

June 2018

Women's Healthcare in Cuba

Hannah M. Van Curen

Embry-Riddle Aeronautical University, VANCUREH@my.erau.edu

Follow this and additional works at: <https://commons.erau.edu/student-works>



Part of the [Maternal and Child Health Commons](#), and the [Women's Health Commons](#)

Scholarly Commons Citation

Van Curen, H. M. (2018). Women's Healthcare in Cuba. , (). Retrieved from <https://commons.erau.edu/student-works/70>

This Undergraduate Research is brought to you for free and open access by Scholarly Commons. It has been accepted for inclusion in Student Works by an authorized administrator of Scholarly Commons. For more information, please contact commons@erau.edu.

Women's Healthcare in Cuba

Hannah M. Van Curen

Embry-Riddle Aeronautical University

Abstract

Cuba's healthcare system has been an important discussion since it became socialized in 1965. The seemingly prestigious and highly criticized system has had global impact: from the break of tradition from conservative Latin American countries, to the almost idyllic approach Cuba has taken proving socialism can exist. This paper explores the major differences between Cuba's and America's approach to women's healthcare. This paper examines different aspects of women's health care through interviews of locals and observation of different clinics around the island. The topics include maternity leave, child care, abortions, and sex education. While there is varying discussion on how well the the system works, it is clear that the structure of their system is ideal, however, the government does not have the means to make it work.

Introduction

Since 1962, the U.S. actions have had major effects on Cuba's economy and way of life. This includes their health care system, which has been praised for their inclusiveness and full coverage. Women's healthcare is currently a divisive topic in the States with the election of our new president, Donald Trump, and the new social movements such as new wave feminism.

Research question: "Cuba's health care is touted as a leader for the developing world and this paper will take a particular look at female health and maternal care."

Maternity Healthcare/ Cuba's Healthcare System

It did not take much research to discover that Cuba has a seemingly spectacular healthcare system. The HIV rate in Cuba is low (4.7%) and the majority of the population uses protection against sexual transmitted disease (66.4%). (Unicef, 2015) The infant mortality rate has decreased by more than half from 1990 (11% to 5% as of 2000). (Unicef, 2015) It is obvious by looking at the numbers that not only has Cuba's overall healthcare system improved, but so has women's healthcare. It is to be noted that the data is mainly sourced from females and not males. (Unicef, 2015) Maternity health in Cuba is an obvious top priority. While in general terms they have local doctors that only tend to an average of 150 people in a neighborhood, which enables them to create personal relationships with one another, they also offer a 24/7 "polyclinic" for emergencies. (Romero, Schnitger, 2003) They have separate hospitals for labor and delivery and abortions. Women give birth with an obstetrician's care at their respected hospitals. New mothers are encouraged to breastfeed and many do. (Romero, Schnitger, 2003) Birth control is readily available to all, the most popular being the pill or depo shots. Sterilization

is an option, but not a very popular one. Another popular form of unofficial birth control is menstrual regulation, which has seen an increase in the past decade. (De Armas, 2008) Abortions up to 10 weeks are available and are safely performed with a small percentage of repeat abortions. The healthcare community is strong, if not overbearing, with an emphasis on child care that leaves well over 90% of kids fully vaccinated. (Romero, Schnitger, 2003)

That being said, healthcare in Cuba is not without its own difficulties. During the revolution, many doctors fled Cuba making health care oblique. (De Armas, 2008) There was high rate of maternal mortality during this time due to unsafe abortion procedures. This caused the government to take strict control over the practice resulting in safer procedures. By 1979, a Penal Code was created to help produce a safe environment for women wanting abortions. (De Armas, 2008) It enabled the government to define what abortion procedure would be considered illegal, as well as deeming it legal for any woman over the age of 18 to get an abortion up to 10 weeks of pregnancy. If the woman was under 18, she would need parental consent. (De Armas, 2008) The result of this legislation made women in Cuba much safer and in charge of their bodies. There is no statistic that states Cuban women are happier as a result, but during the research trip around Cuba it was observed how men and women treated their differences. Men and women were aware of each other and in return, women received the proper care they needed.

It is also worth noting that the most recent article the researcher came across, from authors that have been named a right-wing conservative think-tank, gave an interesting perspective on Cuba's quality of healthcare. All the articles the researcher had read previously praised Cuba's spectacular system, in particular the women's healthcare. This particular article displayed a side of Cuba's healthcare system that no government official has ever discussed. The hospital they criticized has been described as below:

“According to a U.S. intelligence cable published by WikiLeaks, a local person employed by U.S. intelligence covertly observed: Many young cancer patients reportedly have become infected with Hepatitis C after their surgeries. Contracting Hepatitis C after surgery indicates a lack of proper blood screening prior to administering transfusions. All blood should be screened for Hepatitis B, C, HIV and Syphilis prior to use. Patients have no recourse and are not fully informed of the seriousness of such an inadvertent infection. Patients had to bring their own light bulbs if they wanted light in their rooms. The switch plates and knobs had been stolen from most of the rooms so one had to connect bare wires to get electricity. There was no A/C and few patients had floor fans. Patients had to bring their own sheets, towels, soap and supplemental foods. Hospital food service consisted of rice, fish, rice, eggs, and potatoes day after day. No fresh fruits, vegetables, or meat were available. The laboratory equipment is very rudimentary – a simple CBC (complete blood count) blood test is calculated manually by a laboratory technician looking through a microscope and counting the individual leukocytes, lymphocytes, monocytes, etc.” (Graham, 2016)

That is the same hospital Michael Moore, a very progressive documentarian, visited only a few years earlier praising Cuba's healthcare system.

The effects of United States on Women's Healthcare in Cuba

A common result of a country's economic downturn is the phenomenon brain drain. This occurred in Cuba during the revolution and still, to a certain extent, continues. (Bellinger, 2017) During the revolution, high skilled workers such as doctors and lawyers fled the country to seek out a better life. This had obvious consequences such as a scarcity of medical professionals, which resulted in a decline of their country's healthcare and overall well being.

Another way the US is contributing to modern day brain drain is by opening up tourism and in turn creating service careers. Many high skilled workers, such as medical professionals, are leaving their careers to become taxi drivers or tour guides because they are able to bring in tips as extra income. (Bellinger, 2017) Our tour guide around Cuba originally went to school to be a computer engineer, but went back to school to become a tour guide because they make more money. (H. Vancuren, personal communication, 2017)

During the U.S. embargo, the purchasing of contraceptives were limited, causing unwanted pregnancies and a spike in the birth rate during this time. (De Armas, 2008) The domestic production of these contraceptives has been limited due to the restricted manufacturing. The manufacturing of contraceptives is a “complex and expensive commercial activity concentrated in the North-American market.” (De Armas, 2008) When the embargo was placed on Cuba, the contraceptives market became scarce and complex. (De Armas, 2008)

Not only did the embargo impact the number of doctors and contraceptives available on the island, but some have suspected that it had an impact on the HIV/AIDS rate. Johnson suggests the rise (and fall) of HIV/AIDS has to do with tourism in Cuba. As the tourism increased, so did prostitution which, Johnson states, helps aid the transmission of HIV. The Cuban government does not acknowledge that. While the Cuban health officials acknowledge the increase, they do not associate it with prostitution. (McKinley, 2004) With the easing of travel restrictions and tourism beginning to flow in again, many have concerns that prostitution will rise which will result in the rising of the HIV/AIDS rate. The Cuban government continues to educate women about sexually transmitted diseases and how to protect themselves. (Romero, Schnitger, 2003)

Cuban Culture and Healthcare

There has also been discussion of an “Abortion Culture.” (Bélanger, Flynn, 2009) When discussing the abortion culture of countries, there are many parallels between poverty stricken countries, most notably Cuba and the Soviet Union. Low birth rate, easy accessibility to contraceptives, and a high abortion rate is typical of what many term an “abortion culture.” (Bélanger, Flynn, 2009) It was suggested during Bélanger and Flynn’s research that while 92% of Cuban women use/have used contraceptives in their lives, a high abortion rate persist. Abortions are openly spoken about with friends and family members and had no negative effect on the patient's life, however, it was discovered that many times abortions were performed because of poor economic status. (Bélanger, Flynn, 2009)

Methodology

While preparing for the research trip to Cuba, the researcher explored the broad topic of women’s healthcare and began to understand the different opinions on such a divisive topic.

To answer this research question, the researcher planned to rely on the established research while backing up claims with their first hand observations. Schnitger and Romero (2003) explained that their field research was observational and talking to local healthcare professionals with little back- up research on the facts. The researcher planned on imitating their style of research through the week in Cuba. Example of this type of research is below.

“There appears to be no shame attached to women's sexuality in general. Cuban women of all ages and sizes wear snug clothing and high heels, and often walk with a sway in their hips. On one occasion, we saw 13-year-old girls dancing in a sexy, confident way- shaking their hips, pushing out their breasts, rubbing their bodies in a provocative way. All the while, elderly neighbor women were clapping and smiling. The only disapproval

we witnessed came from a man in our travel group, an American in his 30s” (Shnitger, Romero, 2003)

Originally, the researcher and group had planned to visit Convento de Nuestra Señora de Belén, where they had prepared to speak with the women there as well as the healthcare professionals to get a broader idea of Cuba's healthcare community. However, there was a change of schedule and were unable to speak to a healthcare professional face to face. Instead, the researcher was able to correspond with the tour guide's wife, a medical student who was also pregnant at the time.

There were a few limitations, the largest one was the language. The researcher had only gone to the second level of Spanish and had not practiced in a year, so there was reliance on the translators. As well, the researchers were guests in a communist country, so they had to be polite and abide by their costumes.

Analysis

While conducting research in Cuba, the researcher was able to observe and learn more about their socialistic system, as well as talk to local residents. Cuban's have a strong sense of pride in their healthcare system, as well as their country.

The original research question began to morph into simply understanding what was really happening in Cuba's healthcare system. The researcher had no special privilege or access, which was both good and bad. Subsequently, the researcher was not able to obtain a firsthand view inside the hospitals or understand the exact process of how the system works. While the findings may be limited in scope due to lack of access to sites and healthcare professionals, this still provides some insights into the Cuban system.

While there is much to be admired about their health care coverage, such as Cuba being among the top five countries in the world for life expectancy (InterNations, 2017), there is also some issues with it. The women were all satisfied with their healthcare, however, they all had complaints about the way it operated. Examples were how slow the system was and how that creates problems of its own was a common theme. (H. VanCuren, personal communication, 2017) The healthcare system was well created, but Cuba does not have the means to uphold their own system.

Maternity Leave

By talking to the tour guide Alejandro Picart Tirado, who was an expecting father, the researcher gained insights into the Cuban childcare system, maternity leave, and how pregnancies are handled. Women are given an automatic one-year paid maternity leave starting at seven months of pregnancy. If there was a major medical issue, they can be granted up to two years maternity leave. If the woman wishes to return to work, the father can be given 80% of their salary for the rest of the woman's maternity leave. (A. Tirado, personal communication, 2017) This is a large step away from the US's 12 weeks unpaid maternity leave.(U.S. Department of Labor, 2012) There also seemed to be no stigma around males taking their given paternity leave, which again differs from American culture. When speaking with my tour guide and his wife, whom is a doctor in training as well as four months pregnant, she made it clear she would return to working before her one year is up. (A. Tirado, personal communication, 2017)

Child Care

At first glance, Cuba's statistics of child care looked promising. With the infant mortality rate under 5%, and America's at 5.6%, Cuba has a high standard for a developing country.

(Unicef, 2015) While in Cuba, the researcher visited a handful of hospitals, including maternal rehabilitation centers. The hospitals were old, dingy, and in a few cases falling apart. Windows were propped open, indicating there was no working air conditioning, and construction was going on near it. My tour guide's wife mentioned how hospitals do not always have the best conditions in our conversation. She also discussed how epidurals are not an option because the hospitals do not have enough personnel to administer them. (Picart Tirado, personal communication, 2017)

That is not to say that the hospitals are a dreadful experience in Cuba. Men, whom I assume are future fathers, grandfathers, uncles, etc. walked into the hospitals gleefully. When the child is born, they are given adequate care. They receive a check up immediately after birth and when they check out 72 hours after their birth. (Picart Tirado, personal communication, 2017) During that time both the child and the mother are under supervision, and the mother receives training in breastfeeding, changing diapers, and more. The mother is also able to attend these type of classes before the birth, free of charge. (Picart Tirado, personal communication, 2017)

Child care is considered a family matter in Cuba. Because Cubans do not typically move far from where they are raised due to poverty, many houses will be filled with multiple generations. This has influenced their culture in many ways, but one in particular is their approach to raising a child. They take the phrase “it takes a village to raise a child” to heart and take it very seriously. When a child reaches the age to attend preschool, they wean the child into it. The child will go to school for a couple of hours for a few months until the family thinks the child is ready to attend for a full day. Grandparents, aunts, uncles, and cousins all help in this process. (A. Tirado, personal communication, 2017)

Abortions and Sexual Education

While some mentioned an “abortion culture”(Bélanger, Flynn, 2009) in third world countries, the researcher did not see any sign of it during the trip, although abortions are openly talked about and there was no negative stigma surrounding it. Abortions, STD testing, and birth control, including pills, IUDs, the patch, condoms, and unofficially menstruation regulation, are provided by the government. (Picart Tirado, personal communication, 2017) Teen sex education is also mandatory for the Cubans. It includes how to use birth control, the different types of diseases, and the difficulties of having a child at a young age. (Tirado, personal communication, 2017) It is important to note that nowhere is abstinence taught in lieu of proper sex education. This has helped keep Cuba's teen pregnancy rate below 20%. (CDC, 2016)

Conclusion

The Cuban healthcare system is overall a success, especially for women. The guaranteed maternity leave makes women equal in the workplace. Free birth control and abortions continues to give women rights to their own bodies, and sex education for teens helps keep them informed rather than having unanswered questions.

The most notable part of the research was difference in American culture and Cuban culture when talking about women's healthcare. In Cuba, women never feel the need to give up a career to start a family, whereas in America 43% of women leave work when they have children. (Sandberg, 2013) This could be attributed to how close the family unit remained in Cuba giving the mothers free childcare, or how the laws in Cuba are aimed to keep women in control of their fertility. In America, there are few organizations aimed specifically for women's healthcare and preventative action. The most popular and controversial agency is Planned Parenthood, which serves as a healthcare clinic with the aim to help prevent and protect from unplanned pregnancies, STD's, and promotes sexual education to all. (Planned Parenthood, 2017) Even

though the agency has been established for 100 years, it still receives attacks from the public and government officials alike. Cuba's laws seem to support and encourage women to take preemptive actions, and in that way, support women to continue their careers even after motherhood.

The American embargo has taken a toll on the Cuban economy not only through losing a trade partner, but also in suffering from brain drain, which has in turn hurt their overall healthcare system. Although it is not perfect, it is working and has helped boost Cuba into high prestige. The funds, personnel, machinery, and education may have not caught up to Cuba's massively popular healthcare system, but eventually it will.

For future research on this topic, it is encouraged to visit the different hospitals around the country. Talking to medical personnel and expectant mothers in Cuba helped the researcher gain interesting perspectives, but talking to women of different age groups and occupations could help diversify the research. American tourism in Cuba is still new, and with a new administration there is no guarantee it will continue, however, Cuba is an interesting case study of a socialist medical system.

References

"About Teen Pregnancy." Centers for Disease Control and Prevention. Centers for Disease

Control and Prevention, 26 Apr. 2016. Web. 01 May 2017.

[<https://www.cdc.gov/teenpregnancy/about/>](https://www.cdc.gov/teenpregnancy/about/).

Bélangier, Danièle, and Andrea Flynn. "The Persistence of Induced Abortion in Cuba: Exploring

the Notion of an 'Abortion Culture.'" *Studies in Family Planning*, 26 Feb. 2009. Wiley

Library. Retrieved from

<http://onlinelibrary.wiley.com/doi/10.1111/j.1728-4465.2009.00183.x/full>

de Armas, M. (2008). Family planning and reproductive and sexual health in Cuba. Retrieved

from

http://www.alapop.org/alap/SerieInvestigaciones/InvestigacionesSIIaSi9/DemogTransformations_ParteIII-5.pdf

Graham, J. (2016, December 05). Castro's Death and Cuban Health Care. Retrieved February 04,

2017, from <http://healthblog.ncpa.org/castros-death-and-cuban-health->

[care/#sthash.ZOAHfZgT.dpbs](#)

"Healthcare and Education in Cuba." Healthcare and Education in Cuba | InterNations.

InterNations, n.d. Web. 01 May 2017. <<https://www.internations.org/cuba-expats/guide/life-in-cuba-15677/healthcare-and-education-in-cuba-2>>.

Johnson , C. (2006). HEALTH AS CULTURE AND NATIONALISM IN CUBA. Canadian

Journal of Latin American & Caribbean Studies; Kingston, 31(61). Retrieved February 4, 2017, from

<http://search.proquest.com.ezproxy.libproxy.db.erau.edu/docview/220236650?pq-origsite=summon>

Parenthood, P. (n.d.). Official Site. Retrieved October 17, 2017, from

<https://www.plannedparenthood.org/>

Pike, John. "Religion in Cuba." Religion in Cuba. Global Security, 2017. Web. 01 May 2017.

<<http://www.globalsecurity.org/military/world/cuba/religion.htm>>.

Rebecca Bellinger. "Why Cuba's Brain Drain Looks Different." PR Newswire: News

Distribution, Targeting and Monitoring, Robert H. Smith School of Business, 15 May 2017, www.prnewswire.com/news-releases/why-cubas-brain-drain-looks-different-300457049.html.

Schnitger, E., & Romero, C. (2003, Sep). Not feminist, but not bad: Cuba's surprisingly pro-woman health system. *Network News*, 28, 1-7. Retrieved from <http://search.proquest.com.ezproxy.libproxy.db.erau.edu/docview/236784795?accountid=27203>

Sandberg, S., & Scovell, N. (n.d.). *Lean In: Women, Work, and the Will to Lead*.

Unicef. (2015, March 2). Statistics. Retrieved February 05, 2017, from https://www.unicef.org/infobycountry/cuba_statistics.html

U.S. Department of Labor/ Wage and Hour Division. (2012). Fact sheet # 28: the family and medical leave act. Washington D.C. Retrieved from <https://www.dol.gov/whd/regs/compliance/whdfs28.pdf>