

## Policy Empowers: Condom Use Among Sex Workers in the Dominican Republic

By Sarah Haddock

HIV prevention has long been approached at the level of individual behaviors, operating to some extent under the assumption that behavior is determined by a person's conscious decisions. However, a paradigm shift toward considering the physical and social environments in which individual HIV risk behavior takes place is gradually gaining momentum. These structural factors—whether political, economic or cultural—may directly or indirectly affect an individual's ability to avoid exposure to HIV.<sup>1</sup> The Dominican Republic offers an example of this progression from successful individual HIV behavioral interventions among sex workers, toward broader community approaches and policy initiatives.

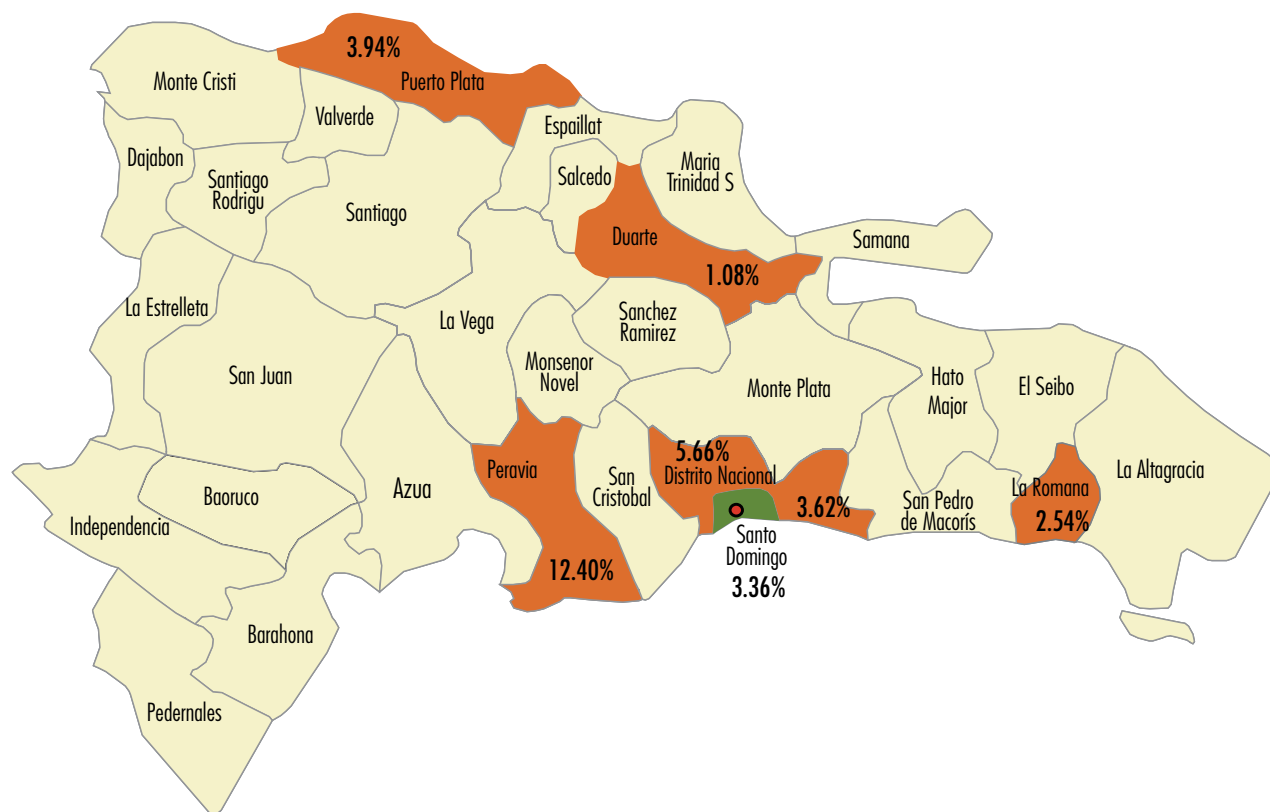
### The Context: Sex Work and Condom Stigma

The HIV epidemic in the Dominican Republic has followed a typical trajectory from an initial epidemic driven by men who have sex with men, to today's generalized epidemic. As in many countries, the spread of HIV/AIDS is now led primarily by heterosexual sex and is highly contingent upon prevalence among commercial sex workers. While sex tourism is increasingly pervasive in the Dominican Republic (and in the Caribbean region in general), local men still form the mainstay of the country's sex trade.<sup>2</sup> Thus, HIV prevention among the estimated 100,000 female sex workers and their clients is critically important to curbing the country's AIDS epidemic.

Starting in the mid-1990s, HIV prevalence at antenatal clinics in Santo Domingo, the capital city, began to decline. UNAIDS attributes this trend to efforts to promote safer commercial sex in the city.<sup>3</sup> In recent years HIV prevalence in pregnant women has remained relatively stable at 1.4 percent, but was as high as 2.7 percent in some areas according to the 2004 round of sentinel surveillance.<sup>4</sup> National adult prevalence was estimated to be 1.1 percent in 2005.<sup>5</sup> On the other hand, HIV prevalence among female sex workers currently ranges from 1.1 percent to 12.4 percent, depending on the locale.<sup>6</sup> Lower prevalence in some regions is reflective of intensive interventions by nongovernmental organizations. HIV prevalence is also disproportionately high—estimated at 5 percent in 2002, and jumped as high as 12 percent in men between 40 and 44 years old—in former sugar plantations, known as *bateyes*.<sup>7</sup>

*Bateyes* were initially settled by Haitians, who were encouraged to enter the Dominican Republic as a source of cheap labor. Since the collapse of the sugar plantations, the majority of *bateyes* in the country have become communities of extreme poverty populated by Dominicans, Haitians, and

**FIGURE 1: HIV Prevalence Among Sex Workers in All Provinces for Which Data is Available, 2004.**



Source: Sistema de Vigilancia Centinela de la Infección VIH. 2004. Programa de Control de Infecciones de Transmisión Sexual y SIDA (PROCETS) de la Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS).

Haitian-Dominicans. Sex work in the *bateyes* was originally fueled by disproportionate gender ratios, caused by the demand for male labor on the plantations. Continuing high rates of sex work, in the context of limited access to essential health care services and education, contribute to inflated HIV prevalence in the *bateyes*.

With no specific prohibition in law, sex work in the Dominican Republic is effectively legal. The vast majority of sex work is conducted from direct or indirect establishments, as opposed to work on the street.<sup>8</sup> Direct establishments mainly consist of brothels or *casas de citas*, but indirect establishments, such as bars and discos, are far more common. In the case of indirect establishments, sex usually occurs at nearby motels, which are mandated by law to provide two free condoms in each room.

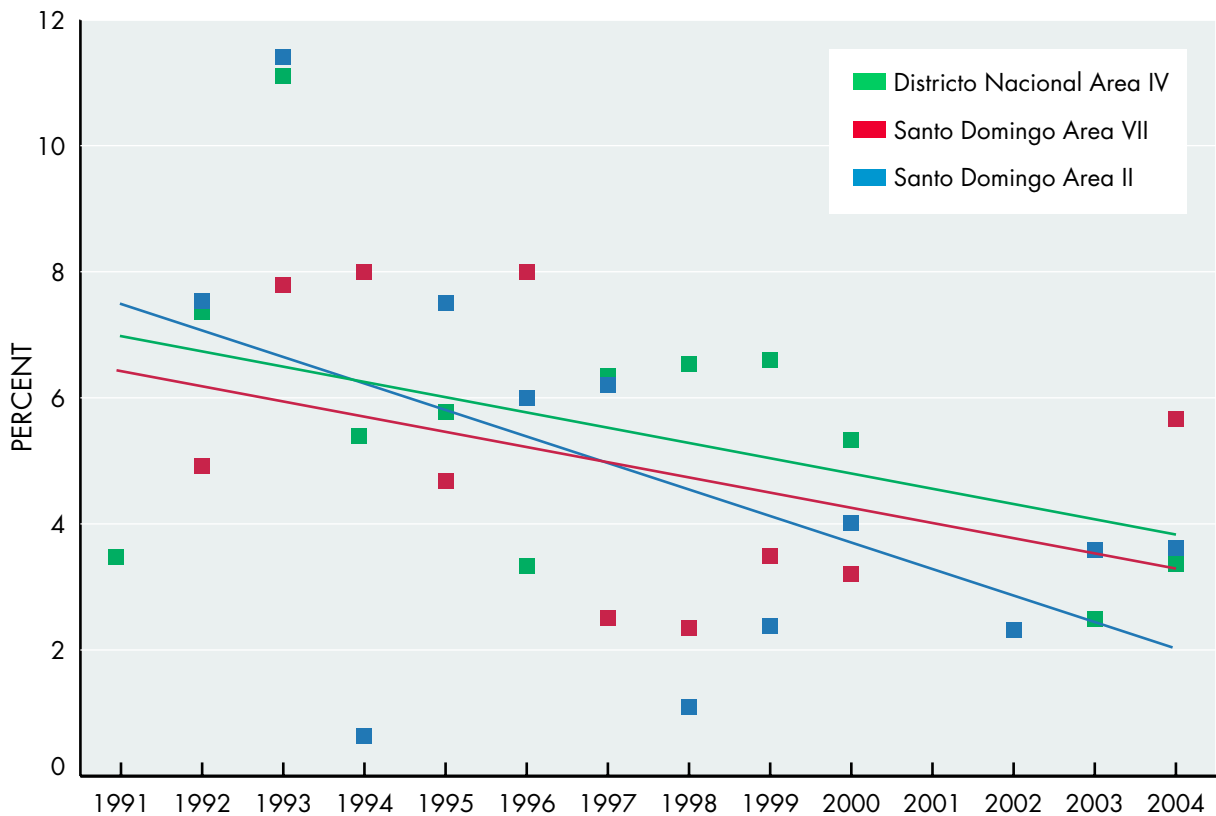
Condoms are highly stigmatized in the Dominican Republic, in part due to embedded Catholic ideologies and pervasive gender roles. Throughout the 30-year span of the country's HIV epidemic, condom use among stable, long-term couples has remained low at less than two percent, although this trend is beginning to change among the young, single, educated population.<sup>9</sup> Because condoms are associated with infidelity

and sexually transmitted infections (STIs), most female sex workers report that condom use is easiest with their clients as opposed to stable partners.<sup>10</sup> Survey results have shown that consistent condom use with non-paying partners is typically much lower than with paying partners; this is particularly significant considering that the majority of sex workers report some sort of regular partnership.<sup>11</sup>

### The Strategy: Addressing Individual HIV Risk Behaviors

Working against these odds, the Dominican Republic has succeeded in promoting consistent condom use and other safe behaviors among sex workers. Since the early 1990s HIV prevalence has declined in Santo Domingo and the surrounding areas, as shown in Figure 2. In fact, HIV prevalence among sex workers declined in all regions for which time series data are available, with the sole exception of Peravia, where prevalence is estimated to be 12.4 percent, the highest reported. Of sex workers recently surveyed in the capital, 87 percent reported using a condom during the last commercial sex act, and 76 percent said they always used a condom during paid sex.<sup>12</sup>

**FIGURE 2: HIV Prevalence Among Sex Workers Declined Steadily Between 1991 and 2004 in Santo Domingo and the Surrounding Areas.**



Source: Sistema de Vigilancia Centinela de la Infección VIH. 2004. Programa de Control de Infecciones de Transmisión Sexual y SIDA (PROCETS) de la Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS).

It is arguably NGOs, as opposed to the government, that have been the driving force behind these successes.<sup>13</sup> Strategies have evolved from an early approach of peer education outreach in the 1980s, to targeted and intensive social marketing of condoms.<sup>14</sup> Two organizations that have been instrumental in these efforts are *Centro de Orientación e Investigación Integral* (COIN) and *Movimiento de Mujeres Unidas* (Modemu). COIN first began organizing sex workers as health messengers in a peer education program aimed at HIV/STI prevention in 1987. In 1995 COIN organized the first national conference of sex workers, at which time Modemu was formed. Modemu is a union of approximately 400 sex workers that conducts outreach for HIV/STI prevention and lobbies for policy change concerning medical and legal attention, as well as recognition of labor rights.

COIN and Modemu are also two among the six local NGOs that partner with Population Services International (PSI) to distribute condoms for social marketing. Each organization distributes the condoms in a certain zone of the country, with a specific mandate to reach sex workers. The condoms are sold at locations where concentrations of sex workers are high, such as small corner stores and also in pay-by-the-hour motels. PSI estimates that roughly one million condoms are sold each month through these local partners.

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### The Strategy Evolves: Considering Community and Policy Approaches

Following in the footsteps of several successful Asian models, the Dominican Republic has recently begun to address the underlying socio-cultural and environmental factors that influence HIV risk behaviors. The aim is to extend beyond individual approaches to broader community approaches and policy initiatives. PAI’s July *Research Commentary* profiled the well-known case of the 100% Condom Use Program (CUP) in Cambodia, which required condom use in every sexual encounter between commercial sex workers and their clients. Similarly, pilot adaptations of the Thai 100% condom use model were implemented in two Dominican cities (Santo Domingo and Puerto Plata) in a joint effort by two local NGOs and the National Program for the Control of STDs and AIDS.

Qualitative and quantitative research were conducted between 1996 and 1998 to inform the process of adapting elements of the Thai model to the Dominican context.<sup>15</sup> Results suggested that sex workers and establishment owners alike would be supportive of policies to regulate the use of condoms within sex establishments.<sup>16</sup> Based on indications that such a program would be both acceptable and feasible, a “community solidarity” approach was implemented in Santo Domingo and Puerto Plata.<sup>17</sup> The programs included quarterly workshops and monthly follow-up meetings with sex workers and establishment employees to encourage collective commitment toward HIV prevention.

Environmental cues, such as posters and other materials were made more visible, and establishment owners were asked to maintain a stock of at least 100 condoms at all times. Moreover, the program sought to overcome inconsistencies in the monthly STI screenings mandated by the Ministry of Health by providing training to clinicians.

The elements of the program were evaluated on a monthly basis by government health inspectors and NGO staff, and status of adherence was communicated to establishment owners. In Puerto Plata, where the necessary political leadership was present, these initiatives were implemented in conjunction with a government policy that mandated condom use between sex workers and their clients in all participating sex establishments. The policy was enacted and enforced by the regional public health department, and non-compliant establishments were subject to notifications, fines and closings.<sup>18</sup>

Emerging from these two programs, research has shown that public policy initiatives in the Dominican Republic can play a significant role in increasing the likelihood of condom use and reducing the prevalence of STIs. At both sites, researchers found that sex workers were significantly more likely to use condoms consistently with paying clients. However, in Puerto Plata where condom use was mandated by government policy, consistent condom use with regular, non-paying partners more than doubled—from 13 to 29 percent.<sup>19</sup> Thus, by encouraging community solidarity, backed by political support, sex workers were more empowered to use condoms in both commercial and non-commercial settings.

### Scaling Up the Role of Communities and Government

The implications of this study—that policy interventions in the Dominican Republic can empower sex workers to protect themselves, their clients and their regular partners—have led to the current scale up of the 100 percent condom use model in Santo Domingo and Puerto Plata. The challenge now posed to the country is to continue to scale up existing programs, and also to apply similar strategies and resources to the *bateyes*. Despite some NGO presence, the *bateyes* remain largely underserved and neglected. Only an estimated one-quarter of the *bateyes* are served by government health-care clinics, and the marginalization of these communities, along with language barriers and a wariness of officialdom, often impedes the use of those services that are technically available.<sup>20</sup> Combating the spread of HIV in the *bateyes* will require improved surveillance and large-scale investments in social and legal infrastructure.

The Dominican Republic provides an important precedent for other countries with similar epidemics to take steps to assess whether or not a version of the 100 percent condom program could succeed. Undoubtedly, there is a myriad of factors that influence HIV risk behavior, but this case illustrates that carefully tailored approaches to increase the involvement of communities and government can positively

affect the environmental context in which individual behaviors take place. As with all successful HIV interventions, this deserves attention. Knowing that policy can empower sex workers to prevent the spread of HIV places an even greater burden upon political will.

## Notes

- 1 Sumartojo, E. 2000. "Structural factors in HIV prevention: concepts, examples, and implications for research." *AIDS*. 14 (suppl 1):S3-S10. Hagerstown, MD: Lippincott Williams & Wilkins.
- 2 Cohen, J. 2006. "Dominican Republic: A Sour Taste on the Sugar Plantations." *Science*. 313:5786 (28 July), pp. 473-475. Washington, D.C.: American Association for the Advancement of Science.
- 3 Secretaría de Estado de Salud Pública y Asistencia Social de República Dominicana. 2005. *Encuestas de vigilancia del comportamiento sobre VIH/SIDA/ITS en RSX y HSH del Área V de Salud*. Santo Domingo: Secretaría de Estado de Salud Pública y Asistencia Social.
- 4 Ibid.
- 5 UNAIDS. 2006. *2006 Report on the Global AIDS Epidemic*. Geneva: UNAIDS.
- 6 Sistema de Vigilancia Centinela de la Infección VIH. 2004. Programa de Control de Infecciones de Transmisión Sexual y SIDA (PROCETS) de la Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS).
- 7 Cohen, J. 2006. "Dominican Republic: A Sour Taste on the Sugar Plantations." *Science*. 313:5786 (28 July), pp. 473-475. Washington, D.C.: American Association for the Advancement of Science.
- 8 Pareja, R. and Rosario, S. 1992. *Sexo, Trabajo y Sociedad*. Santo Domingo: Imprenta La Unión.
- 9 United Nations Population Division. 2006. *World Contraceptive Use 2005*. New York: United Nations.
- 10 Garcia, S. G. and L. Goldman. *Understanding successful condom use in the Dominican Republic*. Washington, D.C.: Population Council.
- 11 Centro de Estudios Sociales y Demográficos (CESDEM) para Family Health International. 2004. *Encuesta de Vigilancia de Comportamiento: VIH/SIDA en Trabajadores Sexuales de la República Dominicana*. Santo Domingo: USAID-FHI/CONNECTA.
- 12 Secretaría de Estado de Salud Pública y Asistencia Social de República Dominicana. Marzo 2005. De Segunda Generación

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- 13 UNAIDS/WHO. 2005. AIDS Epidemic Update December 2005. Geneva: UNAIDS.
  - 14 Moreno, L. and D. Kerrigan. 2000. "HIV prevention strategies among female sex workers in the Dominican Republic." *Research for Sex Work*. No. 3. Amsterdam: Vrije Universiteit.
  - 15 Kerrigan, D., et al. 2006. "Environmental-Structural Interventions to Reduce HIV/STI Risk Among Female Sex Workers in the Dominican Republic." *American Journal of Public Health*. 96:1 (January). Washington, D.C.: American Public Health Association.
  - 16 Kerrigan, Deanna, et al. 2001. "Adapting the Thai 100% condom programme: developing a culturally appropriate model for the Dominican Republic." *Culture, Health and Sexuality*. 3:2, pp. 221-240. New York: Taylor and Francis Ltd.
  - 17 Kerrigan, D., et al. 2006. "Environmental-Structural Interventions to Reduce HIV/STI Risk Among Female Sex Workers in the Dominican Republic." *American Journal of Public Health*. 96:1 (January). Washington, D.C.: American Public Health Association.
  - 18 Kerrigan, D., et al. 2004. "Combining Community Approaches and Government Policy to Prevent HIV Infection in the Dominican Republic." *Horizons Final Report*. Washington, D.C.: Population Council.
  - 19 Ibid.
  - 20 Cohen, J. 2006. "Dominican Republic: A Sour Taste on the Sugar Plantations." *Science*. 313:5786 (28 July), pp. 473-475. Washington, D.C.: American Association for the Advancement of Science.

Sarah Haddock is a research assistant at Population Action International and has worked in the Caribbean and Spain on development issues.

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1300 19th Street NW, Second Floor  
Washington, DC 20036 USA  
+1-202-557-3400  
e-mail: [research@popact.org](mailto:research@popact.org)

[www.populationaction.org](http://www.populationaction.org)