
DOMINICAN REPUBLIC



Capital: Santo Domingo
Area: 48,730 km²
Population: 7,321,000 (1991)
Population density: 150/km²
Urban population: 60%
Per-capita GDP in US\$: 720 (1988) (a)
Life expectancy at birth: 66.7 years
Infant mortality rate: 61‰ live births (b)
Illiteracy: 23% (c)
Population under poverty line: 44% (1986) (d)
Human Development Index 1992: 0.595 (83rd) (e)¹

The development of a new economic model: crisis, adjustment, and deterioration in social indicators

The Dominican Republic is a clear reflection of the patterns of economic and political behavior in Latin America in past decades. The growth, modernization, and authoritarian regime of the 1970s gave way to both democratization and the economic crisis, structural adjustment, and consequent deterioration in the population's living standards that dominated the 1980s. Added to this behavior, as is logical, are the characteristic features of the country and the economic situation in the Caribbean; in particular, the growing importance to the Dominican economy of emigrant remittances since the middle of the decade and of new economic sectors such as tourism and *maquilas*² established in free industrial zones. In other words, the Dominican economy has evolved

from the primacy of agricultural exports to one of services and low-cost labor.

Various stages can be identified in this economic evolution that in turn have conditioned the behavior of the labor market, family income, poverty, and social expenditure. The first stage, of strong economic growth, lasted from the late 1960s until 1978. Economic growth (9.4% annually, on average, from 1970 to 1975, and 3.5% from 1975 to 1978) was based on both traditional exports (especially sugar, which represented around 44% of the country's exports) and accelerated import-substitution industrialization, which was directed especially to satisfying the demands of the domestic market. Both sectors, as

the figures cited indicate, were weakening by the end of the 1970s.

The second stage spans the period 1978-1981. In 1978, President Balaguer stepped down after 12 years of uninterrupted power. The new Government confronted a situation of clear crisis. The exchange rate had fallen precipitously after a sharp decline in the price of sugar on the world market and increases in the prices of oil and industrial goods. To deal with the crisis the new Government, headed by Antonio Guzmán, undertook a policy of economic reactivation based on increases in public expenditure which, though they raised the income of workers, were of insufficient scope, created inflation, and had to be financed through external credits, which accelerated the spiral of indebtedness and, in the end, worsened the crisis.

Following the elections of 1981, and as a result of all these factors, the Government of Salvador Jorge Blanco confronted an extremely difficult situation, which included heavy trade deficits, a \$2,000 million external debt, 25% unemployment among the active population, and, in 1983, a new fall in the price of sugar of 50%. The third stage then began. It was characterized by a policy of recessive adjustment promoted by the Government, which signed agreements with the International Monetary Fund (IMF) under which social expenditure was cut in 1984 by almost one percentage point of the gross domestic product (GDP) and subsidies on basic staples were eliminated, thus suddenly increasing consumer prices by more than 200%. The population, which had been suffering from growing unemployment and a sharp fall in income and living standards, responded with an outbreak of rebelliousness and street disturbances which, when repressed by the army, left 100 dead and many injured. These policies were continued from 1986 by the Government of President Balaguer (reelected in 1990), but they did not succeed in eliminating the budget deficit or the lack of foreign exchange, or in halting inflation, which reduced the living standards of the population still more. The foreign exchange crisis is related, among other things, to the acute energy crisis the country has

experienced, whose clearest sign is persistent blackouts in Santo Domingo and other communities.

The fourth and final stage, whose main trends are less clear, began in the mid-1980s and is characterized by the persistence of the social effects of the recessive adjustment (an increase in poverty and reduction of social expenditure), economic policies based on large-scale public works programs (which have helped maintain high inflation rates), and especially by the transition to a new economic model of liberalization and internationalization of the economy. As noted above, that has been based on the *maquilas* in free zones, remittances by emigrants, and particularly tourism. These new areas of growth have stimulated the economy somewhat and have been of major importance. Tourism is now the main activity generating foreign exchange, while *maquilas*, though they contribute less in foreign exchange (fourth in importance in 1989³), generate more than 35% of industrial employment. With regard to emigration, it is estimated that 10% of the country's economically active population has emigrated, especially to the United States.

The employment situation and the labor market

During the last three decades the economically active population (EAP) grew quickly, especially in urban areas. This growth was a product of rapid industrialization and migration from the countryside to cities, which from 1960 to 1980 involved 1.5 million people. That migration was caused by the crisis in the traditional agrarian sector. To the extent that industrial development could not absorb all the labor available, jobs arose in the service sector and were often informal and characterized by underemployment, low productivity, and high unemployment rates. Between 1970 and 1980, it is estimated that 20% to 24% of workers were unemployed. Central Bank data for 1980 and 1983 showed underemployment rates in Santo Domingo alone of 40% and 43%, respectively.⁴ In summary, the labor market was urbanized and

became tertiary and informal during that period, and unemployment and underemployment became structural features of the labor market.

The crisis which began at the end of the 1970s, particularly in the import-substitution industrial sector, and the recessive adjustment of 1982-1986 have sharpened these trends. The open unemployment rate—22% in 1980—grew to 27% in 1985. Around 1987, coinciding with the pickup in the economy, unemployment ebbed and its rate was 19.5%.⁵

High structural unemployment and underemployment are related to the informal sector's importance since the 1950s. Although there is no exact information in this regard, it should be noted that from 1960 to 1980, around 40% of workers were self-employed. In 1980, according to data from the Regional Program on Employment in Latin America and the Caribbean (PREALC), 12% of the urban EAP worked in the informal sector, though in Santo Domingo the proportion in that year was 38% and, in 1983, 44%.⁶ Informal activities have always been significant, but it was during the 1980s, in the context of the crisis, adjustment, and growing unemployment and underemployment, when informal work became a means of survival for the poor and a characteristic and spreading feature of the urban labor market, especially in construction, services, trade, and small industry.

The development of a new economic model, outlined above, is also having significant effects on the labor market. The proportions of employment in both the substitute industrial sector and the sugar industry have significantly declined in total industrial employment. Between 1980 and 1988, the former fell from 42% to 33% and the latter from 47% to 30.9%. Plants in the industrial free zones, by contrast, have been the most dynamic sector in generating employment: in 1970 they represented only 0.5% of industrial employment; in 1980, 10.6%, and in 1988, 35.3%.⁷ Employment in free zones is characterized by lax or nonexistent labor legislation, however, which means widespread lack of protection for workers and sometimes abuses by employers.

Income deterioration, social policies, and the spread of poverty

The crisis, recessive adjustment, and the new economic model have led to a widespread fall in the real wages of workers and family income, which has pushed many families below the poverty line. During the 1980s, the macroeconomic imbalances stemming from the crisis and adjustment measures unleashed an inflation-devaluation spiral which, combined with a policy of wage containment, has made workable the new economic model, which bases the competitiveness of production in the free zones on low labor costs. This has had a high social cost in that the buying power of most of the population has fallen drastically. According to Central Bank data,⁸ real wages in all economic sectors in 1988 represented only 40% of those in 1970, falling from a constant value of 120 in that year to 59.6 in 1980 and 48.5 in 1988. In some sectors the reductions were even greater: in industry and services, real wages in 1988 were only a third of those in 1970; in construction, 26%; and in trade, the sector where most informal activity occurs, 15%. In the face of this widespread deterioration in income and the spread of poverty, family units have redefined their means of surviving by expanding the informal economy, putting more women and children to work, and emigrating abroad.

Despite such changes, data available for 1977-1986 show that the proportion of families living in poverty increased significantly. During those 10 years, the proportion of poor families grew from 23.3% to 27.3% of the total, or from 205,883 to 359,291 families and 1,070,512 to 1,771,304 people in absolute terms. More than half of those were living in extreme poverty, or indigence, in 1986.⁹ More recent information, however, gathered by the United Nations Development Program (UNDP), indicates that for the decade as a whole the proportion of the population below the poverty line was 44%, of which 43% was in the countryside.¹⁰

Poverty is concentrated in rural areas, in the large marginalized areas of cities, and in "poles of

poverty" characterizing the Dominican Republic such as sugar plantation *bateyes*. It was estimated in 1980, using other measurement methods based on unmet basic needs which produced larger poverty figures, that 75% of the rural population, or 2,063,000 people, were living in poverty.¹¹ This is related to the widespread phenomenon of landless peasants, who in 1985 comprised 57% of the rural EAP.¹² The country's southwest and, to a lesser extent, the Cibao have the greatest unmet basic needs in the rural population. The prospects for improving rural poverty are discouraging because the liberalization of agricultural trade has adversely affected small and medium producers of rice, corn, and oil-seeds, and thus their farms are not profitable.

The urban "poverty map" essentially coincides with marginal areas such as Katanga, El Abanico, La Yuca, Canca la Rana, Los Cocos, La Zurza, Cristo Redentor, La Ciénaga, Maquitería, Alcarri-zos, Peralejos, Gualey, Capotillo, 24 de Abril, Luperón, Los Mina, many in Santo Domingo, and Cienfuegos and Pekín in Santiago, as will be described below.

Finally, *bateyes* are rural communities linked to the cultivation and harvesting of sugar cane. They have the lowest wages, hardest and most difficult living and working conditions, and greatest shortfalls in fulfilling basic needs. Data from the 1981 census indicated that more than 72,000 people were living in the *bateyes* of the 172 mills of the State Sugar Council. This was a population consisting of both Dominicans and a large percentage of Haitian immigrants. Forty-one percent were less than 14 years old, and 45% were women. According to Ministry of Health data for 1991, 60% of the *bateyes* did not have a medical dispensary, 87% of their dwellings lacked potable water, only 33% had electricity, and there were very few excreta and waste disposal systems, which translates into a high incidence of infectious diseases. There is also a high incidence of sexually transmitted diseases because prostitution is common. Women in *bateyes* suffer from a position of subordination and are, moreover, the poorest of the poor.¹³

With respect to public policies, social expenditure (education, health care, social assistance, sports and recreation, housing, labor, food, and potable water) fell sharply as a percentage of the GDP during the period of crisis and recessive adjustment from 1978 to 1986. In 1978 it represented 6.3% of the GDP, during the first half of the 1980s it was around 5%, and in 1985 it reached its lowest point, 4.6%. The levels of the late 1970s were regained only in 1987. The largest reductions were in the education and social assistance sectors, while expenditures on health remained relatively stable at about 1% of the GDP.¹⁴ The Secretariat of State for Health and Social Assistance and certain specific agencies, such as the Directorate General of Women's Promotion and the Office of Community Development, are the bodies traditionally responsible for carrying out social policy not executed by the Dominican Social Security Institute (IDSS) or the health and education sectors. Some programs, such as the Emergency Social Plan, were implemented at the end of the decade, and the Congress of the Republic has debated creating a Social Investment Fund to deal with the most pressing situations through methods intended to be more streamlined and effective.

Migration

As we have noted, emigration has been one of the Dominican population's most widespread strategies of survival since the 1970s. This is a phenomenon of major importance both as to the labor market and in terms of the foreign exchange the country receives. It is calculated that 10% of the Dominican EAP work abroad, especially in the United States (the "Dominican York") and Western Europe. More than 150,000 people left the country during the 1980s; more than 87,000, or 60%, were women, which shows a certain female bias in emigration trends.¹⁵ Departure from the country and entry into the United States are usually illegal and take place on small boats, or *yolas*, whose voyages entail great risk since they often sink and their passengers drown.

Another phenomenon is the large-scale participation of young people in migration to the United States. According to a survey conducted in 1984,¹⁶ at least 33% of the Dominicans in the United States were youths which, according to the 1981 census, would be 23% of Dominican youth. The continuation of the crisis leads to the forecast that these large-scale migrations will increase in the future.

As for the economic importance of emigrants to the country and their families, the Inter-American Development Bank (IDB) estimated in 1985 that remittances by emigrants exceeded \$300 million a year,¹⁷ and in 1988 the World Bank (WB) calculated that they equalled 36% of the country's exports.¹⁸ Such figures are underestimates in that they record only official transactions, and so they may be much higher. Other estimates note that almost one in every three Dominican families receives remittances from family members abroad, which in many instances are essential to their survival.¹⁹

The Dominican Republic, as noted above, also receives Haitian immigrants. There is no precise information about their number, which has grown over three generations, but it is estimated that in 1985 there were between 100,000 and 300,000 people who had crossed the border illegally, expecting to find better living and working conditions or fleeing the repression of the Duvalier regime. Such expectations are frustrated, however, since in the receiving country, which is also underdeveloped and has high unemployment and underemployment rates, Haitians only obtain work under conditions of real exploitation, whether in sugar *bateyes* (which are true Haitian ghettos) or, more recently, coffee farms, construction, or domestic service. No labor legislation covers Haitian workers in *bateyes*, whose working days are 11 or 12 hours long. The living conditions of Haitian migrants are worsened by their abandonment by the Haitian state and abuses against them by Dominican authorities, for whom migration has historically been a cause of deterioration and conflict in the relations between the two countries. In this context, the Dominican Republic denies nationality to children of Haitian emigrants born

in the country, as a result of which they are stateless.²⁰

The Dominican Republic was denounced by the International Labor Organization (ILO) for the subhuman living conditions and exploitation which Haitian emigrants experience in *bateyes* during the sugar harvest, as well as restrictions on their freedom of movement and basic rights.

Finally, Haitians suffer from the racism that permeates Dominican society, in which the minority white and mixed population is customarily at the highest levels of the social scale. Despite sharing Afro-American ethnic and cultural traits with the majority Dominican black population, they are rejected by both the white and black population.

Health, environmental sanitation, nutrition, and food security

The health system in the Dominican Republic is divided into two major subsectors, public and private. The public subsector consists of the Secretariat of State for Public Health and Social Assistance (SESPAS), IDSS, and the Social Security Institute of the Armed Forces and National Police (INSFAPOL). The Secretariat of State is the body that executes health policies and, theoretically, it covers 80% of the population. Independent studies and official sources note, however, that in 1986 its real coverage was only 40%.²¹ In 1988, it had 42 general hospitals, six specialized ones, 422 rural and 67 urban clinics, and other dispensaries which together had 7,577 beds. At the primary level, in addition, was a large, informal system of more than 5,000 health promoters.²² Resources are geographically distributed unequally, however, so that health regions I, IV, VI, and VII, which embrace the southwestern part of the country, are among its poorest, have higher malnutrition rates, are at greater risk of natural disasters such as hurricanes, and are those that have the smallest resources—15% of the hospitals and 23% of the beds. Santo Domingo, in contrast, has 24% of the hospitals and 40% of the beds.²³

In 1988, IDSS provided services to only 10% of the EAP and 4.2% of the total population. Furthermore, its services are very limited. IDSS has a maternity hospital, 20 polyclinics, and 13 urban and 128 rural medical offices, which together have 1,168 beds. The most pressing problem IDSS has experienced has been its financing, since the state's contribution almost disappeared and in 1979-1989 amounted to 2.9% of its expenditure. The increase in coverage and reduction in state contribution have translated into deterioration in services. Twenty-two percent of IDSS's expenditures were administrative and hospital bed occupancy was about 52% at mid-decade, which is evidence of serious problems in administrative and hospital efficiency.²⁴ In addition, the Secretariat for Health, which has to cover more than 80% of the population, receives 53% of public health outlays, while IDSS, which covers 10%, receives 47%. The additional fact that the social security system's benefits were focused on the segments of the population with the highest incomes betrays the system's regressive nature for purposes of redistributing revenue toward the poorest in the population.²⁵

INSFAPOL covers 3% of the population and has 580 beds. Finally, the private sector has around 4,800 beds, of which 75% are in the two main cities. The private non-profit sector, which is of some importance, provides a high proportion of specialized care.

The number of hospital beds fell from 1984 to 1987, aggravating the existing deficit in beds per capita. This trend reversed itself only in 1988. There is an even greater deficit in outpatient care. Utilization of installed capacity is also low, with 60% hospital bed occupancy, which is caused by poor coordination between the primary and hospital levels as well as deterioration of facilities. This has been one of the most serious problems affecting the health infrastructure. Around 1987, according to SESPAS, 70% of incubators, autoclaves, and radiographic and laboratory equipment were out of service, particularly in the smallest centers and in those serving rural areas.²⁶ As for human resources, certain areas such as the southwest (especially Valle), the western Cibao, and

Yuna, in the southeastern area, have ratios of physicians and auxiliaries to population considerably below the national average. The low proportions of real coverage by the Secretariat for Health and IDSS, together with the imbalances and shortages noted, are the cause of a major unmet demand for health services in low-income sectors.

The general mortality rate fell from 14.7‰ to 7.5‰ between 1960 and 1985, according to data from the Latin American Demographic Center (CELADE).²⁷ The leading causes of death in the population at large are, in order of importance, cardiovascular diseases, perinatal disorders, malignant tumors, accidents, and respiratory infections. Nevertheless, there is 40% underrecording, as a result of which data should be considered relatively. Twenty-three percent of recorded deaths are in infants less than one year old. The infant mortality rate (under one year) was 61‰ live births in 1990, while the rate in children less than five years old was 78‰ live births,²⁸ but there are significant variations according to socioeconomic strata. The infant mortality rate was 70‰ among the poor and 34‰ for the middle and upper classes in Santo Domingo. Because of underrecording, such figures may be underestimates. Indeed, a recent study²⁹ shows that the real child mortality rate was 73.5‰ and increased in 1990 to 80.3‰, and that the provinces of Barahona, Independencia, Pedernales, and Bahoruco were those that worsened most significantly.

The leading causes of death in childhood continue to be infectious intestinal diseases (in 1987, children under five years averaged seven episodes of diarrhea per year) and respiratory conditions. Additional causes in infants less than one year old are congenital anomalies and meningitis, and in children aged one to four years the third cause is nutritional deficiencies. As these are mostly preventable diseases, there is great potential for reducing their rates. Since 1980 there has been an appreciable reduction in diseases preventable by vaccination, although measles continues to be evident.

The maternal mortality rate, according to the Secretariat for Health, is 0.65‰ live births.

United Nations agencies believe that is an underestimate, however, and that the rate is about 2‰ live births. Toxemias are the leading cause of death (26%), followed by hemorrhage (20%) and abortion (18.5%).³⁰ One in every three deliveries attended in public sector institutions in 1988 was to a mother less than 20 years old. The proportion of births attended by physicians is still low—57%.

In 1992, the cumulative number of AIDS cases was 1,642, of which 1,336 were diagnosed between 1987 and 1990. In 1989, the worst year, there were 508 cases. Since 1991 the upward trend of the disease seems to have reversed itself, for in that year only 162 cases were diagnosed, though they may have represented underrecording more than the disease's control. The AIDS rate, 224 patients per million inhabitants, is relatively high in the Latin American context. HIV tests in pregnant women have shown high rates of the virus's prevalence—about 3.5%—and thus the disease seems unlikely to decline rapidly. According to various studies, the clearly heterosexual transmission pattern of the disease accounts for 70% of cases.³¹

Malnutrition is one of the most serious problems in Dominican children. In 1986, 16% of infants were born with low weight and one in every two suffered from moderate to severe malnutrition. Data from the Secretariat for Health for 1990³² indicated that in that year, malnutrition of some degree affected 73% of infants less than one year old and almost 42% of children under five years. The United Nations Children's Fund (UNICEF) puts the proportion at 40% of one-year-olds, which shows a downward trend since 1989, when it affected 45%.³³ Apart from the differences in these studies, this is a problem that, because of its scope and significance, requires immediate action. The average calorie consumption of the entire population is 104% of that required, which shows that the problem of malnutrition is related to the lack of equity in income distribution and access to food more than to a nonexistent scarcity of food.

The country's food security has deteriorated in recent years. The proportion of imported food-

stuffs of the total available, or index of food dependence, doubled from 17.4% in the 1970s to 36.4% in the 1980s. This is much more noticeable with respect to cereals. All cereals consumed in the country in 1980 were produced locally. In 1990, 60% were imported.³⁴ Food assistance represents 38% of the cereals consumed locally, a relatively high proportion for Latin America.³⁵ Liberalization of agricultural commerce has lowered the prices of certain basic products, but it has worsened food security by forcing producers of rice, corn, and oil-seeds, whose production is not as profitable as imports, out of the market.

In the area of environmental sanitation, according to studies in the mid-1980s,³⁶ water quality is often deficient. In 1987, only 49.2% of the urban population had potable water connections and 22.7% were connected to sewers, which discharge without previous treatment into the sea and waterways. Electric power outages, which affect pumping stations, have aggravated water shortages.

Proper management and treatment of household and industrial wastes is almost nonexistent, which results in the proliferation of uncontrolled dumps in urban areas where communicable disease vectors breed, sewer clogging, and pollution of coasts and surface waters.

Housing, basic services, and urban marginalization

The two most recent population and housing censuses, conducted in 1970 and 1981, showed the serious shortage of housing facing the Dominican people. In 1981, 364,500 dwellings (32.7% of the total) did not meet minimum standards, and 478,200 (almost 43%) needed to be improved. These data reveal a housing deficit that can be described as chronic. Compared with those from the 1970 census, the 1981 census data also reveal some improvement over the previous decade in the use of sturdy construction materials and an increase in the number of dwellings with toilets and electricity, though the proportion with access to potable water fell. Shortages of water, excreta

disposal systems, and electricity were more significant in rural areas. There, only 18.9% of dwellings had water, 1.5% had toilets, and 23.7% had electricity.³⁷ Among rural areas the southwest, followed by the Cibao, had the largest proportion of dwellings built of makeshift materials and the greatest shortages of basic services in 1981.

There are no precise later data, but projections made by some research centers have estimated a housing deficit in 1990 of more than 600,000 habitable dwellings, with 800,000 more needing improvements, as against only a half-million that met acceptable standards.³⁸ Since 1986 the state has conducted various dwelling construction programs, embracing 25,000 to 30,000 units, which have been mostly in the cities and have benefited the middle classes able to take on mortgages. Because of these programs, the present deficit is estimated at about 450,000 dwellings. Official estimates for the period 1989-1992 note that the deficit was 418,000 units. Aside from the disparity in data, and despite the Government's housing programs, the size of the figures shows that lack of dwellings is one of the greatest outstanding problems in the Dominican Republic's development.

In 1981, 65% of the population of Santo Domingo, numbering 1.3 million, lived in marginal districts. In 1988, 62% of dwellings were in such districts, which grew up in two major periods. The first lasted from 1960 to 1980, when the poor districts (Gualey, Capotillo, 24 de Abril, Luperón, Los Mina, etc.) on the eastern and western banks of the Ozama River grew, some of which are now in the center of the city. The second period was the 1980s in which, as a result of the Government's urban development programs and the city's spontaneous growth, new marginal districts sprang up in outlying areas where land was readily available (Cancino, Sabana Perdida, Maquitería, Alcarrizos, Peralejos, Los Guandules, etc.). Overcrowding is one of the severest problems affecting these districts: 40% of the city's population is concentrated in only 15 of the capital's 240 square kilometers, especially on the western bank of the Ozama, and the density of the

marginal areas is 5,719 dwellings and 28,778 people per square kilometer, compared with 792 dwellings and 3,600 people per square kilometer in upper-class residential areas. To deal with these problems, the poor have adopted initiatives such as the Committee to Defend Neighborhood Rights (COPADEBA), which brings various grassroots groups and nongovernmental organizations (NGOs) together to improve the living conditions of the people in such areas.

In 1986 the Government of President Balaguer initiated an active policy of urban renewal which resulted in the mass resettlement of numerous residents of the marginal areas of Santo Domingo. From the social and urban development standpoint, this meant the fragmentation of such districts, which have been crisscrossed by high-speed thoroughways. But the most significant thing has been that the new districts built in outlying areas for the uprooted (e.g., Alcarrizos and Peralejos) have, in practice, worsened the living standards of the population since they lack jobs and basic services such as transportation and education. Their distance from and difficult communication with the city center makes conducting the informal activities on which the income of the residents largely depended difficult. In addition, the composition of the new districts has been redefined because, in many cases, those assigned their dwellings have not been uprooted families but rather others from elsewhere who have been assigned housing on the basis of their "connections" with the state. Thus, the city's map has changed, without eliminating the pockets of poverty and urban marginalization which, as noted above, are increasingly concentrated around the city

The education situation

The proportion of the population that is illiterate has gradually been falling in recent decades. The 1960, 1970, and 1981 censuses showed that 34%, 32%, and 25% of the people, respectively, did not know how to read or write. In considering these proportions, which reflect

national averages, heed must be taken of the major disparities between rural and urban areas as well as different regions and subregions in the country. In rural areas in 1981, the proportion of illiterates was 37%, while that in cities was 15%. In the southeast, the National District had the lowest rate, 13%, while in the southwest it was 42% in El Valle and 32% in Enriquillo.³⁹ The disparities also adversely affect specific groups in the population such as adult women and, especially, people over 40 years old

Since 1961, the year in which the dictator Trujillo was overthrown, primary school matriculation has expanded greatly, which has helped reduce illiteracy. This expansion was greater during the 1960s and 1970s and in rural areas, and slower during the 1980s. The primary school attendance rate in 1990 was 90.8%, which means that 10% of children between seven and 14 years are still without schooling. This presages the persistence of considerable illiteracy in the future, as well as a large group of young people who will encounter additional problems in finding jobs. Moreover, dropout rates were about 10% and repetition rates were 18% in 1986-1987. All told, only 33% of pupils completed primary school—one of the lowest rates in Latin America.⁴⁰ The growth of matriculation in secondary education has been even greater, reaching a school attendance rate of 47% in 1988. Although most primary educational centers are in the countryside, at the secondary level they are in urban areas, which explains the great disparities in the composition of matriculation. In 1986, 88% was urban and 12% was rural.⁴¹

A problem that affects both educational levels is the makeshift nature and deterioration of physical infrastructure, which is directly related to the sizable reductions in public spending on education due to the crisis and adjustment measures. In 1978 it was 2.4% of GDP; in 1983, 2.1%; and in 1988 it reached its lowest point, 1.3%. It rose to 1.7% in 1988.⁴²

After almost three decades of strong growth, the university matriculation rate reached 19% in 1988. There was only one public university in 1961 (the Autonomous University of Santo Do-

mingo, or UASD), but liberalization and privatization increased the number to 25 in 1986. This expansion has been accompanied by significant deterioration in the quality of instruction and a bias toward the humanities (53%), to the detriment of the basic sciences, engineering, and technology (27%) which, added to the emigration of educated persons abroad, results in a scarcity of people trained in areas needed for development.

The situation of women

Because of migration from countryside to cities, the composition of the female population differs between the two areas and is younger in the former. In cities, the female population younger than 15 years represents 36% of the total, compared with 41.5% in rural areas. The bias is the reverse for women of working age—60% in urban, compared with 55% in rural areas.

Since the 1960s, the most common pattern of relationship has been cohabitation, which women prefer, though since the 1960s there has been an increase in the number of married women. During that period the proportion of common-law marriages has fallen from 31.5% to 29%. The age at which women begin to cohabit or to marry is earlier than for men, and there is a larger number of widows than widowers. A recent socio-demographic feature of interest is the growing number of women heads of household living as single persons, fathers' abandonments, divorce, and widowhood. While 87% of male heads of household were married or cohabiting, only 20% of female heads of household had a husband or companion.⁴³ It should be noted that 43% of households headed by women are in the lowest-income stratum of the population, compared with 38% of those headed by men, which shows that poverty is more common in households headed by women.

Since the 1950s, women's participation in the labor force has increased significantly, growing fivefold to 1981. This has changed the composition of the EAP: 15.8% were women in 1950, and 29% in 1981. The increase has been greater

in urban areas because of industrial development and the increase in the working-age population. The crisis of the 1980s hastened women's entry into the job market because of the need to supplement family incomes. The large number of households headed by women and the changes in the structure of employment, because of the transformation of the Dominican economy, have also accelerated this trend. The crisis and recessive adjustment have resulted in both an increase in the female unemployment rate and a larger number of women in the informal economy, however.

Women's participation in the work market is particularly concentrated in services. Domestic service and retail trade (dressmaking, beauty shops, hairdressing) are occupations dominated by women. All these are trades characterized by low productivity, income, and job stability. In rural areas, farm work most occupies women during the harvest season. The entry of women into highly productive middle-level activities in the service sector has also been increasing. In this context, one of the most recent and significant phenomena has been the large number of women in industries in free zones. Various estimates indicate that between 70% and 80% of the more than 135,000 workers in those industries are women.⁴⁴ On average, their wages are lower than those of men in similar job categories. This, among other things, explains why *maquila* owners prefer to employ women.

It is estimated that there are about 60,000 prostitutes in the country, most of whom are between 14 and 25 years old. Tourism, the lack of job opportunities, low wages, and the degradation of urban life in marginal districts are at the root of this reality, which is beginning to be considered a true national problem. The spread of prostitution and tourism to a large extent explain the high incidence of AIDS in the country. Prostitution is a relatively common livelihood among women who emigrate abroad, especially in countries such as the Netherlands, Greece, Suriname, Haiti, and Antigua and Barbuda. It is thought that there are several thousand Dominican prostitutes

in Amsterdam alone.⁴⁵ Other sources cite much lower figures, however.

With respect to the equality of rights and real equality, Dominican law declared women and men equal before the law in 1942, but many discriminations against women in fact remain. Women reach legal majority at 16 years, compared with 18 years for men; the law favors men in recognizing natural children; in marriage, questions of residence, disposition, administration, and benefits of joint property are usually decided by husbands, to the detriment of wives; and, finally, in divorce the law penalizes women in defining causes for divorce with regard to adultery, division of property, pensions, and entering into second marriages.⁴⁶

Finally, women's participation in political life has been increasing through elections in recent decades. Nevertheless, they still hold few posts in political parties, trade unions, and Government. Their small participation in trade unions is still more evident in the free zones, where they form a majority of the workers.

There are a large number of women's organizations, research centers, and promotional and development NGOs that work specifically on behalf of women. Most were created in the 1980s. Examples are the Research Center for Women's Action (CIPAF), Tú-Mujer, Nosotras, Dominican Women's Association (ADM), Ce-Mujer, and the Women's Democratic Union, which conduct significant activities in the areas of women's political participation and development, and to promote equality of rights, women's jobs, family planning and sex education, and research on their specific problems.

Children and young people

It was estimated in 1989 that the population younger than 16 years in the Dominican Republic numbered 2.8 million.⁴⁷ In 1990 it was calculated that 200,000 children and youths were not attending either primary or secondary school. In addition, school dropout is high (65%) at the primary level, much higher than in other countries

with middle development, where it is about 37%.⁴⁸

Up to 1960, the largest segment of the population was young people, especially those aged 15 to 24 years. Since then the country's modernization has coincided with declines in the general death and fertility rates and, especially in the 1970s, the beginning of the population's relative aging and an increase in the relative size of the young population, mostly based on the larger number of births in the previous five-year periods and the sharp fall in the number of children because of the decline in fertility.

In sum, there were no significant changes in the demographic structure in 1970, but in 1981 the child population had fallen to 40.7% of the total and below the 44.1% of 1950. Meanwhile, the teenage and young adult population, which had not varied significantly in 1950 and 1970 (it remained at about 19%), increased significantly (to 22.4%) by 1981. In principle, this larger proportion, which could already be noted in 1981, will persist for two more decades.

The country's accelerated urbanization, which rose from 24% in 1950 to 52% in 1981, has to a large extent come about because of heavy migration. Between the 1970 and 1981 censuses the population increased by 40.9% nationally, while the National District and some other provinces where the largest cities are located, grew by 90.6% and 88.2%, respectively. By contrast, the less-developed provinces grew by less than 20%. Young people largely account for such migration. The countryside thus has a larger proportion of children, given the high rural fertility rate, while there are larger proportions of young people in cities which have had significant industrial growth.

One of the things causing youths' emigration from the countryside is the precariousness of small farms. Agricultural impoverishment affects women more than men, which causes young women to emigrate more often and at earlier ages. Various studies have found that much of the rural emigration is of women and girls aged 10 to 24 years who move to cities to work as servants.⁴⁹

Another cause of youthful migration for both men and women has to do with a set of cultural, social, and educational circumstances. In addition to the stimulus that modern cultural patterns provide in the countryside, a significant portion of the rural population has access to primary education, which inspired emigration for two reasons: a desire to continue one's education where greater facilities were offered, and the need to prepare oneself to enter urban life more easily. Further, up to a certain point, cities offered greater opportunities for employment, participation, social mobility, better living standards, etc. Such expectations have been increasingly frustrated by the crisis, however.

Indeed, there has been a notable worsening of the conditions youth face in the labor market in recent years because of the economic crisis. The growth of the Dominican economy between 1969 and 1975 was so great that it made a massive absorption of labor possible. The stagnation of the Dominican economy during the 1980s, together with the decline in state employment, meant a smaller supply of jobs available to the population entering the work force for the first time. Even in years in which the general unemployment rate declines, joblessness among young people falls much less than among the rest of the population.

This has led to responses of a new kind, such as informal work or underemployment, but which are accompanied by other outcomes, such as the probable appearance of a broad range of youths who are neither in school nor working nor seeking work and live by a variety of means such as remaining at home or devoting themselves to criminal activity of greater or lesser seriousness.

In reality, the moderate increase or decrease in unemployment depends on expansion of the informal sector, which grew by 14.8%, while the formal sector grew by 2%. It is significant that self-employment among youths aged 15 to 19 years grew from 11% to 38.7%. Impoverishment, family instability, and frustration of expectations of quick self-improvement have also led to aggressive behavior in poor neighborhoods, corruption, etc. Drug addiction and criminality have increased alarmingly, especially since 1983.

Drug addiction, once a minor phenomenon essentially limited to the upper classes, is spreading to the poor.

The environment and vulnerability to disasters

The Dominican Republic faces environmental problems of varying nature and magnitude: pollution from industrial and mining wastes, indiscriminate use of pesticides (some of which are banned in other countries) without proper control, and deforestation. The country's forest cover now represents only 12% of its land, and the rate of deforestation, though not among the highest in the region, is—at 0.6% annually—relatively significant.⁵⁰ Erosion due to deforestation is very great. The Boa area, for example, has one of the highest erosion rates in Latin America—346 tons per hectare per year.⁵¹

Because of its geography and climate, the Dominican Republic has had a long history of disasters, especially those related to weather—floods, droughts, hurricanes, and tropical storms. During the 1960s the country suffered great losses from Hurricanes Flora in 1963, Cleo in 1964, and Inez in 1966. There was a cycle of natural disasters in 1979. Torrential rains fell and floods affected the north and northeast in May and June. Hurricane David attacked part of the country in August. The disaster cycle ended with Tropical Storm Frederick in September. Estimates of property losses were around \$800 million. The damage that storms and hurricanes caused was chiefly to agriculture, though also to other productive activities, which by the end of the year resulted in considerable scarcities of many products, especially foodstuffs. The hurricane and storm affected the country's richest rural areas by destroying already collected harvests, devastating plantations, and causing damage to irrigation canals, roads, and buildings. In August 1980, Hurricane Allen passed over part of the northwestern part of the country and ended by destroying the area's coffee and banana plantations. The damage was extensive, though less than that

caused by the 1979 disasters. A year later, in 1981, heavy rains caused new floods. In 1986, tropical storms affected more than 12,000 people. Hurricane Emily, in 1987, also passed over the country. In all these cases there were major housing losses because of the ramshackle construction of many buildings. The 1981 census, for example, showed that 69% of dwellings had walls of wood, palm thatch, and other materials; 66% had zinc roofs; and 11% had roofs made of palm thatch or other ephemeral materials. This represents a clear risk in the face of cyclones and hurricanes.

In 1985, a devastating drought lessened farm production for both domestic consumption and export by affecting coffee, cocoa, and bean plantations, whose harvest fell by 29%, and additionally damaged two-thirds of the spring rice harvest, which declined between 5% and 31%.

The influence of cooperation and development policies and agencies

During the 1960s and 1970s the dominant pattern of international development cooperation with the Dominican Republic, as in other parts of Latin America and the developing world, was large investments in physical and social infrastructure, industry, energy, and agriculture through the Dominican state. They were financed by the major international development financing agencies, the World Bank and IDB, as well as the U.S. Agency for International Development (USAID) as part of the Alliance for Progress. In the late 1970s and 1980s this pattern entered a crisis stage, as did the dominant development model, and the state's role as the engine of economic development began to be questioned by neoliberals.

As a result, the panorama of international cooperation changed substantially in the 1980s. The major donors attached more importance to financing for, assistance to, and orientation of reforms, structural adjustment, and liberalization measures by favoring businesses and private

organizations as an action channel. Second, donor agencies and organizations multiplied through the appearance of a large number of international NGOs and their local counterparts, so that ultimately the country had 113 agencies, of which almost two-thirds were nongovernmental. Third, a large number of small-scale and local or neighborhood projects aimed at specific groups, such as women, children, and youths, have been conducted. Fourth, both governmental and nongovernmental European agencies have entered the scene and become an important source of financing.

At present, the World Bank and IDB are financing the modernization program of the Dominican Electricity Company and its hydraulic infrastructure with \$165 million. UNDP and other agencies are supporting the industrial reconversion program in order to modernize productive plant and link industry oriented toward the domestic market with the export-oriented *maquilas* in free zones. Other United Nations agencies also operate in the country in specific fields; examples are UNICEF, INSTRAW, the Pan American Health Organization (PAHO), the World Health Organization (WHO), the United Nations Educational,

Scientific, and Cultural Organization (UNESCO), and the United Nations Food and Agriculture Organization (FAO). USAID has allocated \$150 million for 10 years to the Democracy and Political Modernization program through private bodies to strengthen non-state organizations such as NGOs, universities, and foundations. USAID is also financing a small business program whose funds are administered by the neoliberal Economy and Development Foundation.

International NGOs and their local counterparts operate in various fields: support for the urban poor through productive, community organization, and self-help projects, support for health care, nutrition, education, and housing for Haitian immigrants in the *bateyes* and cities; environmental improvement and conservation, and programs aimed at women and development. European organizations are very active in these fields, and U.S. organizations are more sensitive to environmental programs. It is estimated that NGOs channel \$150 million a year through such projects. U.S. agencies are the most numerous, followed by German, Dutch, and Canadian agencies.