

The Case for Comprehensive: Dominican Republic

The Importance of Comprehensive, Rights-Based Approaches to Sexual and Reproductive Health

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SITUATION AT A GLANCE

Maternal Health

Maternal Mortality:	180 deaths per 100,000 live births ¹
Births attended by skilled health personnel:	96% ²
Unsafe abortion as part of maternal mortality:	20% (in Santo Domingo) ³
Legal status of abortion:	Illegal in all circumstances

Family Planning

Contraceptive prevalence:	68.9% ⁴
Percent of women sterilized:	46% ⁵
Median age of sterilization:	28 ⁶
Unmet need for family planning, 15-24 year olds	29% ⁷
Adolescent pregnancy, 15-19 year olds	23% ⁸

HIV/AIDS

HIV prevalence:	.8% (likely closer to 2%) ⁹
HIV prevalence among 15-19 year olds:	.6% for young women; .3% for young men ¹⁰
Ranking of AIDS as cause of morbidity/mortality:	First (for women of reproductive age) ¹¹

U.S. Funding

The Dominican Republic has received considerable assistance from the United States to address sexual and reproductive health issues. Because of the country's relatively high contraceptive prevalence rate, in 2008, the country "graduated" from U.S. funding for family planning programs. The Dominican Republic receives a significant amount of PEPFAR funding to address and prevent HIV/AIDS, totaling \$ 5.75 million in 2009.

CHANGE Field Study Findings

The Bottom Line

Rising **HIV prevalence for young women** and **high rates of teen pregnancy** are strong indicators of the gaps in the Dominican Republic's sexual and reproductive health care. Moreover, despite the fact that almost all births are attended by skilled providers, **maternal mortality is alarmingly high**. Along with other barriers to comprehensive, rights-based care, CHANGE found program staff expressing frustration with the U.S. requirement that only those 15 and older could learn about condoms, and found appalling conditions in a major maternity hospital.

Fortunately, the Dominican Republic has some **excellent examples of comprehensive approaches to sexual and reproductive health and rights**. Profamilia and Colectiva Mujer y Salud provide high quality care in a full range of services to address the needs of women and youth, including those who are HIV+. However, U.S. assistance for family planning and reproductive health has recently ended, leaving Profamilia relying more on user fees for sustainability and the Dominican government to prove its own commitment to these issues. As the government is strongly influenced by the Catholic Church,

this commitment has been wavering at best.

PROFAMILIA – Promising Practice

International Planned Parenthood Federation member association Profamilia is seen as a leading sexual and reproductive health care provider in the country and a leader in defending women. In one hospital, seven clinics, one mobile clinic, and 26 community distribution outlets, **Profamilia provides the full range of reproductive health care** – family planning, maternal health, and HIV/AIDS and other STI services. They also incorporate youth-friendly outreach and programming.

Unlike other health providers, Profamilia incorporates attention to gender based violence in all levels of service with professional counseling on gender-based violence (GBV) from a rights-based approach. They also have a model maternity hospital in Santiago that is open 24 hours a day and serves 1,000 birthing women per year. To combat stigma for HIV+ clients, their clinics do not physically separate HIV services from other sexual and reproductive health services. All users use the same entrance, lobby and lab services, regardless of the reason for seeking care. It is important to note that while this inclusive approach has been successful for Profamilia, it may not work in all settings.

Colectiva Mujer y Salud – Promising Practice

The feminist NGO Colectiva Mujer y Salud (Women’s Health Collective) has a strong community presence from years of outreach and education, and opened the Monte Plata health center in March 2008. **This center offers family planning, antenatal care, voluntary counseling and testing, antiretrovirals, sexual education for ages 10 and up, and community outreach that includes gender violence screening and focuses on women’s rights and gender equity.** They base service selection on women’s needs as identified by women in the community. Although the Ministry of Health provides no female condoms, Colectiva is working to train Ministry of Health personnel on their use and is working in communities to raise awareness about female condoms. However, low supplies of female condoms have been a consistent challenge to fully execute the program.

Limited Promises in the Public Health System

The contrast between the quality and breadth of care offered by Profamilia and Colectiva as compared with the Dominican Republic’s public health care system is striking. The only forms of contraception offered by public health outlets are birth control pills, IUDs, condoms, Depo Provera, and sterilization. The public sector also suffers from a **lack of integration** between services. In a study exploring provision of family planning to postpartum women, the authors note that while 97 percent of women entering the hospital for labor had indicated interest in using family planning postpartum, only 12 percent received a method before leaving the hospital. For postabortion care clients, the situation was even worse: only 12 percent even received counseling on family planning, and just 9 percent received a method before leaving.¹²

In contrast to Profamilia’s approach, the public health system provides care to those living with HIV and AIDS through separate clinics – sometimes attached to hospitals although with separate entrances – called “Integrated Attention Units” (UAIs). However, despite their name, **UAIs and hospitals have no referral system** between them. Moreover, UAIs have no gynecologists on staff and provide no services for contraception or GBV (Galvan 2008). They do not have any youth-friendly counselors or other staff and they have little outreach to communities.



Impact of U.S. Policy on SRHR in the Dominican Republic

While the U.S. has funded some excellent SRHR programming, including those of Profamilia, advocates and program implementers reported frustration with some U.S. policies. The PEPFAR policy that **restricts condom promotion** among youth to those 15 and over interferes with effective HIV and pregnancy prevention among younger adolescents. While this is true around the world, it is a particular problem in the Dominican Republic, where the government recently lowered the official age for onset of contraceptive need from 15 to 10 due to the high incidence of pregnancy and STIs among younger teens. U.S. policy simply does not fit the Dominican reality in this respect.

Another U.S. policy that has had a major impact on the Dominican Republic is the Mexico City Policy (**Global Gag Rule**). Until President Obama's recent repeal of the Global Gag Rule, **Profamilia was unable to publically advocate** for liberalization of the country's abortion laws, which prohibit abortion under all circumstances. As the country's largest nongovernmental sexual and reproductive health care provider, their absence from participating in advocacy around the **high rate of unsafe abortion and resulting maternal mortality** has potentially been costly, as the Dominican government has recently approved a constitutional change that defines life as protected beginning from the moment of conception.

With the **ending of U.S. family planning and reproductive health assistance**, there is great concern about the sustainability and accessibility of comprehensive, rights-based sexual and reproductive health care in the Dominican Republic. Given the quality of care issues within the public health system, the danger is that the Dominican Republic will end up with a **two-tier system**: a rights-based, comprehensive system for those who can afford it and a low quality, non-integrated system for those without resources.

¹ UNDP. 2008. 2007/2008 Human Development Report. Data Sheet: Dominican Republic. Accessed at http://hdrstats.undp.org/countries/data_sheets/cty_ds_DOM.html.

² World Health Organization. 2008. "World Health Statistics 2007 and 2008." http://www.who.int/whosis/database/core/core_select.cfm. This is a relatively high number, yet the high maternal mortality rate suggests quality, rights-based maternity care is lacking.

³ Miller, S., A. Tejada, P. Murueytio, J. Diaz, R. Dabash, S. Bjegovi, and G. Caraballo. 2002. *Strategic Assessment of Reproductive Health in the Dominican Republic*. Santo Domingo, Dominican Republic: USAID, Secretaria de Salud Publica y Asistencia Social (SESPAS) and Population Council.

⁴ World Health Organization. 2008. "World Health Statistics 2007 and 2008." http://www.who.int/whosis/database/core/core_select.cfm.

⁵ CESDEM (Centro de Estudios Sociales y Demograficos); USAID, COPRESIDA, Banco Mundial, DERSS, y MEASURE DHS. 2007. "Republica Dominicana: Encuesta Demografica y de Salud, 2007, Informe Preliminar." Santo Domingo Este, Republica Dominicana: Editorial Gente.

⁶ Ibid.

⁷ Measure DHS. 2002. "Dominican Republic: Standard DHS, 2002." Accessed at: <http://www.measuredhs.com/pubs/pdf/FR146/FR146.pdf>

⁸ Centro de Estudios Sociales y Demograficos (CESDEM), Sec. de Estado de Salud Publica y Asist. Soc., Comision Ejecu. para la Ref. del Sec. Salud, Consejo Pres. de SIDA, Banco Mundial, Banco Interamericano de Desarrollo, Dom. Rep., MEASURE DHS+, & ORC Macro. 2002. *Dominican Republic: Standard DHS*. Calverton, MD: Measure DHS. Accessed at: http://www.measuredhs.com/pubs/pub_details.cfm?ID=437

⁹ Executive Board of the United Nations Development Programme and of the United Nations Population Fund. 2006. "Country programme for the Dominican Republic." Accessed at: http://www.unfpa.org/exbrd/2007/firstsession/dpfpa_dom_4_eng.pdf.

¹⁰ UNICEF. 2008. "The State of the World's Children 2009: Maternal and Newborn Health." Accessed at: <http://www.unicef.org/sowc09/>.

¹¹ Goldberg, R. 2006. "Living Up to their Name: Profamilia Takes on Gender-based Violence." Quality/Calidad/Qualite New York, NY: Population Council.

¹² Quiterio, G., M. Molina, M. Miric, R. Vernon, and M. E. Rivero-Fuentes. 2008. "Situation Analysis of the Integration of Family Planning Services in Postpartum, Postabortion and Prevention of Mother to Child Transmission Programs in the Dominican Republic." Dominican Republic: USAID and Population Council. Accessed at: http://pdf.usaid.gov/pdf_docs/PNADL819.pdf.

