

May 2020

Conceiving the Cuban Paradox: An Analysis of Cuba's Reproductive Healthcare Paradigm

Ashleigh E. Adams
Portland State University

Follow this and additional works at: <https://pdxscholar.library.pdx.edu/hgjpa>



Part of the [Public Affairs, Public Policy and Public Administration Commons](#)

Let us know how access to this document benefits you.

Recommended Citation

Adams, Ashleigh E. (2020) "Conceiving the Cuban Paradox: An Analysis of Cuba's Reproductive Healthcare Paradigm," *Hatfield Graduate Journal of Public Affairs*: Vol. 4: Iss. 1, Article 3.
<https://doi.org/10.15760/hgjpa.2020.4.1.3>

This open access Field Paper is distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License \(CC BY-NC-SA 4.0\)](#). All documents in PDXScholar should meet [accessibility standards](#). If we can make this document more accessible to you, [contact our team](#).

Conceiving the Cuban Paradox: An Analysis of Cuba's Reproductive Healthcare Paradigm

This research paper explores certain socio-political conditions that have contributed to the paradox of the Cuban healthcare model, viewed through the lens of Cuban women's sexual and reproductive health. By examining Cuba's reproductive healthcare system paradigm, this paper examines the complex relationship between socio-political and economic determinants, and Cuban women's decision/ability to reproduce and provide for their offspring.

Analysis of Cuba's strategy and orientation reveals strengths, weaknesses, and contradictions that impact women's reproductive choices and access to care. This research invites consideration of the ways in which this nation's approach enhances women's sexual and reproductive health. The Cuban model demonstrates the viability of providing comprehensive universal coverage at an affordable cost and models the value of collective wellbeing, providing sexual and reproductive healthcare services for all its citizens.

Ashleigh E. Adams
Portland State University

Introduction

Despite being a small, isolated island nation characterized by limited resources, economic adversity, and persistent international tensions, the Republic of Cuba has achieved health outcomes competitive with less encumbered first-world nations. Cuba's surprising and laudable health indicators can be attributed to the politics, principles, values, and beliefs underlying the country's political system. This is reflected in the Cuban Constitution, which identifies healthcare as a fundamental human right, not to be exploited for economic gain, a constitutional protection not provided by some wealthier governments.¹ It is also apparent in

¹ Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against

policies and programs such as polyclinics, maternity homes, and access to contraception; services aimed at prevention as well as familial and community involvement.²

Grounded in ten days of community-based participatory research (CBPR) in Havana (including personal interviews and lectures with local officials, professors, and social service agency representatives) this paper explores the complex relationship between socio-political and economic determinants, and Cuban women's reproductive empowerment. CBPR in public health equitably involves community members and researchers with the aim to expand knowledge and deepen understanding of a given phenomenon.³ This research examines the particular socio-political conditions that have contributed to the paradox of the Cuban healthcare model, viewed through the lens of Cuban women's sexual and reproductive health (SRH). These focal conditions include existing healthcare system paradigms, dominant political ideologies (including cultural attitudes and perspectives on abortion), as well as socio-economic contexts. By examining Cuba's sexual and reproductive healthcare system paradigm, the strengths, weaknesses, and contradictions of this nation's approach are elucidated.

Income and Outcomes

Populations with more financial resources generally fare better in SRH metrics.⁴ Cuba, however, does not conform to this correlation between wealth and health. A poor developing nation, Cuba's 2017 per capita gross domestic product (GDP) was \$7,602,⁵ ranking sixty-fifth globally in terms of GDP and purchasing

All Odds: Cuba Achieves Healthcare for All--an Analysis of Cuban Healthcare." *Journal of the New York State Nurses Association* 45, no. 1 (2016): 29.

² Cancino, Rebeca Cutie. "Associated Social, Economic and Political Factors." *Women's Health Journal* 2007, no. 3 4 (2007): 75.

³ Israel, Barbara A. *Methods for Community-based Participatory Research for Health*. 2nd ed. San Francisco: Jossey-Bass, 2013.

⁴ Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind; Implications for the US from Cuba's Maternity Homes." *Health Promotion Perspectives* 2, no. 1 (2012): 9-19.

⁵ Dryfoos, Sarah. "The Cuban Health Paradigm: An Exploratory Analysis Through LGBTQ and HIV/AIDS Individual Perspectives." *Hatfield Graduate Journal of Public Affairs* 3, no. 1 (2018): *Hatfield Graduate Journal of Public Affairs*, 01 January 2018, Vol.3(1).

power parity.⁶ This economic yield can be contrasted with that of neighboring United States, which reported a GDP of \$59,531 per person for the same year.⁷ But as H. Blanco (economics specialist at the Center for Investigation on the Cuban Economy) explained, “GDP is an ineffective tool for measuring value in Cuba.”⁸

These statistics indicate a vast income disparity between the populaces of the United States and Cuba, suggesting Cuba’s health metrics should pale in comparison; but they do not. Dr. E. Aleman, director of Cabilo Quisicuaba Diversity Project in Havana described this contradiction: “We are a country that has holes in our streets, no paint for our buildings, but we have a world-renowned medical system.”⁹ Cuba’s reproductive health outcomes in particular boast outstanding metrics. In spite of Cuba’s severe and persistent shortage of resources, its maternal and infant health indicators are exceptionally positive, ranking first in Latin America, and competitive with wealthier OECD (Organization for Economic Cooperation and Development) nations.¹⁰ In fact, on certain indicators, Cuba’s metrics are superior to those reported by the U.S..¹¹ For example, Cooke indicates Cuba’s infant mortality rates outperform the United States.¹² Likewise there are more physicians per capita in Cuba than in its wealthier northern neighbor.¹³

⁶ Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind."

⁷ Dryfoos, Sarah. "The Cuban Health Paradigm."

⁸ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

⁹ Aleman, Enrique (director of Cabilo Quisicuaba Diversity Project, Havana) in discussion with author, December 13, 2019.

¹⁰ Kath, Elizabeth. "Inter-sectoral Cooperation, Political Will and Health Outcomes: A Study of Cuba's Maternal-Infant Health Programme." *Policy And Politics* 35, no. 1 (2007): 45-64.

¹¹ Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against All Odds: Cuba Achieves Healthcare for All--an Analysis of Cuban Healthcare." *Journal of the New York State Nurses Association* 45, no. 1 (2016): 29.

¹² Cooke, Julia. *The Other Side of Paradise: Life in the New Cuba*. Berkeley, CA: Seal Press, 2014.

¹³ Cancino, Rebeca Cutie. "Associated Social, Economic and Political Factors." *Women's Health Journal* 2007, no. 3 4 (2007): 75.

Cuba has also received global recognition for achievements in prevention, control, and treatment of sexually transmitted infections (STIs), most notably, the country's eradication of mother to child transmission of HIV and syphilis.¹⁴ Likewise, Dr. N. T. Corzo Ibáñez (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana) reported the spread of HIV has been radically reduced to only 1 percent of the population, and 100 percent of HIV positive patients on the island are receiving treatment.¹⁵

Finally, Cuba is a global leader in the provision of contraception and abortion services. Abortion was made legal and accessible in Cuba in 1965 (long before many first-world nations), effectively reducing maternal mortality rates.¹⁶ Likewise, the Cuban Ministry of Health is credited with providing free and easily accessible family planning services, including contraception, since shortly after the Revolution of 1959.¹⁷

Evidence of these achievements was observable at Havana's *Diez de Octubre* polyclinic. CBPR included disseminating informational brochures and condoms at a public park in Havana frequented by sex workers. N. T. Corzo Ibáñez explained such community outreach has been an effective STI prevention strategy; and indicated currently 90 percent of Cuban sex workers report they consistently use condoms.¹⁸ Such practices have contributed to Cuba's exemplary SRH record.

Socialized Medicine

Compared to its northern neighbor, Cuba is characterized by low levels of inequality, generally more typical of communist countries. Since wealth and resources do not determine SRH outcomes in Cuba, the true causal factors beg further examination. The country's systemization of care, prioritization of health,

¹⁴ Friedrich, M. J. "Cuba Eliminates Mother-to-Child Transmission of HIV and Syphilis." *JAMA* 314, no. 7 (2015): 661.

¹⁵ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

¹⁶ Smyth, Suzie, and Shirley Stronge. "Comparison of Family Planning in Cuba and Ireland." *Nursing Standard (Royal College of Nursing (Great Britain))* : 1987) 29, no. 52 (2015): 45-49.

¹⁷ *Ibid.*

¹⁸ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

and prevention of disease better explain Cuba's health achievements. To understand Cuba's socialized healthcare system, the role and importance of each of these components are explored.

Systemization

Highly structured, the Cuban healthcare model was designed as an efficient, multileveled system, with a focus on primary care, organized around access and integration in communities.¹⁹ Family doctors at *consultorios* (or neighborhood clinics) provide a vast majority of the population's medical care.²⁰ Each *consultorio* serves a municipality with approximately 1800 patients and provides 80 percent of the country's direct medical services.²¹ This component of the healthcare system was established in response to the 'Family Doctor Program,' initiated in 1984, with the vision of implementing a medical team in every community in Cuba.²² Physicians typically live in the communities they serve, seeing patients at the *Consultorio* from 8:00 a.m. until 2:00 p.m. They finish their workday with home visits in accordance with the outreach model that emphasizes access and reducing patient stress.²³

Policlinicos provide services to patients needing specialized treatment, as well as medical attention outside of *consultorio* hours.²⁴ *Policlinicos* provide a variety of services including community and public health outreach, integrating naturopathic/alternative methods with traditional Western medical approaches.²⁵ Each *polyclinico* supports approximately nineteen to twenty *consultorios*.²⁶ In

¹⁹ Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against All Odds: Cuba Achieves Healthcare for All." 2016.

²⁰ Ibid.

²¹ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

²² Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against All Odds: Cuba Achieves Healthcare for All."

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

addition to the *consultorios*, *policlinicos*, and hospitals, physicians and nurses are distributed throughout the community, assigned to schools, childcare centers, maternity wards, senior centers, factories, etc..²⁷

Maternity Homes provide both in- and out-patient services to optimize prenatal care and bridge any gaps in service for late-term pregnant women.²⁸ Cuba's renowned Maternity Homes offer daily appointments with OBGYNs, nutritious meals, mental health, education, breast feeding advocacy and support, ultrasounds and genetic screening, lab and dental services, nutrition counseling, contraception, and exercise programs.²⁹ Cuba's highly structured, multilevel healthcare system emphasizes access and integration in the community. Clearly an exemplar of socialized medicine, such systemization creates high quality, accessible, universal healthcare at zero cost to the consumer.³⁰

Prioritization

The Cuban government has identified maternal and infant health as top national priorities.³¹ Jones, et al. explains it is "as if the success of the nation is dependent on each pregnancy."³² S. Hernández Martín (representative from Opening Gaps of Color in Havana) claimed, "The [Cuban] government is obsessed with maintaining infant and maternal statistics."³³ Cancino reports that prioritizing maternal health outcomes has caused a decrease in maternal mortality rate from fifty-seven to 38.5 (per 10,000 live births) over a ten-year period.³⁴ Likewise, the

²⁷ Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against All Odds: Cuba Achieves Healthcare for All."

²⁸ Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind."

²⁹ Ibid.

³⁰ Smyth, Suzie, and Shirley Stronge. "Comparison of Family Planning in Cuba and Ireland."

³¹ Cancino, Rebeca Cutie. "Associated Social, Economic and Political Factors."

³² Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind," 12.

³³ Hernandez Martín, Susana (representative from Opening Gaps of Color in Havana), in discussion with author, December 17, 2019.

³⁴ Cancino, Rebeca Cutie. "Associated Social, Economic and Political Factors."

state's prioritization of infant mortality resulted in an annual reduction of infant deaths, even during the economic crisis of the 'special period.'³⁵ The "Special Period in Times of Peace" was Cuba's response to the collapse of communist Soviet Union in the 1990's, and "marked the beginning of a series of changes in the [Cuban] economic model to guarantee the survival of socialism in extremely difficult conditions."³⁶ Low birth-weight clinics were implemented during this period to address the risks of economic scarcity on fetal development.³⁷ This program reduced the rate of underweight infants from 8.9 percent to 5.5 percent between 1994 and 2004.³⁸ These improved outcomes "represent the culmination of the state's political will and the investment of huge financial and human capital."³⁹

Cuba's focus on improving these metrics is buttressed by the nation's prioritization of overall health. Jones et al. explain in Cuba, "health is a national priority as well as the responsibility of the state...."⁴⁰ This is reflected in the Cuban Constitution, which outlines and protects healthcare as a human right in Article Fifty.⁴¹ Shortly after the Cuban Revolution, in his speech entitled "On Revolutionary Medicine," Ernesto 'Che' Guevara, a physician and notorious revolutionary, charged the Ministry of Health to provide "public health services to the greatest possible number of persons."⁴² This declaration by one of Cuba's national heroes is indicative of the country's prioritization of healthcare.

³⁵ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*. Piscataway: Rutgers University Press, 2014.

³⁶ Bobes, Velia Cecilia. "Cuban civil society during and beyond the Special Period." *International Journal of Cuban Studies* 5, no. 2 (2013): 168+. *Gale Academic OneFile* (accessed March 22, 2020), 168.

³⁷ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

³⁸ Cancino, Rebeca Cutie. "Associated Social, Economic and Political Factors."

³⁹ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 49.

⁴⁰ Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind," 12.

⁴¹ *Ibid.*

⁴² *Ibid.*, 11.

Prevention

Cuba's healthcare system is based on a prevention-oriented wellness model, emphasizing wellness over illness, and prevention over treatment.⁴³ N. T. Corzo Ibáñez indicated the main objective of the Cuban system is "the prevention of disease and promotion of health."⁴⁴ The Minister of Public Health similarly articulated the state's guiding vision as follows: "Someday, therefore, medicine will have to convert itself into a science that serves to prevent disease and orients the public toward carrying out its medical duties."⁴⁵

In accordance with this envisioned goal, every Cuban receives at least one in-home medical appointment annually, and those with chronic conditions receive frequent visits from providers.⁴⁶ Family members are included in these visits to ensure patient comprehension and compliance.⁴⁷ Women of reproductive age are provided a "pre-conceptual reproductive risk consultation" to evaluate diet, weight, and habits in order to identify and decrease risks to potential future pregnancies.⁴⁸ In CBPR interviews, E. J. Gomez Cabeza (director of *Centro de Investigaciones Psicológicas y Sociológicas*: CIPS, in Havana) described Cuba's pre-conceptual education program as well integrated in the school system. This program includes curriculum on STI and pregnancy prevention, and also helps adolescents understand prenatal science and prepare for optimal pregnancies.⁴⁹

Friedrich attributes Cuba's elimination of mother-to-child transmissions of

⁴³ Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against All Odds: Cuba Achieves Healthcare for All."

⁴⁴ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

⁴⁵ Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind," 11.

⁴⁶ Campion, Edward W, and Stephen Morrissey. "A Different Model — Medical Care in Cuba." *The New England Journal of Medicine* 368, no. 4 (2013): 297-99.

⁴⁷ *Ibid.*

⁴⁸ Kath, Elizabeth. "Inter-sectoral Cooperation, Political Will and Health Outcomes," 54.

⁴⁹ Gomez Cabeza, Enriqu  J. (director of *Centro de Investigaciones Psicológicas y Sociológicas*: CIPS, in Havana), in discussion with author, December 10, 2019.

syphilis and HIV to a concerted effort at prevention: expanding early access to prenatal healthcare services; and providing early testing, detection, and treatment for mothers and children who test positive.⁵⁰ The Cuban system's focus on prevention helps explain why an impoverished nation state can provide optimal universal healthcare. Not only does preventative medicine significantly improve health metrics, it also radically cuts costs.⁵¹ Such savings are illustrated by the U.S. Surgeon General's report that every HIV infection prevented saves approximately \$355,000 (U.S.) in treatment costs.⁵² In this way the Cuban system, with its emphasis on prevention, improves health and reduces spending on treatment.

The Intersection of Values and Policy

The zeitgeist of a nation can be elucidated by the principles underlying its governing policies. Karger & Stoesz expound the undeniable connection between states' deeply held social values and the policies they institute, fund, and uphold.⁵³ H. Blanco underscored that ethics have profound influence at the macro level.⁵⁴ This is especially germane for sexual and reproductive healthcare policies as the behaviors they regulate are inherently value-laden. As Andaya explains, the entanglement of reproduction and politics are central to debates around moral governance: "Diverse state approaches to the issue of reproduction thus sharply underscore how cultural values and contested political imaginaries shape reproductive policy at both the national and local levels."⁵⁵

⁵⁰ Friedrich, M. J. "Cuba Eliminates Mother-to-Child Transmission of HIV and Syphilis."

⁵¹ Dryfoos, Sarah. "The Cuban Health Paradigm."

⁵² Beaton, Thomas. "How preventative healthcare services reduce spending for payers." *Health Payer Intelligence*. August 29, 2017. <https://healthpayerintelligence.com/news/how-preventive-healthcare-services-reduce-spending-for-payers>

⁵³ Karger, Howard Jacob, and Stoesz, David. *American Social Welfare Policy: A Structural Approach*. New York: Longman, 2014.

⁵⁴ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

⁵⁵ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 8.

Equality, Solidarity, and Centralized Power

The profound influence of socialist values is evident in the Cuban healthcare model. The socialist values of equality and solidarity⁵⁶ are infused at every level of the Cuban healthcare system, including its emphasis on universal access, equality of care, absence of fees, and high degrees of governmental regulation. According to the socialist paradigm, “government intervention is legitimate, necessary, and beneficial.”⁵⁷ High levels of state involvement and the resulting globally recognized indices “serve as an ambassador of socialism on the international stage.”⁵⁸

While socialist values and the influence of communism are undeniable in Cuba, certain CBPR communications suggested subtle yet impactful shifts away from the model of centralized power. Bobes explains the first signs of fracturing of the communist state emerged during the ‘special period’ and resulted in more pluralism and heterogeneity than characterized Cuba during the Revolution of the previous era.⁵⁹ H. Blanco clarified that in a pure communist system, “The state knows best and runs everything. Control is fundamental.”⁶⁰ He explained that while maintaining its commitment to socialist principles such as the provision of broad-based social welfare, the Cuban government has begun to devolve some decision-making power to the municipalities. “This change is major within the framework of the Cuban communist system.”⁶¹

Support or Coercion?

In spite of the positive influence of communism on outcomes, certain adverse impacts on women’s reproductive experiences cannot be overlooked. Though a woman’s role in reproduction is clearly central, the communist state fails

⁵⁶ Mullaly, Robert P. *The New Structural Social Work*. 3rd ed. Don Mills, Ont.: Oxford University Press, 2007.

⁵⁷ Ibid, 144.

⁵⁸ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 50.

⁵⁹ Bobes, Velia Cecilia. "Cuban civil society during and beyond the Special Period."

⁶⁰ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

⁶¹ Ibid.

to recognize women's embodied wisdom. Likewise, the Cuban approach to prenatal care can be invasive, coercive, and punitive.⁶² The fundamental contradiction in Cuban prenatal care is, as Andaya explains, "...at the same time as it promises safer pregnancies and more control over birth outcomes, it also contributes to the construction of pregnancy as a pathological or risky condition that demands constant medical oversight."⁶³

This contradiction is exemplified by Cuba's infamous Maternity Homes. Cuban physicians are endowed with authority to influence birth outcomes by relegating noncompliant expectant mothers to Maternity Homes to ensure they adhere to medical recommendations.⁶⁴ Maternity Homes are lauded by the state as exemplars of benevolent, nurturing governance, ensuring optimal outcomes for Cubans of all classes, races, and socio-economic backgrounds.⁶⁵ However, as Andaya observed, pregnant mothers often understand admission to Maternity Homes as disciplinary and punitive, rather than nurturing and supportive.⁶⁶ Likewise, such state interventions ignore the impacts of maternal absence from the family.⁶⁷

Similarly, CBPR in Havana elicited contradictory responses to the impact of such coercive practices on family networks. Both N. T. Corzo Ibáñez and O. González Juban (a social worker in Havana) maintained that extended family network and multigenerational cohabitation ameliorate potential hardships associated with maternal absence from the household.⁶⁸ These sources maintained that children, accustomed to care from other relatives are not traumatized by

⁶² Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 8.

⁶³ *Ibid.*, 54.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*

⁶⁷ *Ibid.*

⁶⁸ González Juban, Odalys (a social worker in Havana), and Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

temporary separation from their mothers during stints in Maternity Homes.⁶⁹ Likewise, N. T. Corzo Ibáñez explained the state provides daycare services for these children and a “system of attention for the family” that delivers meals and other essential resources.⁷⁰

Offering a more transparent critique of the compulsory nature of the Cuban sexual and reproductive healthcare system, S. Hernández Martín opined the state’s obsession with PAMI (program for mothers and infants) statistics has adverse consequences for both physicians and families.⁷¹ She indicated the government scrutinizes Cuban physicians’ obstetrical decisions: “If you have even a small amount of risk and the doctor doesn’t send you to a maternity home, the doctor risks government sanctions, including probation, wage cuts, and publicity shaming.”⁷²

Such regulation results in coercive medical practices. S. Hernández Martín protested, “We don’t have autonomy. We don’t have the right to make our own medical decisions or to say what we want.”⁷³ S. Hernández Martín explained this is true for Maternity Homes and prenatal care as well as delivery; Cuban women don’t have the option of home birth. “The system is well-intentioned, but the method could be changed.... We are a violent system.”⁷⁴ S. Hernández Martín also pointed out the contradiction between the Cuban government’s control of pregnancy and childbirth, and the state’s unequivocal support of women’s right to abortion. Cuban women can terminate pregnancies at will; but if they decide to proceed with the pregnancy, the state takes over.⁷⁵ Inherent in these contradictions

⁶⁹ González Juban, Odalys (a social worker in Havana), in discussion with author, December 11, 2019.

⁷⁰ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

⁷¹ Hernández Martín, Susana (representative from Opening Gaps of Color in Havana), in discussion with author, December 17, 2019.

⁷² *Ibid.*

⁷³ *Ibid.*

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*

is the intersection between dominant political ideologies and policies governing reproductive practices.

The Abortion Debate

Separation of church and state

Cuban governance is characterized by a distinct separation between church and state. Perez reports, “By the mid-1960s, the influence of the Catholic Church had been all but totally eliminated;”⁷⁶ and atheism was recognized as Cuba’s national religion until 1992.⁷⁷ This political orientation can be contrasted with neighboring Latin American countries where the Catholic Church is omnipresent and exerts potent political influence.⁷⁸ Therefore, it is no wonder Cuba was the first country in Latin America to legalize abortion and remains one of the only nations in the region to lawfully sanction the procedure.⁷⁹ The absence of religious fervor in the political realm influences the government’s pragmatic position on the abortion debate. Rather than evaluating the morality of the practice or the personhood of fetuses (typical of abortion politics in the U.S.), Cuban abortion politics center on health outcomes and procedural risks (Andaya, 2014).

Adverse health consequences of excessive abortion

The Cuban government is distressed over the high rate of abortion in terms of the procedure’s negative health consequences for women.⁸⁰ N. T. Corzo Ibáñez indicated risks to maternal health make the high rate of abortion in Cuba a national

⁷⁶ Pérez, Luis A. *The structure of Cuban history: meanings and purpose of the past*. Chapel Hill: The University of North Carolina Press, 2013, 251.

⁷⁷ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

⁷⁸ Williams, Edward J. "Latin American Catholicism and Political Integration." *Comparative Political Studies* 2, no. 3 (1969): 327-48.

⁷⁹ Bélanger, Danièle, and Flynn, Andrea. “The Persistence of Induced Abortion in Cuba: Exploring the Notion of an ‘Abortion Culture.’” *Studies in Family Planning* 40, no. 1: 13–26. 2009. <https://doi.org/10.1111/j.1728-4465.2009.00183.x>.

⁸⁰ Smyth, Suzie, and Shirley Stronge. "Comparison of Family Planning in Cuba and Ireland."

concern.⁸¹ Likewise, Andaya reports abortion as the cause of over half the cases of female infertility in 2009.⁸² With an average rate of 2.3 abortions per woman (in 1996), Cuba persistently ranks among the highest rates of induced abortions globally, in spite of access to contraceptives and persistently low fertility rates.⁸³

Barriers to service

Certain contradictions regarding Cuba's 'abortion culture' emerged during CBPR in Havana. Despite the nation's permissive stance on abortion, Cuban adolescents lack the autonomous right to access abortion services. N. T. Corzo Ibáñez indicated polyclinics require parental consent if the patient is less than seventeen-years-old.⁸⁴ Reminiscent of the controversial 'squeal rule' passed in the U.S. in 1981 which amended Title X legislation to require family input for minors utilizing family planning services,⁸⁵ such policies pose significant barriers to service for adolescents lacking parental support.

N. T. Corzo Ibáñez situated this policy within the context of Cuban family culture. She explained that communication among extended family, facilitated by multigenerational cohabitation, contributes to an environment that fosters openness and collaboration regarding abortion decision-making.⁸⁶ "Everyone knows everything," remarked N. T. Corzo Ibáñez, explaining privacy is relatively non-existent in Cuban households.⁸⁷ Despite N. T. Corzo Ibáñez's account of this aspect of Cuban family dynamics, it seems dubious that all Cuban adolescents have such

⁸¹ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

⁸² Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

⁸³ Bélanger, Danièle, and Flynn, Andrea. "The Persistence of Induced Abortion in Cuba: Exploring the Notion of an 'Abortion Culture.'"

⁸⁴ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

⁸⁵ Olah, Patricia A. "The 'squeal Rule' and a Minor's Right to Privacy." *Hofstra Law Review* 12, no. 2 (1984): 529.

⁸⁶ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

⁸⁷ *Ibid.*

open communication with their parents. While Cuba's intimate family culture may lessen the impact, potential barriers to service created by this policy persist. Consent laws are also inconsistent with the nation's mission to provide medical services to all regardless of intersectional identity and create failings in the intended provision of universal care.

'Abortion Culture'

Still, the prevalence of abortion and absence of moralistic judgment contribute to what Bélanger & Flynn refer to as Cuba's 'abortion culture.'⁸⁸ Such cultural sanctioning of abortion is a common attribute of (typically non-religious) socialist countries.⁸⁹ Andaya affirms the cultural acceptance of the procedure, as indicated by the lack of taboo on the subject.⁹⁰ In Cuba, women share openly about their abortion histories and even socialize in public spaces while waiting in line for abortion service.⁹¹ Such cultural tolerance was widely validated by Cubans interviewed in CBPR in Havana. S. Hernández Martín explained, "Abortion has been an accepted human right in Cuba for so long, even religious women support the right to choose."⁹² This openness and cultural sanctioning of abortion is remarkably different from the secrecy, shame, and public condemnation that often characterize women's abortion experiences in the United States.⁹³

Economic Constraints on Reproduction

Pragmatism also features significantly in Cubans' individual reproductive decision-making. Lack of economic resources, physical space, and privacy are

⁸⁸ Bélanger, Danièle, and Flynn, Andrea. "The Persistence of Induced Abortion in Cuba: Exploring the Notion of an 'Abortion Culture.'"

⁸⁹ Ibid.

⁹⁰ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

⁹¹ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

⁹² Hernández Martín, Susana (representative from Opening Gaps of Color in Havana), in discussion with author, December 17, 2019.

⁹³ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

consistently identified as primary reasons for terminating pregnancies.⁹⁴ Andaya reports, “[Cuban] women continually invoke the phrase, ‘I didn’t have the conditions,’ as the entry point for reproductive narratives that were densely intertwined with commentary on the gendered burdens of nurturance, in the context of: low state salaries; the dual economy shortages of housing, food, childcare, and transportation; as well as the continuing domestic division of labor.”⁹⁵ Therefore, economic constraints are still the determining factor in women’s decisions to abort unplanned pregnancies and to make reproductive choices in general.

Geo-Political Dynamics and Economic Barriers

The Cuban government’s idealistic socialist promise of basic services including healthcare, food, housing, and education provides reassurance the state will support the next generation. However, this social contract is undermined by Cuba’s economic hardships including poverty, food scarcity, and inadequate housing and employment opportunity. State subsidies diminished considerably during the economic crisis of the ‘special period,’⁹⁶ such that many Cubans could no longer provide for their families’ basic subsistence.⁹⁷ The impact of the government’s contraction of essential support is illustrated by the popular Cuban quip that the only three shortcomings of the Revolution are “breakfast, lunch, and dinner.”⁹⁸ Such desperate economic circumstances in the 1990s compelled the Cuban state to roll back policies intended to create social and economic equality.⁹⁹

In spite of its astonishing recovery from the nadir of the ‘special period,’ the Cuban economy is still in crisis.¹⁰⁰ Cuba is suspended in a condition of

⁹⁴ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

⁹⁵ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 79.

⁹⁶ Kath, Elizabeth. "Inter-sectoral Cooperation, Political Will and Health Outcomes."

⁹⁷ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

⁹⁸ *Ibid*, 10.

⁹⁹ *Ibid*.

¹⁰⁰ Kath, Elizabeth. "Inter-sectoral Cooperation, Political Will and Health Outcomes."

underdevelopment characterized by a low rate of investment, low productivity, and consumer constraints.¹⁰¹ In addition, geo-political dynamics exacerbate the economic strain on Cuba.¹⁰² The country's foreign debt continues to grow, and the tourism industry and job markets are hampered by persistent political tensions,¹⁰³ particularly with the United States. T. J. Gonzalez (representative of the Federation of Cuban Women) denounced the U.S. embargo for damaging the Cuban family and women's economic opportunity.¹⁰⁴ The U.S. trade embargo and absence of aid from the World Bank and International Monetary Fund undermine Cuba's "ability to reproduce itself both materially and ideologically."¹⁰⁵ Cubans experiencing economic shortfalls are forced into the underground market to make ends meet. These political and economic factors profoundly influence the Cuban fertility rate.

Insufficient Social Safety Nets

CBPR in Havana indicated the government strives with its limited resources to make reproduction easier and more desirable for Cuban families. The "revolutionary state" ameliorates economic hardship for vulnerable mothers by providing a *canastilla* or layette, which includes a cradle, clothing, and everything needed for the newborn.¹⁰⁶ The state even provides a full year of paid maternity/family leave to whichever parent (or relative) is able to stay home and care for the infant.¹⁰⁷ T. J. Gonzalez indicated the Cuban government also offers special housing and cash supplements for families with more than two children, as

¹⁰¹ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

¹⁰² Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*.

¹⁰³ Kath, Elizabeth. "Inter-sectoral Cooperation, Political Will and Health Outcomes."

¹⁰⁴ Gonzalez, Teresa, J. (representative of the Federation of Cuban Women), in discussion with the author, December 13, 2019.

¹⁰⁵ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 9.

¹⁰⁶ Corzo Ibáñez, Nora T. (physician, epidemiologist, and director of *Diez de Octubre*, polyclinic and STD prevention center in Havana), in discussion with author, December 11, 2019.

¹⁰⁷ Gonzalez, Teresa, J. (representative of the Federation of Cuban Women), in discussion with the author, December 13, 2019.

well as child support for single mothers.¹⁰⁸ Such efforts are intended to decrease economic barriers and incentivize reproduction.

These subsidies, however, are insufficient. H. Blanco extolled the need for policy solutions that support reproduction, including opportunities to increase income and flexible scheduling for parents. “We are not doing enough; women only want one child in this scenario.”¹⁰⁹ O. González Juban recalled the marked contrast with previous generations when people used to have ten to twelve kids.¹¹⁰ While Cuba is unlikely to return to such high levels of reproduction, H. Blanco explained that generating flexible economic opportunities for women would simultaneously create the social conditions conducive to childrearing.¹¹¹

Production vs. Reproduction

If women can’t afford to support their dependents, they focus instead on financially generative activities and their reproductive capacity and inclinations inevitably decline. As T. J. Gonzalez explained, economic needs are driving women to choose production over reproduction.¹¹² Andaya recounts from her extensive field research in Cuba, “The tendrils of reproductive narratives were enmeshed with commentaries about household incomes and social stratification, the gendered burdens of productive and reproductive labor, and migration and transnational kinship networks.”¹¹³

Economically driven infertility rates are exacerbated by the emigration patterns of women of childbearing age. M. Coyula (a professor at CIPS in Havana)

¹⁰⁸ Ibid.

¹⁰⁹ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

¹¹⁰ González Juban, Odalys (a social worker in Havana), in discussion with author, December 11, 2019.

¹¹¹ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

¹¹² Gonzalez, Teresa, J. (representative of the Federation of Cuban Women), in discussion with the author, December 13, 2019.

¹¹³ Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*, 3.

indicated young women are more likely to leave Cuba than other groups.¹¹⁴ This may be partially due to government-imposed obstacles to the emigration of minors. The state's reluctance to grant exit visas to children impacts parents' ability to emigrate in search of more economic opportunity for themselves and their offspring.¹¹⁵ To avoid such state-imposed restrictions, women elect to emigrate before they reproduce.

As more young women leave Cuba and those who remain prioritize productive labor over reproduction, the fertility rates in Cuba (currently 1.6 percent) continue to plummet.¹¹⁶ H. Blanco extolled the relationship between economic scarcity, emigration, and fertility rates.¹¹⁷ He observed how the dramatic decline in birthrates has produced an aging population in Cuba with significant socio-economic consequences such as inability of the younger generation to replace the workforce and provide for the many elderly retirees.¹¹⁸ In the face of chronic economic shortfalls, broken promises of universal provision, and governmental restrictions on the emigration of minors, it is no wonder Cubans are choosing to limit their childbearing.

Conclusion

Reproductive empowerment is universally key to women's ability to thrive. This includes deciding whether to procreate as well as the number and spacing of offspring. Reproduction also determines a nation's future viability and ability to reproduce itself biologically, politically, ideologically, and materially. Identified as a fundamental human right by the United Nations,¹¹⁹ sexual and reproductive healthcare is a global public health issue of critical importance, and the moral and

¹¹⁴ Coyula, Miguel (a professor at CIPS in Havana), in discussion with the author, December 13, 2019.

¹¹⁵ Cooke, Julia. *The Other Side of Paradise: Life in the New Cuba*.

¹¹⁶ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

¹¹⁷ Ibid.

¹¹⁸ Ibid.

¹¹⁹ Nothnagle, Melissa, Joyce Cappiello, and Diana Taylor. "Sexual and Reproductive Health Workforce Project: Overview and Recommendations from the SRH Workforce Summit, January 2013." *Contraception* 88, no. 2 (2013): 204-09.

legal obligation of governments.¹²⁰ The Republic of Cuba's approach to fulfilling such responsibilities to their citizenry is grounded in the socio-political conditions explored above.

The Cuban model demonstrates the viability of providing comprehensive universal coverage at an affordable cost. As H. Blanco extolled, "One thing that is inviolable in Cuba is social welfare. Even in harsh economic times we will not compromise on this."¹²¹ Cuba's prevention-oriented approach is both cost saving and health enhancing. The Cuban healthcare system likewise models the value of collective wellbeing, providing SRH services for all its citizens including the poor, vulnerable, and marginalized.

The Cuban healthcare system could benefit from centering patients' individual needs, priorities, and wisdom. Validating the embodied knowledge of patients and deemphasizing statistical outcomes would also effectively discourage coercion, control, and over-involvement of the paternalistic state in reproductive decision-making. Likewise, Cuba would gain from decreased economic isolation and political tensions, creating more financially generative opportunities to provide the socio-economic conditions conducive to raising children and improving the nation's declining fertility rates.

Analysis of Cuba's strategy and orientation reveals strengths, weaknesses, and contradictions that impact women's reproductive choices and access to care. E. J. Gomez Cabeza underscored the importance of understanding such paradoxes as the basis of societal progress and development. He invoked the teachings of Karl Marx saying, "If you don't recognize the contradictions in your own society, you will regress."¹²² While Cuba's political ideology and approach are remarkable and not necessarily directly applicable across cultural, socio-economic, and demographic differences, this CBPR invites consideration of the ways in which this nation's approach enhances women's sexual and reproductive health. As H. Blanco

¹²⁰ Vamos, Cheryl A, Ellen M Daley, Kay M Perrin, Charles S Mahan, and Eric R Buhi. "Approaching 4 Decades of Legislation in the National Family Planning Program: An Analysis of Title X's History from 1970 to 2008." *American Journal of Public Health* 101, no. 11 (2011): 2027-37.

¹²¹ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

¹²² Gomez Cabeza, Enrique J. (director of Centro de Investigaciones Psicológicas y Sociológicas: CIPS, in Havana), in discussion with author, December 10, 2019.

wisely stated, “We study the experiences of other government systems in order to learn from different models and build a new legal frame.”¹²³

Future Research, Methodology, and Limitations

This research attempts to shed light on certain socio-political conditions that have contributed to the Cuban health paradox, with the directive that further study is needed to explain the emerging contradictions. The high rate of abortion in Cuba despite the widespread accessibility of other forms of contraception merits additional exploration. Likewise, the incongruity of parental consent laws within a system that espouses universal access and differing perspectives on this policy should be examined. Additional focus should be given to whether the Cuban system meets the unique sexual and reproductive healthcare needs of transgender individuals given social stigma and Cuba’s machismo culture.

Methodology for this research paper involved library research as well as lectures and personal interviews with primary sources in Havana, Cuba. While reference is made to the United States’ healthcare system in order to offer contrast and perspective, this research is focused on sexual and reproductive healthcare in Cuba. Comparable research in the United States would allow for in depth comparative analysis of the two systems and for broader conclusions to be drawn. CBPR in Havana was limited by time constraints and self-censorship. With only ten days in Cuba, relationships with locals were inevitably brief. Without time for trust building and in light of scrutiny from the Cuban state (government informants remain rampant throughout Cuba), transparent communication was dubious. Under the ever-present gaze of the paternalistic state, it was difficult to discern whether sources were comfortable openly critiquing the Cuban system/government and sharing personal narratives. While there has been no official redaction of information from this research, self-censorship in this political environment is a given; and some informants weighed the potential implications of having their identities disclosed. However, the contributions and perspectives of each Cuban contact were invaluable, adding depth and complexity that would have been impossible with library research alone.

¹²³ Blanco, Humberto (economics specialist at the Center for Investigation on the Cuban Economy), in discussion with author, December 17, 2019.

References

- Andaya, Elise. *Conceiving Cuba: Reproduction, Women, and the State in the Post-Soviet Era*. Piscataway: Rutgers University Press, 2014.
- Beaton, Thomas. "How preventative healthcare services reduce spending for payers." *Health Payer Intelligence*. August 29, 2017. <https://healthpayerintelligence.com/news/how-preventive-healthcare-services-reduce-spending-for-payers>
- Bélanger, Danièle, and Flynn, Andrea. "The Persistence of Induced Abortion in Cuba: Exploring the Notion of an 'Abortion Culture.'" *Studies in Family Planning* 40, no. 1: 13–26. 2009. <https://doi.org/10.1111/j.1728-4465.2009.00183.x>.
- Bobes, Velia Cecilia. "Cuban civil society during and beyond the Special Period." *International Journal of Cuban Studies* 5, no. 2 (2013): 168+. *Gale Academic OneFile* (accessed March 22, 2020). com.proxy.lib.pdx.edu/apps/doc/A354859724/AONE?u=s1185784&sid=AONE&xid=404f44f1.
- Campion, Edward W, and Stephen Morrissey. "A Different Model — Medical Care in Cuba." *The New England Journal of Medicine* 368, no. 4 (2013): 297-99.
- Cancino, Rebeca Cutie. "Associated Social, Economic and Political Factors." *Women's Health Journal* 2007, no. 3 4 (2007): 75.
- Center for Disease Control and Prevention. "HIV and Pregnant Women, Infants, and Children." November 12, 2019. <https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html>
- Cooke, Julia. *The Other Side of Paradise: Life in the New Cuba*. Berkeley, CA: Seal Press, 2014.
- Dryfoos, Sarah. "The Cuban Health Paradigm: An Exploratory Analysis Through LGBTQ and HIV/AIDS Individual Perspectives." *Hatfield Graduate Journal of Public Affairs* 3, no. 1 (2018): *Hatfield Graduate Journal of Public Affairs*, 01 January 2018, Vol.3(1).
- Esposito, Carol Lynn, Gilbert, Jacqueline, Ciampa, Anthony, and Markman, Jeremy. "Against All Odds: Cuba Achieves Healthcare for All--an Analysis of Cuban Healthcare." *Journal of the New York State Nurses Association* 45, no. 1 (2016): 29.
- Friedrich, M. J. "Cuba Eliminates Mother-to-Child Transmission of HIV and Syphilis." *JAMA* 314, no. 7 (2015): 661.
- Israel, Barbara A. *Methods for Community-based Participatory Research for Health*. 2nd ed. San Francisco: Jossey-Bass, 2013.
- Jones, Debra Anne, Salke, Taraneh R., Cotton, Carol P., and Bragg, Michelle. "No Child or Mother Left Behind; Implications for the US from Cuba's Maternity Homes." *Health Promotion Perspectives* 2, no. 1 (2012): 9-19.

- Karger, Howard Jacob, and Stoesz, David. *American Social Welfare Policy: A Structural Approach*. New York: Longman, 2014.
- Kath, Elizabeth. "Inter-sectoral Cooperation, Political Will and Health Outcomes: A Study of Cuba's Maternal-Infant Health Programme." *Policy And Politics* 35, no. 1 (2007): 45-64.
- Mullaly, Robert P. *The New Structural Social Work*. 3rd ed. Don Mills, Ont.: Oxford University Press, 2007.
- Nothnagle, Melissa, Joyce Cappiello, and Diana Taylor. "Sexual and Reproductive Health Workforce Project: Overview and Recommendations from the SRH Workforce Summit, January 2013." *Contraception* 88, no. 2 (2013): 204-09.
- Olah, Patricia A. "The "squeal Rule" and a Minor's Right to Privacy." *Hofstra Law Review* 12, no. 2 (1984): 529.
- Pérez, Luis A. *The structure of Cuban history: meanings and purpose of the past*. Chapel Hill: The University of North Carolina Press, 2013.
- Smyth, Suzie, and Shirley Stronge. "Comparison of Family Planning in Cuba and Ireland." *Nursing Standard (Royal College of Nursing (Great Britain) : 1987)* 29, no. 52 (2015): 45-49.
- Vamos, Cheryl A, Ellen M Daley, Kay M Perrin, Charles S Mahan, and Eric R Buhi. "Approaching 4 Decades of Legislation in the National Family Planning Program: An Analysis of Title X's History from 1970 to 2008." *American Journal of Public Health* 101, no. 11 (2011): 2027-37.
- Williams, Edward J. "Latin American Catholicism and Political Integration." *Comparative Political Studies* 2, no. 3 (1969): 327-48.