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Considering the Historical and Systemic Context, To What Extent are Cuban Women's Healthcare and Reproductive Rights Affected by the Privacy and Social Influence of Cuba Today?

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International Field Experience:
Cuba: Governance, Community, and Controversy

Considering the historical and systemic context, to what extent are Cuban women's healthcare and reproductive rights affected by the privacy and social influence of Cuba today?

Autumn Cowell

Abstract

This paper will examine how historical and systemic values continue to frame social influences thus impacting Cuban women's healthcare and reproductive rights. If the impact of history and systems still affects social influences then Women's Healthcare and Reproductive Rights may be compromised. This investigation will highlight the potential benefits and risks of historical and systemic values that have affected challenges or changes within Cuban culture. And how these social influences are found within the areas of prevention, intervention, and treatment. This paper hopes to outline how the Cuban government and society are sustaining the protection of Cuban women's access to health care and reproductive rights.

Historical and Systemic Context

Cuba is an island country of approximately 42,426 square miles comprised of fourteen provinces. The start of Cuban Revolution efforts began before the 1959 uprising. On January 1, 1959, Fidel Castro led a successful revolt, with the support of nine thousand guerrilla warriors, to overthrow Fulgencio Batista. Though the national Cuban religion is considered to be Atheism, many Cubans are currently practicing religion. Half of the Cuban population are practicing Catholics, in addition, the influence of Santeria (Cubans refer to as Oricha) is still popular among Afro-Cubans. (Goldenziel 181)

Pre-Revolution social dynamics were deeply saturated in the patriarchal mindset, with a strong presence of *machismo* culture surrounding all aspects of the female experience in Cuba. *Machismo* culture refers to masculine pride displaying strong or aggressive behaviors. “In Cuba, the machismo culture encourages some men to have sex early, to have multiple partners, and to use condoms inconsistently.” (Leon-Himmelstine10) Masculinity norms encourage sexually risky behaviors that influence domineering, and aggressive behaviors influencing relations with girls and women. Sex under this norm is seen as impressive and a way to ‘prove’ one’s manhood. (Leon-Himmelstine) Cuban patriarchal social systems and tolerance of *machismo* culture began to be challenged as the Castro-led Revolution unfolded. With the increase of matrifocal family dynamics beginning to heavily permeate Cuban culture, male engagement in family structure decreased. Matrifocal societies comprise multiple adult women usually single, divorced, or lacking a long-term male partner. These women live communally with their children and elders in a singular home dividing family duties, finances, and overall support. “In Cuba, the percentage of households headed by women increased from 14 percent in 1953 to 28.1 percent in 1981 and 36 percent in 1995 (Catasus, 1999)” (Safa 43) The social shift to matrifocal family systems has

not removed femininity norms for Cuban women and girls. There is still encouragement, throughout the generations, to prescribe and fulfill the desires of the male gaze. Strong femininity norms reinforce submissive roles for women and girls. This submissive quality can reduce personal advocacy efforts within interpersonal relationships, especially sexually. (Leon-Himmelstine) Though Cubans are experiencing these new household structures and may assist in eliminating the traditional heteronormative roles. Challenging traditional heteronormative family structures like this does not entirely remove systemic social norms, stereotypes, and gender norms. This challenge acts as a new perspective when considering one's influences, privacy, bodily autonomy, and care. Lack of self-advocacy due to social norms around femininity can influence sexual decision-making regarding family planning, sexual hygiene, and lifestyle.

During our lecture with Dr. Enrique Cabeza, educator at the Centro de Investigación Psicológico y Sociológico (CIPS), he explained the historical influence Spanish colonizers had on *Machismo* culture, as it was, 'embedded under the skin of Cubans'. The expectation is that males were to seek out females actively, colonizing males with locals, whereas colonizer females were expected to not submit to local males. Dr. Enrique Cabeza suggests that this manifested into the *Machismo* culture that has pervaded into Cuban history. Though the events of the Revolution have begun to shed some layers since Spanish colonization, there is still a long way to go before the infection of *Machismo* culture can be rehabilitated.

For this reason, the revolution eventualized significant policy work to rebuild and establish a 'new' Cuba. One example is, the Family Code Act of 1975, this policy was an intentional attack against *machismo* culture. This statute, signed by Prime Minister Fidel Castro, outlined the requirements of family and household members. In a policy consisting of 166

articles, the expectations for all parental figures and family members regarding division of responsibilities, parenting, marriage, divorce, and relations are strategies listed in great detail. This policy acts, in theory, as a form of potential prevention, intervention, and treatment strategies for familial dynamics and its many challenges.

The Special Period (1990-2003) in the Cuban economy refers to the withdrawal of Soviet support and aid. This resource removal brought severe scarcity within Cuban economics and society. As a result of these challenging times, the introduction of rationing, promotion of tourism, and austerity measures. (Valdés, 2004) The ‘worst’ of the special period took place in the earlier years of the 1990s. The special period had a strong influence on the current adaption and implementation of Cuban policies. The Special Period heightened the need for maintaining efficacy and the social movements of the Revolution. The beginning of the Special Period (1990-1993) presented the most strenuous segment, forcing more women to become a part of the workforce. The special period tested the matrifocal model as the economic stress increased for women, especially women-headed households. “Female labor force participation fell from 40.6 percent in 1993 to 31.5 percent in 1995 (Catusus, 1999)” (Safa 44) There were many contributing factors to the decline in female employment rates. The largest economic impact was and continues to be, the US embargo, a direct asphyxiant to the Cuban economy and international relations. For this piece, the Embargo will be referred to as the US Blockade per the perception and realities of the Cuban people. The Blockade created intentional barriers to the continued development and progression of Cuban society. The lack of imported goods like petrol increased boundaries in transportation efforts, and Cubans now relied more heavily on animal-powered transportation services. (Valdés 179) Resources for proper transportation infrastructure and limited economic success bring physical barriers for many women trying to

maintain a household. As matriarchal structures continued to be a foundation for Cuban family dynamics, this dilemma increased women's unemployment. "Unemployment in 1997 was more than twice as high for women as for men (10.1 percent versus 4.4 percent)." (Safa 44) As the 1990s went on the the de-penalization of the circulation of foreign currency brought an increase in cooperatives and additional self-employment opportunities. Valdés would suggest the drop off in women's employment may be a result of the lack of a legal employment registry; women are now engaging in self-employment options as a result of the limited transportation.

Retired professor, and urban and public planning enthusiast, Dr. Miguel Coyula shared his insights on Cuban development. Coyula highlighted the need for more support and focus on urban planners, economists, and social scientists to best implement political policy theory into practice. "The Special Period acted as a loss of identity, and a new identity continues to be formed." This priority focus on public administrators unfolds into the aid of women's healthcare. They are successful as working participants in the Cuban economy, but also as household and extended family members. Providing quality access and efficient modes of transportation and urban planning would help to alleviate the current emotional, physical, and psychological pressures Cuban women face.

As Dr. Miguel Coyula suggests redeveloping land use, efficiency, and planning, The Federación de Mujeres Cubanas has parallel work being done to support Women's Health and Reproductive Rights. The birth of the Federación de Mujeres Cubanas (est. 1960) and its founder Vilma Espin Guillois were dedicated to building autonomy, self-improvement, and confidence amongst Cuban women. The organization used its capacity to bring attention and support to Cuban Women's education, occupational access, maternity leave, childcare, and healthcare to promote female independence. (Safa) The Federación de Mujeres Cubanas (FMC) is considered

a non-governmental organization and does not receive government financing. FMC attracted nearly three million members, roughly 85.4% of the female population in Cuba. (Federación de Mujeres Cubanas) Vilma, now deceased, was a former guerrilla revolutionary. She studied chemical engineering, was an active feminist, led revolutionary movements in the East, wife of Raul Castro, and was beloved by the women and people of Cuba.

The speaker of the FMC I met with, Dania Rodriguez Guitierrez, expressed the importance of engaging with the legal frameworks around public policy, exerting women's rights to a 'seat at the table,' to implement current political theories into practice. Amendments to the Family Act revision of 2019 were part of this focus on policy crafting and evolution. The FMC received direct feedback through grassroots community surveying to get the voices of Cuban women and families to be heard and recorded. Dania states firmly, "The Revolution was/is a catalyst of change for all of us (Cubans)." She emphasized her point with historical acknowledgment, "Cuban women pre-Revolution were viewed as additions, not individuals, and their primary form of social advancement was centered around their marriage."

Current policy language around gender norms, equality, and civic responsibility was most recently updated in the April 2019 constitutional revision. As of April 2019, the Cuban Constitution, Title V Rights: Duties, And Guarantees, Chapter I: General Provisions, Article 43 states,

"Women and men have equal rights and responsibilities in the economic, political, cultural, occupational, social, and familial domains, as well as in any other domain. The State guarantees that both will be offered the same opportunities and possibilities."

"The State encourages women's holistic development and full social participation. It ensures the exercise of their sexual and reproductive rights, protects them from gender-based violence in all of its forms and in all spaces, and creates the institutional and legal mechanisms to do so."

As of April 2019, the Cuban Constitution, Title V Rights: Duties, And Guarantees, Chapter II
Rights, Articles 47-48

Article 47

The people have the right to the free development of their personality and must conduct themselves with respect, fraternity, and solidarity.

Article 48

All people have the right to personal and familiar privacy, their image and voice, their honor, and their identity.

Dr. Enrique Cabeza talked about the points of positive civic engagement and governance with policy-making, however, he points out the limitations of Cuban theory in practice, as he sees it. Discussing the prevalent ‘market failure’, the inefficient distribution of goods and services. Cuban governmental systems value contributions and advancements, without working to the necessary degree to uphold promises to the public. He acknowledged civic engagements are seen in Cuban society as actors of change. He shares, “The needs of the public are known, and that submission over action remains to be a benefit to bureaucracy.”

As history has shown, developing systems and processes is an uphill battle. Cubans encourage and are diligently working to establish a well-oiled and operational governmental machine. Social dynamics and influences are ongoing similar processes and growing pains. When discussing the progression of *Machismo* cultural dynamics within the Cuban society of today, I was met with an understanding there is change in the air. I had the opportunity to be exposed to Cubans of varying ages, localities, genders, and education levels. All of the folks I chatted with shared about their perceived move toward increased awareness of the matriarchal influence, and importance of change. However, they too highlight that though this shift is occurring, not all Cubans are ready for it.

When talking to a gentleman, Nelsito, Community Participation Manager with Oddara Akokan Community Center. Nelsito shared how he views *Machismo*, “*Machismo* is not a concept, but conduct.” He has been a part of the neighborhood the entirety of his life and has watched the expansion of the governmentally unrecognized neighborhoods. These neighborhoods are populated by internal Cuban migrants from more rural provinces. He expressed the need to spread awareness of updating social norms. He expanded that there is an understanding of Cuban origins relying on the work of women in society. Within the Akokan community center, he shares that not all members are in line with this mindset of rewiring gender norms and language. However, the neighborhood(s) are beginning to share the awareness of female importance. As we were deep in discussion, he interrupted us, interjecting with a local man who was speaking suggestively to a group of women, he apologized before returning to our discussion. He exclaimed, “We must discuss behaviors right now, all the time.” Nelsito believes that the work on community development will aid in more inclusive mindsets and his direct work within the community acts as a model for change. Through this translated conversation by API Program Leader Jorje Escala Maceo. Jorje was curious about the topics I was researching; he was eager to participate in the conversation around *Machismo* culture. In his eyes, “*Machismo* is an underdeveloped mentality.” As a heavily educated, forty-three-year-old man from one of the more rural provinces, he grew up with heavy female influences and believes he must, “show respect and empowerment for female autonomy and success every day.”

After spending some time in the neighborhood that I would call home for the next week or so, I had the opportunity to speak with a vibrant and informative woman, Ana-Elena. Ana-Elena is a sixty-nine-year-old CIPS translator who has an extensive social network. She walked with me through the streets of Vedado pointing out the places and their Cuban

significance. Ana-Elena was four years old when Fidel Castro came to power, her father was a firm Catholic and established doctor. Her mother was a Presbyterian, Ana said with a strong gaze, “They were very Puritan and traditional; my mother a little less.” She considered herself somewhere in between her parent's ideals. Over lunch, Ana explained how she had to educate her now-late husband on the harm of *machismo* culture and the importance of raising their children in a ‘united way.’ Ana-Elena has been a member of The Federación de Mujeres Cubanas since she was a young girl. Though she says she is less active now, she encourages all the women in her life to participate, including her daughter. Ana’s grandmother, who she considered to be a strong matriarch figure, a mother of nine, and a social norm breaker. Her grandmother would teach the children and grandchild the importance of responsibility to self and safe sex. Ana’s grandmother was a very firm advocate for bodily autonomy, breaking social norms around gender roles and sexual decision-making. Ana-Elena smiles fondly remembering her grandmother, and continues, “She modeled this to me young and I continue her teachings,” she adds, “Not like my mother.”

My conversation with Ana-Elena takes me to the overarching themes of understanding privacy and social influences and experiences within Cuban society. The history and systemic impacts of pre-Revolution Cuba and, now, in the thick of the Revolution-soaked Cuban society today maintain contradictions.

Understanding Privacy and Social Influence

With rich lineages, reliance on community, and sometimes extreme proximity, for Cubans finding personal time and privacy can be incredibly difficult. The importance of family

and community is not a new concept to Cubans nor is it one that will go away any time soon. If anything, with the aging population and increased economic pressures, having family around can often help with the division of in-home labor on the best of days. On the worst of days that can mean you have little space to breathe without someone being around you, watching you breathe. This is all to say, that Cubans have a limited amount of privacy and an abundance of viewers. Having multi-family or generational homes adds a layered supervision of its members. This innate increase of supervision and overlapping of family members reduces an individual's ability to maintain privacy or isolation. Depending on where you look at this fact, you may find problems or solutions.

Jorje shares his story about privacy or the lack thereof. He spent his childhood in Granma, Cuba, along the countryside and rolling farmland. He moved a day's trip away and has now lived in the Vedado neighborhood for three years. I asked Jorje about his time living in Granma. Curious about his access to privacy as a Cuban man. As a child, he felt he was not very good at talking about himself, and this challenge continued into adulthood. Jorje shared that his specific province was “not very developed.” His father died young, and his mother suffered a stroke and other ailments during his adolescent development. He shared a room with siblings, constantly surrounded by immediate and extended family; even his friends in the area would come openly into the house, snagging bites of his food right off his dinner plate. He explained this was very common for many Cubans. Jorjee said he longed for personal privacy and time to reflect and feel without audience or interruption. Pointing out to the street, Jorje explained that Cubans walk a lot; I stated I had observed this and assumed it was the act of seeking connection with others. He agreed and expanded my observation, adding that Cubans are walking to find time for themselves because they are trapped in thought. Cubans, yes, are very connected with

their community. They are often pulled in so many directions with the financial, social, and political demands of historic and generational trauma; all the while worrying about current economic limitations.

Researching such a personal experience, like privacy, is something you can only understand so much from reading. The experiences of privacy in this capacity is something that when measured may not come up with the findings or insights you may gain from the connections with others' lived experiences. Privacy is defined as the state or condition of being free from being observed or disturbed by other people. Even a defining characteristic creates new questions, spectrums, and measurement values. What one may find as being observed others may not, same goes for what an individual finds as disturbing. Looking in a search engine or Library database with the words Cuban and Privacy will provide you with many things about private property, internet regulations, and journalism.

While sitting at a picnic table in Playa Giron, Sarah-Lis and I talk candidly about the 'Cuban experience,' discussing privacy and her family dynamics. She explained that she, like many Cubans, is family, friend, confidant, therapist, life-coach, and the list continues. She may spend time away for work excursions, outings with friends, or long stays with her boyfriend. All the while still being a soundboard to the many needs, accomplishments, and hardships of her social network of loved ones. All the *chisme* must be shared. Hands raised in the air, she exclaims that upon returning home, within minutes neighbors or family are quick to seek her out and engage her. Sharing their laundry list of life's woes and glories, and/or giving their opinion on her experiences. She shrugs her shoulders and takes a deep breath, saying, "I never get a moment to myself." Sarah-Lis lives alone with her one true love, her dog, and has a boyfriend of two years who lives a couple of miles away. When talking about her feelings on privacy and

family dynamics, she explains that she lives a lifestyle seen as very different from her parents and other elders. She often is met with judgment regarding her lifestyle choices. As we continued our conversation, I asked her how she maintained her privacy and autonomy with these family pressures. She said she confronted her critics by explaining, "...this is my life, my choices; respectfully. I do not want to get married or have children for a long time, maybe thirty-five! My partner agrees and respects this choice."

Sarah-Lis' take on life as a young Cuban woman is becoming increasingly popular as generations become more educated and have proximity to pre-revolution mindsets. Adams states, "These political and economic factors profoundly influence the Cuban fertility rate." (Adams 93) As mentioned previously, depending on how you look at privacy, one can quickly switch gears between problems and solutions. Higher parental supervision is said to be a positive function assisting in the reduction of adolescent sexual activity. Ana-Elena often brings up the influence of embarrassment in our conversations. She says, "My generation is very hush-hush about sex; I've seen it!" This mindset, she believes, contributes to the embarrassment young girls continue to experience around using or seeking out contraceptives like birth control "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." (Adams 93) Though Cubans do not have to necessarily hide the fact that they are seeking an abortion, they do still share the shame or embarrassment many women and girls feel especially with sexual decision-making.

Education and empowerment are the primary methods to ignite one's sense of privacy in a space as vulnerable as sexual health and reproduction. Talking about privacy Cubans of all genders and ages feel is a foundation piece of the puzzle. The layered complexities that are

women's health and reproductive rights are essential to staying mindful and informed about the social pressures that linger in the shadows of Cuban women and girls and their respected partners.

Cuban Women's Healthcare and Reproductive Rights

The Cuban government has shown substantial progress in women's rights actions and has adopted policies that better represent the updated family structures and interpersonal needs within the household. The progressive policy action has unfolded rapidly since the start of the Revolution in Cuba. Women's healthcare and reproductive rights can be represented on all levels of care: prevention, intervention, and treatment. These care levels include intentional support through organized advocacy efforts, state policy work, and governance, in addition to Cuba's global relevance.

Prevention: *Education, Contraception & Prenatal Care*

The Federación de Mujeres Cubanas acted as a catalyst for other educational developments in Cuba, and Vilma launched an additional interdisciplinary group known as the Grupo Nacional de Trabajo de Educación Sexual (GNTES). This group gained its legitimacy after becoming state-recognized under two resolutions in 1975. During the acknowledgment of GNTES, between the 1970s-1980s, reproductive subjects were introduced into public education materials. In 1979, the FMC supported the expansion of scientific book publication, providing uncensored information on various topics including queerness and denouncing homosexuality as an illness. Another major transformation in the education of women's healthcare and reproductive rights occurred in 1988 when the National Sexual Education Group evolved into the Centro Nacional de Educación Sexual (CENESEX) with a focus on sexual education including

Queer and transgender representation, social research, and therapies, sexual violence and abuse awareness. The State showed support for the research, development, and publication of sexual education materials. The Cuban government delegated committee work to a network of both provincial and municipal actors to establish what is now known as the Sexual Education Program: For a Responsible and Happy Sex Education. (Báez)

API Program Leader, Sarah-Lis Muniz-Bueno, a thirty-year-old woman with a big smile and an even bigger personality sat with me openly sharing her experiences. She tells me about herself, she is a university-educated, art lover, and proud die-hard Cuban. Sarah-Lis grew up about two hours from Habana with two Christian parents and a brother. She came from a family of artists, her parents being painters and sculptors. We discussed sexual education and sexual decision-making on this day. She shared that she did not receive much sexual education during her upbringing and school education. It was not a norm in her household to openly discuss conversations around sex, however, conversations around marriage and child rearing were very common.

The work of Vilma Guillois, The Federación de Mujeres Cubanas, and supporting groups, made room for the wave of Sexual Self-Determination. “Sexual self-determination, as a human right, allows for each individual to define his or her own orientation, condition, and gender identity without the stigmatization proposed by psychiatric pathology.” (Báez 776) Sexual Self-Determination, as described by the literature, outlines the orientation and expression of self within the public sphere and state institutions. This form of individualization is directly related to Cuban Feminism that impacted Cuban social systems and norms (formation of FMC, abortion legalization, legitimized sexual education resources). (Báez) Sexual Self-Determination is a conscious practice advocating for one’s representation without negative social pressures or

influences. This practice aids the efforts in changing the narrative around *machismo* culture and understanding Cuban masculinity and femininity norms.

Ana-Elena and I talked over many days about *Machismo* culture, sexual education, abortions– “interruptions”, and the mindsets of Cubans who lived through the earlier years of the Revolution. Our lunch conversation continued into Women’s Health and Reproductive rights, Ana explained that her children received a simplified sexual education around the 5th or 6th grade and some additional information in higher education biology courses. As a mother, she did the majority of the sexual education in her home. She leans in, “This was not a normal practice, Cubans do not talk about sex or bathroom habits (considered to be poor manners).” Ana taught her children about why they use contraceptives (condoms and birth control), informing me they are very hard to find in Cuba, and the importance of the ‘pull-out method.’ She laughed quickly and became very serious again, explaining there is a lot of embarrassment felt by Cubans, especially Cuban girls when talking about sexual decision-making. During my on-the-ground research, I was met with specific language used around Abortion Health Care, the replacement of the term abortion with “interruption” was overwhelmingly used when speaking with Cubans, especially Cubans over the age of thirty-five.

In support of educational contraceptive tactics, the Cuban government declared public access to other contraceptive measures like condoms, IUDs, oral contraception, and various sexually transmitted disease testing and AIDS/HIV testing. “At 12%, Cuba has the lowest percentage of single young women with unmet need for contraception in LAC countries (Singh et al., 2018)” (Leon-Himmelstine 29) By investing time and money into the prevention and intervention modes of women’s health care the governmental bodies will forfeit excess costs associated with treatment options (i.e. procedures and medicine). (Adams) When talking to the

FMC in December 2023, they reported condoms are extremely increasingly difficult to find and have seen an increase in black market sales.

At our residencia La Casa Vera, I chatted with the nephew of our accommodations host, he spoke softly and hesitantly. It was not deemed appropriate for him to engage with the residents outside of his work duties, this social norm was shared with me while cooking with Chefs Alberto y Alberto. The Host's nephew is a nineteen-year-old, university student, with a new girlfriend; our conversation transpired through a back-and-forth translation app. I informed the young man that before we began these questions would be quite personal, he paused and gestured for me to continue. I asked him first about his feelings on *machismo* culture, via the app, and with a quick scoff he explained "I represent the women! Because I care about all the women in my life!" He expressed pride in his answer, and I followed with questions regarding sexual decision-making, access to contraceptives, and sexual education. The young man became physically uncomfortable, creating space between one another, he reluctantly answered "I have no access to condoms, and my girlfriend doesn't use birth control but we don't want a baby!" He shied away from my question about abortions, perhaps he was uncertain if his girlfriend had received one or I pushed against Cuban social norms too far as an outsider. I allowed for a break before suggesting one more, this question was about privacy and family influence, "I am embarrassed by these questions, because of Senora (pointing to my host around the corner), she likes *chisme* (gossip). I do not talk about such things with my family near."

Intervention: Abortions, Maternity Housing, and Privileged Information

The 1965 decriminalization of abortion health care has continued to be a major highlight within Cuban human rights efforts. Abortions and post-abortion care are legalized and institutionalized state-supplied healthcare services. (Báez) Cuban women's health care supported

by the state was able to benefit in the reduction of maternal death and increase bodily rights. Abortion healthcare is viewed as one of the many revolutionary acts to be established parallel to work in economics, race, class, and gender relations.

During Jorje's time as an educator and mentor to a group of university students, he was a primary confidant for the students he served. When a female student came to him with concern about an unplanned pregnancy, he shared with her some options in a non-judgemental format and supported her as *she* found fit. Jorje attended the mentees' abortion appointment per her request. He shared with me, "It is not my place to tell her anything, this is her body and her future. I asked her what she wanted out of her future and if a baby was a part of that vision. She knew what she wanted and I was there along the way."

Cuban Abortion requirements, regulations, and penalties are thoroughly outlined in the World Health Organization database. According to WHO Cuba requires elected abortions to occur within 12 weeks of inception. Legal grounds for abortion healthcare can be related to economic or social pressures, fetal impairments, rape, or other potentially harmful health issues. Cuba maintains abortion safety requirements, abortion services must be performed by an authorized health provider and assistants, an authorized and licensed healthcare facility, and if applicable parental consent for minors seeking abortion care. Clinical and service delivery practices must abide by national guidelines for induced, elected abortions. Post abortion care, including contraception offerings and education will be supplied to those seeking abortion healthcare services. Those not following these state-sanctioned policies and protocols will be susceptible to legal penalties. Those subject to a penalty could be the provider, the person(s) assisting the provider, or the person(s) performing a nonconsensual abortion. WHO reports state that Cuban women seeking abortions are not at risk for penalties around seeking an abortion

through state-provided services and protocol. Cuba's current fertility rate is 1.5 births per woman. (*United Nations: Economic and Social Council*) "Cuba has a low overall fertility rate but a high fertility rate for adolescents. Between 1950 and 1992, the fertility rate decreased due to access to free abortion and family planning programs (González, 2010)." (Leon-Himmelstine 31)

Ana-Elena shared many stories during our time together, one being of her niece who was seeking an abortion. Her niece was nineteen years old when she got pregnant. Ana was the first to know, and though she does not always agree with "the interruption," she says in a serious tone, she believed her niece just was not ready. Ana put her beliefs aside, she saw her niece needed someone who could show her support in the attendance of the procedure. If her pregnancy were to have gone full-term, Ana-Elena's niece may have been considered at-risk because of her age and lifestyle. At which point a consultario or family doctor would recommend her to a Maternity House.

The National Library of Medicine and the National Center for Biotechnology Information provide insights into the robust support for pregnant women in Cuba. Within the findings of the article it is explained, "MHs (Maternity Homes) were initially designed to address geographic disparities believed to contribute to poor perinatal outcomes." (Braggs) Cuba views pregnancy as a public health concern not as a medical condition, as US citizens are treated. Maternal health programs and supports, like Maternity Houses, are used as a tool to combat infant mortality and provide even the most rurally located pregnant person with access and care. What are considered to be at-risk cases are women suffering: from hypertension, diabetes, pre-eclampsia, and anemia. Women who are Young or advanced maternal age (for example, under age 17, over age 35). Pregnant women who are experiencing: Poor nutritional status under/overweight women, history

of preterm labor/Poor obstetric history, drug use, infectious diseases, or women with multiple pregnancies. The extensive list of women considered for at-risk care due to medical and mental health concerns also includes women facing ‘social conditions’ that may affect pregnancy. Social Conditions can include issues with spouse/partner/parents, homelessness, and poverty. A recent report by UNICEF estimates that approximately 7.6 million infants and children died before age five across the globe in 2010. (Braggs) During my time working with various level medical personnel, some including pre and post-natal specialists and gynecologists, they share rough numbers regarding Cuba’s current infant mortality rate. Access to official Cuban databases with this information was quite challenging or required multiple steps of access, from my verbal exchanges and attempted searches, I can assume Cuba has around 4 deaths per 1000 live births, a 1.5-2% decline from 2010. This stance on reproductive rights and care compounds the notion in favor of prevention over treatment as best practice. The FMC puts forth its efforts in building Maternity Housing, these housing services are available for women and families that are suffering a variety of social issues which can include: adolescent pregnancies, alcoholism, gender-based violence, and minimal to no childcare options.

Jorje suggests we call his Aunt Mariella, a gynecologist, FMC member, and round-the-clock care provider. During this call, Mariella explained she was supposed to be taking a personal day from the hospital, a rarity in her position. However, due to patient needs and limited staff capacity, she was not able to. During our exchange, she informed me she and her fellow staff strive for advocacy, independence, and preventative care for the patients she serves. It is common for women to attend consults with and without personal supporters (partners, family, friends) Mariella states she, as a second and third-level healthcare provider, values the privacy of the individual, while also speaking to the notion that reproductive choices are ‘family

matters' and said families maintain a strong influence in sexual decision making. She breaks down the three modes of pregnancy 'interruption' and how the US Blockade has impacted access to all options for women, especially in the most noninvasive mode of oral medication.

Treatment: Global Relevance, Machismo & Realities

Treatment, depending on the lens through which you look, is different depending on your personal, political, and economic stances for some obvious reasons and some not-so-obvious reasons. Cuba has maintained a form of global relevance for many reasons, much of which include the country's focus on prevention and intervention. That is not to say Cuba has not had its fair share of required treatment focus for its women and girls. Treatment, as defined by the Oxford Dictionary, holds many meanings, some include: how someone behaves towards or deals with something, medical care given to treat illness or injury, a singular session of medical care, presentation or discussion of a subject, and to indicate something is done enthusiastically, vigorously and to an extreme degree. Cuba's current educational resources and the 'decolonial' critique on sexual and gender pathology have inspired Latin American countries like Argentina to reexamine sexual health education, research, and resources to the public. The Federación de Mujeres Cubanas is the largest women's organization in Latin America (Báez)

As of December 2023, it is said that membership rates are at 92% of the Cuban female population (ages fourteen and up). Dania Rodriguez Guitierrez shares the current focus of the Federación: gender equality, female advancement, and empowerment (primarily gender-based violence). She begins her lecture with, "I (we, FMC) talk about the problems of women and assist in women's advancement, but that does not mean this does not also work towards building up the entire community." FMC oversees the work of the CENESEX, this branch implements action and visual exposure of Cuban rights. Additionally, it assists with queer people facing

rejection from families. They work to treat core family issues and mitigate harm to queer people, children are currently the specific target group. This work is brought into the home, via TV, Radio, or by in-person social workers. Family privacy and *chisme* are some of the most difficult internal problems the country faces with having multi-generational family members living under the same roof. There are many opinions around what is considered ‘good’ and ‘bad’, Dania outlines how families often think, “This is yours, this is theirs, and this is mine.” She states she actively must remind Cubans that we are a family and we work together. If these differing opinions are damaging to the family, FMC will seek out a different approach, and different social services that are better aligned with the additional needs of the family.

They start the conversation by building common ground in this is not just an individualized issue, as a family, it is a familial issue that requires the care of all participants. They then identify if specific family members require additional services and education models. This treatment outline runs in other branches as well, it allows for the potential documentation of harm (physical or emotional) and opens the conversation for constitutional rights regarding violence. FMC works as a multi-level model of care networks, emphasizing the need for paralleled work within healthcare, education, policy, economics (specifically with Blockade impacts), gender-based violence, and discrimination. Women’s healthcare and reproductive rights have stepped into the recognition and treatment of gender-based violence much of which stems from *Machismo* culture. Combating *Machismo* now means bringing more awareness and penalties to harmful advances that *machismo* culture has historically been able to evade and has been protected under the pre-Revolution identity Dr. Coyula referred to previously.

Women and girls who have been, as Dr. Beatrice Cabeza puts it, “maltreated by dysfunctional family members, predominantly step or second parents (referring to other

guardians or overseers), are showing genetic changes and presenting serious psychological trauma and illness. Beatrice, a highly trained medical doctor, genetic scientist, and wife to Enrique, shared the serious impact of 'Brain Drain' on Cuban society. The migration of intellectuals and highly trained individuals flocking to other countries for work or leaving low-paying Cuban specialized industries to pursue higher paying jobs, like taxi-driving. This affects women's healthcare as the reduction of professionals in the industry limits their reach of prevention, intervention, and treatment of women. Beatrice firmly states, "The Cuban healthcare system is in jeopardy (now)." Dr. Beatrice Cabeza, speaks with kindness and deep concern, she shares how administrators in Public Health, Education, and the Legal sector have developed and continue to refine an action plan around mental health awareness and treatment. However, she knows very well that time is dwindling as the population ages and economic pressures surge.

Cuba's current death rate is roughly 9-10 per 1000 people annually, with a life expectancy of 79 years old. (Braggs) Limited data shows in 2019, the Cuban population over 65 was around 15%. During the visit to Casa de los Abuelos in Habana Vieja, an elder community and care center, retired nurses were returning to the field to help assist in the working women's need for elders apart from multi-generational homes. It is shared that there is low community outreach and limited staff capacity. However, university Sociologist grad Luis creates and offers mental health training to help "cope" with the demands of this work. In addition, the community center offers Early Childhood Development classrooms. The classrooms are housed in the same building, teaching children the importance of "learning to care for ourselves, to care for others better." There is a known obligation to one's community to prepare and give to better the whole. The program wants to help support women's ability to work by providing a safe and enriching space for the elderly to spend time and receive the care they require. Through the use of cultural

activities and teachings with specialists around those areas (i.e. nutritionists). Use an app for relatives and or patients to fill out a questionnaire to provide trauma-informed care. FMC like Casa de los Abuelos in Habana Vieja, understands that female caregivers' mental health with increased social and societal pressure; the stress of life (personal, environmental, economic) is causing women to lose their hair, self-loathe, and become depressed.

As the leading influence in women's health and reproductive rights, The Federación de Mujeres Cubanas is limited in its reach due to the restraints of the US Blockade. Sharing of information, educational curriculums, studies, and other pertinent pieces related to the movement for women's empowerment and equality with other global feminist groups and movements is severely impacted. The Blockade touches many areas of the work at the FMC and Cuban women's health and reproductive care, Dania Rodriguez Guitierrez shares with pride, "We are not just surrendering (to the Blockade), we fight and overcome scarcity and hardships. We are proud of being Cuban, and we will always fight against many challenges." The Cuban fight is and always will be there and even with all the fight in your heart the body and mind can begin to shut down.

Conclusion

This paper sought to understand to what extent history and systemic systems have impacted social influences concerning Women's Healthcare and Reproductive Rights. If the impact of history and systems still affects social influences then Women's Healthcare and Reproductive Rights may be compromised. Cuban Women's Healthcare and Reproductive Rights reviewed through modalities of prevention, intervention, and treatment. This paper outlined how

the Cuban government and society are sustaining the protection of Cuban women's access to health care and reproductive rights.

The investigation showed many forms of governmental work, community engagement, and the contradiction between theory and practice. The practice and implementation of care continue to be impeded by history and economic systems. If given the resources sought by the Cubans I have spoken to, then they will accomplish a high level of quality that sustains. I feel confident in their ability to provide robust, informed, and empowered care to women and girls for many years to come. Many variables are at play within Cuban society, including major external pressures; as well as the pressures from within. Every Cuban I shared a smile and a conversation with expressed the need and hope for internal growth for their people. That internal growth is the ever-present social influences and dynamics. Jorje and Sarah-Lis both make connections to the constant feeling of being perceived. Their feelings of being analyzed by the social influences around them and their lack of time to themselves. The pair only provide a minimal scope to the experiences of all Cubans. As they both have had the opportunity to attend university, their economic status is above average, and they actively participate in gender equality in modern-day revolutionary Cuba. However, even with them, the experience is shared by gentlemen on the side of the street in Old Habana to the Bartender and host in Cienfuegos. There is solidarity in seeking ongoing change, and the revolution lives on.

To conclude, I will share my last and dearest quote from the mighty Dr. Beatrice Cabeza, "There are no 'good' or 'bad' Cubans; there are just Cubans." She and I understand we are only as good, successful, or prosperous as our collective. That means fighting with and for each other, resolver.

Addendum 1: Research Questions

1. What does *Machismo* mean to you?
 - 1.1. Where do you most experience *machismo* culture (i.e. bars, home, work) and by whom do you experience *Machismo* behaviors?
 2. What is your personal experience, if any, with the Federation of Cuban Women organization?
 3. Do you feel your sexual education experience helped prepare you for potential sexual decision-making? (occupational connection)
 - 3.1. If you have questions about sexual decision-making where/who do you go to? (i.e. school, friends, family, professionals, etc.)
 4. What can you tell me about your experience with privacy or the lack thereof?
 5. Do you feel like you are in charge of your sexual decision-making? Does anyone/anything else have a say?
 6. How accessible is healthcare? Women's healthcare? Sexual healthcare products (birth control, condoms, abortion services)?
 7. Have you or someone you've known had an abortion? At what age?
 - 7.1. What are your feelings on abortions?
 8. Do you consider yourself to be a feminist? What does that mean to you?
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