

Cuban Youth: Changing Attitudes towards Sexual and Reproductive Health

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Abstract (111 words)

Cuba remains one of the few countries still governed by a communist party. Despite its socialist commitments, including to gender equality, these have not been fully achieved and norms concerning gender roles are often at variance with revolutionary values. Focusing on youth and particularly young women, this paper draws on primary data collected in Cuba in 2018-2019 to explore young people's sexual and reproductive health decisions. The analysis highlights how despite the family planning services and educational opportunities made available to them young women's reproductive and sexual choices are often determined by men and by values that accord primacy to marriage and motherhood, as conservative values are increasingly gaining a foothold.

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Introduction

Cuba is one of the few countries still governed by a Communist Party with a stated commitment to socialist principles of public ownership, social equality and free or affordable public services. Now into its seventh decade the Cuban revolution has survived multiple threats to its existence, including US sanctions (the 'Embargo'), the death of its charismatic ruler Fidel Castro, and prolonged economic crises. Its population of 11 million endure considerable hardship due to an underperforming economy, unreliable public services, and shortages of basic goods all made worse by the Covid pandemic which hit the tourist trade. Cuba has responded by legislating reforms aimed at stimulating the economy and attracting foreign investment, allowing the growth of private businesses, and introducing currency reform. While these reforms are generally welcomed, they have led to a sharp rise in social inequality, reflected in an emerging new class of entrepreneurs and property owners.

For all the changes that Cuba has undergone in recent years, its official doctrine, originally enshrined in its 1976 Constitutionⁱ, continues to provide the ideological and legal foundation of the state and to shape the expectations of citizens. The essence of the social contract that evolved after 1959 was that while citizens lacked political rights they were to be provided with an extensive system of social provision ‘from the cradle to the grave’. Cubans were educated to put their faith in the state and in their leadership, to value the gains of the revolution, to develop a modern, secular outlook, and to respect its progressive norms. However, Cuba’s state socialism has been steadily eroded, and with it, some of its earlier commitments and values. Long admired for its advocacy of racial and gender equality, these goals were never fully achieved (Pearson, 1997; Smith and Padula, 1996). Today, the promises of the revolutionary years can no longer be guaranteed, and the state support system on which so many rely, including in relation to sexual and reproductive health, is in many cases, threadbare.

One response to present hardships has been to seek solace and material support from the growing number of churches on the island and the influence of religious belief is evident in some of the more conservative attitudes and behaviours expressed by young women when describing their sexual and reproductive health choices. These views sit alongside others more aligned to official Cuban attitudes, with which they are often in striking contrast. The Cuban revolution established a secular state in which the churches were limited in number and subject to state control. Approximately two-thirds of Cubans traditionally identified themselves as Catholics, and at least as many claim to practice the syncretic belief system known as Santeríaⁱⁱ. Today religious attendance and the number of churches on the island has risen significantly (Crahan 2017). Of these, the Evangelical churches have seen the greatest growth in supporters and receive considerable funds from Latin American and North American churches. This enables them to provide moral and material support to alleviate the hardship endured by the least well off. At the same time Evangelical churches promote some values at odds with the more liberal values associated with official policy, calling for a return to traditional family values, the heterosexual nuclear family, celibacy before marriage and monogamy, while also opposing gay marriageⁱⁱⁱ and abortion (Alfonso, 2018).

Given the multiple challenges Cuba faces today, how far do the progressive attitudes of the revolutionary period endure, conform, or diverge from those held by young people and how does this affect their sexual and reproductive health decisions? It is important to situate these questions

within the life course stage of adolescence, a decisive moment as young people transition from childhood to adulthood. It is a time when they are increasingly exposed to social and gender norms which determine their behaviours and choices, ones which can have lasting effects as they move through their lives^{iv}. Adolescent girls in particular begin to feel the constraining effect of gender norms on their lives which often results in their freedoms being curtailed, their mobility being restricted, in some cases through early marriage and early pregnancy, which can derail any educational and career ambitions they might have (Samuels, 2019).

Cuba has surprisingly high rates of early marriage and teenage pregnancy, both of which adversely influence employment and income opportunities throughout the life course as well as exacerbating gender divisions of care and work in the home^v. Therefore, in this research we ask to what extent are these high rates of early marriage and teenage pregnancy influenced by prevailing gender norms around sexual and reproductive health (SRH)-related behaviour? How does the decline in quality and accessibility of SRH services in Cuba affect this behaviour? How far does the Cuban health system support girls in managing the challenges of early pregnancy? To cast light on these questions, we conducted research in two sites in Cuba between 2018-19; our team consisted of Cuban and British researchers. Our aim was to explore the experiences of adolescent girls and young women in managing their SRH, as well as the perceptions of others around them (family members, service providers) in relation to norms and attitudes towards adolescent SRH. This paper casts light on the fact that SRH choices are not only determined by state policies and provisions, but are shaped by often competing norms and values.

Research Design

Guided by the Cuban research team members located at the Centro Cristiano de Reflexión y Diálogo (CCRD)^{vi}, we selected Matanzas and Mayabeque provinces for the study, both areas where CCRD was already undertaking outreach and awareness-raising activities with adolescent girls and young women on issues related to domestic violence and female economic empowerment, amongst others. In Matanzas, the town of Jovellanos was selected, representing the more urbanised site, and in Mayabeque, Los Palos was selected to represent the more peri-urban or rural site^{vii}. Both were specific areas where CCRD had good contacts with adolescent girls and young women. These different sites allowed us to explore potential contrasts between behaviours, uptake of services and norms around SRH according to different geographies. However, no significant differences emerged.

Before we consider how working with CCRD to access respondents influenced our findings, we first describe our sample and research methods. In total, 78 participants took part across the study sites (see Table 1). These included: 21 in-depth interviews (IDIs) with adolescent girls and young women (henceforth referred to as young women) between the ages of 15-26, with the majority being 17-years-old or less; six family case studies (FCSs) where family members of six of the young women interviewed were interviewed, separately and included mothers, grandfathers and brothers - for two of the FCS only one family member was interviewed while for the other four, two family members (e.g. a mother and a grandfather), were interviewed; five focus group discussions (FGDs) disaggregated by sex, with participants aged between 16-76, with most in their 40s, who were identified through snowballing, the IDIs, and FCSs, and who had not taken part in previous interviews; and key informant interviews including with health service providers, teachers and social workers. Semi-structured guides were prepared for all the interviews and group discussions.

Table 1 Sample size and type

	Los Palos	Jovellanos (+ Cardenas)	Total
IDIs with young women	11	10	21
FGDs	1 male: 5 1 female: 5 Total participants 10	1 male: 7 1 male: 5 1 female: 5 Total participants 17	5 Participants 27
FCSs	3 Total participants 4	3 Total participants 6	6 Participants 10
KIIs	11	9	20
Total participants	36	42	78

Of the 21 young women, 11 reported being single (4 in Los Palos), 7 were in a relationship/consensual union (6 in Los Palos) and 3 were married (1 in Los Palos); 11 did not have children (5 in Los Palos), 7 had between 1-2 children (5 in Los Palos) (3 unknown).

Though fewer boys and men were interviewed given the focus of this study, male perspectives were obtained from FGDs (two in Jovellanos and one in Los Palos) and FCSs where fathers, step-fathers and grandfathers of young women were interviewed. Additionally, many of the key informants interviewed across the study sites were men. All interviews explored perceptions, attitudes, and where relevant experiences of SRH^{viii}.

Although CCRD is an openly multi-faith/denominational organisation and targets vulnerable people irrespective of their religious beliefs, many of their closest links are with people who have strong religious beliefs and who also belong to the Evangelical churches that have been spreading in Cuba over the last decades. As CCRD was our entry point and linked us to study participants, our interviewees often expressed views and perceptions which reflected this relatively newly found belief and adherence to Evangelical values. Although our research was not focused on the influence of rising religiosity on the values and behaviours of adolescents and young women, we found that a religious perspective came through in many interviews and appeared to indicate shifting social attitudes that seem to be growing in Cuba as well as the broader Latin American and Caribbean (LAC) region (Vaggione and Machado, 2020). We did, however, also reach out to those who were not part of the evangelical churches. Thus, amongst the 21 adolescent girls interviewed 8 reported being Christian (3 in Los Palos), 4 as belonging to the Santería religion (2 in Los Palos), 3 reported no religion (1 in Los Palos) and there were 6 unknowns. It is also worth noting, given our entry point and anecdotal evidence that shows that fewer Cubans of African descent identify with Evangelism, that the majority of the sample comprised white Cubans.

Turning to a discussion of our main findings, in the next section we provide a brief account of the Cuban health system to illustrate what SRH services are available. Subsequent sections draw out thematic areas including one which focuses on knowledge, misconceptions and attitudes, and another on sex education especially in schools. The paper then describes adolescent pregnancy and decision-making surrounding it. We then explore whether abortion is perceived as a means of birth control according to our study respondents and end with a sub-section on ideals of womanhood. Underlying all these SRH-related themes is an exploration of how social norms intersect with these areas, as seen through the eyes of our study participants. It is also important to point out that our findings are based on a small and targeted sample of respondents in these two provinces. While we acknowledge that findings are not representative of the whole Cuban population, the emerging patterns and trends are revealing and largely in line with other scholarship in Cuba.

The Cuban health system – programmes and policies

Cuba's social contract was one in which the state assumed full responsibility for the population's health and guaranteed universal coverage of public services. The unified public health system was based on the principle of health care for all (HCA) as a human right, equity, and solidarity (Morales

Ojeda, et al., 2018; Waitzkin, 2016). The system is organized at three levels: national, provincial, and municipal and is centrally co-ordinated and regulated by the Ministry of Public Health (MINSAP). All levels integrate the basic functions of public health: treatment, health protection, long- and short-range planning, and training alongside a large cadre of family doctors – 13,300 (MINSAP, 2019) living and working in the communities they serve (Keck and Reed, 2012).

A focus on maternal and child health has been a central element of Cuba's health policy, and the Maternal and Child Programme (PAMI) is the most comprehensive service available to expectant mothers and mothers of new-borns in all municipalities nationwide. It provides support from the beginning of pregnancy through regular consultations and tests with doctors, nurses, psychologists, social workers, and other health professionals (Samuels et al., 2020). PAMI therefore forms an essential part of the social contract, designed to support women throughout their pregnancy.

In addition to PAMI a range of other SRH-related programmes and policies exist, and Cuba is often seen, in many ways rightly, as exceptional in the LAC region for its policies on sex education, abortion, pre and extra marital sex and childbearing. Young women are in principle supported by free public services for contraception, abortion, and pregnancy, and arguably suffer comparatively less stigma for seeking out these services. Yet, while the broadly liberal views of the revolutionary period still make their mark on social attitudes and social policy, our research indicates that Cuban values are showing some convergence with those elsewhere in the LAC region, with evidence of more conservative attitudes gaining hold. This, as Härkönen suggests, is likely to reflect the declining influence of the state and of its official values, and the growth of religious influence on the island (Härkönen, 2014). Similarly, Härkönen (2014) notes how official norms, often identified as 'modern' or 'scientific', exist in tension with ones usually described as 'traditional' or 'conservative'. Our study contributes to discussions of this tension, co-existence, or where different values systems can run in parallel. Thus, as will be discussed further below, while some of the young women interviewed professed more religious attitudes in relation to their SRH, others maintained more liberal views.

By far the most distinctive feature of Cuba's provision in reproductive health is its abortion policy. In 1965 Cuba became the first Latin American country to permit induced abortion (de Gil, 2014), seeing it as part of its commitment to women's equality, and since 1979, abortion has been freely available to all adult women and adolescent girls (Bélanger and Flynn, 2009). Abortion rates have

been high in Cuba and in 2019 the abortion rate was reported to be 30.4 per 1,000 women aged 12–49 years (MINSAP, 2019). According to scholarship in this area, official attitudes towards contraceptive use are similarly noncensorious, and the state provides a range of contraceptives, including intrauterine devices (IUDs), condoms, injectables and oral contraceptives (the pill) (Bélanger and Flynn, 2009). Contraceptive coverage was comparatively high in 2018 at 77.2 percent; IUDs were the most common method accounting for about 50 percent of coverage, followed by condoms (22.5 percent) (MINSAP, 2019). This means that in principle adolescent girls and young women would have relatively easy access to both abortion and contraception. But as we explore further below, and based on our study findings, access for many remains challenging with some areas better served by health services than others, with hidden costs (e.g. of transport) affecting many. Similarly, and reflecting again the tensions and co-existence of different value systems, stigma surrounding contraception is still prevalent.

With its universal and extensive public health system under significant pressure, critics have argued that Cuba' reputation for success draws principally on its achievements in infant mortality rates (which have recently been questioned) at the expense of other health indicators and social determinants of health (Berdine et al., 2018). This is supported by our findings which suggest that the health system is failing many of its citizens, as both the system and its provision have suffered from broader systemic challenges. According to key informants, those living in rural areas, those coming from the east of Cuba (El Oriente) and those of African descent (Afrodescendientes, which is often synonymous with those from the East), have been particularly affected:

Many of them [people from the east] live in places ... where family doctors have to visit... but those are people that are not easy to reach, that live in farms, they are adolescents, most of them are 15 or 16 years old ... They do not want to and yet they get pregnant, we have to fight with them so they come and attend the medical appointments, so they do not miss the appointments, and that is something that makes our work harder (Health provider, Los Palos).

According to the health service provider informants, a lack of transport and petrol shortages make it difficult for health staff to reach rural communities. Inadequate facilities and a lack of specialists in smaller towns, means that people have to travel long distances for health services which increases out-of-pocket expenses and results in delays in seeking healthcare. Moreover, with a chronic

shortage of basic medicines (supposedly provided free of charge or heavily subsidized) and other supplies people go without, use sub-standard and poorer quality products, buy from the informal or private sector at a higher cost or/and wait to receive from relatives living overseas (see also Molina, 2019).

... there are many problems with transportation to the field. When, for example, we tell the patients they need double ultrasounds (which help detect hypertension risks), here we do not have those facilities, they need to go to Matanzas, using their own money (approximately 50 kms from Jovellanos). Even for us, what makes it difficult is the public transportation for the intra-consultations (consultations they provide in the countryside)... and we often have to use our own money to get there (Health provider, Jovellanos).

SRH knowledge, misconceptions and attitudes

In keeping with other scholarship on these issues (Andaya, 2014; Brotherton, 2012), where Cubans have been found to have a highly medicalized understanding of what constitutes health and physical well-being, our study shows that most of the young women interviewed were able to talk knowledgeably about their own health status. They could discuss what ailed them, what parts of the anatomy were affected and what kinds of medicines they would most likely need. They also had relatively good knowledge of contraception, different options and where to obtain them.

Yet while Cuba is a seemingly open-minded and egalitarian society (outwardly displaying 'modern' norms), and despite this medicalized knowledge, girls felt ashamed to go and buy family planning products, fearing gossip and finger pointing. This was a perspective expressed by most young women spoken to though it was more prevalent amongst those living in Los Palos given that it was a smaller community/town where people were more known to each other; age or marital status did not appear to affect these experiences. While it could be a perspective influenced by new Evangelical values, equally it could be linked to older or more traditional social and gender norms surrounding behaviours related to contraception. Whichever way, this meant young women in our study face difficulties in accessing family planning products, as noted by the following informant, who was single with no children:

... [if you buy condoms] they look at you with a face like saying 'hey, you are going to have sexual relationships' and sometimes because they get along with your family, they can tell your family, they gossip a lot. This town is like that (Female, 15, single, Los Palos).

And one married with children:

... I buy the whole box so I don't have to go that often ... I feel ashamed, especially with older people, because they didn't use that, so they look at you when you order them ... because they don't know you and they don't know if you're in a stable relationship or not, so I feel embarrassed (Female, 25, married, has children, pregnant at time of interview, Cárdenas).

Furthermore, while young women had knowledge about broader health issues, there were misconceptions around contraception, perhaps driven by expected behaviours and norms as well as possibly reflecting new-found Evangelical values. Many informants irrespective of age, marital status or where they resided spoke of side effects and dangers of different methods, which in turn affected their uptake of family planning products.

... The pills can cause problems such as infertility, physical problems, you get spots ... I spent some time taking the pill, but it blemished my face a little ... I prefer to use a condom ... (Female, 20, married, does not have children, Jovellanos).

... the implants. I think those are risky because they can even kill you ... Many people say that it is like the black death ('Una muerte negra'). I do not know ... One of my friends had it and it caused her a lot of damage. The body rejected it, they had to do surgery (Female, 17, in a relationship, no children, Los Palos).

Even when these inhibitions were overcome there were many difficulties in accessing medicines and related health supplies particularly outside the main urban centres, as these two informants explain:

I need to buy it (the contraceptive pill) on the street [when there is a shortage in the pharmacy] and get it for however (much) they sell it for (Female, 17, Jovellanos).

There are ... some months in which they [sanitary towels] aren't in stock ... So you have to get them on the street. They cost more ... up to 15 pesos, when in the pharmacy they cost 1.20 (Female, 17, single, no children, Los Palos).

Sex education in schools and beyond

Young people's knowledge and awareness of the need for family planning, evident from our data and widely reported in the literature, can be attributed to Cuba's long-established sex education programme. The country has been internationally recognised for its progressive approach to sex education which is integrated into the school curriculum and includes discussion of sexual violence and acknowledgement of LGBTQ issues (Kirk, 2020). Sex education in Cuba is the responsibility of the National Centre for Sexual Education (Centro Nacional de Educación Sexual - CENESEX) which was established in 1989 and directed by Mariela Castro, the daughter of Raul Castro and Vilma Espín, the founder of the Federation of Cuban Women (FMC). While CENESEX is predominantly supported by MINSAP it also receives backing from the Ministries of Education and Culture as well as from the FMC (Reed, 2012).

Despite this long-established programme and policy, several interviewees reported that sex education focused chiefly on providing information about sexual organs and the reproductive system:

Well, in Biology (class) we see a part of what it is-- the reproductive system.. But if you mean practical classes about sexuality, I've never had them (Female, 17, Los Palos, single, pre-university, does not have children).

At the same time there was relatively little information on contraceptives and STIs, as one interviewee explained:

... here in our country there is no one to tell you, there are no programmes that help young people with those things ... the only thing that exists on television is that, if you use condoms, which they do ... but they do not tell you at what age you have to start ... Then girls sometimes start at 13, 14, and they get pregnant (Female, 20 year old, Los Palos, married, no children).

Others observed that some parents were opposed to sex education in school: *“There are parents that ... go and tell the teacher that they shouldn’t talk about those issues with the kids ... (15-year-old -girl, Los Palos, in a relationship, no children). Some parents believed that sex education would lead to increasing promiscuity. This is a common claim, found not only in Cuba, but one that in other contexts has been shown to be false or unproven (Kirby et al., 2007; Marseille et al., 2018).*

Beyond educational environments, information about SRH could also be obtained from health centres, youth unions, television, radio, and the church. However, messaging specifically targeting young people was fairly limited and messaging from the churches was also likely to convey more conservative values. Four young women in our study (all of whom also stated their religion as Christian and indicated that they were regular church goers, and 3 of whom were from Jovellanos) mentioned the church as providing information related to SRH:

In my church they do many workshops for young adults about sexuality. We travel from all provinces, all young adults from Matanzas, Jovellanos, we do meetings, and we gather together and we do very good workshops about sexuality (Female, 16, Jovellanos, single, pre-university, does not have children).

Although it was not directly explored, and the content of the church messaging was not probed, given other narratives around the church, it is likely that messaging focused on abstinence and advocating no sex before marriage. This attitude was also brought out in the discussion below where participants noted that unmarried people (presumably in a relationship) are seen as living in sin and are not allowed to attend the church.

Participant: In some churches the marriage is obligatory

Participant: Exactly

Participant: Yes

Participant: Because if not, they are not allowed to attend the church anymore.

Participant: If they do not get married, they are living in sin

(Focus group discussion with women, Los Palos).

With relatively limited sources of information for SRH-related issues some study respondents turned to their mothers. Other adolescent respondents, however, reported that a lack of trust and openness between children and their parents prevented intimate discussions on SRH as did parental absence, physically and/or emotionally. Once again, norms around expected behaviours as well as relationships between parents and their children affected the extent to which knowledge about sex education could be obtained from parents.

Underlying much of this is a notion which is also found in other parts of the region and beyond, that only married women can or 'merit' access to SRH services and/or that SRH service providers are reluctant to provide services to unmarried adolescent girls because of stigma associated with sex before marriage (Neal et al., 2018). While this view was not expressed overtly by study respondents, it may help explain why there is relatively little information available for adolescents around SRH and how, in combination with the growing influence of religion in Cuba and changing perceptions of what constitutes an ideal family, it may be shaping underlying attitudes and norms. Garth (2010) and others note that the Cuban state has been emphasising nuclear family arrangements as the norm since the mid-1970s (for example, with the 1975 Family Code upholding the family as the 'base cell of society'). Similarly, Garth (2010) notes, that ideals of being a complete woman are linked to living with a husband and children independently from parents and grandparents. However, as discussed more in Samuels et al. (2020), our study finds some tensions between the ideals of a nuclear family and multi-generational households in which mothers and grandmothers often care for children of school-going adolescent girls as discussed below.

Adolescent pregnancy and decision-making

The role of social norms in influencing decision-making around health and in particular SRH, is particularly evident when it comes to adolescent pregnancy. Despite high levels of knowledge about family planning methods and usage – 74 percent of women use contraceptives - girls are getting pregnant at a very young age. Cuba has one of the highest adolescent (15-19) pregnancy rates in the LAC region at 54.6 (per 1000 women) (over all fertility rate is 1.65, birth per woman); it is even higher in rural areas, among those with lower levels of education, and in certain areas, notably the eastern region (MINSAP, 2019).

While these high rates could be linked to the limited availability of family planning services and products, they also highlight the way that social norms work to the disadvantage of girls and women. Despite frequent claims of Cuba's achievements in regard to gender equality, many girls and women still appear to defer to boys and men who, in wanting to assert their masculinity ('machismo') put pressure on their partners not to use contraception. While this theme did not emerge so strongly in this study, others (González, 2010; Guerrero Borrego, 2014) have found that that girls/women generally have less sexual decision-making power than men, while a *machista* culture, and fear of losing one's partner, means that girls often engaged in unprotected sex. This is especially the case when their partners are older, as a male informant explained:

... there are cases of men who do not want to use it (contraception/ condoms) and they put pressure on women to not use it ... and there are women who go along with this ... It also depends on their age and whether women are younger than men ... (Man, Cárdenas).

With a free and universal educational system and relatively high educational standards, young Cuban women are encouraged to see a future in which they will advance through primary, secondary, and often tertiary education through to getting a good job (see Stavropoulou et al., 2020). These opportunities should motivate girls and young women to avoid getting pregnant before finishing their studies. Indeed, most respondents said they would plan when they wanted to have children (i.e., usually after they had completed their studies and were in employment) and how many children (the majority said 2 children, a girl and a boy). As expressed by one respondent:

... I would like to have my children once I have finished my university studies ... when I am ready, for example with a job, that way I can help my child to go ahead ... maybe 23 or 24 years old, once I finish studying ... because if it is when I am studying, it is going to be harder (Female, 16, single, no children, Jovellanos).

However, and contrary to what the majority of young women told us, there were some young women in our study sample who did have children at a young age and, according to them, they were unplanned. This issue of early pregnancy was mentioned by a number of study respondents including this elderly man, also lamenting the past: *Women used to give birth when they were 30*

but it has been decreasing and decreasing, and now 14-year-olds are giving birth. They give birth without having any sense of responsibility (Male, 73, married, Jovellanos).

Could these early, presumably unplanned, pregnancies, be related to knowledge not translating into practice? Is it that gendered norms around decision-making results in girls' control being taken away from them and they are coerced by boyfriends and/or by peer pressure to have a child at a young age? Or is it related to norms and perceptions around being a real woman and being fertile? As we discuss below, it seems likely that it is a combination of all these factors which results in Cuba's high adolescent birth rate.

Abortion as birth control?

Our study findings, along with other scholarship in Cuba (Andaya, 2014; Bélanger and Flynn, 2009; Härkönen, 2014), reveal that abortion is another case of conflicting social norms, with tensions between conservative religious values and what is viewed as the modern, practical solution to an unwanted pregnancy. In her analysis of SRH in Cuba, Elise Andaya (2014) argues:

According to the teleological narratives inherent in development discourse, with the modernization of the population, women should embrace rational, risk-averse reproductive practices that decrease both their risk of an unwanted pregnancy and of complications resulting from an abortion (2014: 69).

Abortion on demand was initially seen as a marker of socialist modernity, while high fertility rates and teenage pregnancies were associated with 'tradition, irresponsibility and irrationality' (Andaya, 2009). Such simple polarities, if they ever existed, no longer do so.

In our study most respondents, both adolescent and others, reveal that there is little apparent stigma attached to abortion: it is widely seen as a form of contraception. Abortion-seeking does not have to be concealed from family members, mothers are often called upon to help daughters make the decision and they also will eventually accompany them to the clinic. Although there was a relatively high demand for abortions and services were widely available, demand was often not being met resulting in a black market for abortions (Samuels et al., 2020). Unplanned pregnancies

are often weighed up against dropping out of school on one side and the prospects for a career on the other.

Participant: The number of abortions has increased and it is becoming normal ... before it was considered bad to see a young couple going to the clinic and ask for support to get an abortion and now I think that it has been forgotten

Participant: Women are asked if they have had abortions and they say 'yes', now that is a more common thing

(Focus group discussion with men, Cárdenas).

However, when asked if in the future they would have an abortion, the majority of young women study participants said they would not. Hence while abortion was seen as 'normal', accepted and relatively easily available, when musing about the future, respondents said that unless there was a problem or abnormality with the foetus, they would keep their baby. When probed, the reasons given for proceeding with the pregnancy included not wanting to 'kill a person', family disapproval and more generally religious beliefs, as echoed in other recent work (Molina, 2019). This finding may reflect a difference between attitudes and behaviour: if faced with a pregnancy at an inopportune moment, when a girl or woman may not be financially stable and may not have support from elsewhere, she may have no other option but to abort. It also, however, highlights the influence of gendered norms and ideals of womanhood, of which bearing a child and motherhood is central, as discussed in the next section. Finally, this could also be a marker for the growing influence of religion on attitudes in contemporary Cuba.

Ideals of womanhood

Although women's reproductive health is prioritised within the Cuba health system, it has largely been framed around women's maternal role with far less attention given to women's SRH needs over the life course - i.e. outside of childbirth and beyond women's reproductive years. Feminist critics have long drawn attention to the limited scope of this kind of SRH framing. Regardless of geographical context, women's health needs are frequently reduced to maternity care, family planning and HIV status (Sen and Govender, 2015) and our research suggests that Cuba is no exception. Critics have also highlighted the heteronormative framing of women's sexual health in Cuba despite growing recognition of LGBTQ rights and identities (Browne, 2018; Kirk, 2020). At the

same time, critics have argued that women's sexual rights have been excluded from the discussion around the right to health within Cuba (and beyond) while deeply embedded gender norms continue to prioritise heterosexual sex within marriage (Cabezas, 2004).

Emerging strongly in this study is the correlation between pregnancy/childbearing and normative ideals of what it means to be a woman. A persistent theme is that motherhood is a key moment in a woman's life, one that many women aspire to. The aim and expectation is that child bearing and being a mother is more important than being a wife, especially as relationships with men were seen as more temporary or not long-lasting. Similarly, bonds between mothers and children are seen as being much stronger than those between fathers and children as expressed by one informant:

It is important to be a wife, to take care of your husband, but it's even more important to be a mother and to take care of your child ... For me, the child will be above any partner ... because partners come and go ... But the child will always be beside the woman, will always be with their mother ... (Female, 17, single, Cárdenas, no children).

This perception appears to be at odds with some other norms and attitudes expressed here where the nuclear family is promoted, which includes a strong bond between husband, wife and children, and which also tends to be associated with more religious values. However, it again highlights how different values can co-exist, side by side.

Most respondents also explained it was important for men to be fathers as it contributed to their personal development, showed maturity, and demonstrated their 'virility'. Men were also important for support in later life. Yet responses were less clear than when referring to the importance of children in defining womanhood. Men were often seen to abandon their children, and in general relationships between fathers and children are seen as less meaningful than relationships between mothers and their children. As one young woman stated: *'.. there are men that do not care about the children, they do not care about anything, they abandon the children, and then after some time they realise that they have children'* (Female, 18, in a relationship, has children, Los Palos).

These gendered differences emerged even more strongly when exploring perceptions about those who do not have children. Childless women were seen variously as selfish, intent on pursuing a career, being ostracised from the community, being unfulfilled, feeling sad, struggling in the future and to be pitied. However, there was also awareness that this was a personal choice, and that it is more common and accepted nowadays. There was no variation observed in these views according to the age, gender or gender or location (urban vs peri-urban) of where the respondents were living.

Here everything that is not traditional, it is not well perceived. These types of women [who do not have children], I do not know ... a child is always needed ... [she may have a] shorter life because she is less happy, she passes her whole life wanting to have a child ... There are people that can have children, but they never got pregnant. I think those people spend a life worried, I do not know, sad. (Female, 15, in a relationship, no children, Los Palos).

Men, however, who decide not to have children are not seen as negatively as women and their identity as a man is not so closely bound up with being a father.

Participant: It is not typical (for a man not to have a child) but it is not really put into question, or maybe not as women are, who are questioned more than men because we are talking about this machista culture

Participant: .. and no one judges them (men who do not have children), they are seen as just normal parts of society

(Focus group discussion with men, Cárdenas).

Similarly, according to study respondents, men can make the decision not to be a father without being judged by others: *'if a man doesn't want to be a father he still is admired by many ...'* (Health professional, Jovellanos). Even some female respondents took men's freedom to choose for granted:

Maybe he cannot have them because he is sick or maybe it's too soon to have a child or maybe he wants to be with several women without being committed with children, or a house or anything ... I think [people would not think badly of him] (Female, 26, has children, Los Palos).

In general, women tended to see the mother and child bond being stronger than the bond between fathers and children and indeed being stronger than relationships between a man and a woman. This perhaps 'allows' and enables women, even at a relatively young age, to have children and to not necessarily be in (or remain in) a relationship with the father of the child. Although there are exceptions, our study also finds that men whose 'girlfriends' give birth, are almost expected to 'move on'. Men's lives and options are seen as less subject to change by being a father, most evidently when they do not accept responsibility for the child, the mother and her family:

... Society is machista and unfair ... and mainly unfair with women because children are conceived by both parents ... and we know that most of the responsibility, at least at the beginning, is taken on by women ... Our culture leads us to believe that women must sacrifice themselves more [than men], for instance, so she left her studies unfinished, but that's not the same for men as they keep on studying (Man, Cárdenas).

Household and family structure also plays a part in reinforcing these norms over care. As Garth and others have noted, most Cubans live in multigenerational households with relatives (especially grandmothers) often supporting working women with childcare, whether their daughters or indeed granddaughters (Garth, 2010; Safa, 2005). If an adolescent girl gives birth, she often relies on her extended maternal/matrifocal family to care for and bring up the child, thereby allowing her to return to school and continue to aspire to further education and a career, irrespective of whether she remains in a relationship with the child's father or not. As one 16-year-old girl in Jovellanos, who was pregnant and in a relationship, states: '*I am going to go back to school [after having the baby] and my mother is going to help me take care of the child*'.

These arrangements may also be encouraged by the housing shortage in Cuba as they discourage couples from seeking a nuclear-family arrangement. Moreover, as is common in other parts of Latin America (Greene, n.d.), consensual unions^x are on the rise (see also Härkönen, 2014). With romantic relationships arguably increasingly fluid (as also noted by respondents in this study), either party can relatively easily move in or out of such consensual unions. The extended family offers some insurance in this context – if the union or relationship does not work out, the partners, especially girls, can relatively easily move (back) in with the maternal family. However, it is also important to note that since the 1990s, legal and religious marriages have been increasingly

promoted in Cuba and this trend has been supported by the rising influence of religion (Härkönen, 2014). Indeed, as quoted above, one of our FGD participants commented that living together without marrying is considered a sin. Thus, contradictions and tensions are in evidence.

Discussion and Conclusion

The preceding analysis has shown how young women think about their SRH and how they deal with the shortcomings of the health system. It has highlighted the diversity of attitudes that help to shape their decisions about sex, marriage, and motherhood. Some of these attitudes help to account for such adverse outcomes as Cuba's surprisingly high rates of teenage pregnancy, early marriage, and continuing evidence of machismo and male dominance in relationships. The findings also show how attitudes among some young people towards SRH are influenced by the growing presence of the churches.

Given Cuba's progress on many gender equality measures, it offers an interesting case in which to explore the challenges of addressing social and gender norms. During the past 60 years, the Cuban state has paid explicit attention to women and has enacted a series of laws and policies to empower them and promote their equal and active participation in all spheres of life. For example, women in Cuba tend to be highly educated – they account for most higher education graduates in Cuba (ONEI, 2019a); in 2015, 60.5 percent of all graduates were women (CEMFMC et al., 2018). Yet despite high levels of education, women are less likely to be economically active compared to men. Official data show that in 2018, 49.5 percent of women were economically active compared to 76.9 percent of men (ONEI, 2019b).

While Cuba has undeniably made remarkable progress towards women's economic empowerment and gender equality, it is also increasingly acknowledged – by the state itself (CEDAW, 2011; Government of Cuba, 2019) – that these laws and policies have been unable to challenge the deeply entrenched gendered social norms about women's and men's roles in society and the household (Pearson, 1997; Smith and Padula, 1996). Indeed, Cuban women still bear the lion's share of domestic and care responsibilities which in a shortage economy such as Cuba is a heavy load (CEMFMC et al., 2018). As Pearse and Connell (2016) contend, a strong public culture of gender equality is not sufficient to eliminate gender norms, which can be deeply embedded in institutional

arrangements such as the separation of home from workplace and the gender pay gap, which continue to be reproduced in routine institutional functioning.

The relationship between gender norms and health and well-being outcomes has become the focus of a growing body of both academic and policy literature (Cislaghi and Heise, 2020; Connell and Pearse, 2015; Heise et al., 2019; Taukobong et al., 2016; UNU-IIGH and UN Women 2022). Within this literature there has been some acknowledgment of the impact of gender norms on adolescent health (Barrett et al., 2021: 241; Gideon and Engle, 2022) and a recognition that early adolescence can be a critical moment to address gender attitudes before they become more entrenched (Kågesten et al., 2016). Scholarship as well as international policy work has also focused on the need to examine norms regarding gender and sexuality and how these may be transmitted to girls by their caregivers to support the prevention of adolescent pregnancy (Coll et al., 2019). Our study raises questions about this apparent consensus and the political realities of addressing wider gender norms that relate to improvements in adolescent SRH in specific contexts. Indeed, our research indicates that the SRH needs of young women are only being partially met in Cuba and that there is much that could be done to improve services and address the wider, often gender discriminatory, norms that underpin their provision and uptake. It is striking for instance that there is no evidence that the discriminatory social norms that undermine official commitments to gender equality are being addressed in any systematic way in Cuba. This is despite growing awareness internationally that to meet the targets associated with the Sustainable Development Goals (SDGs) including SDG3 on gender equality, an awareness of and focus on how to tackle harmful norms is necessary. One important feature of the Cuban health care system in terms of its ability to promote gender justice is the on-going presence of free universal health coverage which offers equal access to resources for health protection for both women and men (Artiles, 2012). Nevertheless, the country has lagged behind other parts of the LAC region in terms of promoting a programme of gender mainstreaming within the health system and in particular in the provision of policies addressing unpaid care work around health (PAHO, 2019). As argued earlier, women have tended to be predominantly framed within the health system in their role as mothers with gendered norms around women's caring roles and responsibilities becoming re-embedded. Moreover, as our data reveals, women are unable to successfully access their rights to SRH services in the context of shortages and privation within the health system.

Cuba therefore occupies a distinctive and, in some ways, contradictory place in assessments of progress towards gender equality goals. Its experience is distinctive because, even in the face of hard times, it has retained a free, universal welfare system which allows access to reproductive healthcare, from which girls and women have undoubtedly benefitted. Yet at the same time, it is contradictory because there is an apparent tolerance of continuing inequalities and social norms that place limits on women's sexual and reproductive choices: in this context, women often have to defer to men, making choices that can have adverse effects and lifelong consequences. Our research has also shown that in some regions particularly, conservative values emphasising women's role as wives and mothers seem to be playing an important role in shaping young women's choices and expectations. More research needs to be done to evaluate the significance of the rise in religious belief and the role of the churches in shaping some of these attitudes in contemporary Cuba. The harsh economic conditions that prevail may well also strengthen the appeal of security, community, family, and marriage, even as they exist in tension with ideas of gender equality and female autonomy associated with the socialist tradition and the revolutionary state.

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ⁱ Changes were made to the Constitution in 2018 and following a referendum these were approved and put into force in April 2019. Among these changes were the recognition of private property, foreign investment, but also of same sex marriage, along with articles censoring domestic violence and discrimination based on race, sex and sexual preference (Alonso, 2018).

ⁱⁱ Santería is a syncretic religion blending West African deities with Christian saints from Catholicism. It arrived with the more than one million slaves that were brought to Cuba in the 19th century (Pedraza, 1998).

ⁱⁱⁱ In the consultation exercise for the revised Constitution of 2019, 178,000 signatures were collected by the churches to oppose the proposed Article 81 'marriage as right for all' which would have recognised gay marriage (Alonso, 2018).

^{iv} While the growing emphasis on norms in international development has been subject to some debate (Harper and Marcus, 2018; Pearse and Connell, 2016), we understand norms to be 'collective definitions of socially approved conduct, stating rules, or ideals; and gender norms are such definitions applied to groups constituted in the gender order – mainly, to distinctions between women and men' (Pearse and Connell, 2016: 31).

^v For example, the latest available published data from the National Survey of Gender Equality (published in 2019 with 2016 data) shows that Cuban women spend 14 more hours per week on unpaid care work compared to men (Maqueira and Torres, 2021).

^{vi} www.ccrdcuba.org/

^{vii} Piloting of the data collection tools was done in Cárdenas (Matanzas province), the location of the CCRD offices. Findings from these interviews were also used in the study.

^{viii} With appropriate consent, all interviews were recorded, translated (from Spanish to English) and transcribed. These were then coded thematically using a qualitative data software package (MAXQDA). Data from the coded segments was then analysed according to agreed themes. The research protocol, data collection instruments and informed consent forms were reviewed and approved by the ODI research ethics committee. Ethical permission to carry out the study was granted through the auspices of CCRD.

^{ix} Defined as a form of cohabitation by a man and a woman who live together as married but whose relationship is not formally ratified by the dominant laws and religion of the country (Scott and Marshall, 2009)