emotional health problem, stress, anxiety etc.	4.3	4.9	5.9	2.6	4.7
None	84.9	82.4	81.3	86.8	83.3
Total	100.0	100.0	100.0	100.0	100.0

For the children, 11.7 percent reported facing difficult experiences as a result of COVID-19. Around four percent the children experienced physical illness without much difference between sex or areas. Around five percent of the children population experienced illness of a family member. Although not high, about four percent reported to experiencing mental/emotional health problems with the proportion of rural children reporting twice as much as urban children (Table 6.2).

Table 6. 2: Proportion of children who experienced health-related difficulties in the household as a result of COVID-19, by sex and area

Experience	Sex		Area		Total
	Male	Female	Rural	Urban	
Physical illness of self	4.4	4.3	4.3	4.5	4.4
Illness of a family/household member	4.3	5.9	5.3	4.8	5.1
Death of a family/household member	1.6	1.3	1.5	1.4	1.4
Mental/Emotional health problem, stress, anxiety etc.	3.4	4.1	4.5	2.7	3.8
None	88.7	87.8	87.4	89.4	88.3
Total	100.0	100.0	100.0	100.0	100.0

6.2 Access to basic services

With regard to access to basic services, 19.8 percent of males and 21.8 percent of females reported of facing difficulties in accessing the Internet, followed by public transport services (15.1 percent of males and 14.4 percent of females), and seeing general doctors or specialists (12.3 percent of males and 13.1 percent of females).

At least 9.2 percent of males and 7.7 percent of females reported that they were not aware of the services for GBV and intimate partner violence, followed by around three percent who were not aware of mental health care or counselling (Table 6.3).

Table 6. 3: Proportion of adults experiencing difficulties in accessing basic services as a result of COVID-19, by sex

Basic services	Difficulties		No difficulties		Not aware		Not applicable	
	Male	Female	Male	Female	Male	Female	Male	Female
Internet services	19.8	21.8	75.0	72.2	1.7	2.1	3.6	3.9
Public transport services	15.1	14.4	74.5	70.5	0.9	0.9	9.6	14.2
To see general doctors or specialists	12.3	13.1	71.9	71.8	0.6	0.4	15.2	14.7
Food supply	7.7	8.3	86.5	85.4	0.0	0.1	5.8	6.2
To get medical tests, treatment, or follow-up care	10.0	8.1	72.3	72.7	0.7	0.3	17.1	18.9
Medical supplies like prescription medicines, masks, etc.	8.0	7.3	83.7	83.9	0.2	0.3	8.1	8.5
Dental care	4.4	3.5	51.7	46.3	0.9	1.3	43.0	48.9
Hygiene and sanitary products	2.4	3.4	74.3	89.5	0.2	0.1	23.1	7.0
Eye care	4.4	2.9	49.7	48.3	1.2	1.0	44.8	47.9
Medical assistance for COVID	2.9	2.6	74.5	71.4	0.9	1.0	21.8	25.0
SRH services for self or family member	3.0	2.6	70.0	66.6	0.9	0.7	26.0	30.1
Mental health care or counseling	1.9	1.8	30.9	24.5	1.8	1.6	65.3	72.2
Access to services for GBV and intimate partner violence	1.6	1.2	48.4	41.3	9.2	7.7	40.8	49.8
Treatment or counseling for substances/drug use	0.9	0.8	21.4	17.1	3.1	3.0	74.6	79.1

The FGD participants concurred with the situation where the majority did not face any difficulties in accessing health and other basic services. However, they reported about the relatively longer time taken to obtain the services because of the requirement to adhere to COVID-19 protocols. *“The time taken to consult with medical specialists and for other facility based laboratory tests and checkup services seems to take more time” (FGD Participant)*. The participants also said that while they could obtain medical and psychosocial support during the pandemic, there were some challenges with respect to procedure associated difficulties in receiving timely response to people from all walks of life. Therefore, efficiency in terms of quick turn-around time to services, particularly to women and children needs to be considered.

With regard to children, of the services that they faced difficulties in accessing, 27.8 percent reported difficulties in accessing the Internet, followed by public transport services (10.3 percent) and seeing general doctors or specialists (8.1 percent). Top three services that children did not face any difficulties with were food supply (90.0 percent), medical supplies (80.6 percent), and hygiene and sanitary products (78.8 percent). Some 80.4 percent reported that treatment or counseling for substance/drug use, followed mental health care or counselling (72.8 percent) were not applicable.

Table 6. 4: Proportion of children who experienced difficulties in accessing basic services as a result of COVID-19

Basic services	Difficulties	No difficulties	Not applicable	Total
Internet services	27.8	70.6	1.7	100.0
Public transport services	10.3	77.3	12.3	100.0
To see general doctors or specialists	8.1	68.8	23.2	100.0
Medical supplies like prescription medicines, masks, etc.	4.6	80.6	14.8	100.0
Food supply	4.6	90.0	5.4	100.0
To get medical tests, treatment, or follow-up care	4.5	65.6	29.9	100.0
Hygiene and sanitary products	3.7	78.8	17.5	100.0
Dental care	2.4	44.6	53.1	100.0
Eye care	2.0	42.3	55.7	100.0
Medical assistance for COVID	1.7	71.8	26.6	100.0
Mental health care or counseling	1.2	26.0	72.8	100.0
SRH services for self or family member	1.1	56.7	42.1	100.0
Treatment or counseling for substances/drug use	0.5	19.1	80.4	100.0

6.3 Access to education

Regarding problems related to access to education, Figure 6.1 illustrates that overall, 72.6 percent reported facing problems due to school closure, 24.9 percent reported no problem while 2.6 percent reported not having any school going children. A large proportion of adults, females (74.3 percent) and males (69.4 percent), faced problems due to school closure of their children which was more among rural adults (76 percent) as compared to urban adults (66.7 percent). The brunt of the school closure was faced by adult females due to the triple roles expected and performed by women – of reproduction, production, and community managing roles.

COVID-19 IMPACT ON WOMEN AND CHILDREN STUDY (BHUTAN)

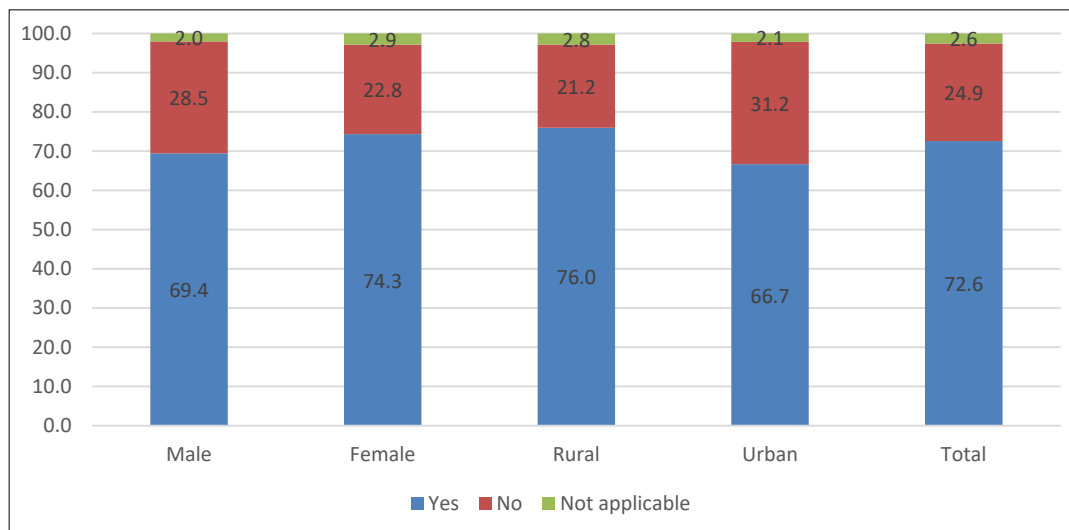


Figure 6. 1: Distribution of adults who reported facing problems due to school closure, by sex and area

The focus groups of both rural and urban men and women agreed that the closure of schools due to lockdowns impacted their children’s learning in schools. “Children face difficulty in learning through online/ TV and self-study methods, which are said to be not so helpful and they are raising concern that they are finding it difficult to continue with the study” (FGD Participant). This situation was further compounded when uneducated parents from rural areas are unable to provide guidance in their children’s learning. As such, learning became burdensome for the parents who found it difficult to afford mobile phones and data charges. Even when mobile phones were provided, both rural and urban men and women reported that their children got affected because they easily got addicted to playing games rather than doing any serious learning.

Furthermore, the FGD also explored whether the preventive measures for students were effective or not. Both rural and urban men and women reported that although numerous preventive measures are put in place in the schools, these measures were not 100 percent effective. The challenges of making so many children in the schools, especially the younger ones, follow the preventive measures were pointed out.

For the urban men and women whose children were relocated to other schools, parents reported that their children felt unhappy and did not want to go to the schools as they were not their preferences. Even after relocation, many children reportedly found it extremely difficult to adapt and catch up with the syllabus. Some children who moved to private school in containment mode reported that it posed an extra economic burden to their parents.

Key informants interview and related sources revealed that one of the biggest impacts faced by children was the closure of the schools and its consequent disruptions on normal teaching/learning for almost 180,000 children. Early learning/Early Childhood Care and Development-Special Education Needs (ECCD-SEN) services got affected as efforts to enhance fine motor skills and early stimulations could not be given their due importance. A total of 9,188 preschool children (4,602 girls and 4586 boys) with early learning needs faced difficulties in terms of home based early learning and parenting programme in all the 20 *dzongkhag* (UNICEF, 2020). Altogether, about 74,726 school children missed out on regular school feeding (UNICEF, 2020).

In Phuentsholing where schools were severely affected, students from Class IX to XII had to be relocated to Wangdue Phodrang and Punakha *dzongkhag*. In total, around 1,500 students from the high risk zones were evacuated and relocated (MoE, 2021).

CASE STORY 2: THE IMPACT OF SCHOOL CLOSURE TO DECHEN

For as long as she could remember, life has never been easy for the 11-year-old Dechen Wangmo.

Dechen is a grade IV student in Tsangkhar village in Phongmey, Trashigang. After her parents abandoned her at birth, she has been living with her grandmother in a relative's house.

Until recently, education and school were her only salvation. With the closure of schools following the COVID-19 pandemic earlier last year, things became more difficult for Dechen.

Like for many Bhutanese in rural areas, electronic items like television and smartphones were luxury items for Dechen. The pandemic, however, has turned these items into necessities, one that the class four student or her grandmother could ill afford.

With the closure of schools, lessons were taught through the national television and radio channels and Google Classroom. Dechen had access to none.

But that did not stop the 11-year-old from learning. With the help of her classmate and neighbour, Pema Tshomo, whose family owned a TV and a smartphone to access Google Classroom. The duo studied together for months as schools remained closed.

"I miss my school, my teachers and my friends", says Dechen. "I understand the lessons better in school when our teachers explain; I don't understand much when I watch it on TV. At school, teachers explain until we understand the lessons, but on television, the lessons go very fast, and I can't catch up".

Dechen is not alone. There are so many reports of students like Dechen across the country with limited or no access to TV or the internet.

Students in Mendrelthang extended classroom (ECR) in Lunana missed out on their learning without television beginning last year. They had to rely on the teacher to keep them engaged using social media applications. For many parents, it was difficult with poor internet or high data charges.

According to UNICEF data in Bhutan, 179,263 school children are affected by COVID-19 school closures. About 32,135 children across the country, who were unable to access e-learning platforms were provided with self-instructional materials (SIM) to ensure education continuity. However, the self-instructional materials had its own set of challenges to begin with. Schools in far-flung settlements, cut off from the rest of the country by dense jungles and impenetrable mountains, failed to avail benefits from the materials.

But for Dechen, SIM came in handy and before the schools reopened formally earlier this year, she found refuge in the materials. "The book is better than TV. I can get help from a neighbour, Tshering Dema, if I don't understand". Tshering Dema is a class XI student in another school.

Dechen never wants to miss out a single day from the school today. "I wish my school wouldn't close like before. At school, I can play and study with my friends. I don't like staying at home".

CASE STORY 3: COVID-19 AND THE ECCD CENTRES

Finding a babysitter in Thimphu today has become a near impossible task. Desperate parents are often seen looking for one on social media platforms.

Much to the delight of many, especially for those working parents without a babysitter or parents to look after their child, Early Childhood Care and Development (ECCD) centres came as a solution.

The centres provided the much-needed relief to working parents both in urban and rural Bhutan. It not only provided early learning and care, but for many, a safe space to drop in their children.

In rural Bhutan, farmers left their children in the centres to attend farm works. In the towns, parents dropped their children as they headed to their work stations.

However, the closure of these centres in March last year due to the COVID-19 pandemic brought in a whole set of new challenges for parents in the towns and villages. Many struggled to balance their work and family. For those with young children at home, it became more challenging.

In Wangdue, a mother of two said that she had to leave her children at home and go to work. With both the parents working, children were left at home. There are three ECCDs in Wangdue, but all were closed then. "It was a difficult situation because you could not concentrate on your work as you kept thinking about your children at home, alone".

Tashi Wangmo, a mother of a four-year-old and another one-year-old child, said that managing home with children was difficult. "With a baby it was difficult for me to help my son to study. It is always better when the centres are open".

She said that the pandemic might not have killed any Bhutanese or severely affected the health system of the country but it had definitely affected working parents like her who had to leave their small children at home to go to work.

In Samtse, Tila Maya Monger, a mother of three, said that her two-year-old daughter cried for a few days because she wanted to go back to her ECCD centre and be with her friends. "It is fascinating how children build such a strong bond at this young age", she said. "Now that she has started to go back to the ECCD centre, I can see the excitement on her face every morning".

According to a recent UNICEF Bhutan study, children who attend ECCDs were more prepared for formal school as compared to those who didn't attend ECCDs. The report recommends that all children should have the opportunity to access fee-free ECCD services. For instance, community-based ECCD centres should ensure free services for children from vulnerable backgrounds.

A parent in Thimphu said that while the decision to close the ECCD centres was to keep children safe from the virus, the government could have come up with a better alternative especially for those with both working parents.

"Things are better now. But given the changing scenario, anything can happen. We don't want to experience a similar situation again. Government must come up with better planning on schools and ECCD closures".

COVID-19 IMPACT ON WOMEN AND CHILDREN STUDY (BHUTAN)

About 77.9 percent of the adults reported that their children spent most of their time on online studies from home with a higher proportion in urban areas (85.1 percent) than rural areas (73.7 percent). At least 6.9 percent reported that their children spent more time in household chores with a higher proportion in rural (9.8 percent) than urban areas (1.7 percent).

Table 6. 5: Distribution of adults who reported children’s time use during the pandemic, by sex and area

Experience	Sex		Area		Total
	Male	Female	Rural	Urban	
Online studies from home	78.0	77.8	73.7	85.1	77.9
Household chores	7.9	6.3	9.8	1.7	6.9
Online/mobile phone games	4.0	4.6	3.3	6.3	4.4
Went to school	3.1	3.4	3.6	2.8	3.3
Worked in the field	2.7	2.6	4.0	0.2	2.6
Watching TV/movies	1.3	1.2	0.7	2.1	1.2
No school going child	0.9	1.3	1.8	0.1	1.2
Did not do anything	0.9	1.2	1.2	0.8	1.1
Part time work	0.2	0.7	0.5	0.5	0.5
Don’t know	0.3	0.1	0.3	0.0	0.2
Other	0.8	1.0	1.2	0.5	0.9
Total	100.0	100.0	100.0	100.0	100.0

CASE STORY 4: THE CHALLENGES OF ON-LINE LEARNING DURING THE PANDEMIC

One of the hardest hit sectors during the COVID-19 pandemic is the education sector.

No one, not the government, the education ministry, the schools nor the teachers were prepared in responding to education during the pandemic. The education ministry was lost.

The need for the much talked about online or e-learning was felt and rushed. A group of volunteer teachers rose to the occasion with an initiative to teach students via the national television. The idea was well received, and the education ministry stepped in and supported the tele-education.

Bhutan e-learning programme for Classes PP-XII was launched. More than 400 lessons were recorded and broadcast through television and radio to reach the unreached students. The ministry also came up with Self-Instructional Materials (SIM) to cover students without access to smartphones, television or the internet.

Although it took the ministry some time to arrange all these measures to keep the teaching and learning process running, many today still ask if learning really did take place during the pandemic.

More often than not, the answer is no. Parents and educationists, all said that online education was more of an engagement measure set up for students during the school closure. There was hardly any learning that took place.

The COVID-19 pandemic disrupted the conventional teaching mode entirely. The education ministry and the government were forced to use digital learning platforms, for which the country was ill prepared.

Both rural and urban students struggled with this new mode of learning that was thrust upon them by the pandemic. While the urban students struggled to grasp lessons via social media platforms, those in the rural areas and the highlands of Bhutan completed the 2020 academic year without going to school nor engaging much online. Many did not return as the new academic session resumed this year.

Tashi Dema, a Class X teacher of Mongar Higher Secondary School said that in her entire teaching career spanning over 15 years, she never struggled in the manner that she did during the school closure period.

“Like many, I thought online teaching would be much easier. But I was wrong. Creating lessons for social media platforms, explaining and making them understandable to the students was a real challenge”.

However, she said that with time things became much easier. “It was an opportunity for both students and teachers to learn new things. Many parents contributed to this learning as well”.

Karma, a single mother is a nurse at the national referral hospital. Her ailing mother and nine-year-old daughter were all alone at home when she was called to work at the hospital.

“As I remained out of home for about a month, the concern was my daughter’s learning. There was no one to guide her with her lessons online”, she said. “I would call her up every night to ask how she was doing and about her studies”.

The neighbours helped, she said. “For me it was my duty versus my child’s education. I tried to balance it but things did not always work out well. Sometimes she (daughter) would call me crying late at night because she would not understand the lessons taught to her online”.

Karma is worried if her daughter would have to face the consequences of not being able to learn properly last year as she grows up. “Every now and then, these are the questions I ask myself. Could I have been a better mother to my daughter during the pandemic? Would this cost her in the future?”

Figure 6.2 shows that 13.4 percent of the adults reported that their experience of online learning and other ways of learning as ‘good’, 56.4 percent as ‘moderate’, 24.9 percent mentioned as ‘worse’ and 5.3 percent as ‘don’t know’. Between male and female adults, almost an equal proportion reported to similar experiences. However, between rural and urban areas, the proportion of rural adults who stated worse (27.0 percent) was higher than those in urban areas (21.3 percent)³.

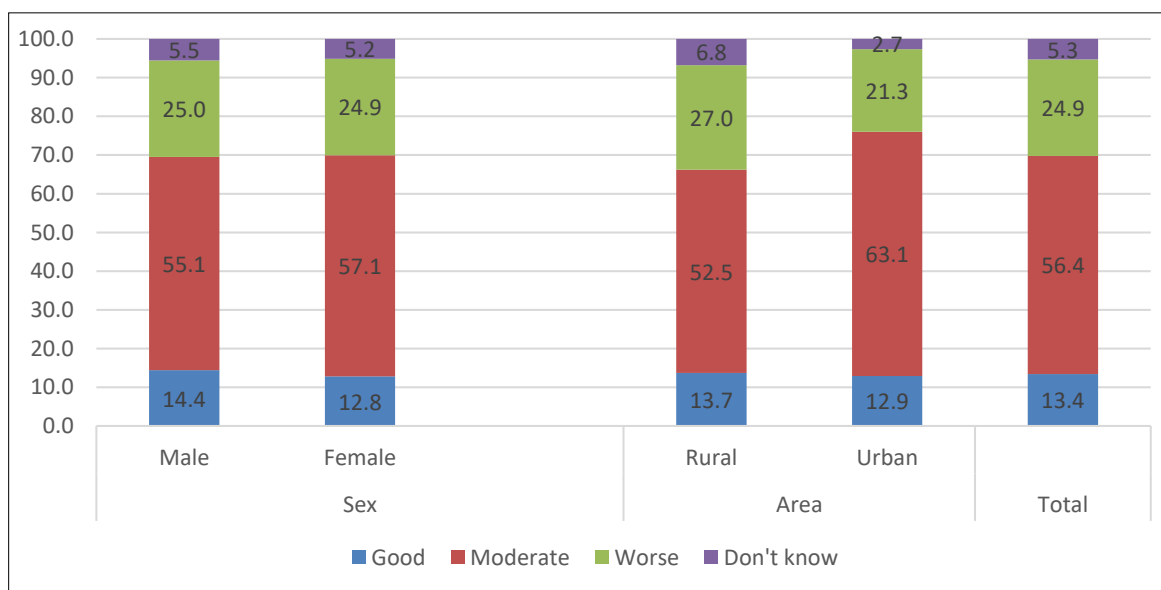


Figure 6. 2: Proportion of adults according to their experience of online learning and other ways of learning, by sex and area

The survey revealed that three percent of the households had at least one child who dropped out of school⁴ during the pandemic while 95.1 percent reported that none of their children dropped out of school. However, at least 1.9 percent of the adults reported that they were unsure about whether their children (Table 6.6) dropped out or not.

³ 74.5 percent of the students enjoyed online learning as per the Education in Emergency During COVID-19 report.

⁴ In 2020, the drop-out rate ranged from 0.0 percent to 7.4 percent from PP to grade X as per Annual Education Statistics 2020.

Table 6. 6: Proportion of adults who reported that their child/children dropped out of school during the pandemic, by sex and area

Dropped out	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	3.1	2.9	3.3	2.5	3.0
None	94.3	95.5	94.0	96.9	95.1
Don't know	2.6	1.6	2.7	0.6	1.9
Total	100.0	100.0	100.0	100.0	100.0

The rural focus groups of men and women heard about children dropping out of schools and cited children’s own lack of interest in studying, parent’s inability to give proper guidance and provide necessary things like mobile phones and data packages. Similarly, the urban men and women also heard about cases of children dropping out of schools due to various reasons such as teenage pregnancy, marriages, and finding new jobs as result of COVID-19. They said that dropouts were due to economic pressures to poor parents who were unable to provide necessary gadgets like TV and mobile phones for the online lessons. Some school children living across the border towns also could not continue their studies due to border closure.

Key informants and related sources revealed that when schools reopened in July 2020 after the lockdown, a total of 210 students (114 Class X and 96 Class XII) did not return to school (UNICEF & UNESCO, 2021). In Thimphu Thromde for instance, a total of 149 students (81 males and 68 females) from 34 public and private schools dropped out during the period of March till December 2020. The main reasons cited includes illness, finding job, joining monastics, change of school, want to repeat in the next academic session and afraid of contracting COVID-19.



CHAPTER

07

SAFETY, VIOLENCE, AND PROTECTION

Women and children are two of the most vulnerable groups of people during times of emergencies. COVID-19 presents a rather sinister nexus, not only in terms of the vulnerabilities of women and children but also from the way that safety and protection measures or response mechanisms are put in place to prevent violence and abuse. The chapter is an effort to understand this situation.

7.1 Discrimination, Stigma, and Prejudice

The survey asked if the respondents felt an increase in any form of discrimination, stigma or prejudice after the outbreak of COVID-19. It was intended to capture whether an individual felt some kind of discrimination, stigma or prejudice after s/he had come back from a high risk area or visiting families after staying in urban areas, for example. As shown on Table 7.1, at least 15.6 percent reported to an increase in these ill impacts, with a higher proportion among rural adults (17.2 percent) than urban adults (12.7 percent). However, no difference was observed between male and female adults.

Table 7. 1: Proportion of adults who felt increase in any form of discrimination, stigma or prejudice after COVID-19, by sex and area

Increase	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	15.1	15.9	17.2	12.7	15.6
No	82.9	81.3	79.7	85.7	81.9
Don't know	1.9	2.9	3.1	1.6	2.5
Total	100.0	100.0	100.0	100.0	100.0

Just over half (55.3 percent) thought that there were different coping strategies used by men and women to deal with the stress and anxiety brought on by the COVID 19 pandemic with not much difference between male and female adults. However, by area, 69.3 percent urban adults as compared to 47.3 percent, thought that there exist different coping strategies (Figure 7.1).

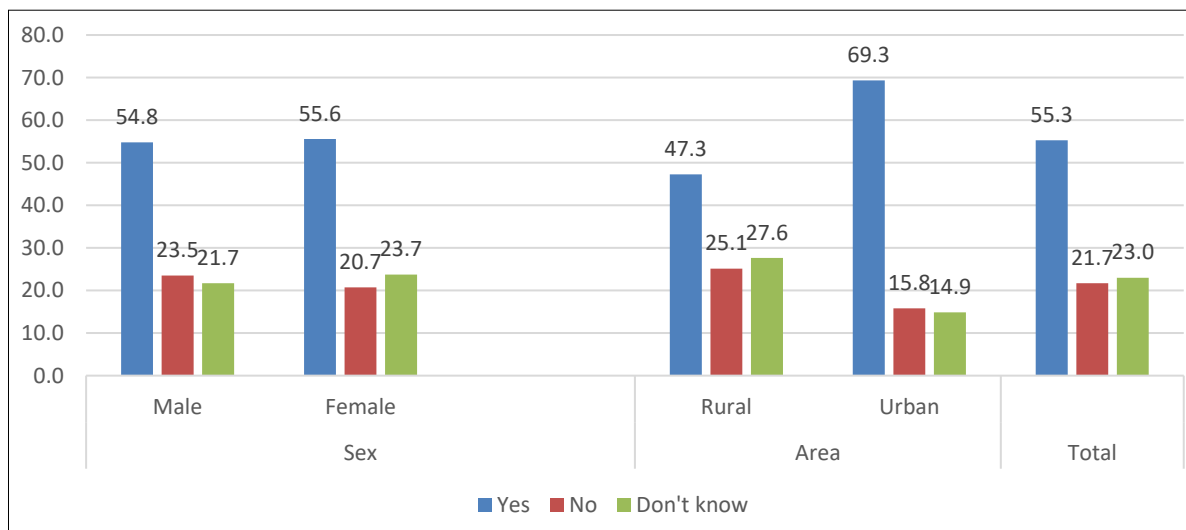


Figure 7. 1: Proportion of adults who think there are different coping strategies to deal with the stress and anxiety brought on by the COVID-19 pandemic, by sex and area

As compared to adults, a lower proportion of children reported increase in any form of discrimination, stigma or prejudice as a result of the pandemic at 9.6 percent. The children who felt such increase in discrimination were twice as many in rural areas (12.0 percent) than in urban areas (6.3 percent) (Table 7.2).

7.2 Gender based Violence

Table 7. 2: Proportion of children who felt increase in any form of discrimination, stigma or prejudice, by sex and area

	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	8.4	10.8	12.0	6.3	9.6
No	87.2	85.0	83.0	90.4	86.1
Don't know	4.4	4.2	5.0	3.3	4.3
Total	100.0	100.0	100.0	100.0	100.0

About six percent of adults reported experiencing some form of GBV (Table 7.3). Overall, 2.9 percent experienced emotional abuse while 2.8 percent reported economic violence. The proportion of adults experiencing emotional abuse and economic violence were higher among females (3.4 percent) than males (1.9 percent). By area of residence, emotional abuse was experienced by 3.5 percent of rural adults as compared to 1.8 percent of urban adults, and economic violence was experienced by 4.1 percent of rural adults as compared to just 0.7 percent of urban adults. Although very few, 0.03 percent of adults engaged in forced prostitution.

Table 7. 3: Distribution of adults experiencing different forms of GBV, by sex and area

Type of GBV	Sex		Area		Total
	Male	Female	Rural	Urban	
Physical violence	0.51	1.41	1.42	0.50	1.09
Emotional abuse	1.90	3.44	3.51	1.79	2.88
Sexual violence	0.01	0.06	0.06	0.01	0.04
Economic violence	1.85	3.40	4.05	0.74	2.84
Forced prostitution	0.00	0.04	0.04	0.00	0.03
Early marriage or forced marriage	0.12	0.01	0.06	0.01	0.05
Other	0.18	0.24	0.13	0.36	0.22
None	96.14	93.12	92.63	96.96	94.21

While the men focus group participants from rural areas did not hear about any protection, violence, and abuse, they opined that due to work pressure and lack of income, the possibility of domestic violence and abuses are likely; the women participants, however, said that they heard about physical and emotional violence, which could be due to deeply rooted social and cultural gender based norms and vulnerabilities.

With regard to children, only five percent of children reported experiencing some VAC (Table 7.4). Overall, 3.2 percent experienced emotional abuse while 1.8 percent reported physical violence. The proportion of children experiencing emotional abuse is slightly higher among females (3.8 percent) than males (2.6 percent). By area, emotional abuse was experienced by 4.1 percent of rural children as compared to 1.8 percent of urban children, and physical violence was experienced by 2.1 percent of rural children as compared to just 1.4 percent of urban children.

Information provided by Key informant from RENEW revealed that in the year 2020, emotional abuse topped at 147 cases, followed by physical abuse at 46, trafficking in person at 39 cases, and non DV/GBV-37 and economic abuse had 35 cases. The agency also takes care of 27 children in the shelter at present, out of which 15 percent are cases of child abuse.

For instance, during the 2nd lockdown alone, from 17 Dec 2020 to 7th January 2021, a total of 109 cases of GBV was recorded by RENEW (16 different cases faced by men, 77 different cases faced by women and another 16 different cases faced by children). Out of these, physical violence of women (48 cases) and emotional violence of women (12 cases) top the incidences. For children, physical violence tops with 11 cases. Sexual and Reproductive Health and OPD medical cases handled by RENEW stood at 805 cases during the year (775 women and 30 men).

The One Stop Crisis Centre at the JDWNRH also recorded about 288 GBV cases during the year 2020, of which 225 cases were domestic violence and 63 were sexual assault (Lhaden, 2021).

Table 7. 4: Proportion of children experiencing different forms of VAC by sex and area

Type of VAC	Sex		Area		Total
	Male	Female	Rural	Urban	
Physical violence	1.67	1.96	2.10	1.43	1.82
Emotional abuse	2.56	3.77	4.14	1.84	3.18
Sexual violence	0.00	0.34	0.26	0.06	0.18
Forced prostitution	0.00	0.00	0.00	0.00	0.00
Early marriage or forced marriage	0.01	0.02	0.01	0.02	0.02
Child engagement	1.01	0.06	0.87	0.03	0.52
Online bullying	0.30	0.62	0.60	0.28	0.47
Other	0.52	0.34	0.32	0.58	0.43
None	95.45	94.90	93.93	96.90	95.16

Children browsed the internet during lockdowns for both learning and entertainment. The cost of the data package was felt to be taxing, especially to the low-income families. They said the chances of getting exposed to harmful pictures and videos was very high including cyber bullying, scams, and sexual harassment. One of the boys reported on how he was affected due to adult videos sent to him by his friends which disturbed him in his studies. *“We can find all kinds of pictures, movies and games and if we are not cautious there are chances that strangers can harm us with such links and videos” (FGD Participant).*

The urban focus groups of boys and girls also felt the increased risk of violence and abuse due to COVID-19. *“Staying at home all the time, there is a high chance of getting exposed to household quarrels and abuses” (FGD Participant).* The girls in particular said that *“Wearing facemasks hides the identity of offenders and this can even encourage violence and abuses, including sexual abuse and rape” (FGD Participant).* For them, the main causes for violence and abuse stem from financial problems, stress within the family due to prolonged lockdowns and alcohol consumption.

The focus groups of both urban boys and girls felt that there is a potential risk of getting exposed to cyber bullying and harmful content on the internet. As regards unwanted pregnancies, the urban boys and girls attributed inaccessibility to contraceptives, lack of parental guidance, and financial difficulties as the causative factors, which can be coped with self-restraint in sexual activities and listening to guidance from parents.

Key informants revealed that a total of 353 judicial cases on women and children had been dealt by the Family and Child Bench (RCJ) in Thimphu during 2020⁵. One of the leading problems faced was matrimonial cases with 301 cases recorded during the year. Another common case received at the Family and Child Bench was domestic violence with a total of 16 cases during the year. Other cases such as Children in Conflict with the Law (CICL) (7 cases), Children in Difficult Circumstances (CIDC) (10 cases), child support allowance cases (12 cases) saw some increase, especially because of individuals defaulting on child support during the pandemic⁶. Rising incidences of rapes cases have also been reported. In 2020, the Office of Attorney General (OAG) received a total of 59 cases of statutory rape, rape of a child above 12 years, and Attempt, 14 cases of child molestation and 8 cases of domestic violence. Similarly, as of 29 June 2021, the OAG received a total of 32 cases of statutory rape, rape of a child above 12 years and Attempt, four cases of child molestation and four cases of domestic violence, which could not be fully attributable to the pandemic⁷.

⁵ Data on number and types of cases relating to women and children-Year 2020, Family and Child Bench, Thimphu Dzongkhag Court.

⁶ Ibid

⁷ Data on number and types of cases relating to women and children-Year 2020, Office of the Attorney General, Royal Government of Bhutan.

As per information shared by MoE, a total of 20 cases of violence against children which includes four sexual abuses, three unintended pregnancies, three domestic violence, and 10 cases of cyberbullying were also reported since the outbreak of the pandemic in March 2020.

CASE STORY 5: LOCKDOWNS AND GENDER-BASED VIOLENCE

Bhutan has witnessed two episodes of nationwide lockdowns due to the COVID-19 pandemic. However, some of the places had to endure the lockdown restrictions for more than two episodes.

The objective of the lockdown succeeded. Bhutan did not see any full-blown outbreak of COVID-19 as many were restricted home, preventing the spread of the virus.

However, a shadow pandemic gripped many unfortunate individuals with harsh situations, more deadly than the virus itself. This was the growing gender-based violence brewing behind the closed doors of the so-called 'homes' of some individuals.

As the country started to record an increasing number of positive cases, phone calls to the domestic violence helpline numbers also surged requesting for intervention and assistance.

Gender-based violence (GBV) cases reported to Respect, Educate, Nurture, and Empower Women (RENEW) increased by 36.6 percent last year. The organisation recorded about 700 cases as of November last year, an increase of 200 plus cases compared to the previous year.

Khandu (name changed) grew anxious by the day as her husband lost his job due to the pandemic. Her husband worked as a tourist guide with one of the travel agencies. As tourism business came to halt due to the pandemic, many were asked to leave without benefits.

During the first nationwide lockdown, Khandu said that her husband started to drink in an unusual manner. "I could not comfort him with my words so he resorted to drinking, I guess", she said, adding that she expected the situation to improve with time. However, the situation did not improve. Instead, it became worse.

Khandu said that her husband would start abusing her under the influence of alcohol. "It was just the two of us who were at home. So, I thought I would bear it because he was under pressure after losing his job". But things did not improve.

One day after dinner, they had run out of alcohol and after a few minutes of argument, the husband hit Khandu on her head with a wooden ladle. There was no remorse or any apologies on the part of the husband.

Despite all these maltreatment Khandu decided not to make any issue with her husband. "We have had very good moments before. Times were difficult then and I hoped things would improve". The abuse continued but Khandu never reported the crime to anyone as she feared her husband might be punished.

Similarly, for the fear of being separated from her son, Tshering (name changed) also endured all the physical and mental torture her husband inflicted on her during the two nationwide lockdowns.

"I was warned that if I shared any of the incidents with anyone, he would take our child and leave home", said Tshering, who did not want to share even her place of residence. "I'm not taking any chances because if my husband gets a slight hint of me talking to others about our problem, he will leave with my baby".

Gender-based violence in Bhutan, like in any country is often shadowed - under-reported and does not receive the attention it requires. Many said it was time the government recognized this as a key issue and invested in terms of necessary resources – both financial and support services to address them.

Lockdown and movement restrictions, loss of jobs, the tension in the house, lack of social activity, brought these issues to the limelight. During the second nationwide lockdown, in less than a month, Thimphu police, NCWC, and RENEW recorded 223 gender-based violence cases. This, however, were only the reported cases.

With the growing concerns, under the Royal command of Her Majesty The Gyaltsuen, emergency shelter homes have been established in all Dzongkhags. About 30 women along with their children sought emergency shelter in the Dzongkhags by early January 2021.

7.3 Point of contact for Gender based Violence

The survey asked the respondents on the point of contact to those who experienced any form of violence or abuse. Among those who experience physical violence, 33.6 percent reached out to their neighbours or relatives, followed by to police (29.1 percent), while 30.8 percent kept it to themselves. In the case of emotional abuse, the highest at 41.9 percent did not contact anyone while 35.6 percent shared with neighbours or relatives. On sexual violence cases, 44.5 percent reported to the police, followed by ‘others’ (mostly personnel at local administration) at 34 percent and RENEW at 21.5 percent. On economic violence, 46.7 percent did not share with anyone, while 34.3 percent and 32.0 percent shared with neighbors/relatives and the police, respectively (Figure 7.2).

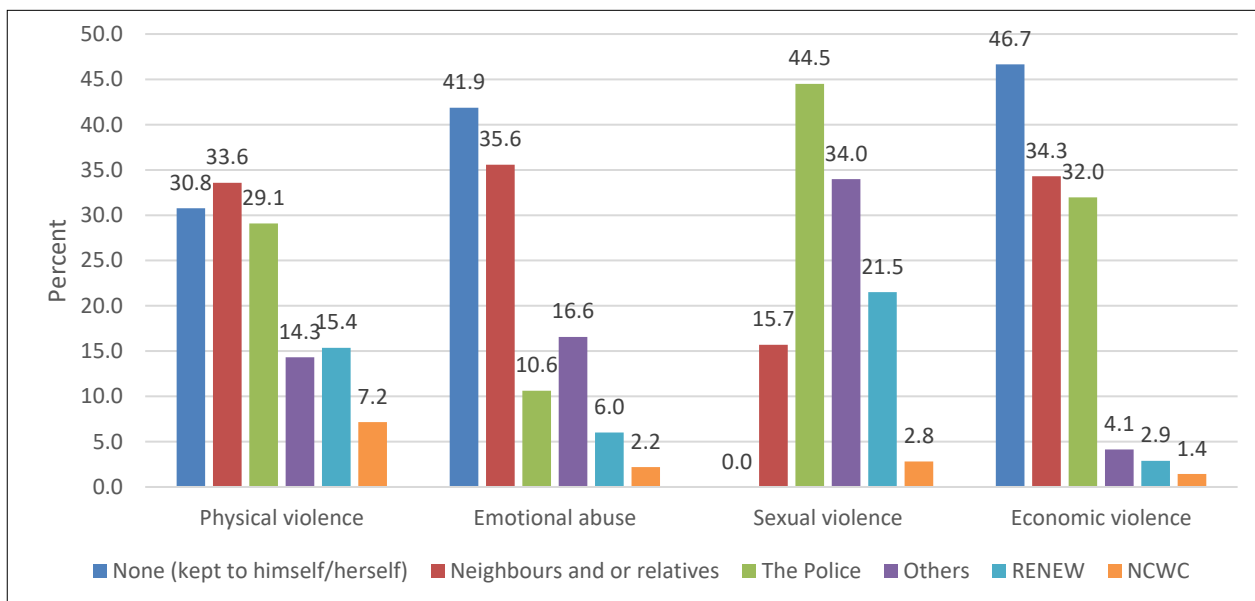


Figure 7. 2: Proportion of adults according to their point of contact after they experienced abuse or violence

Both men and women focus group participants from rural areas said that they were aware of how to report cases of safety, protection, violence, and abuse to the police, local leaders (Tshogpas), and to RENEW.

Among the children who experienced physical violence, more than half (53.6 percent) did not share their experience with anyone while 26.5 percent reached out to their neighbors/relatives. In the case of emotional abuse, 59.9 percent did not share it with anyone while 22.8 percent shared with neighbors/relatives. On sexual violence, 44.8 percent reported to ‘others’ (personnel at local administration) while 23.1 percent reported to none. At least 17.6 percent reported to the police (Figure 7.3).

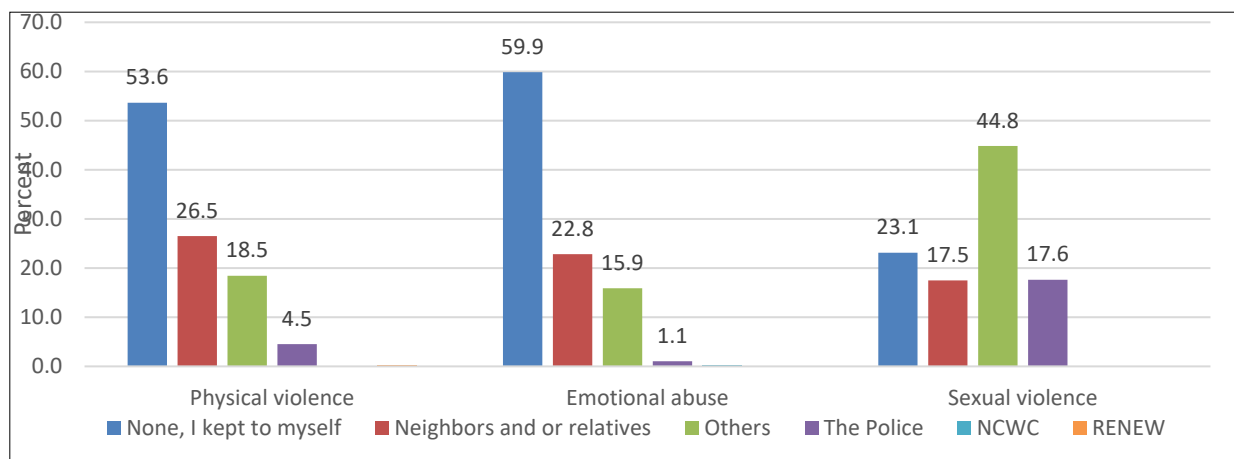


Figure 7.3: Proportion of children according to their point of contact after they experienced abuse or violence

Figure 7.4 shows the proportion of adults as well as children who thought that children faced increased risks of violence and abuse as a result of the COVID-19 by sex and area of residence. A higher proportion of adults than children thought that the children faced increased risks of violence and abuse regardless of the area. However, a higher proportion of females (both adults and children) thought there was an increased risk as compared to males (both adults and children). For example, a higher proportion of female adults (75.7 percent) than males (69.5 percent), and a higher proportion of female children (72.7 percent) than male children (65.8 percent) thought that children faced increased risks.

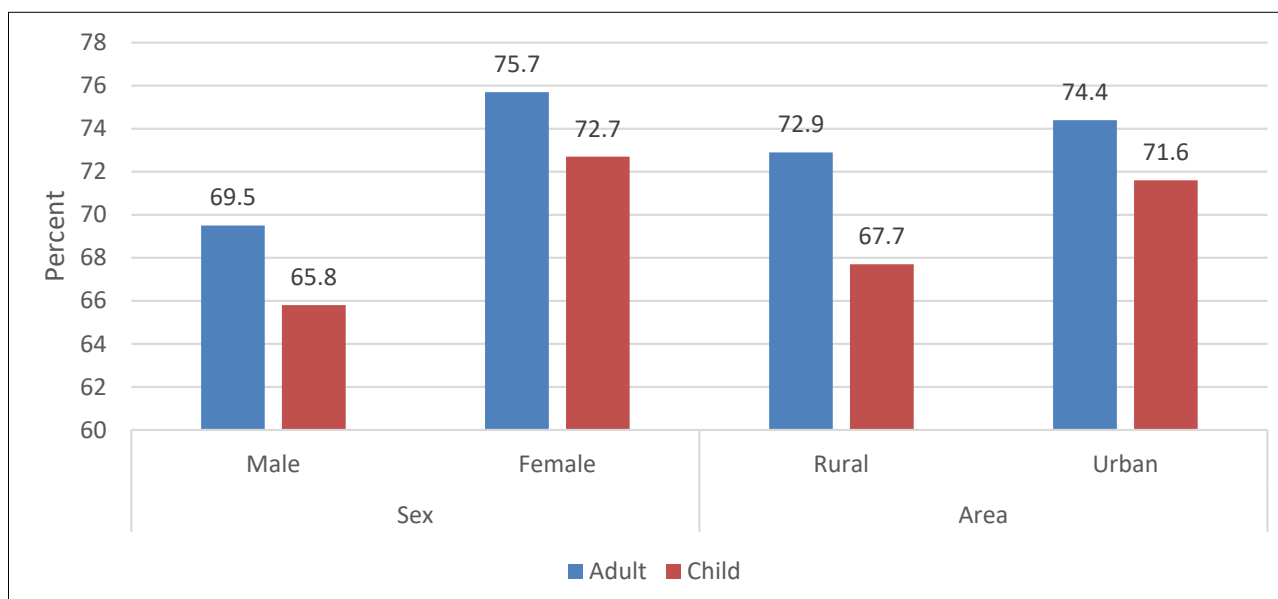


Figure 7.4: Proportion of adults and children who thought that children faced increased risks of violence and abuse as a result of the COVID-19 by sex and area of residence

Figure 7.5 illustrates the proportion of adults and children who knew where they could report or seek support about GBV or abuses by sex and area of residence. Generally, adults seemed more aware than children regardless of sex and area. For example 72.1 percent of adult males were aware of it compared to 55.8 percent among male children. When compared between male and female adults, a higher proportion of males (72.1 percent) know GBV or abuses than females (64.9 percent). By area, both urban adults and urban children are more aware than their rural counterparts.

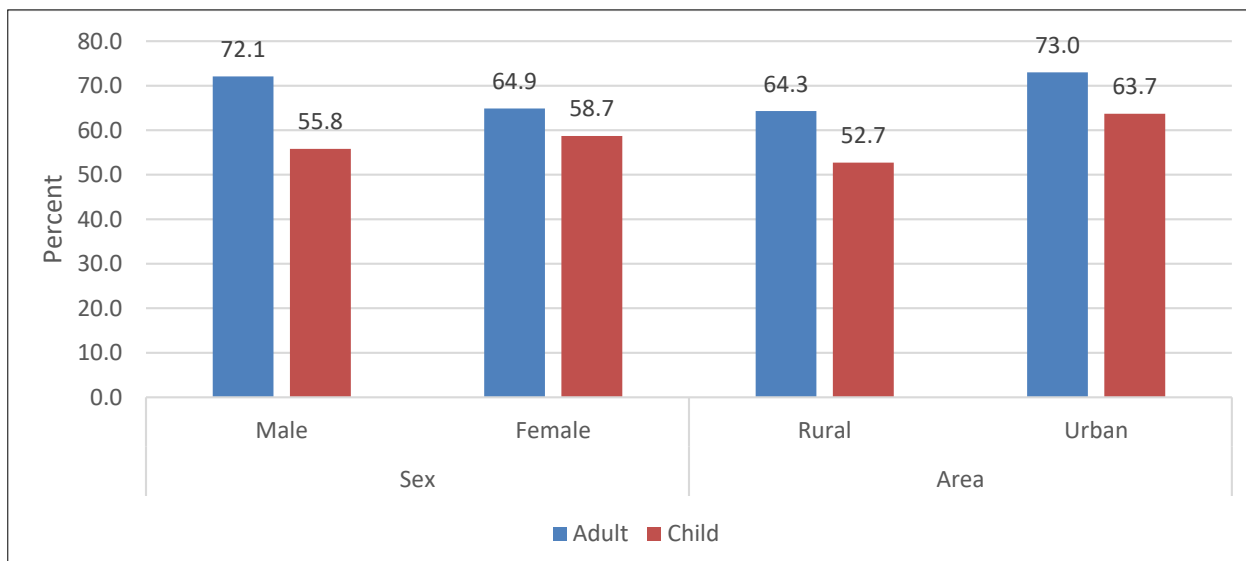


Figure 7. 5: Proportion of adults and children who know where they can report or seek support about violence or abuses by sex and area

Asked if they were aware of how to report incidents of abuse and violence, most urban boys FGD participants said that they were aware that they could report the abuse to the Royal Bhutan Police (RBP) by directly using their hotline number. However, most urban girls had no idea where to report such incidents. Only one girl said that they could either report to police, RENEW or to the school counselor. The girls also had no idea about NCWC and its Women and Child helpline 1098.

The key informants revealed that loss of jobs by parents and caregivers might have resulted in domestic violence and increased the stress levels in the family. Children are said to have experienced mental disturbance due to prolonged stay at home and necessitated psycho social support through online counselling by school counsellors. Overall, a total of 3,455 individuals (1,598 males, 1,816 females and 41 did not reveal their sex) sought psycho-social support from the Department of Youth and Sports (DoYS). A total of 2,915 students sought counselling services. Even 127 parents, 118 teachers, and 295 ‘others’ sought support services. Of the 3,455 individuals, 2,915 cases (84 percent) were students (MoE, 2020).

The survey asked if the adults thought that women and children faced increased risks of GBV and violence against children as a result of COVID-19. Overall, 55.4 percent thought of increased protection risks with a higher proportion among females (58.1 percent) than males (50.7 percent). There is no difference between urban and rural adults (Figure 7.6).

7.4 Perception about protection risks

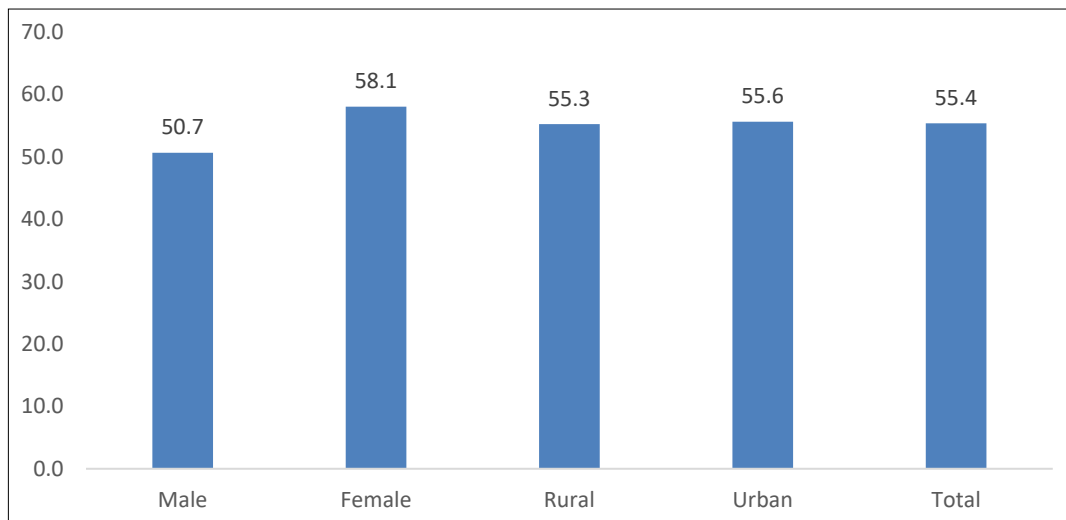


Figure 7. 6: Proportion of adults who thought that women and children faced increased protection risks as a result of COVID-19 by sex and area

Table 7.5 shows that 64.8 percent of adults thought that there was increased physical violence as a result of COVID-19, followed by sexual violence (47.1 percent) and emotional abuse (34.6 percent) and the economic violence (30.7 percent). There was no significant difference observed either by sex or area.

Table 7. 5: Proportion of adults who thought some violence increased, by sex and area

Type of GBV	Sex		Area		Total
	Male	Female	Rural	Urban	
Physical violence	66.5	64.0	63.5	67.2	64.8
Emotional abuse	35.8	34.0	35.3	33.4	34.6
Sexual violence	47.8	46.7	47.0	47.2	47.1
Economic violence	31.1	30.6	30.7	30.9	30.7
Susceptible to COVID-19	1.4	1.4	1.7	0.9	1.4
Don't know	1.3	2.4	0.7	4.4	2.1
Other	1.3	0.8	1.1	0.8	1.0

The survey revealed that 1.3 percent experienced physical violence after the pandemic began and it was triggered by consumption of alcohol, loss of job or income. Among those who experienced physical violence, about half reported that the frequency was more than during normal times. Some 5.8 percent reported emotional violence, and one third reported that the frequency was more than in normal times. At least 4.4 percent reported facing intimate partner violence and less than 0.8 percent reported increased intimate partner violence during lockdown (Table 7.6).

Table 7. 6: Proportion of adults according to their point of contact after they experienced abuse or violence

Type of GBV	Sex		Area		Total
	Male	Female	Rural	Urban	
After the pandemic began, any kind of physical violence in the household	0.8	1.7	1.8	0.5	1.3
Frequency of physical violence more than during normal times	33.0	53.8	52.0	33.0	49.5
After the pandemic began, any kind of emotional violence in the household	4.7	6.5	7.0	3.9	5.8
Frequency of emotional violence more than in normal times	25.4	37.0	36.7	23.9	33.6
Normally face Intimate partner violence	3.1	5.1	4.0	5.0	4.4
Faced increased Intimate partner violence during Lockdown	0.3	1.1	1.1	0.3	0.8

Among those who experienced violence, the survey asked who they shared or reported their experiences with (Table 7.7). At least 32.5 percent did not share with anyone and it is more common among males (44.1 percent) than females (31.0 percent) and in urban (43.6 percent) than rural areas (30.7 percent). Some did share with their neighbours (16.1 percent), followed by local leaders (14.6 percent), the police (11.6 percent), and parents (11.0 percent).

Table 7. 7: Proportion of adults who reported of different forms of violence by sex and area

Point of contact	Sex		Area		Total
	Male	Female	Rural	Urban	
No one	44.1	31.0	30.7	43.6	32.5
Neighbours	9.0	17.0	16.3	14.9	16.1
Local leader	12.1	14.9	16.9	0.0	14.6
Police	0.0	13.1	12.6	5.5	11.6
Parents	3.0	12.1	9.2	22.8	11.0
NCWC/RENEW	25.8	6.1	9.2	2.6	8.3
Brother or sister	0.0	2.9	2.6	2.9	2.6
Children	0.0	2.6	2.7	0.0	2.3
Counsellor	5.9	0.0	0.0	4.9	0.7
Friends	0.0	0.4	0.0	2.7	0.4
Total	100.0	100.0	100.0	100.0	100.0

Figure 7.7 shows the proportion of adults who knew where women and children could report violence or get information on services for victims of violence, by sex and area of residence. Overall, 57.2 percent of adults reported that they were aware of it with a higher proportion of urban adults (65.0 percent) than rural adults (52.8 percent).

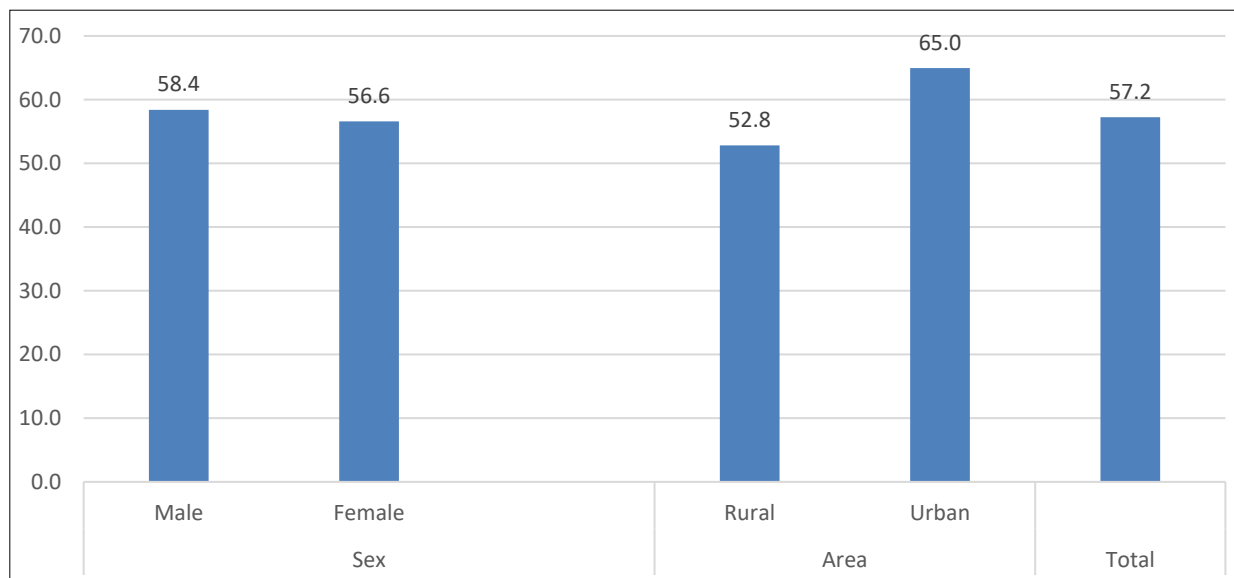


Figure 7. 7: Proportion of adults who knew where women and children can report violence or get information on services for survivors of violence by sex and area

Less than half of the adult population were aware of telephone hotline numbers or any focal contact for protection and support of survivors of violence. By sex, a higher proportion of males (51.9 percent) were aware than females (44.3 percent), while by area, more in urban areas (53.8 percent) than rural areas (43.1) were aware of it. In case if a confidential telephone hotline number is available, the majority of the respondents (86.2 percent) said that they would use it. The focus group participants also reinforced this when they suggested that the use of confidential emergency phone numbers and hotlines could be intensified.

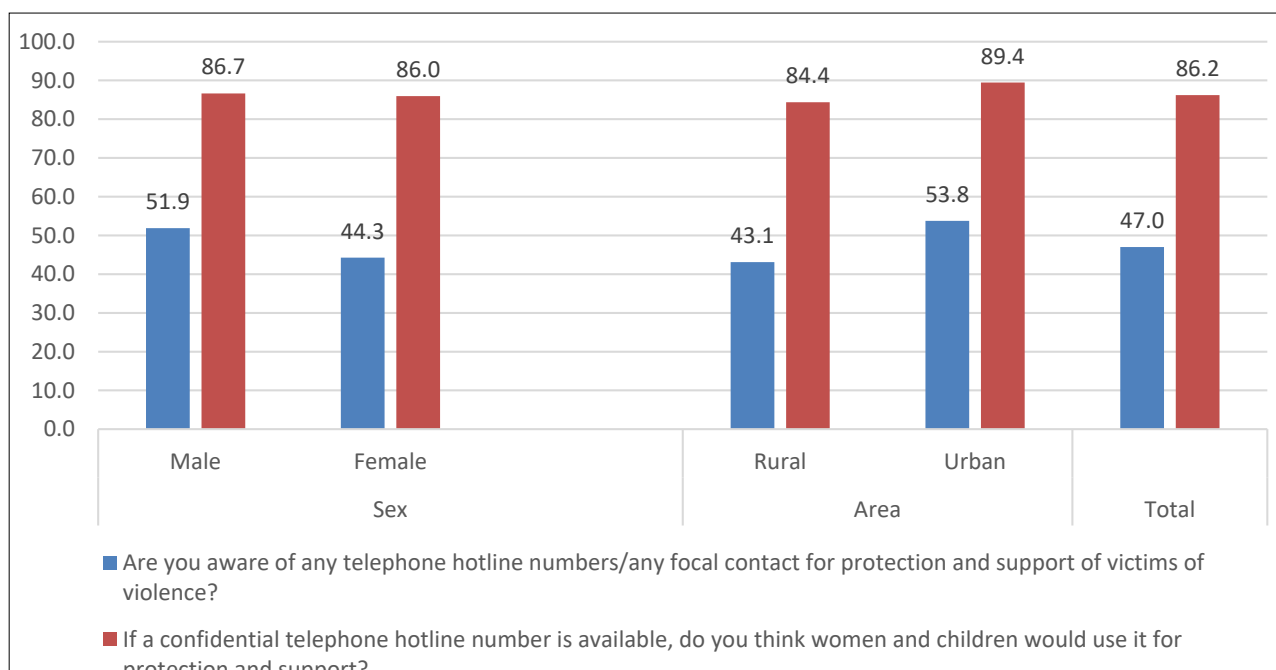


Figure 7. 8: Proportion of adults who are aware of any telephone hotline numbers/any focal contact for protection and support of victims by sex and area



Picture Courtesy: UNICEF Bhutan

EARLY MARRIAGE AND PREGNANCY

Early marriage and unwanted pregnancy are often observed during times of emergencies like the COVID-19 pandemic where girls are forced to drop-out of schools and/or are victimized by perpetrators of sexual abuse and exploitation, often resulting in early marriage and pregnancy. The chapter concerns this particular issue.

Adolescent, which is the age between 10 and 19 years, is defined as the second decade of life. It is the time of transition from childhood to adulthood during which young people experience rapid physical, social, and psychological changes as a result of puberty. Children in this age group live in a life phase of experimentation and discovery and they are exposed to health-related risks such as unwanted pregnancies.

The adolescent who become pregnant could face a greater risk of pregnancy-induced health problems and complications during childbirth than women who bear their first child at age 20 and above. Giving birth during adolescence is also associated with a higher-than-average rate of spontaneous and induced abortions, which can also affect the health of the mother. Not only does early child bearing have links to higher rates of maternal and child morbidity, it can also lead to truncated educational opportunities, lower future family income, and large family size. These can all have devastating impacts on the social, educational, and psychological life of the girls.

A series of questions were asked to children to assess the prevalence of early marriages among children and assess the incidence of early pregnancies. Questions were specifically asked whether children were suggested to get married and whether they got married, had sexual encounters, or got pregnant after COVID-19 pandemic outbreak.

8.1 Early marriages

When asked whether they were suggested to get married during the lockdown or the pandemic outbreak, 0.6 percent of the children reported that they were suggested to get married (0.8 percent of males and 0.4 percent of females). About 0.2 percent reported to having gotten married during the lockdown or pandemic outbreak (Table 8.1). There is no difference in proportion of children who reported to having gotten married during lockdown or pandemic outbreak by areas of residence or other categories.

Table 8. 1: Proportion of children reporting that they were suggested to get married and who got married by sex

	Suggested to get married			Who got married		
	Male	Female	Total	Male	Female	Total
Yes	0.8	0.4	0.6	0.2	0.2	0.2
No	99.2	99.7	99.4	99.8	99.8	99.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

When asked whether there was any situation that compelled them to get married during lockdown or pandemic outbreak, a total of about 0.2 percent of the children reported that certain situation compelled them to get married. The proportion of children who reported that certain situations compelled them to get married during a lockdown or pandemic outbreak is higher among females (0.3 percent) as compared to males (0.2 percent) and among children in rural areas (0.3 percent) as compared to those in urban areas (0.1 percent) (Table 8.2).

Table 8. 2: Distribution of children whether certain situation compelled them to get married by sex and area

Certain situation	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	0.2	0.3	0.3	0.1	0.2
No	99.8	99.7	99.7	99.9	99.8
Total	100.0	100.0	100.0	100.0	100.0

8.2 Sexual activity and teenage pregnancy

Some 0.4 percent of the children also reported that they had sexual activities during lockdown or pandemic outbreak (Table 8.3). By sex of the respondents, sexual activity was reported relatively higher by females (0.5 percent) as compared to males (0.3 percent). Similarly, by area of residence, sexual activities were reported higher among the children living in urban areas (0.6 percent) than by those living in rural areas (0.2 percent).

Table 8. 3: Proportion of children who reported having sexual activity during lockdown or pandemic outbreak by sex and area

Sexual activity	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	0.3	0.5	0.2	0.6	0.4
No	99.7	99.5	99.8	99.4	99.6
Total	100.0	100.0	100.0	100.0	100.0

A little less than 0.2 percent of children also reported to having gotten pregnant since the pandemic outbreak (Figure 8.1). Although a relatively higher proportion of children residing in urban areas reported to having sexual engagements, the proportion of those reported getting pregnant was relatively higher among those residing in rural areas (0.2 percent) as compared to those residing in urban areas (0.1 percent). Girls who marry in childhood face immediate and lifelong consequences.

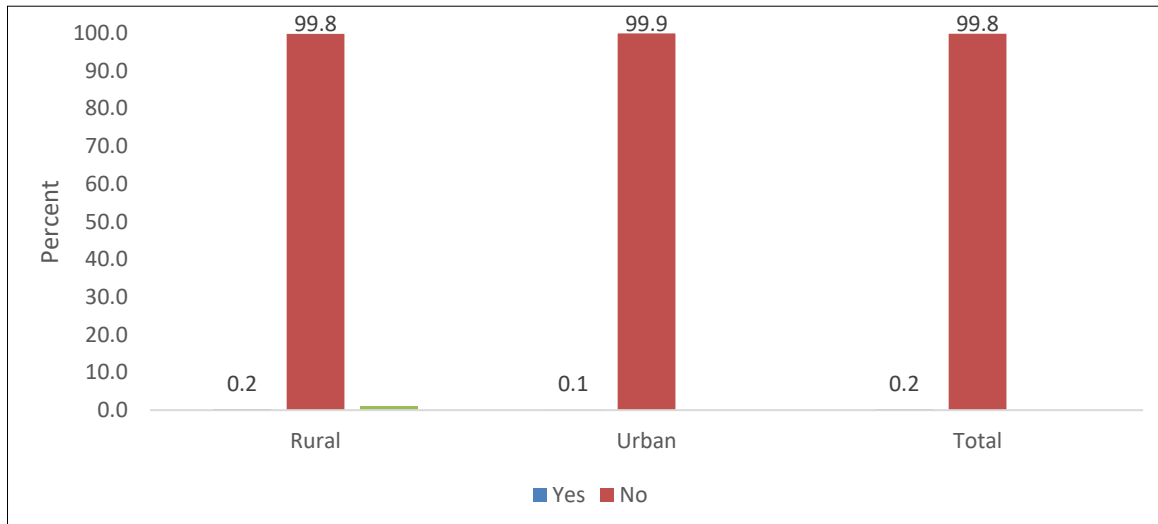


Figure 8.1: Distribution of female children who reported getting pregnant since the pandemic outbreak

Asked if they heard about children dropping out of schools due to the pandemic to see if there was a linkage between children dropping out of school to early marriage and pregnancy, the rural focus groups of both men and women affirmed that they had heard about it. They cited the possible reasons of children’s own lack of interest in studies, parent’s inability to give proper guidance, and provide necessary things like mobile phones and data packages. The urban men and women also mentioned that they heard about cases of children dropping out of schools and cited reasons such as unwanted pregnancy, marriages, and finding new jobs. In this regard, the mention of unwanted pregnancy and getting married as reasons for children dropping out of schools seem to support the data. This was reinforced by FGD participants (13-17 years from rural area) who said that they heard about incidents of students dropping out of school due to parents not being able to support them financially and also due to unwanted pregnancy and loss of interest in studies.



Picture Courtesy: UNICEF Bhutan

SEXUAL AND REPRODUCTIVE HEALTH

In addition to the already existing barriers in accessing Sexual and Reproductive Health (SRH) services by women and adolescents, the COVID-19 pandemic created additional challenges to accessing and using these services. This chapter explores how adult women and adolescents accessed SRH information and maternal and child care during the ongoing pandemic.

9.1 Access to information on SRH

The survey included some questions related to sexual and reproductive health of female adults. Therefore, this chapter concerns only the female adults. Figure 9.1 shows that just over half (55.8 percent) of the women received information about where and how to seek sexual and reproductive health services with a slightly higher proportion among urban (58.4 percent) than their rural counterparts (54.2 percent).

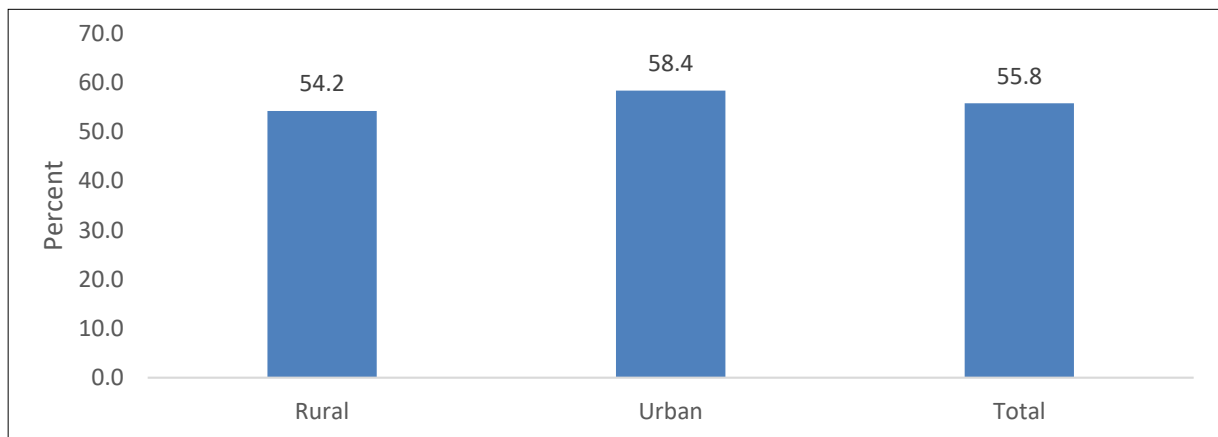


Figure 9.1: Proportion of adult females who received information about where and how to seek sexual and reproductive health services by area

The focus group participants of men and women from both the rural and urban areas reported that they did not face any difficulties in accessing general health care services, maternal and child health, sexual, and reproductive health during the pandemic period. They could access all health services like before, without much disruption.

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Although rural boys and girls (13-17 years) generally experienced difficulties in discussing topics like relationships, sex, contraception, and STIs with their families and friends, their access to sexual and reproductive health was reportedly normal as before, through the routine health services. Even if there was any specific personal need, they said it was always possible to discuss with their parents, health in-charge teachers, and counselors for obtaining the services.

In the urban areas, while the boys reported having no difficulties in discussing about relationships, sex, contraception, and STIs etc., the majority of the girls said that they find it difficult to discuss these topics because they feel uncomfortable and shy.

Table 9.1 shows that hardly any adults faced difficulty in accessing SRH services when needed. In all services, just less than two percent reported facing difficulty, indicating that the majority of adults were able to access all sexual and reproductive health services as and when needed. The Table also shows the proportion of adult females who reported 'not applicable' (82.9 percent) in the case of postnatal care. These figures indicate that a higher proportion of females did not feel the need to access such SRH services.

9.2 Access to SRH Services

Table 9. 1: Proportion of adult females who experienced any difficulty in accessing sexual and reproductive health services when needed

SRH services	Faced difficulty	Did not face difficulty	Not applicable	Total
Contraceptive counseling	1.0	31.8	67.3	100.0
Oral contraceptives	0.6	23.8	75.6	100.0
Condoms	1.2	24.7	74.2	100.0
Intra Uterine Device	1.0	18.7	80.3	100.0
Contraceptive depot injections/implant	1.8	27.9	70.4	100.0
Emergency contraceptive	0.7	17.8	81.6	100.0
HIV testing	0.7	23.5	75.8	100.0
STI testing	0.6	21.3	78.1	100.0
Human Papilloma Virus immunization	1.2	21.4	77.5	100.0
Postnatal care	0.7	16.4	82.9	100.0

On their own or through their partner's access to contraceptives during the pandemic, a slightly higher proportion of urban females (84 percent) than rural females (81.3 percent) had easy access. The survey, however, showed that 17.7 percent of rural females and 15.3 percent of urban females described their ease of access as 'somewhat accessible', indicating that there were some barriers in accessing the contraceptives. Less than one percent stated that it was difficult to access it (Figure 9.2).

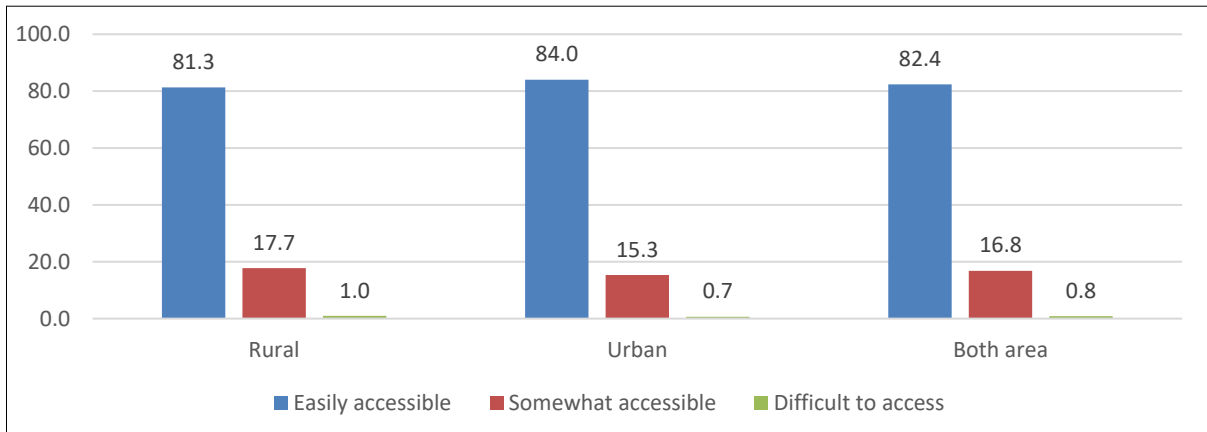


Figure 9. 2: Proportion of adult females according their own and or their partner’s access to contraceptives by area

The survey also asked if they faced any difficulty in obtaining medical advice or services due to COVID-19 (Figure 9.3). At least 3.3 percent of the females reported facing difficulty with slightly higher proportion in rural areas (3.6 percent) than urban areas (2.7 percent).

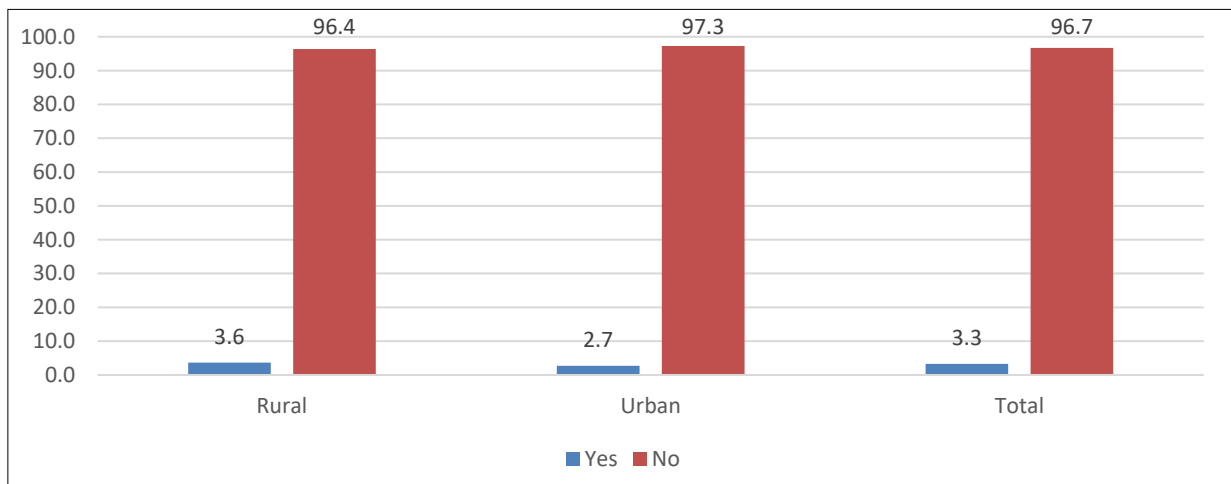


Figure 9. 3: Proportion of adult females who reported difficulty in obtaining medical advice or services by area

The survey revealed that just one percent of the adult females experience some difficulty in obtaining maternal and child care services due to COVID-19. Although less, 1.3 percent of rural females as compared to just 0.5 percent of urban females faced such difficulty (Figure 9.4).

COVID-19 IMPACT ON WOMEN AND CHILDREN STUDY (BHUTAN)

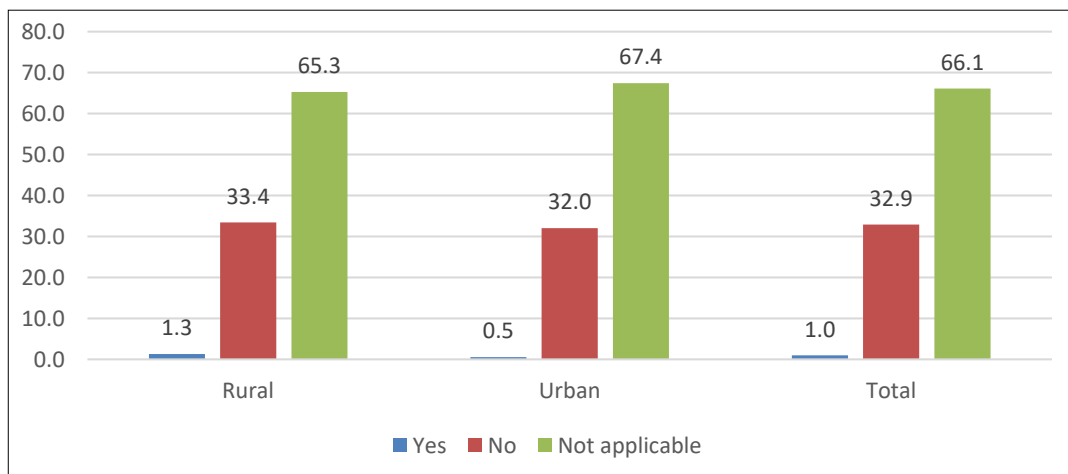


Figure 9. 4: Proportion of adult females reporting difficulty in obtaining maternal and child care services by area

Those who stated as being emotionally involved in relationships were asked how they would rate their intimate partner relationship during the COVID-19 pandemic. As shown in Figure 9.5, at least eight of 10 females stated being in healthy relationships without much difference between rural and urban areas.

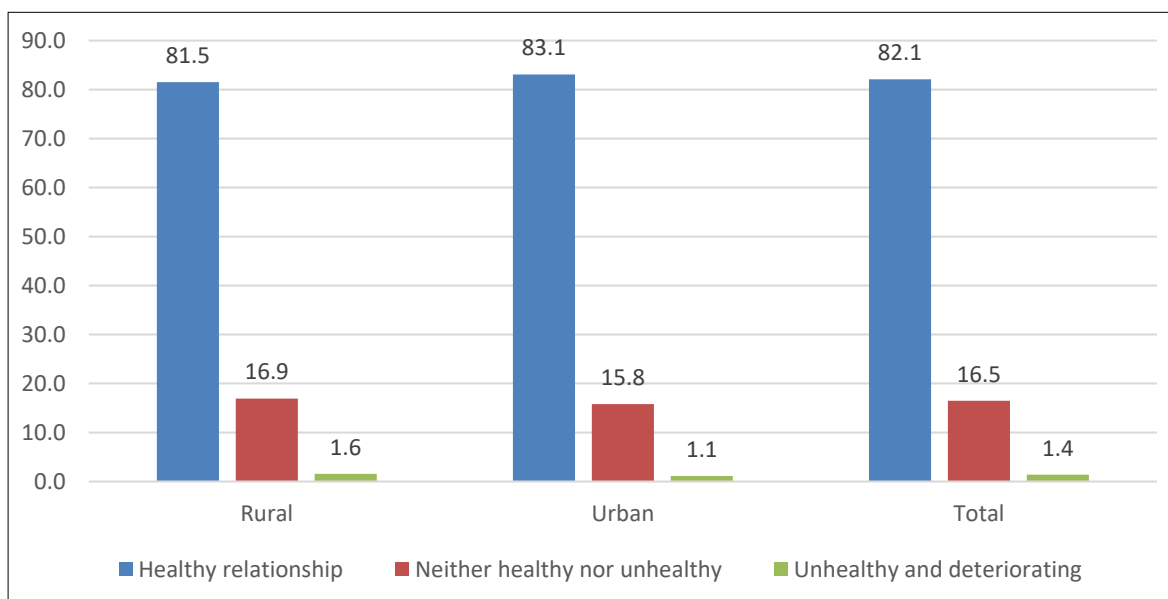


Figure 9. 5: Proportion of adult females with intimate partner relationship by area



CHILD ENGAGEMENT IN WORK

With economic insecurity stemming from movement restrictions, job loss by parents, closure of schools and business activities, the likelihood of the pandemic alluring children to get engaged in work that are particularly risky is a reality. This chapter assessed the extent to which children engaged in such work, if any.

10.1 Engagement in work

The survey asked the children on their engagement in work. Figure 10.1 shows the overall, 13.9 percent engaged in work for at least one hour with a higher proportion among male children (16.6 percent) than females (11.4 percent). By area, a higher proportion of rural children (19.6 percent) as compared to urban children (6.0 percent) worked for at least one hour preceding the survey.

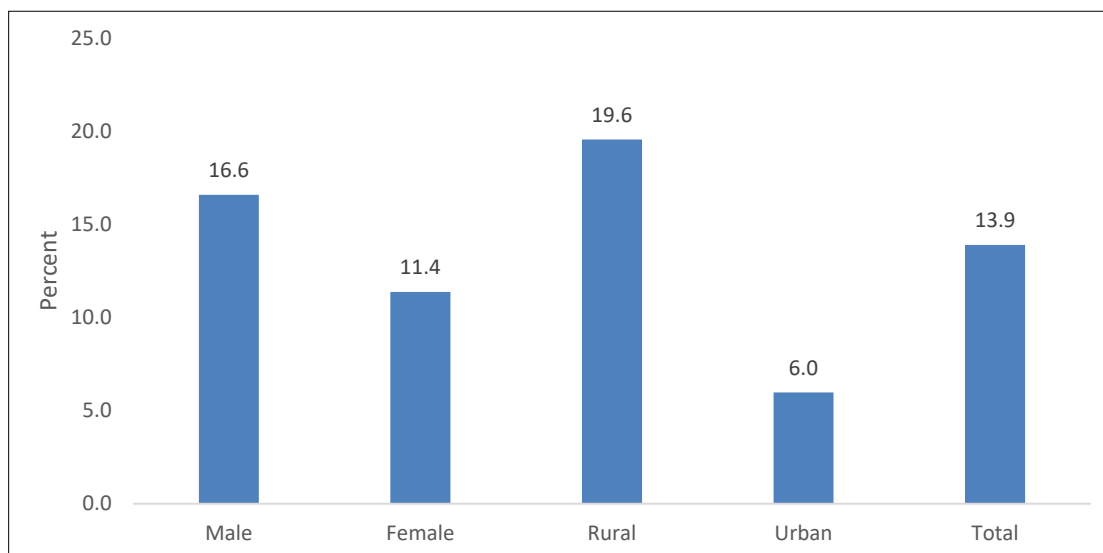


Figure 10. 1: Engagement in work for at least one hour in the past one week preceding the survey by sex and area

In terms of their engagement in certain activities, more than half (58.7 percent) of the children engaged in work for payment, with 21.6 percent as domestic workers while 37.4 percent worked in other places. A higher proportion of male children (45.3 percent) as compared to females (26.6 percent) and a slightly higher proportion of urban children (40.8 percent) than rural children (36.3 percent) reported doing work other than domestic work (Table 10.1).

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Table 10. 1: Proportion of children on their engagement in some activity at least for one hour during the COVID-19, by sex and area

Activity	Sex		Area		Total
	Male	Female	Rural	Urban	
Worked for a wage, salary or any payment in kind (excluding domestic work)	45.3	26.6	36.6	40.8	37.4
Worked as a domestic worker for a wage, salary or any payment in kind	22.7	20.1	25.1	5.6	21.6
Helped unpaid in a household business of any kind	17.5	25.7	20.7	22.5	21.0
Did household chores	8.6	19.2	10.8	23.7	13.1
Fetches water or collect firewood for household use	8.8	16.0	14.0	2.0	11.8
Did any construction or major repair work on his/her own house	10.5	2.5	5.3	15.5	7.1
Worked in seasonal orange depots	3.2	3.5	3.8	1.3	3.4
Other	0.8	1.1	0.9	1.1	1.0

Table 10.2 shows the place of work for those children who reported being engaged in some work. Overall, 39.7 percent engaged at a family's house with the proportion of female children (57.0 percent) more than twice that of male children (27.2 percent). At least 27.4 percent reported that they were working at construction sites and it is more prevalent among males (41.7 percent) as compared to females (7.7 percent). However there is no significant difference when compared between rural and urban areas. The rest of the children worked at orchards/farms/fields (12.5 percent) employer's place (11.1 percent), at formal office (2.3 percent) shop/hotel/restaurant (2.3 percent), factory (2.1 percent), and others (at schools, scrub site, etc).

Table 10. 2: Place of work for children, by sex and area

Activity	Sex		Area		Total
	Male	Female	Rural	Urban	
At family's house	27.2	57.0	39.2	42.2	39.7
Construction sites	41.7	7.7	27.3	27.7	27.4
Orchards/farms/fields	10.1	15.9	14.0	5.9	12.5
At the employer's place	11.7	10.2	11.0	11.4	11.1
At formal office	2.0	2.6	2.2	2.6	2.3
Shop/hotel/restaurant	1.9	2.8	1.8	4.3	2.3
At the factory	2.1	2.2	1.8	3.5	2.1
Different places (mobile)	1.1	0.0	0.8	0.0	0.6
Fixed, street or market stall	0.4	0.3	0.2	0.9	0.4
Mines/quarry	0.3	0.0	0.1	0.5	0.2
Other	1.6	1.3	1.5	1.0	1.4

The FGD participants of urban boys and girls (13-17 years) reported getting engaged in work that were particularly difficult to do during the pandemic. While the girls reported doing unloading of imported goods and working in factories, the boys worked on construction of footpaths. They cited doing the work at their own free will, with an intention of helping their single parents to meet the financial needs of their families. The girls said that the work experience was difficult and the risk of contracting the virus was real. They opined that their engagement was dictated by traditional beliefs and gender stereotypes, whereby jobs which were particularly laborious or difficult were given to the boys, thus making it harder for them to find employment.

10.2 Children seeking for work

Figure 10.2 shows that 35.7 of the children were seeking work during the pandemic. It was more common among male children (42.7 percent) than female children (26.1 percent), and in rural areas (38.8 percent) than urban (21.2 percent).

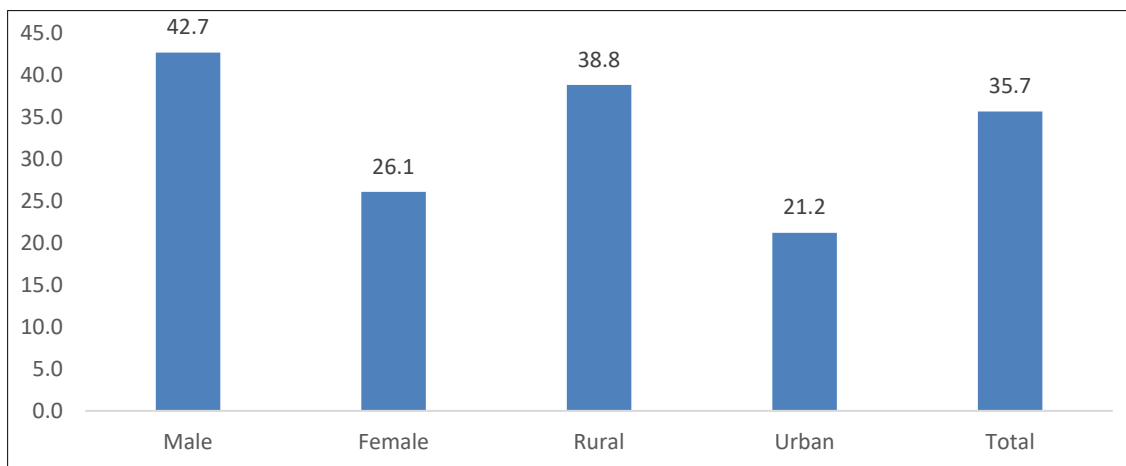


Figure 10. 2: Proportion of children seeking work during pandemic, by sex and area

Among the children who were seeking work, 61.3 percent cited that it was to earn for school expenses, with a proportion slightly higher among male children (62.7 percent) than the females (58.3 percent), and higher in rural areas (62.0 percent) than in urban areas (55.7 percent). There were 30.9 percent of children who wanted to supplement their family income, with a higher proportion among females (39.2 percent) than males (27.2 percent), and higher in rural (31.8 percent) than in urban areas (23.9 percent). Other reasons include earning their own pocket money (3.5 percent), and a small proportion (2.1 percent) mentioned other reasons such as not wanting to stay idle at home.

Table 10. 3: Reason for children seeking work, by sex and area

Activity	Sex		Area		Total
	Male	Female	Rural	Urban	
To earn for school expenses	62.7	58.3	62.0	55.7	61.3
To supplement family income	27.2	39.2	31.8	23.9	30.9
To earn some pocket money	4.7	0.7	3.5	3.5	3.5
Internet data	2.7	0.1	1.8	2.6	1.9
Parents lost job due to COVID-19	0.3	0.3	0.2	0.8	0.3
Others	2.4	1.4	0.7	13.6	2.1

The children who were seeking work were further probed on whether their guardians (parents or caretakers) asked them to take up work. Although not high, 6.2 percent of the children reported that they were actually asked by their guardians, with the proportion higher in rural (8.8 percent) than urban areas (2.5 percent). When compared between male and female children, a slightly higher proportion of male children (7.4 percent) than female (5.1 percent) were asked by their guardians (Figure 10.3). A further analysis showed the mean income of the households who were asked to work is lower (Nu 13,503) than those households that didn't ask their children to work (Nu 19,080).

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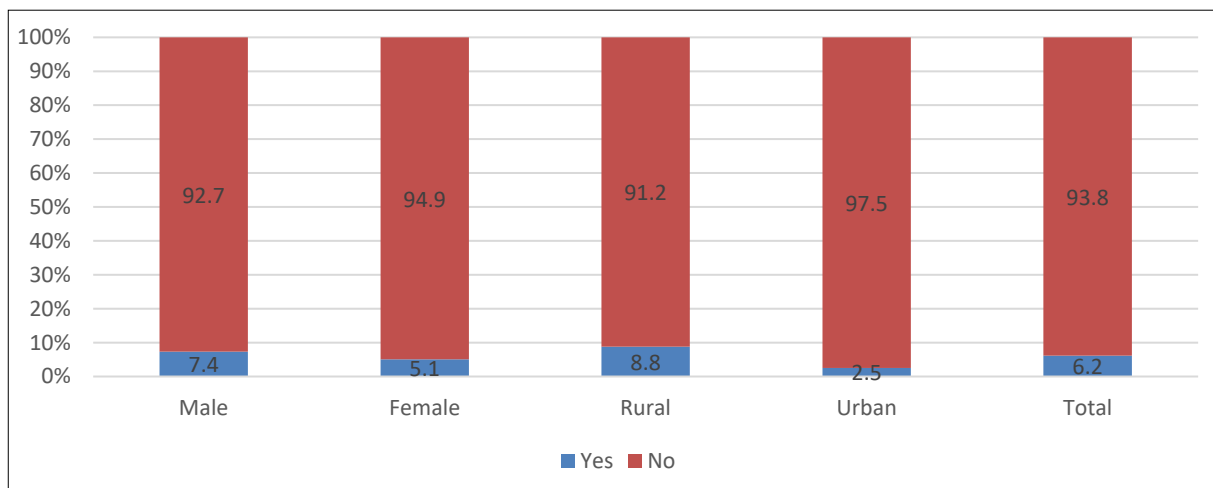


Figure 10. 3: Proportion of children seeking work who were asked by their guardians to take up work

When compared to normal times, children were asked how they engaged in domestic work. More than half (58.6 percent) reported that it was the same as normal times, with a higher proportion reported among urban children (66.7 percent) than rural children (52.8 percent). At least 33.4 percent of the children reported that the domestic work they did during pandemic was double than in normal times, reported by a higher proportion among rural (38.1 percent as compared to 26.8 percent in urban) and female children (35.7 percent as compared to 30.9 percent of male children) (Table 10.4).

The finding that a higher proportion of urban children engaged in domestic work than rural children was reinforced by the under-13 urban children’s focus group when they also affirmed their engagement in domestic work like cooking and house cleaning.

Table 10. 4: In your opinion how much domestic work did you do during pandemic than normal times, by sex and area

Activity	Sex		Area		Total
	Male	Female	Rural	Urban	
Same as normal times	60.5	56.7	52.8	66.7	58.6
Double than in normal times	30.9	35.7	38.1	26.8	33.4
Many more times than normal times	2.8	2.5	4.0	0.7	2.6
Less than normal times	5.8	5.1	5.2	5.8	5.5
Total	100.0	100.0	100.0	100.0	100.0



Picture Courtesy: UNICEF Bhutan

CHAPTER

11

CHILD PARTICIPATION AND WELL-BEING

Child participation and its contribution to their wellbeing is at the core of child rights. This chapter assessed how and to what extent the children have been encouraged to participate by their parents and caregivers in voicing their views and opinions and in contributing during both normal and pandemic times.

11.1 Child participation

The survey assessed the level of child's participation during COVID-19 from the perspective of whether their parents or caregivers considered the children's views and opinions concerning their general wellbeing and their contribution to preventing the spread of COVID-19.

A majority (85.6 percent) of children reported that their parents or caregivers generally considered their views and opinions concerning their general wellbeing. Similarly, 87.7 percent of children reported that their parents or caregivers listened to their views and opinions considering wellbeing during the COVID-19 pandemic (Figure 11.1). By sex of the respondent as well as by area of residence, there is no significant difference in the proportion of children reporting about their parents or caregivers listening to their views and opinions concerning their wellbeing

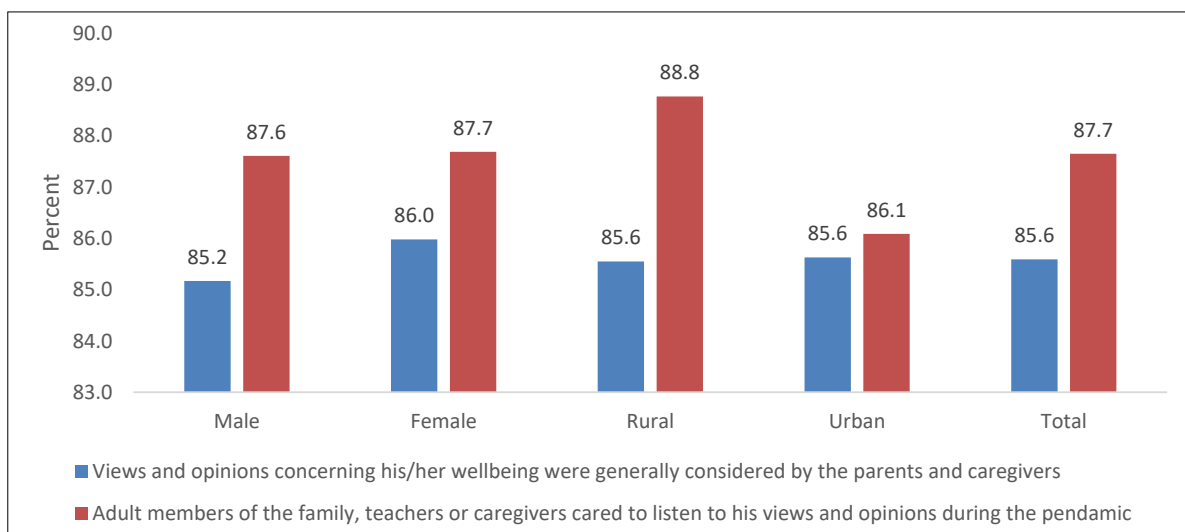


Figure 11.1: Proportion of children who reported their views and opinions concerning their wellbeing was considered or listened to during COVID-19 pandemic, by sex and area

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When asked about how the children can contribute during the COVID-19 pandemic, most reported that they can contribute by ‘abiding government instructions’ (46.2 percent) followed by ‘staying aware and creating awareness among family and community members’ (29.6 percent). About 12.5 percent of children also reported that they can contribute by ‘helping family members in household works’ (Table 11.1).

The proportion of children who reported to ‘helping others if I had the ability’ was higher among males (5.0 percent) as compared to females (3.9 percent) and among children in urban areas (6.5 percent) as compared to children in rural areas (2.9 percent). Similar male-female and rural-urban trend was also observed in cases of those who reported doing ‘nothing’ in the current COVID-19 situation.

Table 11. 1: Proportion of children who reported ways in which children think they can contribute in the current COVID-19 situation, by sex and area

Contribution	Sex		Area		Total
	Male	Female	Rural	Urban	
Abide by government instructions	46.3	46.2	47.5	44.5	46.2
Stay aware and create awareness among family and community members	29.5	29.6	29.4	29.8	29.6
Help family members in household work	12.1	12.8	14.2	10.1	12.5
Help others if I had the ability	5.0	3.9	2.9	6.5	4.4
Nothing	4.4	3.9	3.6	5.0	4.2
Other	2.7	3.5	2.4	4.2	3.1
Total	100.0	100.0	100.0	100.0	100.0

By sex of the respondent and area of residence, there was no significant difference in the proportion of children reporting ‘staying aware and create awareness among family and community members’. However, in terms of the proportion of children who reported ‘abiding by government instructions’, there was a small difference by area of residence – 47.5 percent in rural areas against 44.5 percent in urban areas. Similarly, a slightly higher proportion of children in rural areas (14.2 percent) also reported ‘helping family members in household works’ as compared to children in urban areas (10.1 percent).

11.2 Child wellbeing

As shown in Table 11.2, a majority of children reported that ‘school closure and difficulties in learning’ (72.4 percent) was the main factor that affected their wellbeing during the COVID-19 pandemic which was followed by ‘not having contact with friends in person’ (8.1 percent) and ‘other’ factors (8.1 percent). ‘Reduced family income’, ‘change in routines and behaviours’, and ‘not having an outdoor space to play’ were reported by 4.2, 3.7, and 2.9 percent of children, respectively.

By sex of the respondents, ‘school closure and difficulties in learning’ as the main factor that negatively affected their wellbeing was reported slightly higher by females (75.7 percent) as compared to males (68.9 percent) and by children in urban areas (73.3 percent) as compared to children in rural areas (71.7 percent). On the other hand, ‘not having contact with friends in person’ was reported slightly higher by males (9.0 percent) compared to females (7.3 percent) and by children in rural areas (8.2 percent) compared to those in urban areas (7.9 percent). About 5.9 percent of the children reported that they were not being not negatively affected.

There was almost no difference in proportion of males and females reporting ‘reduced family income’ as the main factor that negatively affected their wellbeing. However, by area of residence, a relatively higher proportion of children in the rural areas (5.1 percent) reported ‘reduced family income’ as the main factor that negatively affected their wellbeing when compared to children in urban areas (2.9 percent).

Table 11. 2: Proportion of children according to the factors that negatively affected their wellbeing, by sex and area

Factor	Sex		Area		Total
	Male	Female	Rural	Urban	
School closure and difficulties in learning	68.9	75.7	71.7	73.3	72.4
Not having contact with friends in person	9.0	7.3	8.2	7.9	8.1
Not affected	6.6	5.2	5.4	6.5	5.9
Reduced family income	4.2	4.1	5.1	2.9	4.2
The change in routines and behaviours	4.5	3.0	4.1	3.2	3.7
Not having an outdoor space to play	3.8	2.0	2.8	2.9	2.9
Parents are front-liners on COVID-19 duty	1.1	0.7	0.5	1.4	0.9
Worried about COVID	0.7	0.6	0.6	0.7	0.6
Addicted to phone/social media	0.4	0.7	0.5	0.7	0.6
Missing parents/home/others	0.9	0.8	4.4	5.6	4.9
Total	100.0	100.0	100.0	100.0	100.0

When asked how children coped with the main factors that negatively affected their wellbeing, most reported ‘talking with parents and caregivers’ (45.3 percent) followed by ‘talking with friends’ (28.3 percent). Similarly, 9.4 percent of the children also reported ‘talking to teachers’. Therefore, in total, about three in four children (83 percent) reported talking to someone as the main ways in which they coped with the factors that negatively affected their wellbeing.

A total of 11.5 percent of children also reported that they ‘did nothing’ to cope up with the factors that negatively affected their wellbeing which is concerning.

‘Talking with parents and caregivers’ as a coping mechanism to deal with the main factors that negatively affected wellbeing was reported slightly higher by females (47.8 percent) as compared to males (42.5 percent) and by children in urban areas (46.5 percent) as compared to those in rural areas (44.4 percent). There is no difference in proportion of males and females reporting ‘talking with friends’ to cope with the factors that negatively affected their wellbeing. On the other hand, a relatively higher proportion of children in rural areas (29.4 percent) reported to ‘talking with friends’ to cope with the difficulties as compared to those in urban areas (26.7 percent) (Table 11.3).

Table 11. 3: Proportion of children who reported ways by which they coped with negative impacts their wellbeing, by sex and area

Coping ways/mechanism	Sex		Area		Total
	Male	Female	Rural	Urban	
Talking with parents/caregivers	42.5	47.8	44.4	46.5	45.3
Talking with friends	28.3	28.3	29.4	26.7	28.3
Did nothing	12.9	10.2	12.1	10.7	11.5
Talking with teachers	9.7	9.0	9.0	9.9	9.4
Studying/reading	1.7	1.8	1.8	1.7	1.7
Playing games	1.4	0.2	0.5	1.2	0.8
Engaging in social media	0.7	0.8	0.5	1.1	0.8
Working	0.8	0.4	0.9	0.1	0.6
Music/dance	0.3	0.4	0.3	0.6	0.4
Watching TV/Movies	0.4	0.3	0.3	0.5	0.4
Calling Child Helpline	0.2	0.1	0.2	0.0	0.1
Other	1.0	0.8	0.7	1.1	0.9
Total	100.0	100.0	100.0	100.0	100.0

The rural men and women focus groups expressed that COVID-19 greatly affected the day to day lifestyle and wellbeing of their children. Firstly, the children got addicted to mobile phones and TV. With the curtailment of their freedom of movement, ban on outdoor games and sports, gathering with friends, etc., they exhibited frustrations. As a result, the children became physically inactive and lazy.

The situation was not different to the children living in the urban areas. FGD participants of urban men and women reiterated that their children’s lifestyle and behavior changed greatly. Since they could not attend schools in normal ways and interact with teachers, they become indifferent to their learning objectives and school syllabus. The children became physically inactive without any games and sports and outdoor activities and got addicted to mobile phones and online games.

For the urban boys and girls (13-17 years), the advent of COVID-19 affected their wellbeing in many ways. They became extremely busy with online lessons, devoid of any co-curricular activities and interactions with parents and family members. They also had no time for household chores because of the heavy online assignments, thereby increasing the anger and frustrations between them and other family members, leading to fights and scoldings.

For the under-13 urban boys from urban areas, they pre-occupied themselves with different activities like attending online classes, coding, playing online games, chatting on social media, watching TV/anime, baking, painting, caring for their younger siblings, and avoiding gatherings. The girls said that they did self-studies, helped parents in household chores, looked after younger siblings, and also played online games and chatted with friends.



CONCLUSION AND RECOMMENDATION

- 1. Good level of awareness and knowledge about COVID-19 (symptoms, spread mechanisms and prevention methods) has been created among both adults and children but possible misconceptions or misinformation persist.**

Among the respondents, there is a good level of awareness, knowledge, and perceptions about COVID-19 as indicated by both males and females (without much difference) based on understanding of common signs and symptoms, how it spreads, and prevention methods.

With regard to how COVID-19 is spread, the majority of male and female adults interviewed seems quite aware and knowledgeable. By area, a slightly higher percentage of urban adults are more aware, as compared to rural adults. Both rural and urban men and women focus group participants also indicated being quite aware of how COVID-19 is spread. The urban men and women seem to suggest more ways of how the virus is spread than rural men and women. However, there is no uniform understanding of how long it takes for a person infected by COVID-19 to show the signs and symptoms and if asymptomatic people can infect other people.

Overall, children do not seem to have much in-depth knowledge on how COVID-19 is spread. Around six percent of both boys and girls do not think that asymptomatic persons will spread while around five percent are not sure about it. This indicates that a good number of rural children either do not know or are unsure about it, compared to urban children.

Although there is no significant difference, a slightly higher proportion of adult females are more aware than males of prevention. While urban adults are more aware than their rural counterparts, the children focus group participants from rural areas demonstrated a good level of knowledge on prevention of COVID-19.

The focus group participants of adult men, women, and children reinforced this with a similar good level of awareness created on the common, less common and serious symptoms of COVID-19. However, it indicates that there are some possible misconceptions or misinformation among the urban population, including children, because they mentioned 'loss of appetite', numbness, sweating, anxiety dizziness, weight loss, vomiting etc., which are not found in WHO's classification of COVID-19 symptoms.

Recommendation:

The MoH needs to disseminate key messages around existing misconceptions or misinformation on COVID-19 through mainstream media, social media, and interpersonal channels such as health workers, local government/community leaders, religious personnel, and CSO networks.

2. Incidences of discrimination, stigma or prejudice related to COVID-19 is more prevalent in rural areas.

The prevalence of various form of discrimination, stigma or prejudice as a result of the COVID-19 pandemic is reported almost equally by both adult male and female respondents.

As compared to adults, a lower proportion of children reported increase in forms of discrimination, stigma or prejudice as a result of the pandemic. The children felt that such increase in discrimination was twice as much in the rural areas than urban areas.

Recommendation:

Advocating for and strengthening the reduction of discrimination, stigma, and prejudice against those infected or associated with COVID-19 by MoH in collaboration with relevant agencies and community leaders.

3. The number of hours devoted to paid work got impacted to a great extent, twice as much among urban adults as compared to rural adults. Two-fifths of the households reported decrease in their income level.

COVID-19 impacted on the number of hours devoted to paid work, with an overall majority reporting no change while about eight percent reporting increase; twice as much among adults in urban areas compared to rural adults. For about a quarter of the respondents, the hours decreased without losing the job, and a higher proportion of this was reported among females than males. Around four percent of adults lost their jobs with no difference between males and females. The survey also found that around two-fifths of the households in the country reported decreases in their household income.

Recommendation:

The MoLHR should strengthen the programmes and capacities of the training institutes and CSOs to galvanize various training, employment, and income generating skills for those affected by the pandemic based on a proper gender analysis.

4. While there is increase in number of hours devoted to household chores and activities for all, the increase is higher for women and girls and more so in rural areas.

More than 90 percent of adults reported being engaged in various household chores and activities with a higher proportion being females than males before the outbreak of the COVID-19 crisis. The same is true for children with 92.3 percent being engaged in various household chores and activities with a slightly higher proportion by girls than boys. By area of residence, a higher proportion of rural children (94.7 percent) engaged in household chores and activities than urban children (89 percent).

Recommendation:

- i. NCWC must advocate and promote male participation in performing household chores and activities through increasing public awareness and sensitization programmes.
- ii. NCWC must facilitate programmes to reduce women's burden of unpaid care work through investment in time saving technologies, facilities, and community support systems.

5. Children's school education has been disrupted with impacts on learning outcomes and continuity

Following the outbreak of the pandemic, all schools were closed and alternative online and self-instructional materials were implemented. About two-thirds of the adults reported that their children spent most of their time doing online studies from home with a higher proportion in urban than rural areas. However, learning problems due to school closure, was reported by a higher proportion of female adults than males. A higher proportion of rural adults reported facing problems as compared to urban adults.

The experience of their children learning through online/TV and self-study methods was reportedly not helpful, and made the children disinterested to continue with the study. This was further reinforced because the uneducated parents in rural areas could not provide guidance in learning. As such, learning became burdensome with some parents finding it difficult to afford mobile phones and data charges. Both rural and urban men and women opined that even if mobile phones were provided, their children got hooked with online games and more time spent with the gadget, exposing them to internet scams, cyber bullying, and sexual harassment. This is a pointer that while online and self-study alternatives are well planned and implemented, its effectiveness in terms of intervention appropriateness, including social and economic determinants of discontinuity needs to be considered.

Recommendation:

- i. The MoE should strengthen the current Education in Emergency strategies and guidelines, taking into consideration not only the instructional methods and materials but also on other wider social and economic determinants of school disruptions and discontinuity.
- ii. The MoE should develop strategies to bridge the digital divide especially among low income households to enhance online education learning outcomes.
- iii. The MoE should put in place mechanism to prevent children's exposure to harmful online contents as well as online abuse and exploitation in collaboration with NCWC and other relevant agencies.

6. Incidences of school children drop-outs and teenage pregnancies continued to be reported during the pandemic.

During the pandemic, three percent of the adults (or households) reported to have at least one child dropping out of school during the pandemic. Further, at least 0.02 percent of female children reported getting pregnant since the pandemic.

The rural boys (13-17 years) said the reasons for dropping out could be due to an obligation to help parents at home, children's own lack of interest in studying, parent's inability to give proper guidance and provide necessary things like TV connectivity and mobile phones with data packages for the online lessons. On the other hand, the rural girls cited parents not being able to support them financially and unwanted pregnancy as a cause of dropping out.

Recommendation:

- i. The MoE should enhance school-parent partnership through parenting and counselling programmes. Further, placement of male and female counsellor should be considered in all schools/institutes.
- ii. The MoH, MoE and NCWC to strengthen community services for issues related to teenage pregnancy and child marriage

7. Emotional abuse was the most common form of violence experienced by both adults and children.

About six percent of adults reported experiencing protection issues related to safety, violence or abuses. Overall, emotional abuse is experienced the most, followed by economic violence.

The children also reported experiencing more emotional abuse, followed by the physical violence which is slightly higher among females than males. Both emotional and physical abuse were experienced more by rural children as compared to urban children.

Recommendation:

- i. The MoE and NCWC should scale-up integration of GBV primary prevention interventions in schools.
- ii. The NCWC and relevant agencies (RENEW, BAOWE, etc) should strengthen young girls' and women's capacity to protect themselves from risks of violence.
- iii. The NCWC and relevant agencies should strengthen services for survivors of GBV and VAC.
- iv. The NCWC should develop strategy to provision of services for women and children during emergency situation including integration of protection services in the national emergency framework/mechanism.

8. The prevalence of non-reporting by both adults and children who are victims of physical and emotional abuse, sexual and economic violence is significant.

The survey shows the existence of physical, emotional abuse, sexual and economic violence amongst children. Among those children who experienced physical violence, more than half of the respondents did not share it with anyone while only a quarter reached out to their neighbors/relatives. In the case of emotional abuse too, more than half did not share it with anyone while a little less than a quarter shared it with neighbors/relatives. On sexual violence too, less than half of the children reported to 'others' while less than a quarter reported to none. The urgency for instituting appropriate countermeasures is rationalized from the fact that almost three quarters of adults, both males and females, reinforced that the children faced increased protection risks as a result of the COVID-19.

Further, only about 50 percent are aware of the availability of services for protection measures of domestic violence victims and toll-free helpline numbers for mental help which could be linked to non-reporting of the violence to the service providers.

Recommendation:

- i. The NCWC and relevant agencies and CSOs (RENEW, ABS, Draktsho, NL etc.) should advocate for and create better awareness about the existing services and mobilise the community to report incidents of all forms of violence.

- ii. The NCWC, RENEW, Nazhoen Lamtoen should institute a mechanism to follow-up and monitor the reports of gender-based violence and violence against children cases received during the national lockdown in consultation with the survivors.

9. The need for thematic studies on the impact of COVID-19 on women and children recognized

A visible impact of COVID-19 is faced by children living with disabilities. Students with disabilities across 20 SEN intervention schools and four more schools (including the two specialized institutes) are affected. Most of the services and facilities are provided by government institutes like Wangsel, Muenselling, and CSOs like ABS and Draktsho. These schools/institutes are currently serving a total of 255 children (134 boys and 121 girls). However, the services got disrupted because most of the regular programmes and activities had to be cancelled, preventing children from availing the services. During the lockdowns, the children with disabilities had to stay home and it was difficult for families to take care of them. In some institutes where routine treatment are being given, COVID-19 affected the delivery of such services, which resulted in families experiencing a lot of difficulties. Overall, the children were not able to catch up with the learning objectives due to the long and frequent lockdowns.

While acknowledging the limitations of the study, the validation workshop noted the need to conduct further in-depth thematic studies related to children with disabilities, child labour, impacts on various categories of employment and the tourism sector. This was reinforced by a validation workshop of stakeholders for the Impact of COVID-19 on Women and Children study in Bhutan. Moreover, since the study was also conducted in the middle of the pandemic, it was suggested that a series of post COVID-19 follow up studies be conducted to ascertain the impacts in these areas.

Recommendation:

The NCWC and relevant agencies should conduct further thematic studies based on the findings of the current study as well as on post COVID-19 impacts related to persons with disabilities, and various categories of employment.

ANNEXURE 1: SUMMARY OF FINDINGS FROM KEY INFORMANT INTERVIEWS

Education

Following the outbreak of the pandemic, all schools were closed as a safety measure to protect children. In order to ensure continuity of education, particularly during lockdowns, the MOE came up with alternative learning programmes where children could study from home. The Education in Emergency (EIE) task force was activated; developed the EIE strategies and guidelines to ensure students are provided with the best education option.

SIM (Self Instruction Materials) were printed and distributed, along with video and radio lessons prepared and aired through BBS TV and radio. As part of the EIE COVID-19 response, together with the Royal Education Council, two curriculums, i.e. Adaptive curriculum and Prioritized curriculum with reduced contents was adopted. While Class PP to VIII was put on the online mode, Classes IX to XII was opened following the prioritized curriculum through contact teaching focusing on the development of understanding and competencies on fundamental concepts and ideas in the subjects. The subjects were taught with carefully selected contents reduced to 65 percent of the normal curriculum in each subject with an attempt to facilitate the achievement of must learn outcomes. However, more than 30,000 children were unable to access the lessons on TV and online platforms (UNICEF, 2020).

The biggest impact faced by children was the closure of the schools and its consequent disruptions on normal teaching/learning for almost 180,000 children. Early learning/ECCD-SEN services got affected as efforts to enhance the fine motor skills and early stimulations could not be given its due importance. A total of 9,188 preschool children (4,602 girls and 4586 boys) with early learning needs faced difficulties in terms of home based early learning and parenting programme in all the 20 *dzongkhag* (UNICEF, 2020).

Altogether about 74,726 school children missed out on regular school feeding (UNICEF, 2020). As an important precautionary measure, adequate WASH facilities and hand washing stations were installed in all schools. Even sanitary pads were made available for girl students as part of the ongoing menstrual health initiative in schools. When the schools re-opened in 2021, schools were categorized under three categories of high risk, medium risk and low risks and Dessups were deployed in accordance with the severity of the risks. Saturdays which was declared as holiday until now had to be resumed as half day school to catch up with the instructional time loss encountered during lockdowns.

Students with disabilities across 20 SEN intervention schools and four more schools (including the two specialized institutes) were affected. Children with disabilities got more isolated from the school /facility environment where necessary services, care and stimulations are better provided for. For instance a total of 255 children with disabilities (234 boys and 121 girls) from Ability Bhutan Society, Draktsho, Wangsel, and Muenselling got affected due to discontinuity of their programmes, even experiencing some 30 dropouts from Draktsho at the time of opening after the lockdowns.⁸ Parents and caregivers who are not well informed or trained in special care is a cause of their neglect, maltreatment, violence, and abuse. While the use of Wangsel sign language is taken quite well at the school level, back at home there are issues with parents who are unable to use and understand. Moreover, there is also a general lack of COVID-19 information to the disabled children, whose reading ability is comparable at the level of Class III only. Both parents and students insisted that services to children with special needs be continued to overcome their communication gaps.

⁸ Key informant interviews with Principals of Wangsel, Muenselling and Executive Directors of Draktsho and Ability Bhutan Society, 2021.

Following the closures of schools due to lockdowns, about 403 NFE centres were closed affecting 4,576 learners (MoE, 2021). Feedings in the schools also came to an abrupt halt but in terms of expenditure the cost increased as a result of the diversion of funds in other priority areas such as WASH in 609 school to meet the needs of over 101,474 students. Similarly, all co-curricular activities such as games, sports, scouting, cultural programmes were affected. Since majority of the students came from a poor family background with limitations of accessibility to internet and smartphones, the parents are not able to provide smart phones. Even if smart phones were available, many reportedly were not able to afford data charges. Children reported that lessons taught online were difficult to understand as it was found to be completely new and requires constant guidance from teachers and elders. A Kuensel report affirmed that about 44.1 percent of the parents felt that online lessons were inadequate as compared to traditional face-face learning (Yanchen, 2021).

Loss of jobs by parents and caregivers may have resulted in domestic violence and increased the stress level in the family. Children were also said to be mentally disturbed due to prolonged stay at home and necessitated psycho social support through online counselling by school counsellors. Overall, a total of 3,455 individuals (1,598 males and 1,816 females) sought psycho-social support from the Career Education and Counselling Division of the DYS. A total of 2,915 students sought counselling services. Even 127 parents, 118 teachers and 295 'others' sought support services. Of the 3,455 individuals 2,915 cases (84 percent) were students (MoE, 2020).

So after the lockdown when schools reopened in July 2020, a total 210 students (114 Class X and 96 Class XII) did not return to school (UNICEF & UNESCO, 2021). In Thimphu Thromde for instance, a total of 149 students (81 males and 68 females) from 34 public and private schools dropped out during the period of March till December 2020. About 300 low income families living in temporary urban settlement camps in Thimphu experienced difficulties to provide the necessary mobile gadgets to their children for online lessons.

The main reasons cited includes illness, finding job, joining monastics, change of school, want to repeat in the next academic session and afraid of contracting COVID-19. According to DYS, a total of 20 cases of violence against children which includes four sexual abuses, three unintended pregnancies, three domestic violence and 10 cases of cyberbullying was reported since the outbreak of the pandemic in March 2020.

The ISPs offer of unlimited late Night Data plan seems to have produced detrimental impacts amongst young children by excessive use of internet with harmful consequences to their health and wellbeing, including cyber bullying. CECD of DYS recorded 10 cases of cyberbullying since the outbreak. In this context, with Bhutanese people spending 163 minutes on social media every day, Facebook being the most popular social media platform is a concern (Wangchuk, 2021). While mobile phone ownership stands at an impressive 96 percent at present, negative influences is also on the rise, for instance online gambling and gaming could be on the rise. Moreover, social media usage among both children and young adults is a major issue. 66 percent of parents believe that their children use social media at the expense of other good and healthy habits (BMF, 2021).

In Phuentsholing where schools were severely affected, students from Class IX to XII had to be relocated in Wangdue Phodrang and Punakha *dzongkhag*. Altogether, about 1,500 students from high risk zones were evacuated and relocated (MoE, 2021). Some private schools were also relocated, with one operating on a self-containment mode, whereby even all day students had to be kept on campus with added logistics for accommodation and school feeding.

Health

The Ministry of Health formed a task force and implemented COVID-19 Emergency Response and Health System Preparedness Plan. The Plan supports COVID-19 emergency response, enhanced risk communication and community engagement and health systems preparedness to strengthen surveillance, contact tracing and treatment of cases. Health workers who were placed on contract were all regularized as permanent employees.

Overall, all major health programmes which may likely be impacted by the pandemic were realigned so as to deliver their respective service with continuity and minimum disruptions. RMNHP for instance prepared a worst case scenario Contingency Guideline and trained/sensitized health workers virtually for preparedness and uninterrupted delivery of services. Despite some disruptions due to COVID-19 pandemic and its consequent lockdowns and fear of contracting the disease, routine immunization services was continued to ensure the health of mothers and children across the country. The overall immunization coverage was maintained above 95 per cent in 2020 (UNICEF, 2021), which is at par with the coverage it sustained in the past decade. However, EPI attendance data obtained from JDWNRH indicates that immunization for 2019 was 33,589, while it was 27,627 in 2020 indicating to a decrease by about 18 percent.⁹ The One Stop Crisis Centre at the JDWNRH recorded about 288 GBV cases during the year 2020, of which 225 cases were domestic violence and 63 were sexual assault (Lhaden, 2021). In partnership with UNDP and JICA, maternal health and the quality of Gynecology and Obstetrics service was enhanced through mobile iCTG (Cardiotocography) equipment for monitoring fetal health, and help pregnant women to avoid unnecessary visits to the hospital. There was not much impact on ANC services though some decrease was reported. As for elderly people, MOH undertook line listing of all above 60 years elderly people by preparing a list and health workers visited them in person to provide timely health treatment and services.

There is no report of major COVID-19 impacts being faced by women and children due to the timely formation of the Task force for COVID-19 Emergency Response and Health System Preparedness Plan.

The general people, however, experienced difficulties in accessing services from the health facility due to inadequate ambulance services or other means of transportation. A number of services such as online/telephone consultations, supply of medicines/drugs were streamlined during both lockdowns and the new normal times. Even for contraceptives, a hotline “2121” was activated. The only major exception being in procedural inconveniences due to the COVID-19 health protocols in place.

The COVID-19 mental health team from the MOH responded remotely to more than 800 people from March to December 2020. It helped 378 calls during the second lockdown in August alone. About 400 callers were male and more than 300 were female, including 12 minors. The remaining callers did not mention their sex (Dema, 2021).

In order to provide continuing medical education to frontline health care providers from all 20 *dzongkhag*, a total of 642 frontline health-workers were trained on preventive measures and maintaining essential sexual and reproductive health services during COVID-19. However, the pandemic impacted the delivery of antenatal and post-natal care services mainly due to the lockdowns.

As per the data maintained by MOH as on 12th of August 2021, Bhutan had a total of 2,553 cases of COVID-19. Disaggregated by gender, 988 are women and 1,565 are men. With regard to children 18 years and below, there are a total of 429 cases of which 221 are boys and 208 are girls.¹⁰

⁹ EPI attendance data obtained from JDWNRH, Thimphu.

¹⁰ Official data obtained from Ministry of Health, Royal Government of Bhutan vide email letter dated August 21, 2021

Employment

The impact COVID-19 on employment and human resource sector in the country came to the forefront. Most of the training programmes, both in-country and ex-country got disrupted and had to be suspended due to the pandemic outbreak and its consequent lockdowns. The situation was further exacerbated with a sudden increase or growth of jobseekers, which was mainly due to people being laid off from their jobs and as a result of many young people returning home from overseas employment.

As per the Trainee and Tracer Survey conducted by MoLHR in 2021, 5.2 percent are found to be overseas returnees and 8.9 percent are laid off workers. Around 189 girls who returned from the Middle East had to be counseled for their mental health and trained on various income generating skills like gardening, cooking, baking, housekeeping, early child care, and elderly care. However, the delivery approach of the training got affected with no physical presence in the classrooms, laboratories and workshops, devoid of the real industry based learning focus.

The loss of jobs and employment was one of the most visible impacts seen as a result of COVID-19 which directly affected young people, their family and especially women. Even from Critical Skills Training (CST) and Youth Engagement and Livelihood Programme (YELP) programmes categories, 19.9 percent either left job or lost their jobs due to the pandemic or other reasons (MoLHR, 2021).

The pandemic also affected employment prospects of those in the tourism, hospitality and entertainment sector which affected about 50,000 people (UNDP, 2020). From about 4,000 guides, 360 (10 percent) women guides lost their jobs or got laid off.¹¹ Loss of job, especially to those working in the entertainment sector such as Drayangs, bars, hotels, restaurants became widespread. Amongst many measures adopted to address the rising unemployment scenario, MOLHR had to lift the age limit by making concessions for the implementing partners by modifying the employment criteria, even for those who wanted to work abroad. In this way, the target group for employment got expanded. Dominance by male participation in the training programmes and activities also impacted on issues of gender equity. While employment was more or less guaranteed during the pre-pandemic time, even people who were employed earlier started to lose their jobs after the outbreak of the pandemic.

Gender Based Violence, Disability, WIDC, and CIDC

GBV is said to have seen a steady rise. There was a recorded increase of 52 percent in violence against women. During the year 2020, RENEW recorded a total of 344 cases of gender based violence and Non GBV and other cases involving men, women and children. Of the total cases, 328 were women and 16 were men. Emotional abuse tops with 147 cases, followed by physical abuse with 46, trafficking in person-39 cases, non DV/GBV-37 and economic abuse 35 cases. The agency also has 27 children in the shelter home at present, of which 15 percent are cases of child abuse (RENEW, 2020).

For instance, during the 2nd lockdown alone, from 17 Dec 2020 to 7th January 2021, a total of 109 cases of GBV is recorded by RENEW (16 different cases faced by men, 77 different cases faced by women and another 16 different cases faced by children). Of which physical violence of women (48 cases) and emotional violence of women (12 cases) topped the incidences. For children, physical violence topped with 11 cases. Sexual and Reproductive Health and OPD medical cases handled by RENEW stood at 805 cases during the year (775 women and 30 men) (RENEW, 2020).

¹¹ Communication with the Chairperson of Guide Association of Bhutan, June 2021.

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Another visible impact of COVID-19 is faced by children living with disabilities. Most of the services and facilities provided by both government schools like Wangsel, Muenselling and CSOs like Ability Bhutan Society and Draktsho. These schools/institutes are currently serving a total of 255 children (134 boys and 121 girls).¹² However, the services got disrupted because most of the regular programs and activities had to be cancelled, preventing children from availing the services. During the lockdowns, the children with disabilities had to stay home and it was difficult for families to take care of them. In some institutes where timely treatment are being given, COVID-19 affected the delivery of such services, which resulted families to experience a lot of difficulties and stress. Overall, the children were not able to catch up with the learning objectives due to the long and frequent lockdowns.

The case of disadvantaged road side street hawkers/vendors women in difficult circumstances supported by BAOWE got greatly impacted. Without any savings or alternative livelihoods they were deprived of support or assistance from any other entities. During the pandemic the small temporary shop outlets of these vendors had to be closed. A total of 22 such families got affected due to the lockdowns, putting them under enormous distress as they had no money to pay for the accommodation rentals, children's education, and purchase of essential food commodities.¹³

Similarly, a total of 252 CIDC supported by Nazhoen Lamtoen are directly impacted by the pandemic, of which 19 are placed at the shelter home. Many of the 48 income generating businesses established for reintegration of reformed CICLs had to be closed. The services being totally voluntary is facing issues of continuity with serious setbacks in providing its regular services, thereby making the long term sustainability drive more distant.¹⁴

Justice

Because of COVID-19, all the court proceedings and hearings had to be done virtually. While the witness or victims are allowed to directly interact with the judge, the accused are able to view and hear the proceedings via two way video conferencing system installed in the court room. The two way video communications system allowed the child witnesses to identify the accused on camera. The child victims are prevented from coming face to face with the alleged offenders to make sure they are not intimidated while court proceedings are on.

Local leaders such as *gup*, *mangmi*, and *tshogpa* had to be mobilized in rural areas to gather witness for the cases. With support from local leaders, the court could conduct more hearings rather than just 5 hearings a day like before. A total of 353 cases on women and children had been dealt by the Family and Child Bench (RCJ) in Thimphu during 2020¹⁵ (not due to pandemic alone). One of the leading problems faced was with matrimonial cases with 301 cases recorded during the year. This is because both perpetrators and victims are reportedly living together in small houses, creating a perfect condition for such undesirable incidences. Another common case received at the Family and Child Bench was domestic violence with a total of 16 cases during the year. Other cases such as CICL (7 cases), CIDC (10 cases), child support allowance cases (12 cases) saw some increase, especially because of individuals defaulting on child support during the pandemic.¹⁶ So, for those receiving *Kidu* support, effort was made in facilitating payment of certain percentage of the *Kidu* amount for child support. Five paternity cases and two cases of child custody were also reported.

¹² Key Informant Interviews with the Principals and Executive Directors of Wangsel, Muenselling, ABS and Draktsho.

¹³ Key informant Interview with Executive Director of BAOWE.

¹⁴ Key Informant Interview with Executive Director of Nazhoen Lamtoen.

¹⁵ Data on number and types of cases relating to women and children-Year 2020, Family and Child Bench, Thimphu *Dzongkhag* Court.

¹⁶ Ibid.

Rising incidences of rapes cases have also been reported. In 2020, the OAG received a total of 59 cases of statutory rape, rape of a child above 12 years and Attempt, 14 cases of child molestation and 8 cases of domestic violence. Similarly, in 2021 as of date, the OAG received a total of 32 cases of statutory rape, rape of a child above 12 years and Attempt, 4 cases of child molestation and 4 cases of domestic violence, which is however not fully attributable to be caused by the pandemic alone¹⁷

Impacts at the dzongkhag level

Key informants at the *dzongkhag* levels reiterated that school closure was one of the leading concerns and it impacted children's education in a big way. The pandemic affected the poor and low income groups, due to loss of economic activities resulting from the lockdowns. Many poor parents who depended upon their daily wage earning for their livelihood could not afford the cost for their basic household needs and children's education.

Many households are said have faced difficulties to buy smartphones and TVs, in addition to the need to recharge data on a daily basis to help children to access online/TV lessons. The requirement to use mobile phones for school lessons also made children susceptible to an increased risks of getting hooked to it, exposing them to online gaming and harmful contents.

With the schools remaining closed for prolonged period during the lockdowns, many children, mostly girls are also said to have been abused and raped, some falling prey to forced marriage, unwanted pregnancies and even suicide in some cases. The sporadic reports by the media is a pointer to this situation.

Many small shopkeepers whether in the urban cities or rural towns got affected badly, because their small shops, mainly owned by women were forced to remain closed during the lockdowns. Entertainment centres like drayang, karaokes, and bars which mainly gave employment to young people were closed, affecting all who depended on it for a living.

Overall Development

Following the outbreak of the pandemic, the most visible impact on overall development programmes was that ongoing or ready for implementation programmes had to be reprogrammed. Accordingly the allocation of funds also got diverted to the needy areas bringing in a lot of change in the planning and implementation modalities of working with the implementing agencies. Most of the human resources development and capacity building programmes had to be cancelled and funds re-appropriated to advocacy and procurement of necessary essential items needed for prevention and management of COVID-19. Capital activities like constructions had to be also deferred due to ban on import of foreign labourers.

For instance, the average growth rate of the economy prior to the outbreak of the pandemic was about 6-7 percent but it slowly dropped to only about 2-3 percent as a result of the pandemic. However, efforts was made to sustain the implementation by initiating and co-ordinating the various development actions, including gender equality issues. The government made an extra effort to keep track with the GNH ideals despite unfavorable time and consequent disparities. Every policy and project continued to be assessed using the GNH Policy screening tool, which also considered gender equality as a key criterion.

¹⁷ Data on number and types of cases relating to women and children-Year 2020, Office of the Attorney General, Royal Government of Bhutan.

ANNEXURE 2: LIST OF KEY INFORMANTS

1. Kinley Zam, Planning Officer, PPD, MoH
2. Karma Tenzin, Program Officer, RMNHP, DPH, MoH
3. Kinley Gyeltshen , Chief Programme Officer, SPCD, MoE
4. Karma Wangchuk, Chief Program Officer, Health & Nutrition Div., MoE
5. Tenzin Choden , Chief Program Officer, DEHR, HRSDD, MoLHR
6. Phuentsho Choden , Gender Focal Person, GNHC
7. Lungten Drubjur , Attorney General, Office of Attorney General
8. Pelden Wangmo, Hon'ble Judge, Royal Court of Justice
9. Ugyen Tshomo, Chief Program Officer, Women Div., NCWC
10. Sonam Gyeltshen, Dy. Chief Program Officer, NCWC
11. Tshering Dolkar, Executive Director, RENEW
12. Ugyen Wangchuk, Executive Director, Ability Bhutan Society
13. Damchae Dem, Founder /CEO, BAOWE
14. Tshering Pelden, Project Coordinator, BAOWE
15. Roseleen Gurung, Director of Programmes, Tarayana Foundation
16. Tshering Yuden, Assistant Program Officer & GFP, Tarayana Foundation
17. Dechen Zam, M&E Specialist, UNICEF
18. Tshering Choki, Gender Focal person, UNDP
19. Ugyen Penjor, Chief Executive Officer, Kuensel Corporation
20. Thinley Tobgay, Executive Director, Nazhoen Lamtoen
21. Ugyen Wangchuk, Administrative Officer, Nazhoen Lamtoen
22. Karma Doma Tshering, Dy. National Director, SCI Bhutan
23. Nar Bahadur Chettri, MEAL Manager, SCI Bhutan
24. Tsyering Syelden Namgyel, Child Protection Officer, SCI Bhutan
25. Sonam Pelden, GPE Project Coordinator, SCI Bhutan
26. Deki Zam, Executive Director, Draktsho VTC
27. Dorji Wangdrup, Principal, Muenselling Institute
28. Dechen Tshering, Principal, Wangsel Institute
29. Sonam Tenzin, Gender Focal Person, Bumthang
30. Sherab Pelmo, Gender Focal Person, Chukha
31. Tshering Wangdi, Gender Focal Person, Mongar
32. Karma Dorji, Gender Focal Person, Thimphu
33. Kezang Phuntsho Lodey, Gender Focal Person, Samtse
34. Yeshey Wangchuk, Gender Focal Person, Samdrup Jongkhar

ANNEXURE 3: STATISTICAL TABLES
Table A1.1: Number of Adult and Child Respondents, by dzongkhag/thromde by sex

Dzongkhag/Thromde	Adult			Child		
	Male	Female	Total	Male	Female	Total
Bumthang	145	232	377	175	178	353
Chukha	305	392	697	289	308	597
<i>Phuentsholing Thromde</i>	177	216	393	170	189	359
<i>Other than Phuentsholing Thromde</i>	128	176	304	119	119	238
Dagana	128	199	327	135	137	272
Gasa	51	88	139	65	65	130
Haa	107	218	325	130	157	287
Lhuentse	103	242	345	147	165	312
Mongar	142	234	376	174	192	366
Paro	142	243	385	147	184	331
Pema Gatshel	102	242	344	145	188	333
Punakha	94	282	376	151	191	342
Samdrup Jongkhar	222	340	562	248	307	555
<i>Samdrup Jongkhar Thromde</i>	131	194	325	143	182	325
<i>Other than Samdrup Jongkhar Thromde</i>	91	146	237	105	125	230
Samtse	152	194	346	160	143	303
Sarpang	207	445	652	262	255	517
<i>Gelephu Thromde</i>	92	225	317	114	123	237
<i>Other than Gelephu Thromde</i>	115	220	335	148	132	280
Thimphu	305	392	697	333	341	674
<i>Thimphu Thromde</i>	126	248	374	186	178	364
<i>Other than Thimphu Thromde</i>	111	221	332	147	163	310
Tashigang	153	197	350	170	159	329
Tashi Yangtse	151	220	371	170	183	353
Trongsa	112	169	281	118	132	250
Tsirang	127	221	348	114	138	252
Wangdue Phodrang	128	272	400	182	201	383
Zhemgang	117	224	341	149	161	310
Bhutan	2,925	5,123	8,048	3,464	3,785	7,249

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Table A2.1: Literacy rate and school attendance, by dzongkhag/thromde

<i>Dzongkhag/Thromde</i>	Literacy rate	School attendance
Bumthang	47.1	47.3
Chukha	54.2	52.0
<i>Phuentsholing Thromde</i>	72.1	68.0
<i>Other than Phuentsholing Thromde</i>	43.4	42.3
Dagana	33.3	36.5
Gasa	51.6	52.3
Haa	41.8	42.7
Lhuentse	36.4	32.2
Mongar	59.7	55.0
Paro	49.4	50.7
Pema Gatshel	43.8	42.4
Punakha	43.4	42.5
Samdrup Jongkhar	46.7	45.1
<i>Samdrup Jongkhar Thromde</i>	62.9	59.9
<i>Other than Samdrup Jongkhar Thromde</i>	37.4	36.6
Samtse	29.5	29.5
Sarpang	62.6	52.5
<i>Gelephu Thromde</i>	76.6	71.9
<i>Other than Gelephu Thromde</i>	59.8	48.6
Thimphu	64.0	64.5
<i>Thimphu Thromde</i>	65.5	66.7
<i>Other than Thimphu Thromde</i>	56.2	53.0
Tashigang	47.6	42.2
Tashi Yangtse	43.6	39.1
Trongsa	49.7	49.7
Tsirang	41.8	47.2
Wangdue Phodrang	39.3	38.9
Zhemgang	44.6	45.5
Bhutan	48.7	47.5

Table A2.2: Mean age of household head, by dzongkhag/thromde

Dzongkhag/Thromde	Age
Bumthang	50.6
Chukha	45.8
<i>Phuentsholing Thromde</i>	43.9
<i>Other than Phuentsholing Thromde</i>	47.0
Dagana	50.0
Gasa	45.4
Haa	53.4
Lhuentse	51.5
Mongar	46.2
Paro	48.6
Pema Gatshel	40.6
Punakha	51.1
Samdrup Jongkhar	41.9
<i>Samdrup Jongkhar Thromde</i>	41.4
<i>Other than Samdrup Jongkhar Thromde</i>	42.2
Samtse	53.4
Sarpang	52.3
<i>Gelephu Thromde</i>	46.5
<i>Other than Gelephu Thromde</i>	53.4
Thimphu	43.0
<i>Thimphu Thromde</i>	42.5
<i>Other than Thimphu Thromde</i>	45.8
Tashigang	50.2
Tashi Yangtse	44.2
Trongsa	49.5
Tsirang	52.9
Wangdue Phodrang	47.1
Zhemgang	48.2
Bhutan	48.2

Table A3.1: Proportion of adults reporting whether or not COVID-19 can spread even if they don't have symptoms, by sex and area

	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	88.7	88.9	87.1	91.7	88.8
No	4.6	3.3	4.2	3.1	3.8
Don't know	6.8	7.9	8.7	5.2	7.5
Total	100	100	100	100	100

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Table A3.2: Proportion of children reporting whether or not COVID-19 can spread even if they don't have symptoms, by sex and area

	Sex		Area		Total
	Male	Female	Rural	Urban	
Yes	88.6	89.7	88.0	90.9	89.2
No	5.7	5.8	6.3	4.9	5.8
Don't know	5.7	4.5	5.7	4.2	5.1
Total	100.0	100.0	100.0	100.0	100.0

Table A3.3: Proportion of adults reporting different modes of COVID-19 spread, by dzongkhag/thromde

Dzongkhag/Thromde	Close contact with infected person	Through respiratory droplets when people with COVID-19 cough, sneeze, sing, talk, or breathe	Through exposure to droplets and particles that linger in the air for minutes to hours	Through droplets on surfaces and objects and be transferred by touch.	Others
Bumthang	66.8	15.8	3.8	0.4	23.7
Chukha	90.2	62.1	15.1	16.5	3.5
<i>Phuentsholing Thromde</i>	78.1	60.4	17.1	20.6	9.3
<i>Other than Phuentsholing Thromde</i>	97.5	63.1	13.9	14.1	0.0
Dagana	89.5	63.2	8.0	41.8	8.6
Gasa	73.0	30.7	1.4	4.6	17.0
Haa	77.5	25.3	13.4	17.1	7.4
Lhuentse	62.3	70.4	11.5	12.5	10.5
Mongar	29.1	59.3	18.3	11.2	1.7
Paro	87.3	46.6	17.4	9.2	3.1
Pema Gatshel	78.5	42.5	18.7	9.5	6.1
Punakha	67.8	41.5	5.7	7.6	5.0
Samdrup Jongkhar	45.5	46.4	7.8	10.5	15.3
<i>Samdrup Jongkhar Thromde</i>	20.8	69.8	9.1	16.6	2.0
<i>Other than Samdrup Jongkhar Thromde</i>	59.6	33.0	7.0	7.1	22.9
Samtse	100.0	33.7	10.0	0.6	1.7
Sarpang	61.3	26.5	7.1	7.5	38.7
<i>Gelephu Thromde</i>	64.5	30.4	24.8	17.4	45.8
<i>Other than Gelephu Thromde</i>	60.7	25.7	3.5	5.5	37.2
Thimphu	78.1	25.1	6.9	8.8	11.0
<i>Thimphu Thromde</i>	80.0	24.6	6.6	7.7	10.4
<i>Other than Thimphu Thromde</i>	68.1	27.6	8.9	14.6	13.7
Tashigang	73.2	40.7	4.3	4.3	8.7
Tashi Yangtse	69.1	59.3	12.6	12.9	13.1
Trongsa	74.7	27.9	5.4	2.2	16.5
Tsirang	85.1	32.5	11.1	45.1	14.8
Wangdue Phodrang	75.4	63.9	10.2	10.0	1.2
Zhemgang	72.2	59.7	6.7	6.1	7.0

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Bhutan	77.1	40.9	9.7	11.2	10.6
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Table A3.4: Proportion of children reporting different modes of COVID-19 spread, by dzongkhag/thromde

Dzongkhag/Thromde	Close contact with infected person	Through respiratory droplets when people with COVID-19 cough, sneeze, sing, talk, or breathe	Through exposure to droplets and particles that linger in the air for minutes to hours	Through droplets on surfaces and objects and be transferred by touch.	Others
Bumthang	73.9	12.8	6.9	1.9	14.4
Chukha	82.1	67.8	16.0	13.2	2.9
<i>Phuentsholing Thromde</i>	74.0	62.9	23.5	20.2	6.6
<i>Other than Phuentsholing Thromde</i>	87.1	70.8	11.4	9.0	0.6
Dagana	83.9	81.2	10.1	39.6	4.5
Gasa	69.4	43.6	1.9	12.6	17.0
Haa	77.0	39.1	12.5	22.6	4.2
Lhuentse	59.1	87.2	19.8	18.6	6.5
Mongar	24.9	53.8	22.4	17.3	1.2
Paro	86.7	50.6	15.5	10.2	0.0
Pema Gatshel	85.0	43.8	14.3	11.3	7.5
Punakha	73.5	43.3	8.5	9.9	13.5
Samdrup Jongkhar	49.0	40.1	12.1	11.1	14.6
<i>Samdrup Jongkhar Thromde</i>	20.2	65.6	13.8	19.7	2.5
<i>Other than Samdrup Jongkhar Thromde</i>	63.9	26.8	11.2	6.6	21.0
Samtse	100.0	29.0	5.6	0.5	2.5
Sarpang	55.9	23.1	12.9	12.0	41.3
<i>Gelephu Thromde</i>	57.9	26.7	28.1	15.5	40.9
<i>Other than Gelephu Thromde</i>	55.5	22.4	9.7	11.3	41.4
Thimphu	72.0	36.2	9.4	9.6	12.4
<i>Thimphu Thromde</i>	74.4	36.1	9.6	9.2	11.7
<i>Other than Thimphu Thromde</i>	59.8	37.0	8.6	11.9	16.3
Tashigang	67.8	46.3	5.6	10.2	6.6
Tashi Yangtse	59.3	79.8	22.5	17.3	3.7
Trongsa	68.7	37.9	3.1	0.7	19.2
Tsirang	90.3	66.0	21.6	57.2	3.4
Wangdue Phodrang	72.0	63.4	12.6	18.8	11.0
Zhemgang	66.3	60.8	9.0	9.1	9.2
Bhutan	73.9	46.3	11.6	12.9	10.3

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Table A3.5: Proportion of adults reporting whether or not COVID-19 can spread even if they don't have symptoms, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Don't know	Total
Bumthang	94.4	3.0	2.7	100.0
Chukha	94.0	2.4	3.6	100.0
<i>Phuentsholing Thromde</i>	96.1	1.8	2.0	100.0
<i>Other than Phuentsholing Thromde</i>	92.7	2.7	4.6	100.0
Dagana	91.3	0.1	8.6	100.0
Gasa	82.5	9.2	8.3	100.0
Haa	79.4	5.8	14.8	100.0
Lhuentse	91.0	2.4	6.7	100.0
Mongar	95.7	2.2	2.0	100.0
Paro	81.5	8.2	10.3	100.0
Pema Gatshel	92.4	4.7	2.9	100.0
Punakha	90.9	3.5	5.6	100.0
Samdrup Jongkhar	87.9	8.6	3.5	100.0
<i>Samdrup Jongkhar Thromde</i>	96.9	1.4	1.7	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	82.8	12.7	4.5	100.0
Samtse	95.2	1.5	3.4	100.0
Sarpang	78.3	3.0	18.8	100.0
<i>Gelephu Thromde</i>	85.8	1.3	12.9	100.0
<i>Other than Gelephu Thromde</i>	76.8	3.3	19.9	100.0
Thimphu	89.8	3.8	6.4	100.0
<i>Thimphu Thromde</i>	89.9	3.7	6.4	100.0
<i>Other than Thimphu Thromde</i>	89.6	4.0	6.4	100.0
Tashigang	86.3	6.8	6.9	100.0
Tashi Yangtse	93.6	3.7	2.7	100.0
Trongsa	80.3	6.8	12.8	100.0
Tsirang	80.0	5.1	15.0	100.0
Wangdue Phodrang	91.1	1.6	7.3	100.0
Zhemgang	91.9	3.9	4.2	100.0
Bhutan	88.8	3.8	7.5	100.0

Table A3.6 Proportion of children reporting whether or not COVID-19 can spread even if they don't have symptoms, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Don't know	Total
Bumthang	83.8	9.4	6.8	100.0
Chukha	90.1	3.2	6.8	100.0
<i>Phuentsholing Thromde</i>	90.8	3.4	5.8	100.0
<i>Other than Phuentsholing Thromde</i>	89.6	3.1	7.4	100.0
Dagana	96.3	0.6	3.1	100.0
Gasa	81.0	11.5	7.5	100.0
Haa	81.7	11.2	7.0	100.0
Lhuentse	97.7	1.1	1.2	100.0
Mongar	92.3	1.5	6.2	100.0
Paro	85.6	11.6	2.9	100.0
Pema Gatshel	87.3	12.5	0.3	100.0
Punakha	91.6	4.7	3.8	100.0
Samdrup Jongkhar	80.1	17.0	2.9	100.0
<i>Samdrup Jongkhar Thromde</i>	95.8	1.7	2.5	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	71.9	25.0	3.1	100.0
Samtse	94.1	0.3	5.7	100.0
Sarpang	80.7	3.1	16.3	100.0
<i>Gelephu Thromde</i>	79.9	2.0	18.1	100.0
<i>Other than Gelephu Thromde</i>	80.8	3.3	15.9	100.0
Thimphu	91.7	4.9	3.4	100.0
<i>Thimphu Thromde</i>	92.2	4.8	3.0	100.0
<i>Other than Thimphu Thromde</i>	89.2	5.2	5.6	100.0
Tashigang	85.8	11.7	2.5	100.0
Tashi Yangtse	95.6	3.4	1.0	100.0
Trongsa	78.3	8.8	12.9	100.0
Tsirang	93.3	3.1	3.5	100.0
Wangdue Phodrang	92.0	3.5	4.6	100.0
Zhemgang	86.6	8.4	5.0	100.0
Bhutan	89.2	5.8	5.1	100.0

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Table A3.7: Proportion of adults reporting how concerned were you about COVID-19 at the time of its outbreak in the beginning of 2020, by dzongkhag/thromde

Dzongkhag/Thromde	Not at all concerned	Moderately concerned	Very concerned	Total
Bumthang	2.6	14.7	82.7	100.0
Chukha	3.9	15.8	80.3	100.0
<i>Phuentsholing Thromde</i>	4.8	15.3	79.9	100.0
<i>Other than Phuentsholing Thromde</i>	3.3	16.1	80.6	100.0
Dagana	4.7	22.1	73.3	100.0
Gasa	2.9	10.8	86.4	100.0
Haa	4.4	9.4	86.3	100.0
Lhuentse	2.0	3.2	94.8	100.0
Mongar	4.5	19.5	76.0	100.0
Paro	2.5	12.2	85.3	100.0
Pema Gatshel	1.9	21.0	77.2	100.0
Punakha	7.8	7.7	84.5	100.0
Samdrup Jongkhar	8.6	14.2	77.2	100.0
<i>Samdrup Jongkhar Thromde</i>	10.2	18.8	71.0	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	7.8	11.5	80.7	100.0
Samtse	28.4	16.4	55.2	100.0
Sarpang	7.0	25.7	67.4	100.0
<i>Gelephu Thromde</i>	8.3	14.7	77.0	100.0
<i>Other than Gelephu Thromde</i>	6.7	27.8	65.5	100.0
Thimphu	7.1	21.5	71.3	100.0
<i>Thimphu Thromde</i>	7.6	22.7	69.8	100.0
<i>Other than Thimphu Thromde</i>	5.0	15.5	79.5	100.0
Tashigang	2.3	18.8	78.9	100.0
Tashi Yangtse	4.2	11.5	84.3	100.0
Trongsa	2.3	28.9	68.9	100.0
Tsirang	7.3	17.9	74.7	100.0
Wangdue Phodrang	8.4	11.0	80.6	100.0
Zhemgang	3.9	7.2	88.9	100.0
Bhutan	8.0	17.1	75.0	100.0

Table A3.8: Proportion of children reporting how concerned they were about COVID-19 at the time of its outbreak in the beginning of 2020, by dzongkhag/thromde

Dzongkhag/Thromde	Not at all concerned	Moderately concerned	Very concerned	Total
Bumthang	8.0	38.1	53.9	100.0
Chukha	9.7	34.8	55.5	100.0
<i>Phuentsholing Thromde</i>	12.6	30.6	56.8	100.0
<i>Other than Phuentsholing Thromde</i>	8.0	37.3	54.7	100.0
Dagana	13.9	40.3	45.8	100.0
Gasa	19.4	39.6	41.0	100.0
Haa	16.0	32.9	51.2	100.0
Lhuentse	6.0	27.8	66.2	100.0
Mongar	17.5	50.6	31.9	100.0
Paro	8.6	27.9	63.4	100.0
Pema Gatshel	26.3	44.6	29.1	100.0
Punakha	18.2	24.5	57.3	100.0
Samdrup Jongkhar	21.6	38.0	40.5	100.0
<i>Samdrup Jongkhar Thromde</i>	32.5	36.2	31.3	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	15.8	38.9	45.3	100.0
Samtse	14.3	48.5	37.3	100.0
Sarpang	16.5	37.6	45.9	100.0
<i>Gelephu Thromde</i>	19.8	26.8	53.4	100.0
<i>Other than Gelephu Thromde</i>	15.8	39.9	44.3	100.0
Thimphu	19.5	44.3	36.2	100.0
<i>Thimphu Thromde</i>	19.4	45.0	35.6	100.0
<i>Other than Thimphu Thromde</i>	20.1	40.3	39.6	100.0
Tashigang	7.8	41.1	51.1	100.0
Tashi Yangtse	11.2	29.4	59.4	100.0
Trongsa	15.1	34.4	50.5	100.0
Tsirang	12.3	34.9	52.8	100.0
Wangdue Phodrang	17.7	23.6	58.7	100.0
Zhemgang	17.0	26.5	56.5	100.0
Bhutan	15.4	37.8	46.8	100.0

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Table A3.9: Proportion of adults reporting how susceptible they considered to get infected by COVID-19, by dzongkhag/thromde

Dzongkhag/Thromde	Not at all susceptible	Moderately susceptible	Very susceptible	Total
Bumthang	1.1	22.8	76.1	100.0
Chukha	3.2	27.7	69.1	100.0
<i>Phuentsholing Thromde</i>	4.9	15.1	80.1	100.0
<i>Other than Phuentsholing Thromde</i>	2.1	35.4	62.5	100.0
Dagana	2.0	47.2	50.7	100.0
Gasa	5.8	21.3	73.0	100.0
Haa	2.4	17.9	79.7	100.0
Lhuentse	2.5	4.2	93.3	100.0
Mongar	5.3	23.7	71.0	100.0
Paro	2.2	12.9	84.9	100.0
Pema Gatshel	2.2	18.4	79.4	100.0
Punakha	19.4	30.4	50.2	100.0
Samdrup Jongkhar	9.1	29.5	61.4	100.0
<i>Samdrup Jongkhar Thromde</i>	13.3	36.9	49.9	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	6.7	25.3	68.0	100.0
Samtse	0.0	15.4	84.6	100.0
Sarpang	6.1	51.1	42.8	100.0
<i>Gelephu Thromde</i>	2.9	60.0	37.1	100.0
<i>Other than Gelephu Thromde</i>	6.7	49.4	43.9	100.0
Thimphu	9.5	36.6	53.9	100.0
<i>Thimphu Thromde</i>	9.5	37.3	53.2	100.0
<i>Other than Thimphu Thromde</i>	9.3	32.9	57.8	100.0
Tashigang	1.1	18.2	80.7	100.0
Tashi Yangtse	5.7	17.9	76.4	100.0
Trongsa	1.5	48.7	49.8	100.0
Tsirang	6.4	47.2	46.5	100.0
Wangdue Phodrang	12.3	22.7	65.1	100.0
Zhemgang	8.9	25.4	65.6	100.0
Bhutan	5.8	29.3	64.9	100.0

Table A3.10: Proportion of children reporting how susceptible they considered to get infected by COVID-19, by dzongkhag/thromde

Dzongkhag/Thromde	Not at all susceptible	Moderately susceptible	Very susceptible	Total
Bumthang	6.4	47.8	45.8	100.0
Chukha	5.7	42.6	51.7	100.0
<i>Phuentsholing Thromde</i>	6.3	34.8	58.9	100.0
<i>Other than Phuentsholing Thromde</i>	5.4	47.3	47.4	100.0
Dagana	5.4	63.5	31.1	100.0
Gasa	37.6	38.1	24.3	100.0
Haa	20.7	30.2	49.1	100.0
Lhuentse	7.3	28.4	64.3	100.0
Mongar	25.1	37.3	37.6	100.0
Paro	11.6	29.7	58.8	100.0
Pema Gatshel	16.3	38.5	45.3	100.0
Punakha	25.5	38.6	35.9	100.0
Samdrup Jongkhar	22.3	40.9	36.8	100.0
<i>Samdrup Jongkhar Thromde</i>	34.6	43.4	22.0	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	15.9	39.6	44.6	100.0
Samtse	0.0	28.9	71.1	100.0
Sarpang	10.6	60.0	29.4	100.0
<i>Gelephu Thromde</i>	16.1	56.5	27.4	100.0
<i>Other than Gelephu Thromde</i>	9.5	60.7	29.8	100.0
Thimphu	19.2	52.5	28.3	100.0
<i>Thimphu Thromde</i>	18.2	53.2	28.6	100.0
<i>Other than Thimphu Thromde</i>	24.3	48.9	26.9	100.0
Tashigang	4.4	28.4	67.2	100.0
Tashi Yangtse	16.5	31.8	51.7	100.0
Trongsa	10.8	59.8	29.4	100.0
Tsirang	7.4	63.1	29.5	100.0
Wangdue Phodrang	15.4	41.0	43.6	100.0
Zhemgang	13.5	48.5	38.0	100.0
Bhutan	12.9	43.7	43.5	100.0

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Table A3.11: Proportion of adultren reporting how concerned they were about COVID-19 just now, by dzongkhag/thromde

Dzongkhag/Thromde	Not at all concerned	Moderately concerned	Very concerned	Total
Bumthang	1.6	40.6	57.8	100.0
Chukha	3.4	27.7	68.9	100.0
<i>Phuentsholing Thromde</i>	4.8	18.7	76.5	100.0
<i>Other than Phuentsholing Thromde</i>	2.6	33.1	64.3	100.0
Dagana	6.3	56.4	37.3	100.0
Gasa	9.8	34.0	56.1	100.0
Haa	3.1	39.0	58.0	100.0
Lhuentse	1.6	20.7	77.8	100.0
Mongar	1.6	22.4	76.0	100.0
Paro	3.3	33.7	63.1	100.0
Pema Gatshel	2.3	32.5	65.2	100.0
Punakha	15.1	29.0	56.0	100.0
Samdrup Jongkhar	5.1	41.4	53.5	100.0
<i>Samdrup Jongkhar Thromde</i>	5.5	42.5	52.0	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	4.8	40.8	54.4	100.0
Samtse	0.0	12.5	87.5	100.0
Sarpang	8.2	48.4	43.4	100.0
<i>Gelephu Thromde</i>	3.8	63.0	33.3	100.0
<i>Other than Gelephu Thromde</i>	9.1	45.5	45.4	100.0
Thimphu	9.0	37.3	53.7	100.0
<i>Thimphu Thromde</i>	9.4	36.6	54.1	100.0
<i>Other than Thimphu Thromde</i>	7.2	40.8	52.1	100.0
Tashigang	3.0	19.5	77.5	100.0
Tashi Yangtse	4.3	29.5	66.3	100.0
Trongsa	1.0	64.4	34.6	100.0
Tsirang	13.7	54.1	32.2	100.0
Wangdue Phodrang	7.6	44.1	48.3	100.0
Zhemgang	5.3	24.2	70.6	100.0
Bhutan	5.8	34.9	59.4	100.0

Table A3.12: Proportion of children reporting how concerned they were about COVID-19 just now, by dzongkhag/thromde

Dzongkhag/Thromde	Not at all concerned	Moderately concerned	Very concerned	Total
Bumthang	5.2	66.0	28.9	100.0
Chukha	8.0	37.7	54.3	100.0
<i>Phuentsholing Thromde</i>	11.8	18.9	69.3	100.0
<i>Other than Phuentsholing Thromde</i>	5.6	49.2	45.2	100.0
Dagana	12.4	60.2	27.4	100.0
Gasa	26.1	41.5	32.3	100.0
Haa	17.7	56.4	26.0	100.0
Lhuentse	4.0	37.3	58.8	100.0
Mongar	7.2	43.4	49.4	100.0
Paro	8.4	47.1	44.4	100.0
Pema Gatshel	3.6	49.1	47.3	100.0
Punakha	13.7	49.8	36.6	100.0
Samdrup Jongkhar	10.3	52.3	37.4	100.0
<i>Samdrup Jongkhar Thromde</i>	16.0	59.6	24.3	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	7.4	48.4	44.2	100.0
Samtse	0.0	27.0	73.0	100.0
Sarpang	11.5	57.1	31.3	100.0
<i>Gelephu Thromde</i>	15.7	62.9	21.5	100.0
<i>Other than Gelephu Thromde</i>	10.7	55.9	33.4	100.0
Thimphu	19.4	48.5	32.1	100.0
<i>Thimphu Thromde</i>	19.2	47.8	33.0	100.0
<i>Other than Thimphu Thromde</i>	20.2	52.2	27.6	100.0
Tashigang	3.5	33.2	63.3	100.0
Tashi Yangtse	11.4	43.8	44.8	100.0
Trongsa	13.2	76.8	10.0	100.0
Tsirang	10.0	66.4	23.6	100.0
Wangdue Phodrang	13.9	55.0	31.1	100.0
Zhemgang	8.6	44.6	46.8	100.0
Bhutan	10.7	47.6	41.7	100.0

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Table A4.1: Changes in number of hours devoted to paid work since the spread of COVID-19, by dzongkhag/thromde

Dzongkhag/Thromde	Increased	No change/ It is the same	Decreased, but I didn't lose my job	I lost my job	I don't know	Total
Bumthang	5.2	37.0	51.6	6.2	0.0	100.0
Chukha	9.0	37.5	41.3	6.1	6.2	100.0
<i>Phuntsholing Thromde</i>	8.7	36.6	33.6	10.4	10.7	100.0
<i>Other than Phuntsholing Thromde</i>	9.2	38.2	47.2	2.8	2.7	100.0
Dagana	7.3	6.1	4.6	1.0	81.0	100.0
Gasa	6.0	43.2	29.4	0.0	21.4	100.0
Haa	14.4	51.7	20.5	10.3	3.1	100.0
Lhuentse	19.0	54.2	19.1	7.8	0.0	100.0
Mongar	31.7	46.5	20.9	0.9	0.0	100.0
Paro	3.3	19.6	45.0	9.3	22.8	100.0
Pema Gatshel	4.5	76.8	17.2	0.3	1.3	100.0
Punakha	3.7	17.7	26.3	7.4	44.9	100.0
Sanmdrup Jongkhar	14.7	62.0	21.9	1.0	0.5	100.0
<i>Samdrup Jongkhar Thromde</i>	37.0	28.1	30.5	2.5	1.8	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	6.6	74.3	18.8	0.4	0.0	100.0
Samtse	3.8	25.0	15.5	0.7	55.0	100.0
Sarpang	9.2	57.7	27.2	5.1	0.8	100.0
<i>Gelephu Thromde</i>	13.8	41.2	40.3	4.7	0.0	100.0
<i>Other than Gelephu Thromde</i>	5.6	71.0	16.7	5.4	1.4	100.0
Thimphu	8.1	48.7	32.8	5.9	4.6	100.0
<i>Thimphu Thromde</i>	8.0	48.9	31.7	6.2	5.1	100.0
<i>Other than Thimphu Thromde</i>	8.4	47.4	38.8	4.1	1.3	100.0
Tashigang	22.3	39.2	31.0	4.0	3.5	100.0
Tashi Yangtse	11.5	70.4	15.9	1.3	1.0	100.0
Trongsa	8.4	40.4	47.9	3.4	0.0	100.0
Tsirang	5.9	12.1	4.3	2.0	75.8	100.0
Wangdue Phodrang	1.4	24.0	10.8	1.5	62.3	100.0
Zhemgang	10.7	32.1	30.7	5.8	20.7	100.0
Bhutan	7.7	36.7	24.8	3.9	27.1	100.0

Table A4.2: Distribution of adults by changes in number of hours devoted to unpaid household work, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Total
Bumthang	41.9	58.1	100.0
Chukha	50.5	49.5	100.0
<i>Phuntsholing Thromde</i>	58.1	41.9	100.0
<i>Other than Phuntsholing Thromde</i>	46.0	54.0	100.0
Dagana	74.9	25.1	100.0
Gasa	52.8	47.2	100.0
Haa	43.6	56.4	100.0
Lhuentse	42.2	57.8	100.0
Mongar	54.8	45.2	100.0
Paro	45.0	55.0	100.0
Pema Gatshel	67.8	32.2	100.0
Punakha	47.0	53.0	100.0
Samdrup Jongkhar	54.2	45.8	100.0
<i>Samdrup Jongkhar Thromde</i>	48.1	51.9	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	57.8	42.2	100.0
Samtse	93.9	6.1	100.0
Sarpang	59.4	40.6	100.0
<i>Gelephu Thromde</i>	56.2	43.8	100.0
<i>Other than Gelephu Thromde</i>	60.1	39.9	100.0
Thimphu	48.2	51.8	100.0
<i>Thimphu Thromde</i>	49.0	51.0	100.0
<i>Other than Thimphu Thromde</i>	44.2	55.8	100.0
Tashigang	74.9	25.1	100.0
Tashi Yangtse	35.1	64.9	100.0
Trongsa	43.2	56.8	100.0
Tsirang	52.2	47.8	100.0
Wangdue Phodrang	57.7	42.3	100.0
Zhemgang	66.0	34.0	100.0
Bhutan	57.8	42.2	100.0

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Table A4.3: Distribution of adults reporting whether their personal work or the work of someone in their family has been affected, by *Dzongkhag/Thromde*

Dzongkhag/ Thromde	Lost a job or was laid off from a job	Reduced hours at work	Lost earnings or income from a job or b	Worked from home	Found a new job	Increased hours at work	Increased earnings or income from a job	Not applicable	Total
Bumthang	8.2	7.0	21.7	0.3	0.0	0.5	0.3	62.0	100.0
Chukha	5.8	11.1	25.2	3.0	0.1	4.8	0.8	49.0	100.0
<i>Phuntsholing Thromde</i>	5.6	17.6	26.0	4.4	0.2	7.4	0.2	38.7	100.0
<i>Other than Phuntsholing Thromde</i>	6.0	7.2	24.8	2.1	0.1	3.3	1.2	55.3	100.0
Dagana	2.9	7.4	6.0	0.7	0.2	12.1	0.0	70.8	100.0
Gasa	6.5	8.6	21.3	6.4	0.0	2.1	0.0	55.2	100.0
Haa	4.8	16.2	11.2	3.3	0.0	11.1	0.2	53.3	100.0
Lhuentse	0.9	4.9	25.6	0.1	0.0	5.4	0.3	62.8	100.0
Mongar	3.6	11.5	13.0	4.6	0.0	40.5	0.0	26.8	100.0
Paro	6.0	9.3	30.3	1.5	0.0	3.0	0.7	49.2	100.0
Pema Gatshel	4.8	32.3	4.0	1.6	0.2	12.4	0.2	44.5	100.0
Punakha	12.1	19.1	17.8	2.1	0.3	5.7	0.0	43.0	100.0
Samdrup Jongkhar	3.6	21.0	6.6	1.5	0.0	20.8	0.3	46.3	100.0
<i>Samdrup Jongkhar Thromde</i>	0.8	18.2	11.1	3.4	0.0	37.0	0.7	28.7	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	5.1	22.6	4.0	0.4	0.0	11.5	0.0	56.4	100.0
Samtse	0.7	9.2	27.2	1.1	0.0	59.8	0.5	1.5	100.0
Sarpang	4.0	7.0	17.5	1.5	0.3	9.1	0.4	60.2	100.0
<i>Gelephu Thromde</i>	5.5	6.4	26.5	1.6	1.0	18.6	0.6	39.8	100.0
<i>Other than Gelephu Thromde</i>	3.8	7.1	15.7	1.5	0.2	7.2	0.4	64.3	100.0
Thimphu	6.6	12.4	21.9	8.9	0.2	22.7	0.2	27.1	100.0
<i>Thimphu Thromde</i>	6.6	12.6	19.9	9.2	0.0	25.9	0.2	25.7	100.0
<i>Other than Thimphu Thromde</i>	6.7	11.6	32.3	7.7	1.2	6.5	0.2	33.9	100.0
Tashigang	5.3	22.8	12.9	0.0	0.8	6.6	0.5	51.2	100.0
Tashi Yangtse	5.1	10.9	21.2	0.5	0.0	10.7	1.1	50.6	100.0
Trongsa	8.6	3.3	7.4	0.0	0.0	1.3	0.0	79.3	100.0
Tsirang	6.1	2.7	5.9	0.5	0.0	3.7	0.6	80.6	100.0
Wangdue Phodrang	5.5	6.0	21.6	1.6	0.5	1.0	0.1	63.8	100.0
Zhemgang	6.9	7.4	12.3	0.7	0.0	1.4	0.5	70.8	100.0
Bhutan	5.3	11.3	18.9	2.8	0.2	16.0	0.4	45.2	100.0

Table A4.4: Distribution of adults by changes in number of hours devoted to unpaid household work, by *Dzongkhag/Thromde*

Dzongkhag/Thromde	Yes	No	Total
Bumthang	41.9	58.1	100.0
Chukha	50.5	49.5	100.0
<i>Phuntsholing Thromde</i>	58.1	41.9	100.0
<i>Other than Phuntsholing Thromde</i>	46.0	54.0	100.0
Dagana	74.9	25.1	100.0
Gasa	52.8	47.2	100.0
Haa	43.6	56.4	100.0
Lhuentse	42.2	57.8	100.0
Mongar	54.8	45.2	100.0
Paro	45.0	55.0	100.0
Pema Gatshel	67.8	32.2	100.0
Punakha	47.0	53.0	100.0
Samdrup Jongkhar	54.2	45.8	100.0
<i>Samdrup Jongkhar Thromde</i>	48.1	51.9	100.0
<i>Other than Sanmdrup Jongkhar Thromde</i>	57.8	42.2	100.0
Samtse	93.9	6.1	100.0
Sarpang	59.4	40.6	100.0
<i>Gelephu Thromde</i>	56.2	43.8	100.0
<i>Other than Gelephu Thromde</i>	60.1	39.9	100.0
Thimphu	48.2	51.8	100.0
<i>Thimphu Thromde</i>	49.0	51.0	100.0
<i>Other than Thimphu Thromde</i>	44.2	55.8	100.0
Tashigang	74.9	25.1	100.0
Tashi Yangtse	35.1	64.9	100.0
Trongsa	43.2	56.8	100.0
Tsirang	52.2	47.8	100.0
Wangdue Phodrang	57.7	42.3	100.0
Zhemgang	66.0	34.0	100.0
Bhutan	57.8	42.2	100.0

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Table A4.5: Distribution of adults reporting whether their personal work or the work of someone in their family has been affected, by *Dzongkhag/Thromde*

Dzongkhag/ Thromde	Lost a job or was laid off from a job	Reduced hours at work	Lost earnings or income from a job or b	Worked from home	Found a new job	Increased hours at work	Increased earnings or income from a job	Not applicable	Total
Bumthang	8.2	7.0	21.7	0.3	0.0	0.5	0.3	62.0	100.0
Chukha	5.8	11.1	25.2	3.0	0.1	4.8	0.8	49.0	100.0
<i>Phuntsholing Thromde</i>	5.6	17.6	26.0	4.4	0.2	7.4	0.2	38.7	100.0
<i>Other than Phuntsholing Thromde</i>	6.0	7.2	24.8	2.1	0.1	3.3	1.2	55.3	100.0
Dagana	2.9	7.4	6.0	0.7	0.2	12.1	0.0	70.8	100.0
Gasa	6.5	8.6	21.3	6.4	0.0	2.1	0.0	55.2	100.0
Haa	4.8	16.2	11.2	3.3	0.0	11.1	0.2	53.3	100.0
Lhuentse	0.9	4.9	25.6	0.1	0.0	5.4	0.3	62.8	100.0
Mongar	3.6	11.5	13.0	4.6	0.0	40.5	0.0	26.8	100.0
Paro	6.0	9.3	30.3	1.5	0.0	3.0	0.7	49.2	100.0
Pema Gatshel	4.8	32.3	4.0	1.6	0.2	12.4	0.2	44.5	100.0
Punakha	12.1	19.1	17.8	2.1	0.3	5.7	0.0	43.0	100.0
Samdrup Jongkhar	3.6	21.0	6.6	1.5	0.0	20.8	0.3	46.3	100.0
<i>Samdrup Jongkhar Thromde</i>	0.8	18.2	11.1	3.4	0.0	37.0	0.7	28.7	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	5.1	22.6	4.0	0.4	0.0	11.5	0.0	56.4	100.0
Samtse	0.7	9.2	27.2	1.1	0.0	59.8	0.5	1.5	100.0
Sarpang	4.0	7.0	17.5	1.5	0.3	9.1	0.4	60.2	100.0
<i>Gelephu Thromde</i>	5.5	6.4	26.5	1.6	1.0	18.6	0.6	39.8	100.0
<i>Other than Gelephu Thromde</i>	3.8	7.1	15.7	1.5	0.2	7.2	0.4	64.3	100.0
Thimphu	6.6	12.4	21.9	8.9	0.2	22.7	0.2	27.1	100.0
<i>Thimphu Thromde</i>	6.6	12.6	19.9	9.2	0.0	25.9	0.2	25.7	100.0
<i>Other than Thimphu Thromde</i>	6.7	11.6	32.3	7.7	1.2	6.5	0.2	33.9	100.0
Tashigang	5.3	22.8	12.9	0.0	0.8	6.6	0.5	51.2	100.0
Tashi Yangtse	5.1	10.9	21.2	0.5	0.0	10.7	1.1	50.6	100.0
Trongsa	8.6	3.3	7.4	0.0	0.0	1.3	0.0	79.3	100.0
Tsirang	6.1	2.7	5.9	0.5	0.0	3.7	0.6	80.6	100.0
Wangdue Phodrang	5.5	6.0	21.6	1.6	0.5	1.0	0.1	63.8	100.0
Zhemgang	6.9	7.4	12.3	0.7	0.0	1.4	0.5	70.8	100.0
Bhutan	5.3	11.3	18.9	2.8	0.2	16.0	0.4	45.2	100.0

Table A4.6: Distribution of adults reporting status of their overall household income, by *Dzongkhag/Thromde*

Dzongkhag/Thromde	Less than usual	The same as usual	More than usual	Business no longer in operation	Total
Bumthang	65.9	32.0	1.7	0.4	100.0
Chukha	59.9	31.8	7.1	1.3	100.0
<i>Phuntsholing Thromde</i>	52.2	44.2	2.0	1.7	100.0
<i>Other than Phuntsholing Thromde</i>	64.6	24.2	10.1	1.0	100.0
Dagana	66.8	31.0	1.8	0.4	100.0
Gasa	61.9	35.3	2.8	0.0	100.0
Haa	44.6	28.1	27.0	0.4	100.0
Lhuentse	33.8	64.7	1.6	0.0	100.0
Mongar	42.6	41.7	15.3	0.4	100.0
Paro	65.1	17.6	15.9	1.5	100.0
Pema Gatshel	51.9	43.9	4.3	0.0	100.0
Punakha	55.5	25.9	17.9	0.7	100.0
Samdrup Jongkhar	53.2	40.7	5.4	0.8	100.0
<i>Samdrup Jongkhar Thromde</i>	36.7	54.9	8.2	0.2	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	62.6	32.6	3.8	1.1	100.0
Samtse	87.3	12.2	0.2	0.3	100.0
Sarpang	63.3	34.1	2.3	0.4	100.0
<i>Gelephu Thromde</i>	45.7	52.4	0.7	1.2	100.0
<i>Other than Gelephu Thromde</i>	66.8	30.4	2.6	0.2	100.0
Thimphu	46.6	50.5	1.3	1.6	100.0
<i>Thimphu Thromde</i>	44.6	52.9	0.8	1.7	100.0
<i>Other than Thimphu Thromde</i>	57.0	37.9	4.0	1.2	100.0
Tashigang	67.8	27.9	4.2	0.2	100.0
Tashi Yangtse	55.4	42.9	1.3	0.5	100.0
Trongsa	56.9	41.7	1.1	0.2	100.0
Tsirang	52.5	43.2	3.7	0.6	100.0
Wangdue Phodrang	60.6	36.6	2.4	0.3	100.0
Zhemgang	58.3	37.9	3.9	0.0	100.0
Bhutan	59.6	34.7	5.0	0.7	100.0

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Table A5.1: Proportion of adults and children who spent time on household chores and activities before the COVID-19, by dzongkhag/thromde

Dzongkhag/Thromde	Adult	Child
Bumthang	96.8	94.9
Chukha	84.4	90.6
<i>Phuntsholing Thromde</i>	93.2	89.6
<i>Other than Phuntsholing Thromde</i>	79.1	91.4
Dagana	91.4	98.5
Gasa	94.2	94.0
Haa	96.5	91.8
Lhuentse	93.2	90.5
Mongar	91.3	95.9
Paro	82.3	80.9
Pema Gatshel	97.5	94.6
Punakha	95.9	88.4
Sanmdrup Jongkhar	87.9	93.0
<i>Samdrup Jongkhar Thromde</i>	80.3	90.8
<i>Other than Samdrup Jongkhar Thromde</i>	92.2	94.2
Samtse	96.5	96.9
Sarpang	90.9	97.0
<i>Gelephu Thromde</i>	96.5	95.4
<i>Other than Gelephu Thromde</i>	89.8	97.2
Thimphu	93.9	87.0
<i>Thimphu Thromde</i>	94.2	86.0
<i>Other than Thimphu Thromde</i>	92.6	92.7
Tashigang	90.6	92.0
Tashi Yangtse	95.1	95.8
Trongsa	89.0	96.4
Tsirang	93.6	96.4
Wangdue Phodrang	92.7	95.4
Zhemgang	96.5	98.8
Bhutan	92.0	92.3

Table A6.1: Distribution of adults who reported facing problems due to school closure, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Not applicable	Total
Bumthang	69.2	29.1	1.8	100.0
Chukha	60.8	36.5	2.7	100.0
<i>Phuentsholing Thromde</i>	80.7	19.1	0.2	100.0
<i>Other than Phuentsholing Thromde</i>	48.7	47.1	4.2	100.0
Dagana	78.5	19.2	2.3	100.0
Gasa	60.5	35.0	4.5	100.0
Haa	70.5	26.9	2.6	100.0
Lhuentse	36.3	60.8	3.0	100.0
Mongar	57.7	40.1	2.1	100.0
Paro	73.9	24.2	1.9	100.0
Pema Gatshel	74.3	24.6	1.1	100.0
Punakha	81.3	17.4	1.3	100.0
Samdrup Jongkhar	71.3	27.2	1.5	100.0
<i>Samdrup Jongkhar Thromde</i>	68.3	30.0	1.7	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	73.0	25.6	1.5	100.0
Samtse	92.3	6.3	1.4	100.0
Sarpang	83.0	15.4	1.6	100.0
<i>Gelephu Thromde</i>	73.3	26.1	0.7	100.0
<i>Other than Gelephu Thromde</i>	85.0	13.2	1.8	100.0
Thimphu	59.6	36.5	3.9	100.0
<i>Thimphu Thromde</i>	58.7	37.1	4.2	100.0
<i>Other than Thimphu Thromde</i>	64.2	33.6	2.2	100.0
Tashigang	69.1	28.5	2.5	100.0
Tashi Yangtse	60.0	39.6	0.5	100.0
Trongsa	86.7	12.0	1.3	100.0
Tsirang	79.3	10.0	10.7	100.0
Wangdue Phodrang	81.6	16.8	1.6	100.0
Zhemgang	73.1	26.0	0.9	100.0
Bhutan	72.6	24.9	2.6	100.0

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Table A7.1: Distribution of adults who felt increase in any form of discrimination, stigma or prejudice, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Not applicable	Total
Bumthang	18.7	77.7	3.5	100.0
Chukha	7.5	89.6	2.9	100.0
<i>Phuentsholing Thromde</i>	12.0	86.2	1.8	100.0
<i>Other than Phuentsholing Thromde</i>	4.8	91.7	3.6	100.0
Dagana	2.4	93.5	4.1	100.0
Gasa	12.5	86.1	1.5	100.0
Haa	9.5	89.2	1.3	100.0
Lhuentse	6.5	93.1	0.4	100.0
Mongar	3.4	96.6	0.0	100.0
Paro	5.0	94.3	0.8	100.0
Pema Gatshel	71.6	25.9	2.5	100.0
Punakha	17.6	81.8	0.6	100.0
Samdrup Jongkhar	40.6	58.7	0.7	100.0
<i>Samdrup Jongkhar Thromde</i>	6.0	94.0	0.0	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	60.4	38.5	1.1	100.0
Samtse	13.4	81.2	5.3	100.0
Sarpang	5.5	90.0	4.5	100.0
<i>Gelephu Thromde</i>	1.6	94.2	4.2	100.0
<i>Other than Gelephu Thromde</i>	6.3	89.2	4.5	100.0
Thimphu	10.8	88.7	0.5	100.0
<i>Thimphu Thromde</i>	11.2	88.2	0.6	100.0
<i>Other than Thimphu Thromde</i>	8.4	91.6	0.0	100.0
Tashigang	30.6	68.1	1.4	100.0
Tashi Yangtse	17.4	82.0	0.7	100.0
Trongsa	47.7	47.5	4.8	100.0
Tsirang	9.5	86.9	3.7	100.0
Wangdue Phodrang	22.1	72.7	5.2	100.0
Zhemgang	28.7	69.0	2.3	100.0
Bhutan	72.6	24.9	2.6	100.0

Table A7.2: Distribution of children who felt increase in any form of discrimination, stigma or prejudice, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Not applicable	Total
Bumthang	2.9	84.3	12.8	100.0
Chukha	10.2	86.7	3.0	100.0
<i>Phuentsholing Thromde</i>	10.4	86.3	3.3	100.0
<i>Other than Phuentsholing Thromde</i>	10.1	87.1	2.8	100.0
Dagana	2.7	95.9	1.4	100.0
Gasa	13.5	85.8	0.7	100.0
Haa	3.9	95.4	0.7	100.0
Lhuentse	6.0	93.7	0.4	100.0
Mongar	1.8	98.2	0.0	100.0
Paro	3.0	95.4	1.7	100.0
Pema Gatshel	43.5	53.6	2.9	100.0
Punakha	10.2	89.4	0.4	100.0
Samdrup Jongkhar	20.9	76.0	3.1	100.0
<i>Samdrup Jongkhar Thromde</i>	1.2	97.6	1.3	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	32.5	63.3	4.2	100.0
Samtse	3.4	79.8	16.7	100.0
Sarpang	7.1	83.6	9.3	100.0
<i>Gelephu Thromde</i>	4.7	91.0	4.3	100.0
<i>Other than Gelephu Thromde</i>	7.5	82.2	10.3	100.0
Thimphu	3.4	96.0	0.6	100.0
<i>Thimphu Thromde</i>	2.0	97.2	0.8	100.0
<i>Other than Thimphu Thromde</i>	10.6	89.4	0.0	100.0
Tashigang	14.8	84.5	0.7	100.0
Tashi Yangtse	5.7	94.1	0.2	100.0
Trongsa	18.3	55.4	26.2	100.0
Tsirang	7.8	91.5	0.7	100.0
Wangdue Phodrang	19.1	77.4	3.6	100.0
Zhemgang	21.2	76.0	2.8	100.0
Bhutan	9.0	86.3	4.7	100.0

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Table A9.1: Proportion of adult females who received information about where and how to seek sexual and reproductive health services, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Total
Bumthang	36.1	63.9	100.0
Chukha	58.6	41.4	100.0
<i>Phuentsholing Thromde</i>	51.8	48.2	100.0
<i>Other than Phuentsholing Thromde</i>	62.6	37.5	100.0
Dagana	8.7	91.3	100.0
Gasa	54.6	45.4	100.0
Haa	64.7	35.3	100.0
Lhuentse	72.0	28.0	100.0
Mongar	79.8	20.2	100.0
Paro	69.7	30.3	100.0
Pema Gatshel	77.4	22.6	100.0
Punakha	46.9	53.1	100.0
Samdrup Jongkhar	61.0	39.0	100.0
<i>Samdrup Jongkhar Thromde</i>	71.6	28.4	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	55.1	44.9	100.0
Samtse	64.2	35.8	100.0
Sarpang	54.8	45.3	100.0
<i>Gelephu Thromde</i>	71.8	28.2	100.0
<i>Other than Gelephu Thromde</i>	51.2	48.8	100.0
Thimphu	50.7	49.3	100.0
<i>Thimphu Thromde</i>	50.7	49.3	100.0
<i>Other than Thimphu Thromde</i>	50.5	49.5	100.0
Tashigang	59.4	40.6	100.0
Tashi Yangtse	78.7	21.3	100.0
Trongsa	38.3	61.7	100.0
Tsirang	11.2	88.8	100.0
Wangdue Phodrang	85.5	14.5	100.0
Zhemgang	63.9	36.1	100.0
Bhutan	55.8	44.2	100.0

Table A10.1: Engagement of children in work for one at least hour in past one week, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Total
Bumthang	15.1	84.9	100.0
Chukha	1.4	98.6	100.0
<i>Phuentsholing Thromde</i>	0.9	99.2	100.0
<i>Other than Phuentsholing Thromde</i>	1.8	98.2	100.0
Dagana	49.5	50.6	100.0
Gasa	27.6	72.4	100.0
Haa	10.0	90.0	100.0
Lhuentse	3.6	96.4	100.0
Mongar	11.1	88.9	100.0
Paro	4.6	95.5	100.0
Pema Gatshel	32.3	67.7	100.0
Punakha	13.6	86.4	100.0
Samdrup Jongkhar	30.3	69.7	100.0
<i>Samdrup Jongkhar Thromde</i>	8.8	91.2	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	42.9	57.1	100.0
Samtse	5.7	94.3	100.0
Sarpang	15.5	84.5	100.0
<i>Gelephu Thromde</i>	5.7	94.3	100.0
<i>Other than Gelephu Thromde</i>	17.3	82.7	100.0
Thimphu	3.5	96.6	100.0
<i>Thimphu Thromde</i>	1.5	98.5	100.0
<i>Other than Thimphu Thromde</i>	13.6	86.4	100.0
Tashigang	36.3	63.8	100.0
Tashi Yangtse	6.5	93.6	100.0
Trongsa	10.4	89.6	100.0
Tsirang	48.8	51.2	100.0
Wangdue Phodrang	17.6	82.4	100.0
Zhemgang	9.8	90.2	100.0
Bhutan	14.1	85.9	100.0

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Table A11.1: Distribution of children who reported that their parents or caregivers considered their views and opinions concerning their wellbeing in general and during COVID-19 pandemic, by dzongkhag/thromde

Dzongkhag/Thromde	Yes	No	Don't know	Total
Bumthang	87.2	8.3	4.6	100.0
Chukha	72.2	23.1	4.7	100.0
<i>Phuentsholing Thromde</i>	84.1	12.9	3.0	100.0
<i>Other than Phuentsholing Thromde</i>	64.1	30.1	5.8	100.0
Dagana	73.0	26.6	0.5	100.0
Gasa	93.8	5.3	0.9	100.0
Haa	94.9	3.6	1.6	100.0
Lhuentse	95.4	3.5	1.1	100.0
Mongar	93.8	2.4	3.8	100.0
Paro	79.7	19.9	0.4	100.0
Pema Gatshel	94.8	4.6	0.6	100.0
Punakha	88.8	7.9	3.3	100.0
Samdrup Jongkhar	86.9	3.5	9.6	100.0
<i>Samdrup Jongkhar Thromde</i>	76.5	2.1	21.3	100.0
<i>Other than Samdrup Jongkhar Thromde</i>	93.1	4.3	2.7	100.0
Samtse	95.3	0.7	4.0	100.0
Sarpang	90.7	6.4	2.9	100.0
<i>Gelephu Thromde</i>	93.1	4.5	2.4	100.0
<i>Other than Gelephu Thromde</i>	90.2	6.8	3.0	100.0
Thimphu	90.4	6.4	3.3	100.0
<i>Thimphu Thromde</i>	89.7	6.6	3.7	100.0
<i>Other than Thimphu Thromde</i>	93.8	5.2	1.0	100.0
Tashigang	85.9	10.5	3.6	100.0
Tashi Yangtse	96.6	2.1	1.3	100.0
Trongsa	83.9	6.5	9.7	100.0
Tsirang	84.2	15.7	0.2	100.0
Wangdue Phodrang	64.3	33.7	2.0	100.0
Zhemgang	76.8	20.9	2.3	100.0
Bhutan	85.8	11.0	3.2	100.0

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