Betel nut chewing has been known in Bhutan since 1673. Although it used to be confined to the higher levels of society, the improvement of the modern transport system has made betel nut accessible to the general population has made it a part of the Bhutanese culture. However, scientific studies across the world show that betel nut chewing is responsible for many health problems. Besides cancer, Type 2 diabetes and obesity, cardiac arrhythmias, thiamin deficiency, etc. with which it is directly associated, betel nut also aggravates asthma and causes sanitation problems in areas where it is extensively used.

As a first step towards assessing the betel nut chewing situation in Bhutan, 345 students ranging from Grade 7 up to 11 from five secondary government schools in the main town of Thimphu were interviewed through a self-administered questionnaire for a cross-sectional study. The purpose was to find out the prevalence, determinants, and the immediate motives of betel nut chewing. The analysis of the data revealed that the prevalence of the habit was 59.1% with 8.1% ex-users. Only 32.8% of the students indicated that they have never used betel nut in their lives. The most popular preparation happened to be dry supari, with 33.6% students favoring it. Traditional betel quid (doma, paney, and tshuney) ranked next in popularity (32.3%). Over 60% of them generally chewed when at home. The difference between gender in betel nut use is significant with p-value of 0.04 with females chewing more betel nut. The most important factors for the betel chewing habit in the students are the influences from role models like parents, older siblings, close friends, and the use of tobacco in forms of chewing and smoking.

The role models also make betel nut accessible to the students. If betel nut use is to be curbed in Bhutan, the overall betel-chewing environment surrounding the students may have to be addressed first.