**WHO Director-General Roundtable with Women Leaders on Millennium Development Goal 5**

**Dominican Republic**

**Country profile**

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

### Dominican Republic and the world

1. **Maternal mortality ratio: global, regional and country data, 2005**

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in the Dominican Republic is higher than the average of 130 per 100,000 in Latin America and the Caribbean and lower than the global average of 400 per 100,000.

### Demographic and health data

2. **Lifetime risk of maternal death (1 in N), 2005**

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in the Dominican Republic is lower than the average of 1 in 290 for Latin America and the Caribbean and lower than the global figure of 1 in 92.

3. **Total population (in thousands)**

- Dominican Republic: 9,615 (2006)
- Latin America and the Caribbean: 230 (2005)
- World: 310 (2005)

### Causes of maternal deaths, 1997–2002

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Latin America and the Caribbean (for 1997–2002) were haemorrhage (uncontrolled bleeding), hypertensive disorders (high blood pressure) and obstructed labour. There are no country-specific data for the Dominican Republic.

### Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2002, the total fertility rate was 3 per woman in the Dominican Republic.
6. Proportions of births by urban versus rural location

Among the women interviewed in a survey conducted in 2005/06, about 65% of births occurred in the urban areas.\(^1\)

The total number of births (in thousands): \(231\) (2005)\(^2\)

[Diagram showing proportions of births by urban versus rural location]


\(^2\) Calverton, MD, MEASURE DHS, Macro International Inc. (http://www.measuredhs.com/aboutsurveys/search/start.cfm).

7. Perinatal mortality rate

Perinatal mortality refers to deaths of fetuses in the womb and newborn babies early after delivery. It includes (1) the death of a fetus in the womb after 22 weeks of gestation and during childbirth and (2) the death of a live-born child within the first seven days of life. The perinatal mortality rate reflects the availability and quality of both maternal and newborn health care. According to a survey conducted in 2002, the perinatal mortality rate in the Dominican Republic was about 52 per 1000 pregnancies. It was higher in rural than in urban areas.

[Bar chart showing perinatal mortality rate]

8. Adolescent pregnancy rate by age for girls 15–19 years old

Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. According to a survey conducted in 2002, women aged 18 were reported to have a rate of 6.2%, which is higher than the rates reported in the other age groups.

[Graph showing adolescent pregnancy rate by age]

9. Adolescent pregnancy rate by urban versus rural location

In the Dominican Republic, a survey conducted in 2002 showed that 4.3% of women 15–19 years old were pregnant with their first child.

[Graph showing adolescent pregnancy rate by urban versus rural location]

10. Adolescent pregnancy by subregion

Adolescent pregnancy rates vary between different parts of the Dominican Republic. Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, and education, access to sexual health information and contraceptive services and supplies.

[Graph showing adolescent pregnancy by subregion]
11. Unmet need for family planning, 2002 10.9%
The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing, but are not using contraceptives.


12. Family planning: modern contraceptive use by age group
Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In general, the prevalence of contraceptive use increased in all age groups.


13. Contraceptive use by urban versus rural location
In the Dominican Republic, a survey conducted in 2002 showed that 66% of currently married women reported using modern contraceptive methods.


14. Contraceptive use by subregion
In the Dominican Republic, surveys conducted from 1986 to 2002 showed increasing contraceptive use in all regions.


15. Antenatal care
Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2002, about 97% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in live births, about 98% were given ANC by a skilled provider at least once.


16. Utilization of skilled birth attendants
A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. According to a survey conducted in 2002, 98% of childbirths were assisted by a skilled birth attendant.

17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. In many developing countries, wealthier women (in the higher wealth quintile) have higher rates of utilization of skilled attendant at birth than poorer women in the lowest wealth quintile. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. There are no country-specific data for the Dominican Republic.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant also varies by regions within the Dominican Republic. A survey conducted in 2002 found increasing utilization of skilled birth attendant (more than 90%) across all regions.

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. In a survey conducted in 2002, about 98% of pregnant women gave birth in a health facility. Only 1.5% of women delivered at home, with the associated risks.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a survey conducted in 2002, 31.3% of births were delivered by caesarean section in the Dominican Republic. The rate in the rural areas was lower (24.9%) than in the urban areas (34.7%).

21. Caesarean section rates by subregion

Caesarean section rates also vary between subregions in the Dominican Republic. According to a survey conducted in 2002, the caesarean section rates varied from 17.2% in the Independencia subregion to 37.7% in the Espaillat subregion.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 2002, of the babies who were weighed at birth, about 11% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy

Anaemia refers to abnormally low levels (less than 110g/l) of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth. There are no country-specific data for the Dominican Republic.

24. Prevention of mother-to-child transmission of HIV

Antiretroviral drugs help to prevent the transmission of HIV from the mother to the child among pregnant women living with HIV. There are no specific data for the Dominican Republic.

25. Equity – gap in coverage of four major interventions by wealth quintile

Coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) often varies by wealth quintiles. A coverage gap usually exists between the goal of universal coverage of everyone (universal coverage) in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. In many countries, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Achieving equity requires improving coverage levels in the poorest quintiles. There are no country-specific data for the Dominican Republic.

26. Reproductive health

Maternal health

Yes

27. Financial flow

(per capita total expenditure on health at average exchange rate in US dollars) 2005

209


28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. The Dominican Republic, with about 37 health workers (as defined above) per 10 000 population, is above the threshold of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care, and sexual and reproductive health information and services, including skilled birth attendants. This, however, does not necessarily mean that it commands sufficient human resources to satisfy all the health needs throughout the country.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.

Sources:
29. Ratification of treaties and support of international consensus

<table>
<thead>
<tr>
<th>Convention</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>Convention on the Rights of the Child</td>
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<tr>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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<tr>
<td>International Conference on Population and Development</td>
<td>Yes</td>
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<tr>
<td>Fourth World Conference on Women</td>
<td>Yes</td>
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30. Other determinants of health: water, sanitation, communication and road networks

| Fixed-line and mobile phone subscribers (per 100 population) | 57 (2006) |
| Internet users (per 100 population)                           | 14.9 (2006) |
| Roads paved (% of total roads)                                | 49 (2000) |
| Improved water source (% of population with access)          | 95 (2006) |
| Improved sanitation facilities (% of urban population with access) | 81 (2006) |