



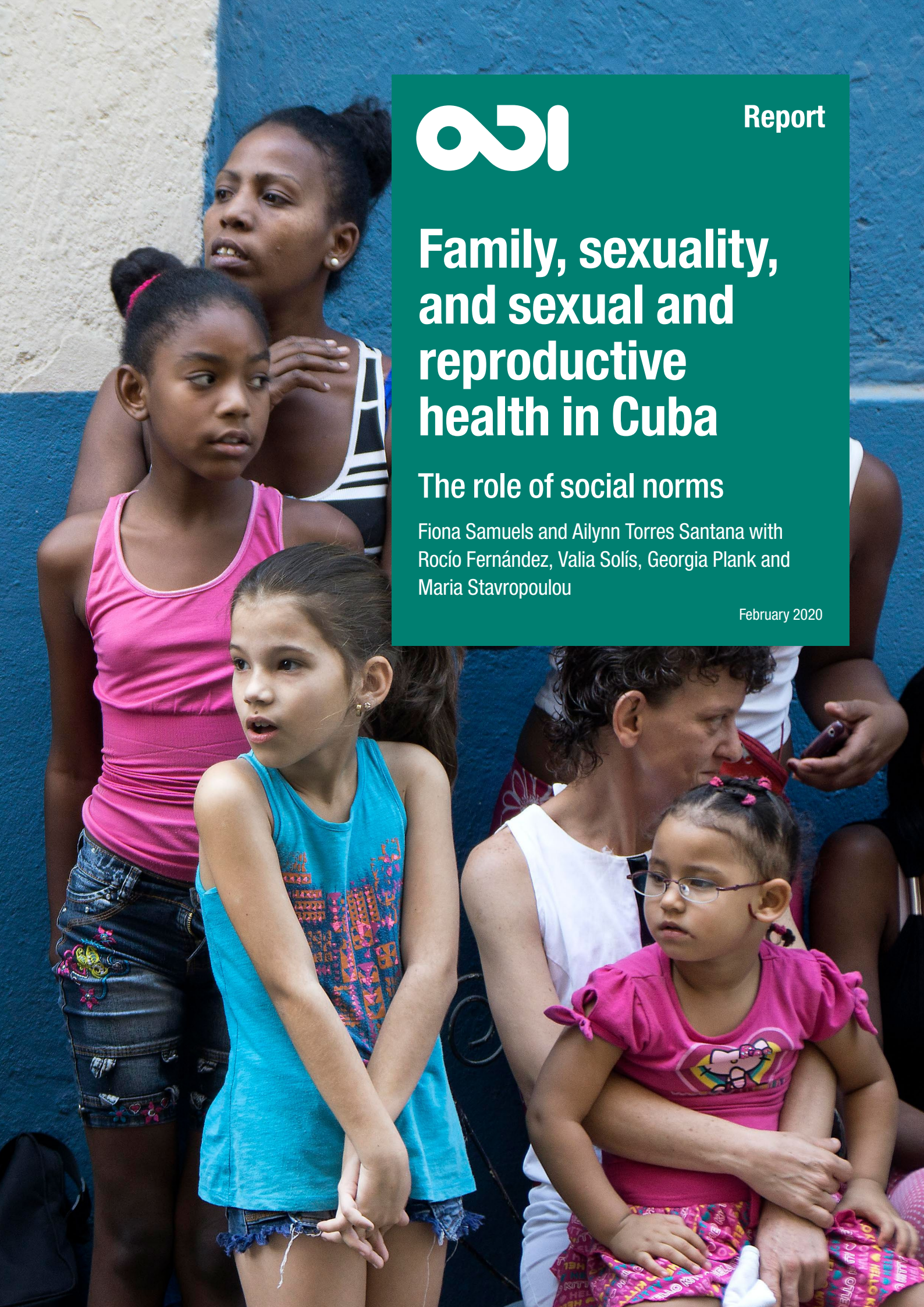
Report

Family, sexuality, and sexual and reproductive health in Cuba

The role of social norms

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Cover photo: Girls at a street festival in Havana, Cuba, April 2015. Credit: Eric Parker/Flickr.

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Acronyms

AG&YW	adolescent girls and young women
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CCRD	Centro Cristiano de Reflexión y Diálogo
CDR	Committee for the Defence of the Revolution
GENESEX	National Centre for Sexuality Education (Centro Nacional de Educación Sexual)
ENIG	National Survey on Gender Equality
FCS	family case study
FGD	focus group discussion
FMC	Federation of Cuban Women (Federación de Mujeres Cubanas)
HIV	human immunodeficiency virus
IDI	in-depth interview
IUD	intrauterine device
KII	key informant interview
LAC	Latin America and the Caribbean
LMICs	low- and middle-income countries
MINSAP	Ministry of Public Health (Ministerio de Salud Pública)
PAMI	Mother and Child Programme (Programa Materno-infantil)
SRH	sexual and reproductive health
STI	sexually transmitted infection

Executive summary

Globally, today's cohort of adolescents and young people (those aged 10–24 years) is the largest ever, and 90% of them live in low- and middle-income countries (LMICs). This study aims to enhance knowledge and evidence on how best to reach poor and vulnerable persons in developing countries, especially women and girls, by exploring the following research questions within the Cuban context:

- What is the relationship between sexual and reproductive health (SRH) and social norms?
- What is the relationship between women's economic empowerment and social norms?
- What policies and interventions have been implemented to address SRH, women's economic empowerment and related social norms?

While the themes of SRH and women's economic empowerment are interrelated, two separate but complementary reports have been produced. This report presents findings from the SRH component and combines findings from a literature review and primary qualitative data collection carried out between December 2018 and January 2019 in Cuba (in Jovellanos and Cárdenas in Matanzas province, and in Los Palos in Mayabeque province). A total of 74 people were interviewed for the SRH component. Respondents included adolescent girls and young women (aged 15–29), their family members, and service providers. Purposive and snowballing sampling techniques were used. With appropriate consent, all interviews were recorded, translated, transcribed and coded using a qualitative data software package (MAXQDA).

SRH services and programming landscape

SRH-related indicators in Cuba are largely progressive and better than regional averages. Contraceptive prevalence (any method) among married or in-union women of reproductive age (15–49) is 77.2% (2019) and only 12% of young women aged 15–24 (not in-union and unmarried) had an unmet need for contraception in 2014. Cuba was also the first Latin American country to permit induced abortion (in 1965) and, since 1979, abortion has been freely available. Cuba's abortion rates are similar to those of high-income countries – 30.4 per 1,000 women aged 12–49 years (2018). Cuba also has a low overall fertility rate of 1.65 (births per woman), but a high fertility rate for adolescent girls (aged 15–19) of 54.6 (per 1,000 women). HIV prevalence rates are low (0.4% among those aged 15–49), with youth prevalence (15–24 years) less than 0.1% (2014).

Awareness-raising programmes are a key component of SRH services in Cuba and are mostly provided through government institutions. These include information provision at health centres; sex education in schools and universities, and parenting classes through schools; safe-sex education for at-risk groups (including women, transvestites, transsexuals, and men who have sex with men); and círculos de adolescentes, providing adolescent girls (aged 10–19) with information on issues such as contraception and sexual health. Our respondents reported their main sources of information on SRH as family (mostly mothers), friends, school, health centres, church, TV and radio, and books/posters. Challenges in access to information included: lack of trust and openness between children and their families, and parental absence (physically and/or emotionally); less SRH information available in small towns compared to cities; and

young people's lack of awareness of SRH services or feelings of embarrassment.

In Cuba, the state provides contraception through methods that include intrauterine devices (IUDs), condoms, injectables and oral contraceptives. As part of its HIV strategy, the government provides free or subsidised condoms at public places, including cafes, bars, pharmacies, hospitals, polyclinics and AIDS prevention centres. According to secondary literature, IUDs are the most common contraceptive method, followed by condoms. However, as the literature suggests (and echoed by our findings), supplies of some contraceptives are limited, especially at particular times and in certain areas (e.g. eastern parts of the country, which are known to be more impoverished), and free condoms are not always available.

Most adolescent and young female respondents in our study obtained their contraceptives from pharmacies at a subsidised cost. The most common form of contraceptive used by respondents was condoms, followed by the contraceptive pill. According to the literature, reasons for non-usage of contraception range from a general dislike and distrust, to adverse side effects, to usage being associated with promiscuous behaviour, to lack of knowledge. Men sometimes put pressure on women to not use contraception, reflecting the norm that women generally have less sexual decision-making power than men. While there was no evidence of negative attitudes of friends or family towards contraceptive usage, it was also noted that adolescents rarely spoke about it – possibly fearing negative comments and/or suggesting that sexual health and sexuality is a private issue. Adolescent girls also noted that they felt embarrassed to buy contraceptives (condoms), fearing that they would be stigmatised, so their male partner would usually buy them. This also reflects social norms around girls' and women's sexuality being more stigmatised than men's.

According to the secondary literature, and reflected in our interviews with service providers, HIV testing is free and anonymous and usually done through family doctors or polyclinics. Respondents also noted that compulsory testing for HIV and other sexually transmitted infections (STIs) is carried out for those wanting an abortion

as well as those entering a state-run maternity home. A range of services are available to HIV-positive people and their families, including antiretroviral therapy (ART) and counselling, support groups, and nutrition and hygiene information. There were mixed views about which people were thought to be more susceptible to STIs: some believed that all sexually active people are susceptible, irrespective of age and gender; others thought that men (and especially adolescent males) are more susceptible than women; while others still thought that girls (especially those in late adolescence) were more susceptible.

Abortion and menstrual regulation are provided free of charge in public health facilities. Our study also notes the availability of support services, including counselling and psychological support. There is some evidence of doctors performing illegal abortions due to high demand and limited availability of abortion services; in such instances, they charge a fee, also described as a 'gift' by some study respondents. In contrast to other contexts, in the Latin America and Caribbean (LAC) region and globally, both the secondary literature and our study find that there is no stigma attached to abortion in Cuba and it is considered a normal means of contraception. Respondents held different opinions on who was more likely to have an abortion, citing young adolescent girls (particularly if studying), those from poor families, and those from larger cities; those from small towns, rural areas and migrant families (from the east) were thought less likely to have an abortion. The decision to end a pregnancy is often made by the pregnant girl's parents (typically the mother), who often accompanies her daughter for the procedure (this is also suggested in the secondary literature).

Family members, service providers and others hold largely supportive attitudes towards abortion. However, if asked whether they would want an abortion in future, many adolescent girls said they would not; reasons included not wanting 'to kill a person', family disapproval and religious beliefs (also echoing some of the secondary literature). The potential risks of abortion were also mentioned by some respondents, as was the lack of available facilities for the procedure. Those most likely to have negative opinions of abortion (whether

service providers or users) were religious people, including Christians.

Maternity services are provided by family doctors and polyclinics. Antenatal care supposedly includes a minimum of at least four visits and, according to the secondary literature, coverage is 100%. However, our study respondents reported missing visits since there were no staff and/or they could not get an appointment. Some also had to travel to further away places, which also incurred a transport cost. Other antenatal services (identified in the literature and by our respondents) include being seen by a dentist, psychologist and paediatrician (if the girl is an adolescent). Those considered high-risk (including adolescents) receive home visits by health workers and/or are referred to a state-run maternity home or hospital where they stay for free until the birth. Our study also noted other programmes for expectant adolescent mothers, including one run by the Federation of Cuban Women (FMC). Delivery and postnatal care usually take place in healthcare institutions (99.9% of births are attended by skilled health personnel). From birth until six months, the mother takes the baby for regular check-ups to the local health clinic or a nurse does home visits. Challenges reported by respondents included limited information, staff shortages, and the relatively high cost of maternal products (nappies, etc.).

As echoed in other literature, supply-side challenges include inadequate facilities, lack of specialists, inadequate supply of products, and management issues. These challenges can lead to delayed appointments, illegal abortions, and people having to switch forms of contraceptive, which can have adverse side effects.

Marriage and relationships

Norms and practices around marriage and relationships

Most study respondents (echoing other studies) felt that consensual unions were becoming more popular, particularly among young people, with legal marriages declining. Reasons included young couples lacking commitment nowadays, people not wanting to formalise relationships, and no longer seeing the purpose of marriage. There were mixed views on cohabiting: reasons against

included not having a place to live together and not getting along with each other's parents; reasons for included that it was an expected pattern of behaviour given reduced marriage rates and an increase in consensual unions.

When asked whether being a wife/husband or being a mother/father was more/less important, most respondents (male and female) said it is more important to be a mother than a wife. Many respondents thought it was equally important to be a mother and a wife, noting that having both a mother and father was critical for children's healthy development. While most respondents (male and female) also thought it was more important to be a father than a husband, a significant number (again both male and female) said it was more important to be a husband than a father. This was because men were often seen to abandon their children, and relationships between fathers and children are seen as less permanent than relationships between mothers and their children.

Norms and practices around adolescents' and young people's (sexual) relationships

Most female respondents said they had their first relationship before the age of 15 (12 was a frequently cited age). While reasons included 'wanting a boyfriend' or 'falling in love', peer pressure was also a factor. This is echoed in the secondary literature, with respondents suggesting that 'you don't feel like a proper woman' unless you have a relationship. Most respondents (echoing the literature) suggested that Cuban girls have their first sexual experience between the ages of 12 and 14, also driven by peer pressure, though some also noted lack of family guidance. This was the same for boys, though some also suggested that boys start having sexual relations earlier than girls.

The most commonly cited desirable traits in a male partner included being older and having financial stability. Several people also mentioned being of the same religion and having a non-promiscuous partner; race or skin colour were seen to make no difference. Desirable traits in a female partner included being younger (than the man) and being physically attractive. While girls who have many partners were seen negatively (referred to as a puta or whore) and engaging in sex work was also sometimes associated

with such girls (who were often from poorer backgrounds and from the ‘east’), men who have many partners are viewed positively – indeed, such behaviour is considered ‘normal’. If a man did not have a partner, his sexuality was questioned and he was often considered to be ‘left behind’ and/or gay; girls who did not have partners, on the other hand, were seen as ‘good’.

Challenges encountered by adolescent girls and young women in relationships, and avenues for recourse

Common challenges include manipulative or controlling behaviour by a male partner, often arising from jealousy. Mirroring the secondary literature, violence is typically perpetrated by men, often fuelled by alcohol. These behaviours were linked to the prevailing macho culture. Violence is also considered a private matter, and not openly discussed. Other challenges include: infidelity, usually by the male partner (to show they are ‘real men’); changing partners frequently, often because they ‘jump into a relationship’ without spending time getting to know each other; lack of trust among partners who got together young and thus lacked maturity; pressure from society to behave in a certain way, which also puts pressure on the relationship; and inability to be economically independent.

When a young female experiences relationship problems (including violence), the most frequently cited response was to first speak to her mother, then a sister, and after that friends. Some women do not talk about problems because they want to stay with the man, are embarrassed to do so, and/or fear backlash and possibly even further violence. Another common response (especially among young women experiencing violence) was to end the relationship. Most respondents did not know where to obtain formal support in cases of violence, though two did suggest that some women go to the police.

Parenthood and childcare: expectations, desires and decisions

Social norms and expectations of masculinity and femininity can influence not just whether to become parents and who to have children with, but also when to have children, how

many children to have, and whether there is a preference for girls or boys.

Parenthood

Similar to the secondary literature, our respondents viewed parenthood as a key moment in life (not unlike the quinceañera, the 15th birthday, which marks a girl’s transition from childhood to adulthood). It is seen as a mark of the transition to adulthood and maturity, a stage of personal development and (especially for women) the ‘purpose’ of life. Religious people viewed children as a ‘gift from god’, while others felt children were critical for support in older age. Women who did not have children were viewed as being selfish, wanting to pursue a career, being ‘normal’ nowadays, but whose life would lack fulfilment. Men who do not have children were not judged so harshly, though it was also said that men without children are ‘irresponsible’. Single mothers used to be generally perceived as promiscuous, having sexual relations at a young age, and to be pitied; in recent times, though, single mothers are more common and therefore viewed as more normal, with some suggesting they be viewed as ‘heroines’ or ‘fighters’.

Previous studies report that Cuban women believe the ideal age to have children is 20–30 years, whereas men tended to want children before they reach their mid-thirties. This was echoed in our study, with girls saying they would want children between the ages of 20 and 25 (or older, between 25 and 29), largely because they wanted to complete their studies first, get a job and be financially stable. However, quite a few respondents had their first child at a much younger age (between 16 and 18), while some reported girls falling pregnant between the ages of 12 and 14 (early pregnancies were associated with girls in rural areas and those from migrant families from ‘the east’). Early pregnancies were viewed negatively – both by peers and older people – as they interrupt girls’ education and can affect future health and job opportunities. Early pregnancies were typically attributed to not using contraception, not having received sex education (either at school or at home), as well as peer pressure and boys refusing to use condoms.

Cuban women are increasingly deciding to have one child only, partly due to economic

considerations. Many of our respondents said the ideal number of children was two, though some also said one. Both the literature and our study pointed to financial constraints as well as wanting to continue education as the main reasons for this. Young women who had many children (often pregnant at an early age) were typically poorer, with limited education, from rural areas, lacking parental guidance, and unaware of family planning (since many pregnancies were unplanned). While there appears to be a preference for girl children, according to the secondary literature, our study respondents tended to want one boy and one girl. Most respondents that had children had not planned them, though they noted they would want to plan any future pregnancies.

Living arrangements and returns to education and work

Most of the girls and young women in our study continue to live with parents after giving birth, sometimes because fathers ‘do not want to take responsibility’ and/or left the woman shortly after falling pregnant. Most of those who had children reported having left school or university during their pregnancy; a few said they intended to return to school or university when the baby was older. An equal number of respondents suggested that young women with children either return or remain in school or leave school for good. Staying on or returning to school is only possible with support from families and/or partners (so typically young women from better-off families and from towns/cities were more likely to return to/continue schooling). Those who did return often faced discrimination from teachers. Of five women who were pregnant or had recently given birth, but were in employment, three were currently on maternity leave (and intended to return to work) and two reported having to quit after the birth because there were no maternity benefits from their employer. Most female respondents who had partners reported that their partners continued to work and live their lives as usual after the birth of a child.

Forms of support: childcare (formal and informal), financial and emotional support

According to our respondents, childcare is mostly provided by female family members (usually the girl’s mother), with male partners playing a limited role (if any). In terms of formal childcare, some respondents were either currently using (or hoping to use) state childcare, the círculo infantil (nursery). Some had faced difficulties in accessing these nurseries; a few (from better-off families) were paying for private childcare. In terms of financial support for themselves and their child, respondents reported that their male partner or members of their family (often the girl’s parents) sometimes provided support. In terms of emotional support, respondents cited their family (mother and occasionally grandparents) and their male partner, while others mentioned religion and prayer.

Discussion and recommendations

Many of our findings mirror the findings from secondary literature. Pulling out a few common threads, it appears in general that gendered social norms about how men and women are expected to behave, and the machista culture, still prevail.

- Though there are exceptions, it is considered normal for men to control women, to be promiscuous to prove their manhood, and to play only a minor (if any) role in raising children.
- Religion (and particularly new forms of Christianity – evangelical, Pentecostal and neo-Pentecostal) appears to be influencing attitudes and behaviours, among younger and older Cubans alike.
- Female relatives (especially mothers but also grandmothers) play a key role in adolescent girls’ and young women’s lives, whether in a multi-generational household, nuclear household, or households which have taken up new forms of Christianity.
- Respondents rarely, if ever, brought out differences in attitudes or perceptions based on a person’s skin colour, yet if one were to dig deeper, arguably these differences would emerge.

- Many respondents perceived those in rural areas/living on farms and people from the ‘east’ as being less ‘advanced’ or ‘modern’. They were perceived as: more likely to have many children and at a young age; less likely to have abortions; less likely to access SRH information and services; more likely to drop out of school when they had children; less likely to continue education or have career aspirations; and more likely to come from dysfunctional and poorer families.
- Finally, there was a sense from older respondents that things ‘were better’ in the past as people married later, had children later, there was more commitment between partners, and education was more highly valued.

Recommendations

- Improve government services for SRH, especially targeting adolescent girls with more contraceptive options and improving the supply of contraceptives (more condoms, of better quality).
- Establish centres/places/spaces within communities that could provide easier access to SRH information and services for adolescents, which could also facilitate more discussion around sexuality.
- Improve and increase provision of SRH information targeting different age groups through various fora/venues: schools, churches, the media, workplaces, Committees for the Defence of the Revolution (CDRs), and the FMC. Sessions should be regular, provide practical information and include site



Teen girls in Havana, Cuba, 2017. Photo: Flickr.

visits; they should be run by professionals but also include peer-to-peer approaches.

- Work with families and especially parents to raise awareness around SRH issues; talks and educational programmes might include parent-to-parent teaching and counselling sessions for parents.
- Provide more opportunities for recreational activities for adolescents and expand educational and career options, especially in rural areas; such opportunities should be discussed with adolescents to ensure that they are appropriate for their needs and priorities.

1 Introduction and background

For young people, enjoying good SRH and developing the relevant capabilities and foundations for economic empowerment are crucial for a successful transition to adulthood. Globally, today's cohort of adolescents and young people (those aged 10–24 years) is the largest ever, and 90% of them live in LMICs (Fatusi, 2016).

Adolescence is a critical time for physical, social, cognitive and emotional development (GAGE, n.d.). During adolescence, gender identities are formed and gender inequalities increase (PAHO, 2013); most girls and boys will have their first sexual experiences (*ibid.*); and young people's paths to productive employment and decent work will be established. Yet adolescents and young people are often overlooked by policy-makers as they fall between the categories of 'children' and 'adults'. And despite recent efforts by policy-makers and programmers at different levels, women and girls in particular still face barriers in accessing SRH services, as well as decent and productive employment.

This study aims to enhance knowledge and use of evidence among researchers, donors and international development stakeholders on how best to reach poor and vulnerable people in developing countries, especially women and girls, focusing on two key areas: SRH and economic empowerment. The research will explore how social norms – defined as patterns of behaviour 'motivated by a desire to conform to the shared social expectations of an important reference group' (Marcus and Harper, 2014: 9) – operate and adapt within different institutional spaces while reflecting similar constraints on women's and girls' efficacy, safety, physical integrity, development and empowerment.

Conceptualising social norms and adolescence further, they are seen to intersect with SRH and women's economic empowerment in multiple ways, and can contribute to the success or failure of interventions targeted at each area. Adolescence is a time when gender- and age-related social norms – wherein gender norms can be defined as 'social norms that relate specifically to gender differences ... [and which] refer to informal rules and shared social expectations that distinguish expected behaviour on the basis of gender' (ODI, 2015: 4) – become more rigidly enforced and more personally salient (GAGE, n.d.). There is also much evidence to show that adolescent girls are disproportionately disadvantaged compared to boys (e.g. Kabeer, 2018). Hence, while boys tend to have more opportunities and freedoms during adolescence, social norms often curtail girls' educational trajectories and economic opportunities while increasing their time poverty (mostly due to care workloads). Social norms can also contribute to early marriage, gender-based violence and girls' diminished physical and mental health and sense of agency (GAGE, n.d.). Gender norms typically reflect, uphold and normalise unequal gender power relations and thus contribute to gendered inequalities in all domains of life (Marcus and Harper, 2014).

Our study explores the following research questions within the Cuban context.

- What is the relationship between SRH and social norms?
- What is the relationship between women's economic empowerment and social norms?
- What policies and interventions have been implemented to address SRH, women's economic empowerment and related social norms?

1.1 Why Cuba?

Cuba offers a distinctive research context to explore social norms, SRH and women's and girls' economic empowerment. As outlined in the literature review for this study (Leon-Himmelstine et al., 2019), Cuba's historical, political, economic and social trajectory has created a unique set of circumstances with wide-ranging consequences for gender equality more broadly and for SRH, women's economic empowerment, and social norms. The elements of this trajectory include: Cuba's revolutionary origins and commitments to social equality and women's emancipation; its universal public health system; its universal policies of care of pregnant women; its institutionalisation (very early after the revolution in 1959) of SRH rights for women, including the voluntary termination of pregnancy; recent government efforts to transform the state-controlled economy inherited from that period; and the decline of the welfare sector and end of the guarantee to work (for further details see Leon-Himmelstine et al., 2019).

Given its political history, Cuba is often considered to have more advanced outcomes (e.g. for health and education, and on gender equality) than other developing countries in the region and beyond. However, when one examines key indicators, a number of somewhat surprising findings emerge, at least from the published data. For example, child marriage (married by age 18) is relatively high, at 40.4% (UNICEF, 2015), along with a high adolescent (15–19 years) birth rate, at 43.6 births per 1,000 women (UNDP, 2018a). Similarly, while the legal minimum age of consent for marriage is 18, marriage of girls as young as 14 and for boys as young as 16 is permitted with parental consent.¹ This is in a context where just over 11% of the Cuban population are aged 10–19, with adolescent girls accounting for 5.5% (MINSAP, 2019).

The role of religion in present-day Cuba should be mentioned, given its influence on social norms and behaviours. In brief (for further details see Leon-Himmelstine et al., 2019), during Spanish colonialism, Cuba's religious

life was dominated by the Catholic Church, with a variety of esoteric and religious beliefs of European and African origins. In some cases, e.g. in Santería (a syncretic religion blending West African deities with Christian saints), elements of Catholicism were combined with African beliefs, which had arrived with the more than one million slaves that were brought to Cuba in the 19th century (Pedraza, 1998). After independence from Spain in 1898, the emerging religion of Santería spread round the country (Hearn, 2008). The Cuban revolution (1959) rejected both institutionalised religion (Catholicism from the colonial era, Protestantism and Judaism) and non-institutionalised religion (Santería, Palo, Spiritism, Abakúa, etc.) (Härkönen, 2014). In the 1990s, however, the wording of the Constitution was changed from 'atheist' to 'secular'; free practice of religion was allowed, with open religious practice becoming widely socially acceptable after the visit of Pope John Paul II in 1998 (Andaya, 2014). Since the 1990s, the influence of the Catholic Church has grown (Härkönen, 2014) and leaders of Afro-Cuban religions have also become more popular in some areas (Hearn, 2008). Christian organisations have also expanded welfare activities using overseas humanitarian donations (ibid.). Evangelical churches are also growing rapidly in Cuba, with important implications for gender norms. According to official data, 10% of the population belongs to evangelical churches (Jiménez, 2019), though the actual number could be higher. In a survey by a Spanish network in 2015, half of Cubans identified as religious, with 27% practising Catholicism, 13% practising Santería, and Evangelicals being the third main religion (Augustin, 2019; Watts, 2015).

Throughout the global South, evangelism has gained a presence in its fundamentalist versions. In Cuba, the moral agenda of evangelical religious communities was central to protests against constitutional recognition of same-sex marriage (The Guardian, 2018). The role of religion in politics, social norms and social organisation is one of the most important current debates in Latin American academic and political

1 Ministry of Justice, Cuba (n.d.) Family Code (www.gacetaoficial.gob.cu/html/codigo%20de%20lafamilia.html)

circles (NUSO, 2019). As this report will show, religion and the role of churches in particular has coloured the perceptions and affected the lives of our study respondents. In some cases, it has resulted in a backlash and a possible reversal of some of the more positive gains in gender equality that were witnessed in Cuba.

1.2 Sexual and reproductive health

Poor sexual and reproductive health is both an underlying cause as well as a consequence of poverty, and improving health-related outcomes, particularly for women and girls, is currently high on the poverty reduction agenda. The links between poverty and high-risk behaviours (e.g. coerced sex, rape and sex work) are well-documented, and can lead to a range of problems including unintended pregnancy, HIV and other STIs – all of which have far-reaching effects on health and wellbeing (particularly for girls and women). Inadequate provision or poor access to quality health services in developing countries have led to a situation where 214 million women of reproductive age who want to avoid pregnancy are not using a modern contraceptive method. In 2017 it was estimated that 308,000 women would die from pregnancy-related complications (Guttmacher Institute, 2017b).

While there is a growing body of work exploring the role played by norms in shaping SRH outcomes, a number of knowledge gaps have been identified, particularly on how norms intersect with broader influences and structures that can lead to poor SRH. Norms, particularly gender norms, shape how people access and use health services, as well as how they receive and engage with SRH knowledge and information. Gender norms also influence the broader institutional environment, including attitudes of service providers and policy-makers, as well as how information is disseminated by those in power, including parents, doctors and teachers. The media, which often reflects and reproduces gender norms, also deeply affects the ways in which young people access and engage with SRH information. More generally,

SRH interventions often focus on medicalised responses, without addressing issues of young people's access to services and the discriminatory norms that affect this.

It is the nexus of and dynamics around these concepts and dimensions that this study explores and unpacks further within the Cuban context.

1.3 Key SRH indicators in Cuba

SRH indicators in Cuba are typically good and better than those of other countries in the region or regional averages. Thus contraceptive prevalence (any method) among married or in-union women of reproductive age (15–49 years) is 77.2% (MINSAP, 2019), higher than the global average of 63% (UN, 2017). Only 12% of those aged 15–24 not in-union and unmarried had an unmet need for modern contraception in 2014 – the lowest rate among LAC countries (Singh et al., 2018).

The LAC region has the highest abortion rate globally, at 44 per 1,000 women (ibid.). Only Cuba, Guyana, Puerto Rico and Uruguay allow for the voluntary interruption of pregnancy (Guttmacher Institute, 2018). Cuba was the first Latin American country to permit induced abortion in 1965 (de Gil, 2014) and since 1979, abortion has been freely available to adult women and adolescent girls across the country (Bélanger and Flynn, 2009). While abortion is not legal per se in Cuba (i.e. it does not appear in any law), it is institutionalised through MINSAP's policies. Generally, abortion is considered a health issue rather than a moral one (Torres, 2018). Cuba's abortion rates are similar to those of high-income countries;² in 2018, the rate was 30.4 per 1,000 women aged 12–49 years (MINSAP, 2019). In terms of national trends, the current rate represents a decrease compared to the 1980s, but an increase compared with the beginning of the 2000s (ibid.). In some areas of the country (e.g. Isla de la Juventud), the abortion rate is reportedly higher than the birth rate (Zulueta, 2019); similarly, the birth rate among adolescents aged 15–19 appears to be lower than the abortion rate for this age group (Molina, 2019).

2 According to the Guttmacher Institute (2017a), for 2010–2014, there were an estimated 36 abortions each year per 1,000 women aged 15–44 in developing regions, compared with 27 per 1,000 women in developed regions.

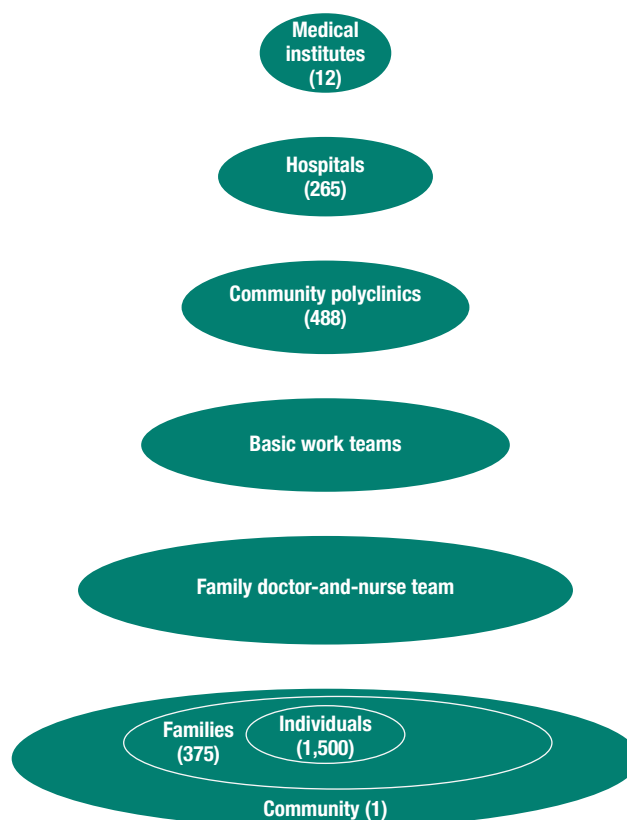
Cuba also has a low overall fertility rate of 1.65 (births per woman) (MINSAP, 2019), though rates are higher among adolescents (15–19 years), at 54.6 (per 1,000 women), in rural areas, among those with lower levels of education, and in certain geographical areas (notably the eastern region) (*ibid.*). HIV prevalence rates are low: the overall prevalence rate (15–49 years) is 0.4% (UNDP, 2018b), and youth (15–24 years) prevalence is less than 0.1% (2014) (UNICEF, 2016); and in 2018 there were approximately 31,000 adults aged 15 and over living with HIV (approximately 25,000 were men and 5,600 were women) (UNAIDS, 2018).

1.4 Overview of Cuba's health system

To situate SRH services within the Cuban health system (see Figure 1), it is necessary to briefly explain how the health system is structured.³ As Cuba has a unified healthcare system, most SRH services are provided through government-run facilities (Artiles, 2012).⁴ Individuals seek medical care from their local family doctor and nurses; family doctors refer patients to specialists. Family doctor and nurse teams are evaluated by community members through popular councils and neighbourhood organisations. Basic work groups are composed of a leader from a polyclinic, a nursing supervisor, an internist (*i.e.* doctor specially trained to treat adults), a paediatrician, an obstetrician-gynaecologist, a psychologist, and often a social worker. The next service tier is provided by polyclinics, which offer physician specialists, more advanced laboratory testing, diagnostic procedures, dentistry, and rehabilitation services. Municipal hospitals provide the next level of care, then medical institutes, which provide clinical care and conduct research.

Further details of SRH services will be provided in subsequent sections of the report.

Figure 1 The Cuban health pyramid



Source: Demerst et al., cited in Keck and Reed (2012)

1.5 Methodology

To situate and frame the study methodology, we conducted a secondary literature review. Primary qualitative data was then collected in December 2018 and January 2019 by a team comprised of members of the ODI and Cuban research counterparts and hosted by CCRD⁵ in Cárdenas (Matanzas province). Data was collected in two sites: one urban, Jovellanos (Matanzas province); and one rural, Los Palos (Mayabeque province). Data collection tools were piloted in Cárdenas; findings from the pilot are drawn upon in this report and integrated into the Jovellanos field site findings, given the proximity of the two locations.

³ It is also important to note that the recently approved Cuban Constitution included, for the first time, mention of sexual and reproductive rights. Article 43 expresses the duty of the state to secure these rights.

⁴ Although the public sector is the main healthcare provider in Cuba, there are private clinics for tourists that are of a better standard and have better access to the latest medicines.

⁵ www.ccrdcuba.org/.

Jovellanos is located in Matanzas province in central Cuba. The town belongs to the municipality of Jovellanos, which had 58,173 inhabitants in 2016 – more than 70% of them living in urban areas. Jovellanos is the largest town in the municipality with a population of 26,216 people (2016). Main economic activities include agriculture such as sugarcane, tubers and rice cultivation as well as work in industries and factories. However, many industries and state enterprises in the municipality have closed in the past decade (ONEI, 2017). Average monthly salary in the province was 891 pesos in 2018 (ONEI, 2019a). Los Palos is situated in the municipality of Nueva Paz, in Mayabeque province in western Cuba. In 2018, the municipality had 24,070 inhabitants whose main economic activity was agriculture (ONEI, 2019b). Average monthly salary in state employment in Mayabeque was lower than in Matanzas, at 719 pesos (ONEI, 2019a), while it was even lower in Nueva Paz municipality, at 572 pesos (ONEI, 2019b). Table 1 provides a snapshot of some key national, provincial and municipal indicators related to SRH, including birth and fertility rates, marriage and divorce rates (where possible, disaggregated by age).

The rationale for selecting one urban and one rural site was to explore whether and how access issues and conditions of employment differ, whether there are differences in how norms shape access, and how geography/location impact uptake of services for SRH and women’s economic empowerment, as well as conditions of employment. The two sites were selected in conjunction with CCRD; selection criteria included: low socioeconomic indicators; availability of health centre staff and employers who could be interviewed; and ease of access/pre-existing partnership (CCRD had existing programmes in both sites). In-depth interviews (IDIs), focus group discussions (FGDs), key informant interviews (KIIs) and family case studies (FCSs) (where more than one member of the household/family was interviewed) were used to engage and reach a wide array of stakeholders. While the same sites were used for both study components (SRH and economic empowerment), separate data collection tools were developed and different sets of respondents took part in relation to each component.

Respondents included adolescent girls and young women (aged 15–29 years), their family members, service providers, employers, and other

Table 1 Key national, provincial and municipal indicators, 2017

Indicator	Cuba	Province/municipality			
		Matanzas province	Jovellanos municipality	Mayabeque province	Nueva Paz municipality
Gross birth rate (per 1,000 inhabitants)	10.2	10.2	–	9.9	–
Number of live births	114,971	7,222	653	3,774	218
Number of live births (mother aged <15)	409	21	–	12	–
Number of live births (mother aged 15–19)	17,287	1,029	–	507	–
Number of live births (mother aged 20–24)	32,554	2,098	–	1,117	–
General fertility rate (per 1,000 women aged 15–49)	43.0	42.2	–	41.9	–
Fertility rate (women aged 15–19)	52.0	48.0	–	45.0	–
Fertility rate (women aged 20–24)	95.8	94.1	–	93.6	–
Number of marriages (women’s registered location)	53,684	3,032	–	2,038	–
Marriage rate (per 1,000 inhabitants)	4.8	4.3	–	5.3	–
Number of divorces	32,183	2,111	–	1,114	–
Divorce rate (per 1,000 inhabitants)	2.9	3.4	–	2.9	–

Source: ONEI (2018)

community members. Purposive and snowballing sampling techniques were used to include various types of households and respondents (with/without children, married/unmarried, younger/older, employed/unemployed, etc.) (for more details see Annex 1). Across both sites, a total of 74 people were interviewed for the SRH component.

With appropriate consent, all interviews were recorded and translated (from Spanish to English) and transcribed. These were then coded thematically using a qualitative data software package (MAXQDA) following a coding structure that was developed jointly by the study team. Data from the coded segments was then summarised according to agreed themes and synthesised in a report outline.

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.

1.6 Study limitations

Although respondents included service providers, a wider array of provider perspectives (e.g. pharmacists and shopkeepers that sell SRH products) may have added further nuance to the findings. Key informants at national level, including policy-makers, were not included in the study, so arguably their perspective is missing. This report does not include an overview of SRH policies and programmes in Cuba; for this, please refer to the literature review (Leon-Himmelstine et al., 2019). It is hoped that dissemination events (planned for both Havana and Cárdenas) will allow national-level stakeholders to engage with and comment on the findings.

While some boys and men were interviewed, more views from them may have been useful to compare and contrast gendered dynamics around SRH issues. Nevertheless, some important findings did emerge from these discussions, and are examined in this document. A relatively small number of interviews and discussions were carried out across the two study sites, which makes generalising the findings challenging. However, findings are situated within the wider

literature from Cuba and, given that this is a qualitative study, the main aim is to show the realities of a particular group of people in specific locations rather than to generalise.

As CCRD was the entry point for the study and also recruited some respondents, many held religious perspectives, which may have biased some findings. To provide balance, researchers also tried to select people who did not belong overtly to Christian denominations. Finally, given the guidance provided by CCRD, while members of the ODI team could be present during interviews, they were not able to ask direct questions nor to speak to service providers, which may have had repercussions on further probing and clarification of some of the statements made by the study respondents. Nevertheless, the Cuban researchers under the guidance from ODI were extremely professional and carried out the research to a very high standard.

1.7 Structure of the report

Section 2 explores the SRH services and programming landscape in Cuba, from the perspective of providers and service users, especially adolescent girls and young women. Section 3 discusses marriage and relationships, while Section 4 explores issues around parenthood and childcare. Section 5 concludes by synthesising and highlighting various thematic strands emerging from the study, leading to recommendations on how to improve adolescent and young people's access to SRH services.

Throughout the report, study findings are situated within the wider literature, showing how they both mirror existing findings but also arguably provide more nuance and depth. In Sections 3 and 4, norms and expected behaviours are at the fore, while in Section 2 the language of norms is less evident, even though norms underlie much of the discussion. Finally, in presenting our findings, we distinguish between the views and experiences of adolescent girls and young women (our main target group and the direct users of SRH services) and what 'others' – whether family members, men (as spouses and/or fathers) or service providers – perceive and report.

2 SRH services and programming landscape in Cuba

This section presents information on SRH services and programming in Cuba, focusing on information and awareness-raising, contraceptives and other SRH products, HIV/STIs, abortion, antenatal and postnatal care and maternity services. Our research with service users and providers explored issues around access, uptake, affordability, and quality; findings also draw on the secondary literature.

Respondents were largely satisfied with the quality of SRH-related services provided by the public sector, many of which are free, though supply-side challenges mean that people often have to buy products from private shops at a cost; shortages of doctors also mean delayed appointments or having to travel to other cities to access services. Awareness-raising programmes are a key component of SRH-related services and are mostly provided by the state through schools, universities and health institutions, though adolescents also get information from TV, radio, the church and family members. The most common form of contraception used among study respondents was condoms followed by the pill. Non-usage of contraception was linked to a general dislike and distrust of contraception, adverse side effects, usage being associated with promiscuous behaviour, lack of knowledge, and men putting pressure on women to not use contraception. Some adolescent girls noted that they felt embarrassed to buy contraceptives. This also reflects gender norms around girls' and women's sexuality often being more stigmatised than men's. There is no stigma attached to abortion in Cuba; it is considered a normal means of contraception. Decisions

to end a pregnancy are not usually kept secret and the girl's parents (usually the mother) have a major say, often accompanying the girl for the procedure. However, when asked whether they would want an abortion in future, many adolescent girls said they would not, as they did not want 'to kill a person'.

2.1 SRH services and supplies, information and awareness-raising

Awareness-raising programmes are a key component of Cuba's SRH services. They are mostly implemented through sex education in schools, pre-universities (for 15–17-year-olds) and universities (González, 2010), parenting classes at schools, and educational talks in polyclinics (which also supply various forms of contraception) or at maternity homes (state-run institutions for adolescent girls and young women considered 'high risk' and who stay there until their baby is born (Härkönen, 2014)). There is also safe-sex education for certain high-risk groups (including women, transvestites, transsexuals, and men who have sex with men) (Gorry, 2008). Girls aged 10–20 can attend círculos de adolescentes (forums run by family doctors to discuss sexuality, contraception and sexual health) (Libby, 2011). The FMC also runs talks and Advice and Support Centres for Women and the Family (Casas de orientación a la mujer y a la familia) providing women with access to psychologists, lawyers and doctors if necessary (Härkönen, 2014).

Respondents in both Jovellanos and Los Palos mentioned that school talks (given by health

professionals or health ‘promoters’) targeted girls and boys, discussing ‘sex education’ or ‘precautions’ in general. In Jovellanos, it was reported that adolescent girls in maternity homes have regular access to educational talks that cover a range of SRH topics. The FMC was also mentioned as providing educational talks and materials in schools, at their own premises or through CDRs. As a government official in Los Palos stated:

We do give them educational talks [in schools] ... about precautions that are needed, about any issue they have ... [advising them to] approach the health centre (poli­cl­nico) with no fear, access the advice centre ... and those places are (also) where we distribute the condoms.

One key informant, a health professional in Los Palos, described the valuable role played by the FMC in raising awareness among young people:

... The Federation unconditionally supports our work ... For example, they do in-home consultations, talks for teenagers ... they visit schools, pre-university institutions and polytechnics ... They show [participants] audiovisual materials about sexuality so girls understand why they shouldn’t get pregnant early.

People receive information about contraception through a range of programmes and services. Examples include the state-run ‘clinics’ (family planning consultations) in Los Palos and Jovellanos, which focus on young women. These are described as both an information service (where young women can find out about the different contraceptive methods available) and a source of contraceptive supplies (including the morning-after pill). In Los Palos, there are family planning services available to women who already have children but do not want any more, and to young girls and women who have had an abortion and do not wish to fall pregnant again.

Two respondents mentioned programmes in schools (including the special needs school) that promote contraception specifically as a means

of preventing STIs. There are also monthly awareness-raising sessions (led by a healthcare professional) with young people (aged 15–17) at a pre-university. A programme in Los Palos was also mentioned targeting vulnerable young women (e.g. those whose parents are imprisoned), aiming to prevent unwanted pregnancies as well as providing them with other healthcare and social protection.

In Los Palos, there are family planning services available to women (of all ages) who have either given birth or had an abortion and do not wish to become pregnant again.

2.1.1 Where do adolescents and young people get information about sex and SRH?

Respondents reported that their main sources of information on SRH services and supplies include one or more of the following: family, friends, school, health centres, the church, TV and radio, the local youth union, and books and posters.

Among family, most adolescent girls and young women cited their mother as their main source of information, with contraception being the most frequent topic of conversation (they also mentioned grandmothers, and to a lesser extent brothers, fathers, grandfathers, aunts and sisters). This was reflected in responses from some mothers, who stated that trust between them and their daughters played an important role in facilitating such conversations. In a few cases, respondents had family members who were health professionals, so they provided them with information.

... Since I was little ... 8, 9 years old, my mom has always spoken about sexuality with me. (Female, 17, single, no children, Cárdenas)

... I have a good relationship with my daughter ... we can talk about any topic ... the most intimate things ... (Female, 40, married, has children, Jovellanos)

Most adolescent girls and young women mentioned receiving information during high school, sometimes through sex education lessons

or a talk from an invited speaker (also mentioned by service providers). There were no differences in the forms of sex education reported across localities. Some respondents mentioned biology lessons during high school. Most noted that these only covered basic information about sexual organs and the reproductive system, though two respondents (one from the pilot site, Cárdenas, and one from Jovellanos) reported that their biology lessons included information on contraceptives and STIs. Two parents (as part of the FCS) from Jovellanos mentioned that they had attended a sex education talk at their children's school:

The other day my wife and I went to our daughter's school for a parents meeting and before starting the meeting, we had the pleasure to listen to a colleague who was giving a talk to parents about sexual topics, mainly about pregnancy in teenagers ...
(Health professional, Jovellanos)

Some (but far fewer) respondents in both Jovellanos and Los Palos also received information at health centres, notably polyclinics, from nurses and gynaecologists, with one (an 18-year-old man in Los Palos) getting SRH information from a pharmacy.

The state-run media (TV and radio) was also cited as a source of information on sex education, with programmes for young people covering a range of topics. Programmes referred to by name included *Quedate conmigo* (Stay with me), *Somos jóvenes* (We are young) and *Talla joven* (Youth matters/issues). There are also commercials that showcase SRH advice and specifically condoms. The TV soap operas were also seen to influence adolescents' perceptions about SRH, with one respondent in particular describing how TV shaped her perceptions of early pregnancy and abortion.

Interviewer: Why have they decided to interrupt their pregnancy?

Teenage girl: I think because they are very young or the pressure from their parents ... or because they aren't ready for that ...

Interviewer: And who helps those young women to end the pregnancy?

Teenage girl: Their parents, their mothers mainly, because if the father knows about it, he will kill the boyfriend.

Interviewer: And generally, is that attitude of parents?

Teenage girl: No, I'm not saying that it is like that, but at least I see it in the soap operas, I haven't seen it in the real life. But in the soap operas they say: 'I will kill him, I don't want you to be with him anymore'. I don't know, that hasn't happened to me, thank God. (Female, 16, single, no children, Jovellanos)

Four female respondents who were all regular churchgoers⁶ (three of them from Jovellanos) noted that their church provided SRH information. A youth union member described a peer-to-peer initiative they were involved with in Cárdenas to educate other students about SRH. When asked if the FMC provided any sexual health information, only four participants said they were aware of any such activity. Of those, in one case the girl's mother was an employee of FMC while another two girls had heard of workshops but had not attended. Female respondents cited other sources of SRH information as books, public posters and leaflets available in shops.

In my church they do many workshops for young adults about sexuality. We travel from all provinces, all young adults from Matanzas, Jovellanos ...
(Female, 16, single, no children, Jovellanos)

⁶ Some of the interviews were conducted at one of the churches in question so this may have affected some of the answers given, as also discussed in the limitations section.

In terms of challenges around access to SRH information, several adolescent and young female respondents stated that while they considered discussions with parents critical, a lack of trust and openness between children and their parents prevented intimate discussions on SRH (as did parental absence, physically and/or emotionally):

... But it would be better if your own mother, if you could trust her a bit more and you could share everything with her and if she could talk about those issues. (Female, 15, single, no children, Los Palos)

It was also noted that SRH information is not always taken seriously, including at school, with students making fun of and laughing at those who talk about it. A 15-year-old young girl from Los Palos also explained that some parents tell teachers not to teach their children about SRH:

There are parents that ... go and tell the teacher that they shouldn't talk about those issues with the kids ... (In a relationship, no children)

A number of service providers in both Los Palos and Jovellanos found that services and products (contraceptives) were not reaching adolescents due either to a lack of understanding or a lack of interest/uptake among young people (this lack of knowledge about contraceptives was also highlighted by other secondary literature, including Molina, 2019).

... At CDR, the Federacion, they give educative talks. But they [teenage girls] don't internalise it. I think it is the result of their age. They say 'no, that is not going to happen to me, I don't have problems', and they don't get attended to. There are some with problems and they don't say anything to their parents or to their family or they do not approach the nurse at the clinic ... [communication] is key in these things ... (Health professional, Jovellanos)

Other challenges related to accessing SRH-related information reflect urban/rural disparities. One adolescent respondent suggested that there was less SRH information available in small towns compared to the capital and other large cities. Evidence on the challenges of accessing information at health centres or pharmacies is limited, though in one case it was reported that pharmacy staff did not know how to use a pregnancy test kit, while several key informants suggested that young people may not be aware of the service or may be embarrassed to ask for information – embarrassment was also brought up in personal communication with Andaya (2018). (The point was made that in a small town where everyone knows each other, young people may be particularly embarrassed to ask.) Finally, some respondents criticised the condom campaign in TV commercials, noting that while it encourages use of protection, it does not tackle issues of under-age sex, the adverse implications of teenage pregnancies, or STIs, and that the frequency of commercials had led to young people no longer taking notice of them.

2.2 Contraceptives and other reproductive health services

The state provides various contraceptives, including IUDs, condoms, injectables and oral contraceptives (the pill) (Bélanger and Flynn, 2009). Contraceptive coverage was 77.2% in 2018; IUDs are the most common method (accounting for about 50% of coverage), followed by condoms (22.5%) (MINSAP, 2019). Access to emergency contraception is said to have improved (Acosta, 2019). For older women with children, sterilisation is common and provided free in public healthcare facilities (Härkönen, 2014). As part of its HIV strategy and campaigns to expand access to contraception, the government provides free or subsidised condoms in cafes and bars, pharmacies, hospitals, polyclinics, at family doctors, and at AIDS prevention centres, among other places. It also provides counselling services (Gorry, 2008).

However, according to both the secondary literature and our findings, there are sometimes

shortages of contraceptive supplies and choices are limited, especially at certain times and in eastern parts of the country, with free condoms not always available (Acosta, 2019). State distribution networks tend to be geared to regular supply of condoms, while oral contraceptives and other methods are more irregular. Even so, resonating with the secondary literature, several respondents in Los Palos stated that sometimes condoms are not available (from pharmacies or clinics), though it was also noted that shortages were usually a short-term problem and most places have reserves. Shortages of the pill were also mentioned, forcing people to buy them from private sellers:

... I need to buy it on the street [when there is a shortage in the pharmacy] and get it however they sell it ... because there are people that sell it for 10 pesos but there are people that charge even more. (Female, 17, Jovellanos)

In Los Palos, a nurse noted that the condoms supplied were sometimes of poor quality and more prone to split during use. There were also supply problems with other forms of contraceptive, including IUDs, the pill and the morning-after pill. Changing from one type of pill to another as a result of supply challenges was also reported to have led to negative side effects among girls.

In terms of usage, Bélanger and Flynn (2009) observed a general dislike and distrust of contraceptives among Cubans. Some respondents in their study believed that contraceptives (and particularly the pill) were a threat to women's health or 'did not work for them'. Perceptions of contraceptives being ineffective also contributed to these views. Andaya (personal communication, 2018) also observed that condom use was sometimes perceived as a sign that a woman's partner was sleeping with other people; according to Härkönen (personal communication, 2018), female informants often complained about men being irresponsible and making contraception a woman's responsibility. The secondary literature also suggests that many girls engage in unprotected sex as a result of discriminatory gender norms that reflect power imbalances, machista culture, and fear of

losing one's partner, with girls generally having less sexual decision-making power than men (González, 2010; Guerrero Borrego, 2014).

Among our respondents, the most common form of contraceptive used by adolescent girls and young women (or their partners) is condoms, followed by the contraceptive pill. This comes in contrast to findings from MINSAP (2019), which found that nationally the IUD was the most common form of contraception used. There were no differences across localities and age groups.

... in my experience, it [using condoms] is mandatory, it is almost a religion ... Even being married or having a stable partner or whatever ... In my view, condom use is very common. (Man, Cárdenas)

Most adolescent girls and young women respondents said they obtained contraceptives and menstrual products from pharmacies at a subsidized cost. Condoms were also said to be available at health clinics. Condoms were reported to be free at pharmacies though some respondents said they have to pay a small fee (1 peso for a pack of three). In Jovellanos, some reported that IUDs and the pill are available (free of cost) from a health centre/family planning consultations, prescribed by a family doctor or gynaecologist. However, an obstetrician from Jovellanos suggested the pill is available without prescription from a pharmacy; one respondent said the pill cost 1 peso (or 5 pesos for a larger pack).

At pharmacies, each woman has the right to one pack of sanitary towels each month (10 towels); the price is low, but so is quality. Lack of availability is one of the biggest problems (especially outside Havana), which was apparent in our study sites.

... 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)

Two adolescent respondents suggested that their mothers obtained the pill for them, and it appeared they started using the pill from

early on and/or when they first had sexual intercourse. Several reported having an IUD (one young woman had had it implanted after giving birth). Other respondents in our study (e.g. key informants and family members of adolescent girls) also perceived contraceptive use among adolescents as common, with condoms being the most popular method. They also suggested that some young people prefer not to use barrier methods (such as condoms), opting for alternatives such as IUDs or the pill. One respondent suggested that women are more likely to use contraception than men. Other forms of contraception mentioned included vaccines, vaginal rings and morning-after pills.

When female respondents were asked why they did not use certain kinds of contraception, they mentioned many reasons, mirroring the secondary literature. Adverse side effects from the pill (though often mild) was the most frequently cited reason, but more serious side effects such as infertility were also mentioned.

... 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, no 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)

When asked why some young people do not use contraceptives, several respondents suggested that men put pressure on women not to use contraception, reflecting discriminatory norms of male control over women (as also noted in the secondary literature) (González, 2010; Guerrero Borrego, 2014). Others cited a lack of sex education. Service providers also blamed lack of usage on lazy attitudes or not understanding

the importance of contraception due to lack of knowledge/information from their parents.

... there are cases of men who do not want to use it 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)

... there are some people that do it without protection, sometimes because they don't want it and sometimes because they don't know, because their parents haven't given enough information. (Female, 16, single, no children, Jovellanos)

When adolescent girls and young women were asked about the attitudes of their family and friends towards contraceptive use, several replied that they did not encounter negative attitudes.

... at least my family, when I was using contraceptives, then everyone was happy, everyone there with me was supporting me, because my family supports me. And they were also surprised because as I stopped taking the pills they thought it was careless ... (Female, 21, in a relationship, has children, Los Palos)

However, some said that they had not told anyone they were using contraception. There could be various explanations for this: they may fear negative reactions, or may believe it is a private issue and not for discussion within the family.

Many girls (especially in Los Palos, where everyone knows each other) reported feeling ashamed to go and buy contraceptives because they felt other people (e.g. shopkeepers) would stigmatise them for doing so. However, we were not able to establish whether stigma relates to negative attitudes about contraceptive use per se or because it denotes an active sexual life. This is important in the context of gender dynamics and gender norms, since (as discussed in other

sections of the report) girls' and women's sexuality is often more stigmatised than men's.

Older girls and those from Jovellanos and Cárdenas did not tend to feel embarrassed and said they themselves usually go to buy condoms. Other female respondents said they had developed coping strategies such as buying condoms in bulk so they did not have to buy them so often. Some reported that their male partner went to buy condoms instead to avoid these stigmatising attitudes.

... 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)

... [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, no children, Los Palos)

One young woman noted that even her partner was questioned once when buying condoms:

In Jovellanos one day, someone told him, because he was very young, 'is that for you?' (Female, 16, single, no children, Jovellanos)

Other reported challenges in accessing contraception included lack of specialist staff to implant IUDs; the need for an adult to accompany an adolescent to have an IUD inserted; and difficulties in access (especially to the pill) for those with disabilities (further details were not discussed as to why).

2.3 HIV and sexually transmitted infections

HIV testing in Cuba is free and anonymous, and usually done through the family doctor or polyclinic. HIV-positive people get information about drug therapy, support groups, self-help strategies, nutrition, hygiene, responsible sex and legal matters through Living with HIV courses run by voluntary peer educators (Anderson, 2009). The government also provides counselling services, including a confidential telephone helpline (Gorry, 2008). Support for families of HIV-positive people (of which there are approximately 31,000 (UNAIDS, 2018)) is provided through a course, Living Together with HIV, also run by community volunteers (Anderson, 2009). There is a national support network for families, friends and co-workers of HIV-positive individuals (Gorry, 2008). In terms of treatment, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2017), 66% of infected adults and children receive ART (49% of women aged 15 and older, 72% of men aged 15 and older, and 66% of children up to 14 years). Some HIV-positive people also receive food assistance from the government (Gorry, 2008). In 2015, Cuba was the first country in the world to have achieved the goal of dual elimination of mother-to-child transmission of HIV and syphilis (PAHO, 2017).

It has been argued (Hippe, 2011), and closely linked to norms around masculinity and the machista culture, that homophobia drives the spread of HIV in Cuba. Because homosexuality is stigmatised, it remains hidden, which makes education and prevention efforts difficult. Data suggests that transgender people are at much greater risk of HIV, with prevalence at 19.7% (Encuesta de Indicadores de Prevención del VIH/SIDA, 2017, cited in UNAIDS, 2017). HIV prevalence among men who have sex with men is also estimated to be higher than average, at 5.6%.

According to service providers in Los Palos, there is a national programme that provides testing and treatment for HIV and STIs, and follow-up care if necessary. Preliminary consultations are available for patients at

polyclinics with family doctors or nurses (who can also provide counselling for young people), which may then be followed by a diagnostic test. The programme also encourages testing among certain at-risk groups – mainly (according to study respondents) those who are ‘promiscuous’ and ‘homosexuals’.

They have STI risk groups and that’s their work, emphasising that. It (testing) is available to everyone, but well, it’s given more emphasis to STIs risk groups – the promiscuous, homosexuals, and people who frequently change partners. In those who do not use condoms ... These people are vulnerable to any disease. (Health professional, Los Palos)

According to some respondents, in Los Palos, there is compulsory STI and HIV testing at the polyclinic followed by treatment for women before they have an abortion, and a similar service in Jovellanos at a health centre targeting young girls. Treatment, follow-up care and monitoring of all patients with STIs or HIV is carried out in the polyclinic. In Jovellanos, women who are admitted to the maternity home are sent for an HIV consultation at the clinic following the detection of symptoms and are treated in the maternity home if they test positive.

We obtained relatively little data from respondents on STIs and HIV in general. Only one young woman reported having used STI testing services:

... I was once with a married man ... And he said that I had gonorrhoea. I got so scared that I started to cry because I had not been with anyone else, why should I have gonorrhoea? Then I went to the doctor and I talked to the woman that makes the cytological tests ... I went ... to the health centre because I have a friend there. She tested me. I had to wait for a week ... She told me ... you do not have anything. You are clean ... (Female, 26, consensual union, has children, Los Palos)

And during a focus group with men, participants briefly mentioned STIs:

‘I have met people with STIs ...’

‘There was a centre for that and they have a long list of people affected and that exists, but I do not know how frequent are these cases.’ (FGD with men, Cárdenas)

A key informant also suggested that women are more likely to access STI services than men.

In terms of challenges in accessing STI/HIV services, again, we found relatively little evidence. Only one respondent from Cárdenas described being unable to get an appointment:

I have never received an appointment for STIs. They tell you there will be an appointment ... and when you go there early, there’s never an appointment ... (Female, 25, married, has children and was pregnant at the time of interview, Cárdenas)

Another adolescent from Cárdenas felt there was a lack of privacy and safe spaces to ask questions about STIs, and if such spaces were available it would be easier for adolescents to seek out STI-related services. Similarly, a doctor from Jovellanos also suggested that young people were reluctant to seek help because of this lack of privacy and safe places. Respondents from both Cárdenas and Los Palos indicated that young people (as well as adults) lack information about STI services.

I would create places where people could go to ask questions and where HIV tests may be offered ... because there are a lot of young people afraid of going to hospitals to test ... and be given a positive result and going through the shame of having everyone informed about it ... So this would be more private, and people may go to ask questions, have tests, get condoms ... (Female, 17, single, no children, Cárdenas)

Respondents who were working as service providers cited lack of uptake as one of the main challenges, attributing this mostly to a lack of understanding of or interest in the services. A health professional in Los Palos described the challenge of getting those most at risk (e.g. sex workers) to take a test:

... And vulnerable groups who don't want to check themselves ... they don't understand it. One tries to impose ... but I'm not the one who decides, everyone is responsible for themselves ... The community does not understand that they should ... check themselves ...

There was a lack of evidence about the attitudes of health workers or others towards those who use STI services.

In terms of people's attitudes and perceptions, most study respondents perceived that young people were more vulnerable or susceptible to contracting STIs. Reasons included: being less likely to use protection; having limited knowledge/information; starting sexual relations at a young age; and being more likely to engage in a promiscuous lifestyle/have many partners (linked also to peer pressure). While several respondents suggested there were no differences in STI incidence between men and women, and between younger and older people (as a health professional from Jovellanos said: 'Diseases have no face, nor age ...'), some thought that men (particularly adolescent boys and gay men) were more likely to contract an STI. Meanwhile other respondents suggested that females, particularly older adolescents, were more likely to. Several respondents suggested that people who lack information or awareness of STIs are particularly vulnerable. It was also noted that STIs may be more common in urban areas since there are 'more places to walk, to drink, to enjoy'.

When asked specifically about HIV and AIDS, evidence was limited. Most respondents knew about HIV and AIDS and a few (health service providers) knew of people living with HIV. However, most likely reflecting low prevalence rates (i.e. the overall prevalence rate (15–49 years) is 0.4% (UNDP, 2018b)), many did

not know anyone affected by HIV (one service provider mentioned knowing of three HIV-positive people). When asked which group was most affected, some replied 'young people' and particularly 'young men', with one respondent suggesting that gay men were more likely to be HIV-positive.

'Yes, I think that homosexual relations, this has been scientifically proven, that sexual relations between homosexual men, are more susceptible to bring STIs ...'

'... but also I imagine people with more promiscuous behaviours ... it is more likely for them.'

'Yes, that is also another factor that contributes to what I said before – in general terms, men are more promiscuous than women ...'

'... but it is also biologically proved that relations between men are more susceptible ... As a matter of fact, in the beginning, this illness [AIDS] was associated with this kind of people but it was not the case really ...' (FGD with men, Cárdenas)

There are cases of transmission diseases, like HIV, we have positive people ... Some are gay, homosexual ... the majority ... Both of these groups [homosexual and heterosexual] ... maybe we are with a girl that is HIV-positive and we do not know, or she does not tell us, because we men are a little heated up ['calentones'], we want to penetrate the vagina without a condom and to play sexual games without knowing that only by touching the vagina ... we can be infected ... and vice versa homosexuality, the same thing happens, the same thing ... In fact, there are more men than women [who are HIV-positive] ... More boys than girls ... (Justice sector professional, Los Palos)

2.4 Abortion services

According to the secondary literature, abortion and menstrual regulation⁷ are provided free of charge in Cuba's public health facilities (Bélanger and Flynn, 2009). Article 443 of the Social Defense Code (1938) established that abortion was not illegal if it was carried out: (a) to protect the life and health of the mother; (b) as a result of a violation; and (c) to avoid the transmission of serious hereditary or contagious disease, always with parental consent. Since that time, there has been a high rate of abortions (30.4 per 1,000 women aged 12–49 years (MINSAP, 2019)). Due to the relatively 'advanced' projection of the Code, a new law regulating abortion after 1959 was not required, but there has instead been 'flexible interpretation' of the existing law (Morales, 2015). Additionally, the Criminal Code in force since 1987 (cf Articles 267 to 269) only considers abortion punishable when it does not respect health regulations established for that purpose, when it is carried out for profit, or when the woman does not consent to it. Abortion practices are regulated through the Ministry of Public Health.

In contrast to many other contexts (regionally and globally) where abortion is highly stigmatised (e.g. Lo Forte, 2018), Härkönen (2014) and others have found that there is no stigma attached to abortion in Cuba – moreover, it is considered a normal means of contraception. Bélanger and Flynn (2009) used the term 'everydayness' and talked about an 'abortion culture' in Cuba. Andaya (2007, cited in Härkönen, 2014), has also argued that Cuba's reliance on abortion as a form of contraception is linked to the state's failure to provide regular and reliable access to contraception. She further suggests that abortion was initially promoted as a marker of socialist modernity, while high fertility rates and teenage

pregnancies became attached to 'tradition, irresponsibility and irrationality'.

For an abortion, confirmation of the pregnancy is required. Girls under 18 need parental consent, and girls younger than 16 need parental consent and authorisation by a medical committee. Women seeking an abortion are examined by a gynaecologist and receive counselling from a social worker. Abortions after 10 weeks of pregnancy need approval from a formal evaluation committee usually comprising doctors, gynaecologists and a psychologist. Bélanger and Flynn (2009) suggest the government has been trying to reduce the abortion rate through sex education and the promotion of contraceptives. The government has also developed a range of policies to drive up fertility rates in a country that is rapidly ageing.

During field research in Havana, Härkönen (2014) heard anecdotal reports that the government had restricted women to no more than two abortions a year, and teenage girls in her neighbourhood were reportedly refused abortion on that basis. We did not hear of similar restrictions in our research, although two respondents from Jovellanos (one a service provider, one a service user) described challenges related to supply and demand, both suggesting that as a result of increased demand, there were insufficient resources and the local hospital was now trying to limit the number of women having abortions:

A lot of young girls want to abort, and because there are so many ... they aren't letting people abort now. (Female, 16, single, no children, Jovellanos)

One key informant (a health professional in Jovellanos) suggested that doctors sometimes perform abortions illegally⁸ due to high demand and limited availability of abortion services:

7 In the first five weeks of pregnancy, menstrual regulation is used (a procedure that involves manual vacuum aspiration of endometrial tissues from the uterus). Menstrual regulation does not require parental consent or confirmation of the pregnancy. It has been common in Cuba since the 1980s (UN, 2002).

8 This could mean that they prioritise certain people either in exchange for a financial incentive or because they have a personal relationship with someone. The illegality does not refer to more risky medical procedures or abortions carried out in poor/unsanitary conditions, but rather to the administrative management of the process.

Because demand is greater than supply ... we have tried to reduce it and eradicate it [illegal abortions] ... But there are always ways, because they know other places, because they know the doctors, because sometimes they pay, and that has been seen very often ... (Health professional, Jovellanos)

Most respondents understood abortion to be legal, though one suggested that policies have made it increasingly difficult for young people to have an abortion.

... Well, for many years they've been trying to stop it ... but whoever wants to can do it, and ... [in terms of what is needed to obtain an abortion] ... For example, a letter from a psychologist, an analysis of a gynaecologist, a letter from a social worker, to see if she's in some situation ... [that means] she can't have the baby ... (Health professional, Jovellanos)

It was reported (by a key informant and a service user) that some doctors charge for abortion services, receiving goods 'in-kind' or as a gift ('Here, the doctors don't charge, but a gift ... you need to find someone. Those things have changed' – man, Jovellanos, other details unknown). Some doctors were even reported to have been dismissed as a result of this practice, though this was apparently not the case 10 years ago or so.

The decision about whether to end a pregnancy is usually considered to be the woman's rather than the man's (Bélanger and Flynn, 2009; Härkönen, 2014). Given that abortion is so common, it appears from our interviews that having an abortion is not kept secret from other family members. Indeed, the woman's female relatives (particularly her mother) often have a major say in the decision (Härkönen, 2014). Härkönen also argues that

there are many reasons why a woman may choose an abortion, including not wanting a long-term relationship with the man and his family, and economic constraints (i.e. not being able to provide for the child). For younger pregnant girls, abortion may be suggested so that they can continue their studies.

One member of a FCS (a mother) whose daughter had an abortion described how she, along with the girl's grandparents, made the decision for her daughter:

Yes. Her grandmother as well. Her grandfather from the beginning said, 'No, no, girl, no'. [The girl should not have the baby]. (Female, 49, married, has children, Jovellanos)

However, pregnant girls did not always comply with their parents (or grandparents') wishes:

Mostly it's the parents [who decide] but I know of a case, of a friend of mine who is pregnant ... She does not want to ... [end the pregnancy], but the mother is telling her she should. She is going to tell her mother that she did, but in reality, she will not do it. That is what she says. (Female, 17, in a relationship, no children, Los Palos)

According to most study respondents, menstrual regulation⁹ is freely available to teenage girls and women of all ages in very early pregnancy (up to 6–8 weeks) in Los Palos and in the province of Matanzas. However, a key informant commented that women from Jovellanos must go elsewhere (i.e. to Matanzas or Cárdenas) to access this service. In Los Palos, women and teenage girls attend a family planning consultation to apply for menstrual regulation and discuss the procedure.

Family members (especially mothers) usually accompany girls and young women for an abortion (indeed, the secondary literature, confirmed by our findings in Jovellanos and Los

9 Due to a lack of clarity in the transcripts, 'menstrual regulation', 'abortion' and 'interruption' are treated as interchangeable terms. According to Watson (1977) 'MR [menstrual regulation] refers to the induction of uterine bleeding that has been delayed either to 14 days beyond expected onset or 42 days from the start of the last menstrual period and involves vacuum aspiration of the uterus with a hand syringe and a Karman cannula'.

Palos, notes that it is compulsory for adolescents under the age of 20 to be accompanied by an adult to such appointments). Social workers described accompanying vulnerable girls who do not have a responsible adult or family support network to their appointments:

... she was a single mother, her mother was imprisoned, and her father was unknown. Also her grandmother was ill, she was not accompanied by a family member, and she had no family. I was the one who went with her ... If you have that situation, we have to accompany them. (Health professional, Los Palos)

... According to the interview I had with the family of the 12-year-old girl whose pregnancy was interrupted ... if they need it, we take them to psychological consultations with the child psychiatrist because they are minors. (Health professional, Jovellanos)

An adolescent girl from Los Palos who had an abortion (see Box 1) was accompanied by her father (which seems somewhat unusual in the Cuban context). Several mothers, as part of FCS, also stated that their daughters had had an abortion – though there was no detail of this in the daughters’ corresponding interviews – and reported accompanying their daughter to the appointment.

A number of respondents mentioned the possible risks of having an abortion given that it is an invasive method and that it is ‘not a contraceptive method’, even if it is widely viewed as such. Several respondents also described cases where a woman took the pill for abortion purposes and suffered adverse health effects.

... a colleague of mine ... she had two heart attacks. She placed the pills in her uterus and then she started to bleed

and then ... she had fever ... and then she had many other symptoms. When she arrived at Güines, she had a small complication and then ... she had a heart attack ... then another heart attack. (Education sector professional, Los Palos)

Nowadays we see that induced abortion is another method that people use to avoid having children ... that is actually not a contraceptive method but they have treated it as such ... Sometimes they don’t realise the risk that results from a process like this, which can leave them sterile and mark them for the rest of their lives. (Health professional, Jovellanos)

Young adolescent girls (particularly if still studying) and those from poor backgrounds were reported to be more likely to have an abortion, with girls from rural areas and migrant families (from the east of the country) thought to be less likely to. The secondary literature echoes this, with abortion often promoted as a marker of socialist modernity (Härkönen, 2014).

In rural areas they continue the pregnancy ... those women are housewives, they are dedicated to their house, to the raising of their children... If they have to drop their studies, well, they drop them ... The girls that migrate from the eastern zone, many are young, they are adolescents that ended up pregnant, and say ‘I’m going to keep it’. (Health professional, Los Palos)

Our qualitative research suggests that abortion services are not readily available in all areas of the country. One young woman (see Box 1) describes trying to get an abortion at a polyclinic in Los Palos, but the clinic had no appointments, so she had to go to Nueva Paz, just outside of Los Palos. Several other respondents from both

Box 1 One young woman's experience of abortion in Cuba

Interviewer: Have you ever had to interrupt any of your pregnancies?

Participant: Yes

Interviewer: Why and when?

Participant: At that moment of my life I was in a relationship with someone that was my partner for 12 years. He was studying like me, he was in the sports school. At that point of our lives we did not have the means – I could not leave the school and nor could he. He could not start working because he was starting a career related to sports. I could not have the baby, otherwise I would have had to quit the school, and I wanted to continue studying, so I decided just to get rid of it.

Interviewer: What is that you did here?

Participant: Here I did a regulation, and then the next day they made an appointment for me to make an aspiration, but they could not make it. I had to have a curettage [removal of tissue from the uterus].

Interviewer: And did you mention this to anyone? Did you talk about this with anyone?

Participant: With my parents.

Interviewer: And who came with you?

Participant: My father.

Interviewer: And what was the attitude of your father at that time?

Participant: He was accompanying and supporting me all the time until we finished.

...

Interviewer: And what did your partner say at that time?

Participant: He told me that at this point of his life he could not think of a child because he did not have the means and he did not even have a house for himself to which he could take us to live with him.

Interviewer: What was the attitude they [family] had towards you after that?

Participant: They told me that I shouldn't worry because there was more time than life ('hay más tiempo que vida'). That I was too young, that I could not have it.

Interviewer: Now, the health staff that you interacted with then, the doctors or health personnel that conducted the procedure, how did they behave, how was their attitude?

Participant: It was good, it was really, really good ... Because with that I felt safe and if something happened to me, I visited the health centre and they would tell me to come tomorrow and they would help me. They would answer all my doubts.

(Female, 25, in a consensual union, has children, Los Palos)

main study sites also suggested that young people can have abortions¹⁰ at polyclinics, which usually offer family planning consultations. One nurse in Jovellanos described how young people can also visit their family doctor and get a referral to a polyclinic. A few other respondents said it is possible to get an abortion at a hospital.

Two respondents from Los Palos described knowing a young person who went to Güines

(a larger town around 40 km away) to access abortion services specifically for young people; others suggested there are no abortion services available in Los Palos for adolescent girls.

One young female respondent (part of a FCS) described how she decided against having an abortion having been initially keen to end her unplanned first pregnancy (though with the support of her mother and grandparents,

Box 2 Exploring decisions on abortion: the experience of a new 21-year-old mother in Jovellanos

Celia, aged 21, gave birth to her first child (a girl) four months before our interview. She lives in her childhood home in Jovellanos with her mother, grandparents, sister and nephew. She is a primary school teacher on maternity leave.

She had her first boyfriend at the age of 15. She is currently in a relationship (consensual union) with the father of her child but he is away on military service. Her partner was unfaithful multiple times, so she ‘was fighting with him when I was pregnant’. She used to live with her partner before she became pregnant but returned home because she ‘did not want to stay alone ... in an isolated place’. She plans to stay with her family ‘until the girl is a little bigger, and if the relationship lasts ... will go to his house ... because I would like the girl to live with her mother and father’.

Celia uses ‘multiload contraception’¹ and has used the pill in the past. She and her partner use condoms ‘to prevent diseases’, indicating that in the context of her partner’s infidelity ‘it’s better to be cautious than have regrets’. She learnt about contraceptive methods in high school, as well as from her sister (who is a doctor).

Celia was 20 when she had an unplanned pregnancy: ‘It was an oversight too. I was ... taking birth control pills ... and some time ago I stopped taking them ... I was neglectful and I got pregnant.’ Her family ‘were happy, they took it really well’. But she did not wish to continue with the pregnancy: ‘I told my mom: I’m still very young, although I’ve been working for two years ... but I did not feel prepared, yet, for that.’

So she tried to get an abortion from a free service located at a hospital in a different municipality. (She believes it takes longer to get an abortion in Jovellanos owing to a lengthier administrative process in the locality – ‘there were doctors who were prepared for that ... [but] I did not have enough time to do the regulation’.) However, in the end, she decided not to go through with the abortion, stating that ‘there were many obstacles when I went’ (it seems that they could not put her under general anaesthesia owing to weakness in her lungs). She also appeared to change her mind (‘I did not want to get it out’), probably under the influence of her family. Her mother recounts that when Celia informed her that she wanted to get an abortion, she:

... didn’t know what to say because I didn’t expect it, I was left without words. I thought about a relationship, a marriage, finishing her degree ... I agreed, but afterwards I came to the hospital with her and said, ‘No, no ... Let’s go, I can’t be involved in this because it goes against everything I believe in ... God will take care of everything ... Yes [I decided] ... Her grandmother and grandfather ... they were there too.

1 The IUD or coil.

10 Most probably they are referring to menstrual regulation here.

whose religious beliefs seemed to play a part in the decision) (see Box 2). Other respondents described how they took the decision themselves to go ahead with the abortion:

The decision was mine ... Because I did not want to stop my future. There was more time ahead to think about this. (Female, 25, in a consensual union, has children, Los Palos)

Of the 13 adolescent and young female respondents (across all three sites) asked if they would want an abortion in the future, most said they would not, though a couple said they would do so in the event of foetal abnormality or economic hardship. (Respondents were a mix of those with and without children.) Reasons included not wanting to 'kill a person' (the most common reason), family disapproval, and religious beliefs. This finding is also echoed in the work of Molina (2019):

I would interrupt it, like some girls that go to do a genetics test and they find out that the baby has some problems that you need to interrupt it ... But besides that ... I won't. (Female, 17, single, no children, Jovellanos)

... I don't know, it is something that God sends you, right? Why take it out? (Female 22, in a relationship, has children, Jovellanos)

Attitudes of family members, service providers and the wider community towards young girls and women who choose abortion were largely positive and supportive (reflected in family members accompanying their daughters for the procedure). The young female respondent (aged 25) whose experience is presented in Box 1 described how both her parents and her partner supported her decision. She also described the good treatment she received from the healthcare professionals involved. Another mother described the positive treatment her daughter received from healthcare professionals when attending for an abortion.

Several respondents in Los Palos described supportive attitudes from parents of their friends

who had abortions, reflecting that society is now more accepting of abortion in general, and people feel freer to say they have had one. Some parents commented on the quality of care, describing how the health professionals ensured that their daughter understood the risks involved in the procedure:

... in the case of my daughter, when I went with her there was someone, the nurse and the doctor attended her and treated her well and said ... and they do influence a lot, right? They were a good influence ... there were some doctors talking with her and explaining to her the risks of what they were going to do ... (Female, 49, Jovellanos, married, university, has children)

'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 ...'

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

'Society even suggests that to women in some circumstances, so the perception people have of abortions is related to this because it is seen that society in some circumstances supports it, do you get it?' (FGD with men, Cárdenas)

According to study respondents, those most likely to have negative opinions of abortion were religious people. It is also important to note, however, that in principle, conscientious objection (see also Lo Forte, 2018) does not exist in Cuba, and health personnel are obliged to perform abortions when necessary regardless of their religious beliefs. One mother who was part of a FCS and who self-identified as a Christian expressed disapproval at her daughter's decision

to have an abortion, but eventually allowed her to go ahead with it. Another respondent (a Christian doctor) stated that he does not practise abortion and tries to persuade patients against it. A key informant from Los Palos also suggested that some doctors are against abortion unless there is a medical issue.

... the doctors always try to save the baby, because it is their profession, they are paid to save lives, and it is a life. They (only) interrupt the pregnancy (abort)... when the child has hydrocephalus, or congenital malformations ... (Justice sector professional, Los Palos)

2.5 Antenatal/postnatal care and maternity services

Antenatal care includes regular, almost weekly medical checks and, according to the literature, the coverage rate (at least four visits) is 100% (UNICEF, 2016b). However, this did not always appear to be the case, as some of our respondents reported missing visits because there were no staff and/or they could not get an appointment:

Interviewer: And how often do you have to go to the doctor during the pregnancy?

Interviewee: In my case it was fortnight.. I spent one month without any appointment

Interviewer: Why?

Interviewee: Because there weren't any doctors in the clinic. (Female, 25, married, has children and was pregnant at time of interview, Cárdenas)

In Cuba, gendered norms around pregnancy and childbirth mean that these experiences are largely perceived as something outside of men's realm – purely 'woman's business' (Härkönen, 2014). The father is expected to attend only one antenatal appointment, and men are usually not expected to be present when babies are born (ibid.).

Almost all births (99.9%) are attended by skilled health personnel (UNDP, 2018b). Until the baby is at least six months old, their mother takes them for regular check-ups to the local health clinic or a nurse visits them at home (Härkönen, 2014).

The Maternal and Child Programme (PAMI) is the most comprehensive service available to all expectant mothers and mothers of newborns in all municipalities nationwide. It provides support from the beginning of pregnancy, through regular consultations and tests with doctors, nurses, psychologists, social workers, paediatricians (if the pregnant woman is an adolescent) and other health professionals. PAMI prioritises pregnant women who face health risks, vulnerable pregnant women, but also pregnant adolescent girls:

... because many teenagers are getting pregnant ... They quit school halfway. They don't finish 12th grade ... So, for the state, it is very important that these girls access our services ... We talk to families, we talk to mothers, we talk to partners, we talk to girls, but they still get pregnant. (Health professional, Los Palos)

There are a number of other programmes to support expectant mothers and mothers of newborns. In Jovellanos, the FMC runs programmes for expectant teenage mothers, while in Los Palos, respondents cited Educate your Child (Educa a tu hijo) as another programme for expectant mothers based on routine visits and providing information. Pregnant women in Jovellanos also attend prenatal consultations at the polyclinic and receive home visits by health workers if they are considered at risk. Health workers in Los Palos and Jovellanos monitor pregnant teenagers deemed at risk due to their family and living conditions. Finally, mothers can receive support from the Ministry of Public Health and the FMC who can (for instance) lobby for mothers to access nurseries for their children.

Integrated treatment and service referrals, including maternity homes (which were present in all three study sites), were mentioned by several respondents (indeed, some of the IDIs were carried out in maternity homes, especially in Jovellanos). Service users often had positive experiences in these homes:

... I was [in the maternity home] for three months, they really take good care of you, the nurses are really good people. They treat you well, they are always measuring your blood pressure, and they tell you what the pills you have to take are for, they also send you to a gynaecologist. (Female, 18, in a relationship, has children, Los Palos)

Other antenatal, postnatal and maternal healthcare services mentioned included home visits, ultrasounds, consultations and tests for infertile couples, surgery for ectopic pregnancies, and sterilisations for women who do not wish to have any more children. In Los Palos women mentioned being sent to Güines for additional tests, while in Jovellanos they had to travel to Matanzas (the provincial capital). Respondents from Jovellanos in particular mentioned having to go to Matanzas as a result of shortages of doctors.

Another challenge to service uptake noted by a few respondents concerned pregnant adolescent girls and young women living in rural areas. Limited transportation services make it difficult for them to access antenatal services in Los Palos; it is also difficult for healthcare professionals in Jovellanos to make home visits to these girls. One service provider spoke about the complications of dealing with pregnant adolescent girls who come from difficult family situations, often from the east of the country:

... 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 professional, Los Palos)

There was limited evidence on postnatal care and services. In Los Palos, there were reported to be some basic services available, particularly follow-up from a doctor. Although respondents reported being grateful that antenatal services were free, they also expressed frustration at staff shortages and limited medical attention during the postnatal period:

[after you give birth] ... you don't have anything ... It's only appointments with the paediatrician ... Look, if antenatal services are scarce, at times postnatal services are even worse ... My baby did go to all his appointments with the paediatrician and so on, but ... for me, ... as a patient, which I still am the first two months – nothing. (Female, 25, married, has children and was pregnant at time of interview, Cárdenas)

Other challenges mentioned included the relatively high cost of feminine hygiene or maternal healthcare products (sanitary pads, nappies, etc.) (also referred to by Molina, 2019). One mother (part of an FCS) from Jovellanos described how her daughter had to give birth at a hospital in Matanzas due to a shortage of medical staff in Jovellanos. There were also reports of a lack of specialist facilities (in Los Palos) and a lack of specialist healthcare professionals (in Jovellanos), resulting in delayed appointments.

In Jovellanos, there was a view that the general healthcare system does not function properly due to issues with management and to people 'being in high positions who shouldn't be' thus causing a stumbling point for the whole health system.

...our national health system is designed to be a wonderful system. It has been well designed ... but... the functioning doesn't work very well. And we need to do more... there are people in places that shouldn't be. (Healthcare professional, Jovellanos)

3 Marriage and relationships

This section explores attitudes and practices around marriage and relationships, what people believe to be ‘ideal’ traits in a partner, and sources of support if people encounter difficulty in relationships.

Most respondents believed it more important to be a mother than a wife, comparing the temporary nature of husbands with the permanent nature of children. While most respondents also thought being a father was more important than a husband, a significant number held the opposite view – largely because men were seen to abandon their children, as childcare is generally not regarded as compatible with the prevailing culture of machismo. Most female study respondents said they had their first relationship before the age of 15, partly due to peer pressure. Most also suggested that Cuban girls have their first sexual experience between the ages of 12 and 14, again driven by peer pressure. This was the same for boys. According to study respondents, desirable traits in a male partner included being older than the woman and having financial stability. Desirable traits in a female partner included being younger than the man and being physically attractive. While girls with many partners are seen in a negative light, men with many partners are perceived positively. Reported challenges in relationships included: manipulative or controlling behaviour by the male partner; infidelity; lack of trust; inability to be economically independent; and violence, mostly perpetrated by the male partner. The most frequently cited response to relationship problems is to first confide in one’s mother, then a sister, followed by friends. Most respondents did not know where to obtain formal support in cases of violence.

3.1 Norms and practices around marriage and relationships

According to the secondary literature, two fundamental views about marriage, family and living arrangements coexist in Cuba: matrifocality and the nuclear family. In matrifocal households (those headed by mothers), ties tend to be stronger with consanguineal kin, especially between a woman, her children and other female relatives. It is common for older women to head three-generation extended households. Most Cubans live in multi-generational households, with relatives (especially grandmothers) often supporting working women with childcare (Safa, 2005; Garth, 2010). Similarly, various studies suggest that marriage is not a highly relevant social institution in Cuba. In 2011, only about half of all people in a conjugal bond (living together) were married (Censo de Poblacion y Viviendas, 2012: 82, cited in Browne, 2018). Härkönen (2014) does not find differences in attitudes between legal marriage and non-legal unions and ‘illegitimate’ and ‘legitimate’ children, and most participants in her research were unmarried, living with their partners in informal arrangements; she also observed that it was not unusual for men and women to be involved in more than one relationship at a time and noted that there were also many female-headed households. According to official data, in 2011, 40% of Cuban households were female-headed; this figure is projected to rise above 50% by 2030 (González, 2016; UN Department of Economic and Social Affairs, 2017).

Since the mid-1970s, however, the state has emphasised nuclear family arrangements as

normative (e.g. the 1975 Family Code upholds the family as the ‘base cell of society’) (Garth, 2010). Moreover, soon after the revolution, the government made a concerted effort to formalise consensual unions, which were very common, especially in rural areas. And since the 1990s, as mentioned previously, religion has become more influential in Cuba, with the Catholic Church promoting legal and religious marriage (as well as the rejection of abortion) (Härkönen, 2014). These developments might explain Garth’s (2010) finding that even though extended family living arrangements are common, ideals of being a ‘complete woman’ are linked to living with a husband and children independently from parents and grandparents. Some of these themes (particularly the tension between marriage/ nuclear household versus consensual union/ multi-generational households with an apparent preponderance of women) are also explored through our study findings.

3.1.1 Marriage versus consensual unions

Echoing Härkönen’s (2014) findings, most respondents in our study felt that consensual unions were becoming more popular, particularly among young people, with legal marriages declining. Some mentioned recent legal changes that give couples in a consensual union who have lived together for more than two years many of the same rights as those who are married. Reasons why consensual unions are more popular included young couples reportedly lacking commitment nowadays, people not wanting to formalise relationships, and no longer seeing the purpose of marriage. There were no differences across the study localities among those who expressed such views.

‘To me, it has decreased the number of marriages, of signing a marriage agreement ... whether because there is an intensification of this ‘light’ (liberal) culture or [there is a decrease] in the commitments we assume and we do not formalise our life project or relationship before the law ...’

‘It was also created a new law that says that it is no longer necessary to be married to be well established. A couple

living together, for two years they may live together and that is allowed, or they can divide their belongings as if they were legally married ...’

‘Consensual unions yes, they are very frequent.’ (FGD with men, Cárdenas)

There were some opposing views, often linked to religious affiliation, as also noted in the secondary literature, but possibly also linked to social desirability bias. Hence two key informants, both from Los Palos, agreed that marriage was common among young people nowadays. It was also noted that those most likely to marry are those who ‘go to church’:

Participant: And then, in relation to the marriage, it also depends on the type of 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. (FGD with women, Los Palos)

One devout Christian woman expressed her disappointment that her daughter told her she did not want to get married, also indicating intergenerational tensions over this issue. There was also a perception that those from the countryside are more likely to have serious and formal relationships than those in towns (and, in this case, Cárdenas). Molina’s (2019) study in the east of Cuba echoes this, finding that adolescent mothers in particular appeared to desire marriage and formal recognition of their consensual unions, though perhaps it was motherhood that was the driver to ‘formalise’.

In our study, some of the adolescent and young female respondents were cohabiting with their

partner, while others (a slightly higher number) were not. Among the latter, reasons for not cohabiting included not having a place to live together and not getting along with each other's parents. When other respondents were asked why young people often cohabit, several suggested that it was an expected pattern of behaviour in the context of reduced marriage rates and an increase in consensual unions. Some suggested that it may also be due to tensions within the girl's family.

During the time of our fieldwork, the issue of same-sex marriage was being hotly debated, as part of the new Constitution, and in particular Article 68, which was ultimately not included, partly due to pressure from conservative religious groups.¹¹ Box 3 highlights some respondents' views (notably both male) on this issue, again illustrating the role of religion in influencing norms, perceptions and attitudes.

3.1.2 Being a spouse/partner versus being a parent

Study respondents were asked whether people consider being a wife/husband more important than being a mother/father, and if so, why (see Annex 2 for a summary table of responses).

Most (including men and women) said it is more important to be a mother than a wife, comparing the unrivalled (and permanent) gratification of raising a child against the (often temporary) relationship with a husband. It was also noted that some women do not want a partner or relationship, while others also observed that women have to consider their body clock, and therefore prioritise motherhood. These findings are also supported by other studies (e.g. Molina, 2019).

Only one key informant felt that it was more important to have a stable marriage and be a good wife, suggesting that young people today do not feel the same, but still want to have children. A significant number of respondents believed it was equally important to be a mother and a wife, with some saying that this balance benefits all members of a family (mother, husband and children alike).

Most respondents (male and female) felt that it was more important to be a father than a husband. However, a significant number held the opposite view. A few female interviewees (with and without children) said they thought men preferred to be a husband only because they did not want to take responsibility for children,

Box 3 Same-sex marriage

What is worrying is that the media are focusing on that person who is different from what we have normally known ... it is always the case, always, that the person with a different sexual preference is always presented with a positive image, and what worries me is that children might be influenced by those presentations and may recognise, in the person presented as sexually different ... an example or model to follow, as if it is the case with the superheroes in a cartoon ... (Male, Cárdenas)

... I would ... completely discard Article 68 [article which defines marriage], which today unfortunately tarnishes our nation because it goes against the holy and sacred character of God, because for God, that thing they want to approve is abomination ... I would also tear down completely that concept of gender equality, why? For example, a transvestite, a man who assumes an identity of a woman's form, analysing it genetically, he is still a man, and in the same way if a woman wants to assume the role of a man. In other words, neither from the spiritual nor scientific point of view, there are valid reasons for this article to be promoted. (Male health professional, Jovellanos)

11 For further details, see Bodenheimer, 2019; Ingber, 2018; The Guardian, 2018.

or that they are more interested in a wife/woman than a child, again giving examples of fathers who had abandoned their children and family for another woman. Thus relationships between fathers and their children are seen as less permanent than relationships between mothers and children; this was also explained in terms of the culture of machismo. Only a few respondents said it was equally important to be both a husband and a father, with one explaining that ‘one role fulfils the other’ and others citing religious beliefs (see Box 4).

3.2 Norms and practices around adolescent and young people’s (sexual) relationships

According to the secondary literature, 62% of 15–24-year-old Cuban women are sexually active – one of the highest rates in the world (Singh et al., 2018). Similarly, Härkönen’s (2014) qualitative study found that Cuban girls started having sexual relations around the age of 15 (boys at the age of 17 or 18). When adolescent and young female respondents in our study were asked what age they had their first relationship (sexual relations were not specified), responses varied, from under the age of 14, to between 14 and 15, and between 16 and 17. When all respondents were asked this question, the age most frequently cited was 12 years, though some suggested later (between 14 and 15). There were no differences across localities.

Most adolescent and young female respondents who were in a relationship said that it was because they wanted a boyfriend or had fallen in love. Only two talked openly about feeling peer pressure (as noted in the secondary literature) to have a relationship. Only one respondent (a Christian young woman) had never had a relationship:

Well, for me there are times that [peer pressure] bothers me a little bit ... because there are young women of my age or even younger that have a boyfriend ... but I will wait for a young man that really loves me and that I feel that I am in love with ...

There are some [classmates] that don’t say anything because they know I am Christian ... but others say ‘hey, when are you going to have a boyfriend?’ (Female, 16, single, no children, Jovellanos)

In contrast, the most frequently cited explanation for why *other* girls have relationships at a young age was peer pressure (echoing the secondary literature), with respondents suggesting that ‘you don’t feel like a proper woman’ unless you have a relationship. Other reasons for starting relationships at an early age included not having anything else to do (particularly in rural areas), a lack of family guidance, and lacking the economic means to support oneself and hence looking to a relationship for that.

Participant: There are also few alternatives for a healthy recreation, entertainment. There is no other way to interact, to live or to enjoy life because in this town there is no cinema, no theatre, besides the music in the park, or a disco. There are no other options that motivate you to say, ‘I want to do a project with my life, I want to make a career that I can perform here’ because there are not many options for careers.

Participant: I think the economic aspects also influence because sometimes the youth have need for clothes, technology, then they can do anything to get it if their families cannot provide them with that. (FGD with women, Jovellanos)

Yes, peer pressure is strong because, girls sometimes ... they believe that if you have no relationships you are a fool, or you are a virgin, or a saint, and they tell you different obscenities ... Then there is a lot of pressure because everybody has done it and you have not, you feel inferior, you feel less a woman than the other girls. (Female, 20, married, no children, Jovellanos)

Box 4 Perceptions of relative importance of being a mother versus a wife, and a father versus a husband

Mother versus wife

... it's 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)

Wife versus mother

For me, marriage is very important; then children come. It's always been that way. First, marriage and then, children ... Nowadays, though, the youth do not see it that way. Marriage is not important to them. For some, a minority, it still is, but not for most ... Becoming a mother is [important]. For them, it's more important to become a mother ... (Healthcare professional, Los Palos)

Wife and mother equally important

I think both things are important. A woman should have a balance, as a mother and as a wife. She shouldn't give more priority to her husband than to her children and the other way around. Because that could become a problem ... (Female, 40, married, has children, Jovellanos)

... If you are well and treat your husband well, the child learns that, because at that age the children repeat everything they see. I believe that both are important. When you have a good relationship with your husband, with your partner, your child also learns. When she is older, she has an example of a good mother and a good husband. (Female, 20, married, no children, Jovellanos)

Father versus husband

For me it's more important to be a father. Because I think children are always before anyone who's beside you. (Female, 17, single, Cárdenas, no children)

First you have to be a father and then a husband, then everything else. (Female, unknown age, married, has children, Los Palos)

Husband versus father

I think for men it is more important being husbands than parents ... because they do not have that responsibility, they can have children with different women and only give them their surname and go to see them one day per month ... (Female, 17, single, no children, Cárdenas)

Well, there are fathers who end a relationship, get separated, and forget about their children. They start new relationships and abandon their children. (Female, 51, separated, has children, Los Palos)

Husband and father equally important

... the most important is to do both, because one fulfils the other ... (Man, Cárdenas)

... the two things are important, because ... God gave Adam his wife and they will be one flesh. I believe that an important point in life is to have a husband and have children, for continuity. (Female, 17, single, no children, Jovellanos)

When girls and young women were asked what age they first had sexual relations, the responses were in keeping with the secondary literature – i.e. between 14 and 15 years, between 16 and 17, and even 18 and 20 years. For respondents who had had sex before the age of 16 (the legal age of consent in Cuba) and were asked if anyone knew about it, half had not told their parents (but one was planning to do so).

When all respondents were asked this same question, most replied between the ages of 12 and 14. This was constant across all study sites. Peer pressure was the most common explanation for why girls typically have sex at a young age:

... when you are 12 and in secondary school, it was just a few girls who had not already started having sexual relations ... a friend of mine ... had not started having sex [when she was in 9th grade] and she was worried about finishing secondary school without having had sexual relations, [as] you feel inferior to other girls who already have ... In secondary school, when you start ... most of the girls have begun [their sexual life]. But even in primary school, in 5th or 6th grade, they have already started. (Man, Cárdenas)

This early initiation of sexual relations has many consequences, from a high rate of adolescent pregnancy to the inverse relationship between age of first sexual encounter and adolescent fertility rates (Molina, 2019).

The evidence around boys' sexual activity is more limited. When asked about the typical age boys have sex, some respondents reported that men have sex at an earlier age than girls or around the same age. A male FGD participant in Jovellanos suggested, however, that girls start at an earlier age than boys, that they mature more quickly and 'lure' boys into having sexual relations with them ('... women are the ones who invite them [men], it is almost never the other way around ...'). There is little evidence as to why males have sex at an early age, though some respondents suggested it is due to machismo:

... boys start a little earlier, at 12. Of course [they are having sex at that age] because they are 'machos', so they start earlier. (Female, 20, married, no children, Jovellanos)

In terms of the length of relationships, adolescent and young female respondents largely reported being in a relationship lasting less than a year, although a number also reported relationships that had lasted longer (one 17-year-old had been in a relationship for three years). Two older respondents (21 and 25) had been married for several years; prior to marriage, both had previously been in a relationship with that same partner, one for seven years and the other for four years. A 26-year-old reported being in a consensual union for seven months, having previously separated from another partner (who is the father of her two children).

The most commonly cited desirable traits in a male partner, according to study respondents, were age (being older than the woman) and having financial stability (for a few respondents these two traits were interlinked), mirroring findings from the secondary literature (e.g. Stallworth, 2002; Kirk, 2011; Guerrero Borrego, 2014). Several people also mentioned being of the same religion and having a stable partner or one that has not 'slept around much'.

... I am a Christian, if I look for a boy, I will look for him in the Church, and I know that if he loves God, he will not betray me. I know I can trust him, and he can trust me. (Female, 17, single, no children, Jovellanos)

One respondent from Los Palos explained that finances (to buy the latest phone or branded clothes) are often a driver of sexual relationships among young girls:

I have a lot of patients, who are 10+ years old and date people over 20, some 30, 36 years old. Many do that because of finances because ... in their families, they don't have what they want ... Finances, however, have a great influence on youth – brand-name

clothes, brand-name shoes, the latest out there, their phone must be the latest model. 'My mom cannot give it to me [whereas] this man, who is 40 ... he can, so I go with him. (Healthcare professional, Los Palos)

When probed as to whether race or skin colour influenced perceptions about whether a man was desirable, most respondents said it made no difference. Only one noted that, in relation to other female respondents, 'white' girls want to be with men of the 'same colour':

Because many young women with white skin ... like to be with a man of the same colour ... There are also many parents that do not like their white daughter getting into a relationship with someone that is brown skinned ... (Female, 17, in a relationship, no children, Los Palos)

These characteristics were repeated by women when they were asked what traits are desirable in a male partner with whom they would have a child. This also mirrors the secondary literature which finds that a man's wealth, the ability to provide for them and the child, and the ownership of a flat (and sometimes even a car) as key traits to look for in a father. Similarly, though women emphasised that they wanted the father of their children not to be bad, careless or violent, considerations about a man's wealth were ranked higher (Härkönen, 2014; 2015).

In terms of desirable traits in a female partner, several respondents noted that males liked to date younger women, while other responses were more varied and included the importance of the woman having 'family values' and intellect. Physical appearance was also seen as important, always to be 'kept in the back of one's mind', even if other qualities were deemed important when choosing a woman to have children with:

... I want to enjoy and have a good time, and the passion, so ... pretty eyes or a clean woman, of course ... but when I think about family and an enduring relationship ... I think about

the aesthetic part but ... I think about values, intelligence, and values that will define how that woman will use her intelligence, but without forgetting the aesthetic part ... That is what I think, and what dominates most of men's thinking is the aesthetic element ... (Man, Cárdenas)

The vast majority of respondents across all study sites localities perceived girls who have many partners in a negative light. The term 'whore' (puta) was a recurring descriptor. In a few cases, people suggested they did not personally agree with this negative perception, believing that this kind of behaviour often stemmed from financial or emotional need, particularly when young people lacked parental support:

People think that they are whores but that is not true. Maybe they do it because they do not have the support of their families. If they had the support of their families, they would not be looking for help in other people or the need to feel they are sufficiently grown. (Female, 16, in a relationship, pregnant at the time of interview, Jovellanos)

Though not all respondents shared this view:

They [girls with many partners] are seen as promiscuous, girls who are not mature yet, that they have not settled down, and they are just letting time pass ... and there are a lot of people who think that happens because they do not have any education at home. But I think that is not the case, that has nothing to do with what you get from home, if you want to have a lot of boyfriends, that depends on you ... (Female, 17, single, no children, Cárdenas)

When asked about characteristics of females who have many partners, the most frequently cited response was lack of serious commitment; older respondents also suggested that women and girls are more likely to have many partners nowadays compared with previous times. Other

characteristics mentioned included being from poorer backgrounds (although one respondent suggested that girls from better-off families also often had many partners), not having family guidance, and certain lifestyle choices (girls who 'go out a lot').

... Why does this happen? Because young people do not want anything serious nowadays, they just want to have fun ... you see a lot of changes of partners, continuously, because they do not want to have lasting relations ... it is always said it is men who do not want a permanent relationship, but there are also a lot of women who, due to heart-breaking experiences or other reasons, do not want to be in a stable relationship. (Female, 17, single, no children, Cárdenas)

... sometimes they look for financial security and they change a lot because they don't feel good with the partner they have and they don't feel in love ... sometimes they do it because it's in fashion to have two or three, 'I'm with this one and I can't put up with this one.' And they have a fight the next day, 'I'll look for another one.' (Female, 49, married, has children, Jovellanos)

Women having many partners can also be associated with sex work or transactional sex. However, given the limited evidence, it is not possible to analyse how widespread this is, as there were different views among respondents in the same locality. Some suggested that females who engage in sex work come from the 'east', while others suggested that rural areas promote sex work. Another respondent noted that the women involved may not see what they do as sex work per se, but rather as a form of income for survival (see quote below). However, it was also noted that engaging in sex work is not always linked to economic issues and that even girls from relatively well-off families can be involved in sex work because of problems within the family (see second quote below).

... there are people who don't work ... they don't have another way to survive. The only money they can gain is that. I'm not just talking about prostitution, people that go out to the streets, but about people that have two or three stable partners or relatively stable, that they see each other frequently, that most of the time are married men ... and those men make their life easier because they give them presents ... money ... I understand that as prostitution, but for them it is not prostitution, because they don't wear short clothes or go out to stand at street corners. However, in that way ... they support their family, grandparents, everybody ... (Healthcare professional, Jovellanos)

... But I know people or girls who have a family with good position, of very good culture ... [and you] see them in the street from early doing what they should not do ... selling their body ... (Female, 21, in a relationship, has children, Los Palos)

In contrast, most respondents suggested that men who have many partners are viewed positively by society. The terms 'macho', 'machismo', 'womaniser' and 'normal' were heard often. A few female respondents felt it was unfair that women who have many partners are viewed negatively while men are viewed positively:

... [having many partners] is well accepted, for a man, that is macho, they are well considered ... Girls are discriminated against if they have boyfriends but for boys, that is well accepted ... (Female, 17, single, no children, Cárdenas)

... Because when a man has his woman, he cheats on her over and over [le pega sus diez mil tarros], and what do they say? A womaniser [hombre

mujeriego]. When it's the woman who does it, they call her a whore. Why? Both are doing the same thing. (Health professional, Jovellanos)

... ah ... we are in a society that is macho, even though nowadays they want to show another image, or they try to show another image. The man who has a lot of girlfriends is regrettably approved, especially in the family. He is the one that is going to be the same as dad or the one that has the pattern of the father ... (Health professional, Jovellanos)

There were mixed views about young people not having had a partner. On the one hand, girls who had not had a partner were seen as 'good', yet for boys (and sometimes girls too), this prompted questions about their sexuality:

... about girls [not having a boyfriend] people think in a positive way, like saying they are good as they do not have boyfriends ... and men are seen as being left behind, they will never have a girlfriend ... (Female, 17, single, no children, Cárdenas)

3.3 Challenges faced by adolescent girls and young women in relationships and avenues for recourse

Attitudes of machismo in Cuba support aggressive and dominant sexual behaviour and allocate entitlement, control and dominance to men (Kirk, 2011), with peer pressure also reinforcing expectations of masculinity (Guerrero Borrego, 2014). Such attitudes can also encourage Cuban men to have relationships with younger women and can put girls at risk of becoming economically dependent on older men or of getting involved in transactional sex (Stallworth, 2002).

The most recent national survey on gender equality (carried out in 2016) revealed that rates of violence against women in Cuba are comparable with global figures, indicating that 4.2% of women aged 15–74 had experienced violence from their partners in the past 12 months, while 17% had 'ever experienced violence', and 22.6% had experienced violence both in the past 12 months and 'ever'. The most common form of violence by a male partner was psychological, followed by financial (ENIG, 2018). A recent qualitative study also shows that adolescent mothers may be subjected to violence due to unequal power relations between them and their spouse/partner. This is also affected by a range of factors – for example, age (men are usually 4–6 years older than the adolescent mother); occupational status (men are usually employed/earning an income, while women are in caring roles and usually economically dependent on men); and level of education (men usually have higher levels of education than women) (Molina, 2019).

When our study asked what kinds of problems adolescent girls and young women experience in relationships, there were a wide range of answers, either based on their own or other people's experiences. Several respondents had experienced manipulative or controlling behaviour by their male partner, often arising from jealousy. Secondary evidence also shows how relationships are often spaces of potential violence, often caused by jealousy (24.3% of men and 20.3% of women surveyed by ENIG cited jealousy as an important reason for conflict, fighting and violence between couples (ENIG, 2018)):

... I had a relationship in which I didn't want to go out because jealousy was really bad [los celos eran ya enfermizos], he was jealous for everything. If we went out, he used to get jealous. If I said 'hi' to one of my male friends, he wanted to fight with them. So I avoided going out ... Each time I went out I had a knot in my throat, thinking something was going to happen to me. (Female, 17, single, no children, Cárdenas)

Alcoholism was mentioned by a few respondents (see quote below) who experienced violence directly, though it was more common for respondents to give accounts of violent incidents they knew about from friends or relatives. Reasons given for male violence included the culture of machismo, where men are perceived to be able to or are expected to control women and witnessing alcoholism and/or violent behaviour from parents as a child.

I had a partner, before the father of my child, that used to drink a lot. Every time when he arrived at the house, he was drunk. I had given birth to my child. I was not with the actual father of my child. He was drunk and that was not nice ... He would grab me to wake me up and tell me that it was not a time to be sleeping. It was like 2 am. Well, I got tired and I just left him. I do not stand any abuse from a man ... he would take the child out from the cradle though the child was not his. This should not be done because if he is drunk, he could drop the child ... To be abused or that my child is abused, I would rather leave him ... Many others might come and be even better than he. (Female, 26, has children, Los Palos)

... Because still here machismo has not been eradicated. Still men think that they are the owners of their girlfriends, of women. (Female, 32, married, has children, Los Palos)

I do think that violence can influence, there are parents who are alcoholics and their children ... what they saw, sometimes they do when they are older. (Female, 20, married, no children, Jovellanos)

There were varied responses about the extent to which alcoholism, violence and abuse occur. For instance, in Los Palos, it was suggested that there was more violence in the past, and that now, with

‘programmes’, it was no longer such a problem, and less widespread among young people than it used to be. However, other respondents from the same study site noted that it was an issue; one respondent (a woman) suggested that because all men drink, the problems associated with drinking (including violence) were likely to follow. This also suggests that such behaviours are, to a large extent, accepted and normalised, and that men, therefore, are almost excused for drinking alcohol excessively and engaging in abusive and violent behaviour that is often the result.

Violent behaviour is not always openly talked about, and violence towards partners or spouses is often hidden and considered ‘a private affair’ (see also evidence from other countries, e.g. Samuels et al., 2017). There were some reports of violence perpetrated by women, and some older respondents noted that jealous behaviour among young couples can stem from either partner. However, male-on-female violence was more common:

... the majority of men drink. There are women that also drink. When they [men] drink, they are aggressive ... they can also abuse. (Female, 17, in a relationship, no children, Los Palos)

Another frequently cited challenge was infidelity, usually by the male partner. Respondents spoke about male spouses or partners looking for someone else when their wife or partner was pregnant because she ‘looks different’. One recounted a personal story about the infidelity of the father of her child, though she decided to stay with him for the child’s sake. Reasons given for men’s infidelity included the machismo culture, whereby in order to show they are ‘real’ men they almost *have* to engage in multiple relationships and be unfaithful, even if they do not want to. One female respondent, however, suggested that women are more likely than men to have multiple partners or be unfaithful.

The fundamental problems in relationships? The lechery/licentiousness of men. Sometimes they don’t even like it, it’s just pure machismo, because they go out with

one, pass by another... and in the end they do it, not because they want to, but because of pure machismo, to put another notch on their belt. (Health professional, Jovellanos)

Other challenges facing young couples, cited by several respondents, include changing partners frequently (often because people ‘jump into a relationship’ without spending time getting to know each other); lack of trust among partners who began relationships very young (also because of peer pressure) and lacked maturity; and pressure from society to behave in a certain way, which also puts pressure on the relationship.

... There are many couples who do not trust each other, because they started very early and do not have much experience, they are still teenagers, they betray themselves because they are young. Betrayal can be a response to group pressure or bad education. (Female, 20, married, university, no children, Jovellanos)

... when you have a couple you feel the pressure of society, you need to live with him, be more serious, to introduce him to your family, and I think that all those things make the relation deteriorate, even before you began that relationship ... (Female, 17, single, no children, Cárdenas)

Young couples also faced other, more practical challenges, such as not being able to afford to live independently, thus having to share living space with other family members, even if they had finished university, had a child and may be earning a salary. This also highlights the limited economic opportunities in Cuba more generally (see accompanying report on women’s economic empowerment).

... a couple of young people who have completed university studies, they finish their grade normally when they are 24

and then they are a couple, and if they want to be independent that is difficult for them ... it is normal to stay in the same house, even if they have a child and it’s not just the two of them ... they do not have the economic solvency to become independent ... (Man, Cárdenas)

When young females encountered relationship problems (e.g. if a partner/husband ‘falls in love’ with someone else, there are ‘character differences’, or if there are episodes of violence), the most frequently cited response was to speak to someone about it – usually female family members (mother, sister), then friends. One said they would never speak to their father or their brother as it makes things worse (‘First of all, I will tell my mother, my sister, I would not tell my dad because I think things would be even worse, nor my brother because my brother could be even worse than my dad! (Female, 15, in a relationship, no children, Los Palos)). It was also noted that there may be a preference to tell friends rather than family members about issues concerning violence, with some respondents noting that, often, the ‘family is the last to know’ because they fear a family member may call the police. Most respondents did not know where to go to obtain formal support in cases of violence, though some did suggest women could go to the police (though also noting that they often arrive when the violence is ‘already over’).

It was also noted that some women do not talk about relationship problems because they want to stay with their partner, because they feel linked to him, they ‘love him’, or they have been together for a long time and it is difficult to end the relationship. It was also noted that some women experiencing violence may be afraid to speak out as they are ‘embarrassed’ and fear backlash and possibly even further violence from their partner:

... Women are afraid of people knowing what happens in their relationship, they’re afraid of being blamed for what happened and they’re afraid of thing happening again ... (Female, 25, married, has children and was pregnant at time of interview, Cárdenas)



Young girl in Cienfuegos, Cuba, 2019. Photo: Adam Cohn/Flickr.

Another relatively common response to violence was for the woman to break up with her partner. One respondent noted that it is now more acceptable for women to denounce men who mistreat them and to end the relationship than it was previously:

... I think women now feel equal to men, before there was a difference between men and women, and now ... if we are mistreated by men, we denounce it and the relationship ends ... (Female, 17, single, no children, Cárdenas)

Girls and young women who lack family support and guidance were thought more likely to face relationship challenges. Similarly, those who did not have a good role model from within the family or had a difficult family environment were thought more likely to end up in difficult relationship situations.

Maybe because they do not have a good family to direct her, to advise her, everything starts from families. The family is the one that first has to educate and teach. (Female, 21, in a relationship, has children, Los Palos)

Although it was felt this could happen to anyone, if a woman was strong and confident and better able to select a 'good man', it was thought less likely that she would put up with a difficult relationship situation:

... of course, a more confident woman is more capable of setting boundaries. If my husband insults me at any time I know exactly what to do ... she has to know herself better, I think. She has to be more conscious about who she is. (Female, 25, married, has children and was pregnant at time of interview, Cárdenas)

Finally, there was a sense that women from religious backgrounds were less likely to face challenges since they are 'taught' what to do and how to behave – presumably to be more submissive and accept male control in relationships.

... teenagers who are less exposed to these problems are those who are religious, those who frequent the church, those who are taught what to do and what not to do. (FGD with men, Cárdenas)

4 Parenthood and childcare: expectations, desires and decisions

This section presents findings on attitudes and practices around parenthood (motherhood and fatherhood) and childcare in Cuba, exploring norms and ideals around masculinity and femininity, age at first birth, single motherhood, and forms of financial and emotional support available (whether formal or informal).

Social norms and expectations of masculinity and femininity in Cuba can influence whether to become parents, who to have children with, when to have children, how many children to have, and whether there is a preference for girls or boys. Parenthood was viewed as a transition to adulthood. Women who did not have children were viewed variously as being selfish, as wanting to pursue a career and as being ‘normal’ nowadays. Men who do not have children are less judged than women. Single mothers can be perceived as being promiscuous and having sexual relations at a young age, though this view is changing. The ideal age to have children is between 20 and 25, however, many respondents had their first child earlier. The ideal number of children is two (one boy, one girl). Girls who had early pregnancies and many children largely come from rural areas, from poorer backgrounds, from migrant families, and had lower levels of education. Peer pressure and boys refusing to use contraception were also causes of early pregnancy and many children. Most of those who had children had not planned them and most had decided themselves to keep their child, with the support of family members, usually mothers. Girls/young women mostly continue to live with their parents after giving birth, also because fathers

‘do not want to take responsibility’. Most female study respondents had left school or university during pregnancy; a few intended to return, but that was largely dependent on having support from families. As well as childcare, challenges in returning to education included joining at a lower level than peers and facing discrimination by teachers. Most female respondents who had partners reported that their partners continued to work/go to school as usual after the birth of a child. Childcare is mostly informal, provided by family members (often the girl’s mother or grandmother). Childcare support from male partners was generally limited. Formal childcare support was also limited. Some respondents reported receiving financial support from male partners; for others, the maternal family were the most important source of support (financial and emotional).

4.1 Parenthood: motherhood and fatherhood

Findings from the secondary literature show that parenthood is regarded as one of the markers of the transition to adulthood (Härkönen, 2014). Fatherhood is considered to improve men’s masculinity and turn them into ‘proper’ adults, which can also encourage men to engage in unprotected sex or to have children early (ibid.). Similarly, becoming a mother is often synonymous with becoming an adult – a mature, complete and ‘real’ woman, who also receives respect from her community (ibid.). A CENESEX report (Guerrero Borrego, 2014) also finds that fear of not being considered ‘grown-up women’

encourages Cuban adolescent girls to engage in unprotected sex.

Echoing the secondary literature, parenthood was viewed by most of our study respondents as a key transition in a person's life. Some noted that it was important for men and women – i.e. that both parents are needed and should share parenting responsibility, even if the relationship ends:

... In reality, the pregnancy is of the two: the father and mother, and the responsibility in the education of that child and of the parenting of that child must be of the two. Even if they are separated or even divorced, he divorces the woman but not his child. (Health professional, Los Palos)

4.1.1 Motherhood

Most of the 47 respondents (men as well as women; see also Annex 2) stated that motherhood is important, citing a variety of reasons, such as that motherhood is a defining aspect of womanhood and it is a woman's purpose in life. Around half of the respondents also explained that motherhood was important because of the experience of carrying and nurturing a child (most of these respondents were female, though there were also some key informants and male respondents who gave similar reasons). A few women explained that motherhood was important because it provides a stage of personal development, when they have to start thinking about another person rather than themselves, and have to become more 'mature':

... Because you are facing a new life that is no longer how I live but how I try to get my son out ahead. It's not like I'm going to buy a change of clothes, but how to make money and buy clothes for my son. Or how I'm going to have money so that my son goes to school tomorrow, buys a snack, or can go out with the other friends. It is important because you learn new things, not only do you care about yourself, but for your son ... (Female, 20, married, university, no children, Jovellanos)

Some younger respondents (under 18) said motherhood was important because women would need the support of their children later on in life:

... Children are also a support you will have in the future, because if you do not have children, who will help you when your family is no longer there? ... your children, who you supported and they will support you in a reciprocal way ... (Female, 17, single, no children, Cárdenas)

A significant number of respondents also said that motherhood was important because it is what religion dictates and that children are a gift from God (see also Molina, 2019); around half of these respondents were men over the age of 30, the other half were women of different ages. The few respondents who said that motherhood was not always important cited reasons such as just not wanting to be a mother, wanting to find fulfilment elsewhere, or not being able to care for a child properly.

Look, from the very beginning, God gave us the authority over all things, he gave us the authority to multiply ourselves, and one of those things, evidently, has been to the women, the opportunity to be a mother ... that is a gift from God; giving birth from within you ... seeing it growing, developing, doing things – that's a gift. (Health professional, Jovellanos)

4.1.2 Fatherhood

Most respondents also explained it was important for men to be fathers. However, there was an apparent shift in reasoning compared to perceptions around the importance of motherhood. The most common response given by all types of respondent was a somewhat vague notion about it being very positive for men to have children in their lives. A few respondents, varying in age and gender, explained that fatherhood contributed to a man's personal development and sense of purpose and maturity, also suggesting that fatherhood is necessary to become a 'real' man.

Other reasons why fatherhood was considered important included: father figures being important for children; men instinctively want to reproduce and be fathers; fatherhood demonstrates a man's virility; and men can be supported by their children later in life:

... Because that's when the age of a man's responsibility comes. When a man is not a father, he is a boy, who does not care about anything. Like me, I do not care about anything. Right now I'm sitting here and then I'm leaving, I go here and there. I do not care. But when you have a kid you worry. What is he eating? What happens to him? If he is sick, if he goes to school. There are worries. (Male, 18, in a relationship, no children, Los Palos)

... I think for a man it is very important to have children, because it's a way of showing his virility, so maybe when they are young that doesn't mean much, but in the long run for them, the more children they have, the better for them. (Female, 25, married, has children and was pregnant at time of interview, Cárdenas)

A few respondents believed it is not important for a man to be a father, referring to the fact that some men 'don't care about children' while others occupied themselves with other things and ended up not having children.

... 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)

4.1.3 Perceptions of those who do not have children

When respondents were asked how people who did not have children were viewed by others, generally perceptions were negative, although

more people expressed opinions about women who did not have children than men who did not have children. Thus almost half of our respondents had negative perceptions of women who do not have children, though most did not clarify whether that view related specifically to women who *choose* not to have children or women who *cannot* have children. Those who spoke about women who have *chosen* not to have children generally consider them negatively, saying (for instance) that they want to pursue a career rather than have a child (though one respondent also mentioned that people may say she is a lesbian). These respondents were male and female, of different ages and from various locations. Some see the decision not to have children as an act of selfishness. A few (mostly women) believed that a woman's life is unfulfilled if she does not have children, with some suggesting she may be sad 'all her life' and have a 'shorter life'. A few also mentioned that childless women may struggle in the future as they will not have the support of children in their later life:

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)

One respondent mentioned that it tended to be older people who perceive women who chose not to have children negatively:

Sometimes old people or people from another time see them as spinsters ... [they] think that a good woman and a good man are when they have children. (Female, 20, married, no children, Jovellanos)

Respondents who reported more positive perceptions towards women who do not have

children reported feeling pity towards women who are unable to but presumably would like to have children. All of these respondents (all female) mentioned the need to support these women. It was also mentioned that women without children often ended up taking care of other people's children and being like a 'second mother' to them:

... in my neighbourhood there was a girl ... who couldn't have children, and she loved me and she was always close to me, she brought me presents, she was like a second mother to me and I was like her daughter. And then I grew up and there was another girl who didn't have a good economic situation, she was very poor, and she helped with everything, she baptised her, she's her godmother, she's like her daughter. The girl practically lives with her. (Female, 17, single, no children, Cárdenas)

One group of women also discussed how women are now more able to decide whether or not they want children, referring to a television programme (*Decide usted*, 'You decide'):

Participant: If she does not want, she does not want and that is her opinion.

Participant: It is her right.

Participant: Look, there was this programme, how is that it was called?

Participant: *Decide usted* ... it was about a young woman that did not want to have a child and the parents of her young husband were pushing her to have a child. The husband understood and took it well – if she does not want to have the child, she wants to focus on her career.

Participant: It is her right, if she does not want to have a child, she does not have to have a child ...

Participant: Because then, it can be a child that was not expected, and that is even worse.

Participant: And a child implies work, time and effort ('Un hijo lleva trabajo') ...

Participant: In relation to children, society has changed a bit.

Participant: Because before it was different.

Participant: Because as they used to say in the [TV] programme, the woman was made to have children. No! The women can focus on her career, she does not want to have a child, she does not want to affect her physical appearance, I agree with that, if she does not want to have a child, she does not have to have a child. (FGD with women, Jovellanos)

Respondents who were indifferent or held neutral views about whether a woman has children or not generally stated this was because they see it as a personal decision. They also saw it as 'normal', suggesting that childlessness (particularly for women) was increasingly common nowadays and accepted:

... I don't think society bothers so much about that [now] ... I know a couple, a young couple and they did some tests because they tried several times and they couldn't get pregnant, and then, it was a problem that he had. And he said to his wife, 'look, I won't force you to live with me, you can take your way and I can take mine' and she said no, of course, 'we are together in this and that's all'. But sometimes it's ourselves that feel uncomfortable. I don't think society cares about it, if they have or don't have children. (Male, Jovellanos)

A few respondents expressed indifference if it was clear that the decision was made based on economic circumstances (that is, women not having a child because they cannot afford to). Some were aware that there might be a particular reason why a woman decided not to have children, such as wanting a career, family

responsibilities, infertility, or not wanting to have a child with their current partner (see also Box 5):

It is her decision if she wants to have a professional life, I do not see anything wrong with that, and maybe her husband supported her in the idea of not having children, or maybe she does not even want a husband that comes to tell her that. (Female, 15, in a relationship, no children, Los Palos)

... If she doesn't want to have children, because the man she is with isn't the one she wants forever ... because that happens, you can put up with a man but you don't want him to be the father of your children. Tomorrow they can find another man, and it is like that. (Male, 42, married, has children, Jovellanos)

According to a few respondents, men who decide not to have children are perceived positively regardless of their reasons. According to these respondents, men can make that decision without being judged by others. A few respondents had negative perceptions of such men because they believe that men who have no children are irresponsible. Some respondents said that people who have negative perceptions about women who do not have children have equally negative perceptions about men who do not have children. For example, one respondent had negative perceptions about childless men and women alike because both sexes need the support of their children when they are older. It was also noted that men who do not have children may be seen negatively because others might think he is not allowing his partner to have a child.

... if a man doesn't want to be a father he still is admired by many ... (Health professional, Jovellanos)

... [men with no children are seen] as an irresponsible man, because

you never had children because you never wanted to, because you were irresponsible. (Female, 25, married, has children and was pregnant at time of interview, Cárdenas)

People always gossip ... it is as if he does not allow the woman to be a mother, and this is unfair in the same way that it is for a woman ... (Female, 17, in a relationship, no children, Los Palos)

A few respondents were neutral, saying that it is normal for men not to have children, and more normal or common than women not having children (though some said it was equally normal or common). Some respondents said it is a man's choice whether or not he has children, and there may be good reasons for this choice (e.g. not needing to have a child, ill health, or not wanting the responsibility of a child). It was commented that some men do not need to be a father to be fulfilled (the respondent said the same for women).

'It is not typical 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 ...'

'... and it can also be that men cannot have children ... they go to fertility doctors and they are told they cannot have children ...'

'Yes, of course – and no one judges them, they are seen as just normal parts of society. (FGD with men, Cárdenas)

... Maybe he cannot have them because he is sick or maybe is 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)

Box 5 Decision-making on when to have children

Dolores is a 20-year-old woman from Jovellanos who is studying at university to become a pre-school teacher and working as a school secretary. She is married and lives with her husband, who is 25, in a house that is also the site of her husband's barber shop. They are Christian Methodists. She believes that the decision to have children should be made jointly by spouses.

Dolores explains: 'Well in our country it is very often that at 13 or 14 years old [girls] start to have a partner and also start having sex. Most start early, when they are not prepared. And it is rare that they start at 18 or 19 years old, as in other countries ... Boys start a little earlier, at 12 ... because they are "machos" ...' She had her first boyfriend at 16, but they did not believe in sex before marriage: 'we decided to get married and since I was still a minor my parents allowed me to marry a Christian boy, a good person. I got married at 17.'

She observes that adolescent girls sometimes exert pressure on friends or peers to have a boyfriend and to have sex: 'Peer pressure is strong because, girls sometimes ... they believe that if you have no relationships you are a fool, or you are a virgin, or a saint, and they tell you different obscenities.' However, she believes that 'one has to learn not to take what people say. Because you lose your virginity when you want, it has to be something beautiful, it does not have to be something forced. Then there is a lot of pressure because everybody has done it and you have not, you feel inferior, you feel less a woman than the other girls ... Girls used to ask me if I had had sex. They said to me that I had been with my boyfriend for a year and had not done anything. I always said that it was not because I did not like it ... but I had to learn to wait, I am a Christian and for me that comes within marriage ... I made the decision to wait for marriage, to wait for the right person.'

She and her husband have been married for three years but do not yet have children. She reports that she has 'talked with my husband about the issue [of adolescent pregnancy], and told him that girls, at least here in Cuba, start with bad communication ... because ... 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.'

Dolores plans to have children when she is 24 or 25, when they are better prepared: 'when my studies are done and I can start working I want to have my house first, I want to have everything for my house ... to be in a good position, a good economic situation to then bring a new person to the family.' She would prefer to have two children, a girl and a boy ('the boy first, so he takes care of the girl').

Dolores and her husband use condoms as contraception and she advises friends to do the same: 'I tell them: what happens if one day you forget to take the pill, you made the mistake, or when you want to get pregnant you will not be able to. I tell them to do the same as me, to use a condom. I'm not ashamed to say it, I go to the pharmacy and I say 'give me a box of condoms'. I am not ashamed because we are all human and have sex. I prefer that than to arrive at the same pharmacy with a big belly [pregnant]. [Although] everyone [at the pharmacy] looks at you ... They look at you weird.'

As for getting information about SRH issues, she reports that 'in my case, my mother always talked to me about these issues' and she thinks that 'Christian families always talk with their children'. She also reports that 'In my church, our pastors are very good at these sexuality talks. I am guided by biblical principles that say that a woman must reach maturity to develop in her sexuality when she is already married, when she already has a stable partner. But I think that the state or society does not help much in that, the Church does.' Other than the church, she reports that 'we have nothing, not any institution or programme that teaches us about sexuality and reproduction, we have no support from the community or the state to give us information ... There must be something to help us face this.'

... men shouldn't be discriminated against because of that [not having children]. There are men who do not like having children in order not to have responsibilities. And live life well. (Male, 18, in a relationship, no children, Los Palos)

of as it is now ... Before, things needed to be more formal, women needed to be married to have children, as I saw with my grandmother. Now if a woman has children, it is normal. If she works, if she feeds them, it is normal. (Female, aged either 17, single, Jovellanos)

4.1.4 Perceptions of single mothers

As mentioned above, in 2011, 40% of Cuban households were female-headed, with the prediction that this will rise to above 50% by 2030 (González, 2016; UN Department of Economic and Social Affairs, 2017).

Most respondents who were asked about perceptions of single mothers (almost half) felt negatively or indifferent towards them, with some suggesting that single mothers are perceived as being promiscuous and having sexual relations at a young age. It was also noted that people can think badly of a single mother because it would ultimately affect the child. Some respondents explained that people feel pity for single mothers. Almost half of those asked, though, expressed neutral perceptions about single mothers, with men and women both seeing it as a normal occurrence compared with earlier times. There were a few overtly positive perceptions about single mothers (among older respondents), suggesting they should be viewed as 'heroines' or 'fighters'. A few respondents explained how single mothers are more common now, and the community tries to support them.

... But people almost always don't look well on it because the children lack a father, the paternal presence ... And the mother has to assume the complete role of mother and father at the same time. (Female, 49, married, has children, Jovellanos)

I think that is something normal ... Maybe before it wasn't as well thought

'I think that depends ... in certain cases, she [a single mother] can even be seen as a heroine ... if that is the case (that she was left alone), she is seen as a fighter ...'

'Specially if the man left her, she is seen from a favourable perspective.'
(Man, Cárdenas)

4.2 Transitions from childhood to adulthood: the quinceañera

The quinceañera (a girl's 15th birthday),¹² which signifies the transition from childhood to adulthood, is still widely celebrated in the three study sites, as one respondent explained: '... they reach an age when they are considered as grown-ups ... and they are welcomed and they have their coming-of-age celebration' (Female, 17, single, no children, Cárdenas).

There was a perception among (mostly older) study respondents that in the past, the quinceañera was more popular and grander, but now the celebration is smaller and mostly just for close family members. This was explained by the fact that people now prefer to spend their money on technology (phones, computers) rather than parties; others also noted that the girls themselves did not want to have big parties and that 'a photo was enough'.¹³ Some respondents also linked the scale of the celebration to the family's socioeconomic status (i.e. those with more money were able to hold larger parties). It was also suggested that religious families are more likely to have an elaborate celebration:

12 See Box 1 in Leon-Himmelstine et al., 2019.

13 A photo shoot and circulation of the photos is a key and lasting component of the celebrations, with the large photographs of the girls (or/and boys) on show in the family homes.

When I was a child yes, it was very common ... every month there were celebrations, but over time it has fallen so much that today ... nowadays there are several young girls who tell the parents ‘No, dad, what I want is to take my picture and take me to a hotel and I do not celebrate with a party anymore’. (Education sector professional, Los Palos)

Most of the girls interviewed for our study agreed that while boys may have some kind of 15th birthday celebration, it is not as elaborate as for girls. They may get a photo, but other than that their party is usually small and just for family. A few respondents suggested that the reason why boys do not have an elaborate party when they turn 15 is due to machismo culture:

... No [the boys here don’t celebrate the quinceañera], the man here is a bit manlier (‘machito’) ... They are ‘Guajiros’, [it means] that they do not have to celebrate as women do, they do not throw a party and things like that. (Female, 15, in a relationship, no children, Los Palos)

When asked about the ‘pre-quince’ event (a celebration that takes place when the girl is around 10 years old), there were varying views about whether both boys and girls celebrate this equally, or whether it is only those families that can afford it. Respondents from Jovellanos were more likely to have heard of the pre-quince and to suggest it was common in their locality.

... The ‘pre-15’ ... they are doing that when they are 10 years old ... They were doing that when they were five years old but now when they are 10 ... (Female, 17, single, Jovellanos)

4.3 Norms and practices around having children

4.3.1 Decision-making and planning around child-bearing

According to female respondents, most of them that had children had not planned them. As regards future pregnancies, some adolescents and young females who did not yet have children indicated they would like to plan any future children, while two said they would wait and see what happens (see also Box 5).

... I would like to plan it but if that happens it happens. Planning it is better ... because this way I would have everything ready and then it is not a surprise ... (Female, 17, single, no children, Cárdenas)

In terms of decision-making around whether to have children and how many to have, some female respondents indicated they made the decision themselves, while some (though fewer) said it was a joint decision with their partner. Another (a 26-year-old from Los Palos in a consensual union, who has children) explained that she would make the decision for herself now, though when she was first pregnant (at age 18) her mother decided, as she was too young to. Another female respondent commented that ideally, couples should make the decision together, but given that her husband is the one who brings in the income, he ultimately has more say over how many children they have.

Most of the other respondents (i.e. other than adolescent girls and young women), including both men and women, replied that either both partners or the woman should make decisions on whether to have children and how many, with an approximately equal split between the two cases. Interestingly, it appears that the younger women suggest that the couple should make the decision jointly, with older women suggesting it should be the woman who decides. Men agreed that these decisions are usually made either jointly or by women. Several of those who argued that the woman

should make the decision noted that while both partners may decide, the woman is the one who has the final say in the matter (as also noted by others, e.g. Molina, 2019). There was also a view, however, that: ‘... there are women who are more influenced by their husbands’ desire than following what they think they should do’ (female, 25, has children and was pregnant at time of interview, Cárdenas). She continued:

... well, if it’s about decisions, it is the woman. My husband wants to have more children, but I have convinced him that it is not possible. But it is the woman who has to make the decision because at the end she is the one having to dedicate more ...

The case study in Box 5 highlights how a married woman, studying at university to become a pre-school teacher, made the decision to have children jointly with her husband of three years. They decided to wait, using condoms as their preferred means of contraception. As the case study shows, Christianity plays a large role in her life.

4.3.2 Number and preferred sex of children

An increasing number of Cuban women are deciding to have one child only, which may, according to Härkönen (2014), be linked to economic considerations. Low incomes were also identified in the national gender equality survey (ENIG, 2018) as the main reason for having few children. This is despite government measures in place since 2017 designed to increase birth rates (the fertility rate has been below replacement levels for decades and is now 1.61 children per woman) (ibid.). Those measures include subsidised public nursery places for women with more than one child and reduced taxes for working mothers in the private sector.

All of the adolescent and young female respondents in our study who had children had one child, aside from one (the oldest among them) who had two children. Of those that had children, half indicated they would like more, although one was no longer able to have any more. Two respondents indicated they would not like to have

more children, citing financial constraints and wanting to continue with education:

I can have two children ... I think it would affect me mentally to have more. Besides, I want to be a professional and I didn’t put my professional career above my family, but I don’t want my family to be an excuse for me to get frustrated in the future. And I want to continue ... not only working, but I started a Master’s and I had to interrupt it and I would like to resume studying, to grow, and that my children have that example ... If I have more children, I won’t be able to have that. Besides, my economic situation doesn’t allow me to have more than two. (Female, 25, has children and was pregnant at time of interview, Cárdenas)

A majority of other respondents indicated that the ideal number of children would be two, with several saying they would like one and one saying three. As already mentioned, some cited economic constraints as the reason behind their ideal number: ‘One or two. More than that no ... because ... everything is very expensive. There is not enough money’ (female, 32, married, has children, Los Palos).

Social norms can also determine the preferred sex of any children (Herbert, 2015). In Cuba, it is common to find out the sex of the baby during pregnancy (Härkönen, 2014). Härkönen observes that both female and male respondents preferred to have girl children. Mothers wished for a girl because they saw girls as continuing the lineage and thought that girls were more likely to stay close to their mother throughout their lives. They also often mentioned being able to dress a girl nicely and to organise her quinceañera (15th birthday celebration, see Section 4.2) as reasons for wanting a girl. Men said they wanted girls they could ‘pamper’ as their ‘princess’ (ibid.).

Of those who wanted two children among our study respondents, most said they would like one boy and one girl, since they would have the experience of raising children of different

genders and that the siblings could also look after each other: 'I'd like to have two. A boy and a girl ... to have the experience of raising a girl and a boy, so they can look after each other [and] give advice to each other' (female, 17, single, no children, Cárdenas).

The most frequently cited characteristics of women who have many children and start early were related to lower socioeconomic status (and vice versa – those from wealthier families have fewer children). Other reasons included lack of education, being from rural areas, lack of parental guidance, not knowing about family planning, wanting to receive benefits (there was some mention of a child support grant but this was not explored in depth), or just wanting to have many children.

... there are people who, when they have more than five children, at least here in Jovellanos, they are given a house ... or an apartment or somewhere to live ... [by] the government ... through social workers ... that follow the economic situation ... If the mother has only one child and she has [a difficult] economic situation, they also help her ... At least that help is provided here. (Female, 21, in a relationship, has children, Los Palos)

... The majority, 90% of the teenage population ... they have numerous pregnancies, are promiscuous, they have several partners. When I was working in a rural area in Pablo Sur and in a rural area in Nueva Luisa ... I saw 19-year-old girls with three children, all with different fathers, none of them planned or wanted ... they had them because there was no way to abort them. (Healthcare professional, Jovellanos)

4.3.3 Age at first pregnancy/child-bearing

Social norms can influence the timing of child-bearing. According to one study (Nigenda et al., 2003), women believe the ideal age to have children is between 20 and 30, though Härkönen (2014) finds that some considered it

'fashionable' to have children before turning 20. The same study found that Cuban men believe the ideal age to have children is before they reach their mid-30s.

Among our respondents, age at first pregnancy included 16, 18, 20, 21, 23 and 24. When the adolescent and young female respondents who did *not* have children were asked when they would like to start, most mentioned older ages (approximately half said between 20 and 25 years), as they wanted to complete their studies first. The other half of respondents wanted to have children even older (between 25 and 29), as they wanted to have a job and be financially stable first:

... 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)

When respondents (both male and female) were asked what ages do girls/women *in general* start to have children, much earlier ages were mentioned (most saying between 12 and 14, with a couple even suggesting as young as 11). Some respondents said between 15 and 17, while others suggested the *typical* age was usually from age 18 onward, and particularly in the early 20s. One grandfather (part of an FCS) noted that in the past, women got pregnant when they were older, but now the age is falling:

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)

Several respondents suggested that girls in rural areas and from migrant families (especially from the east) tend to have their first child early, missing out on 'adolescence' and becoming a woman (with all its associated responsibilities) too rapidly:

... like in the countryside where I am from, they don't see what they're doing, they are getting pregnant early, they think they're doing something very big and that is a mistake ... for me it is a mistake ... because they are skipping the stage from adolescence to woman, having responsibility, a house, and a child, a marriage, carrying many things at the same time while ... it is not the right time for this. (Female, 22, single, no children, Los Palos)

... I know a girl, a young woman who is a friend of mine, she came from the east to here, when she was 14 years old ... she already had two children and she continued getting pregnant and now has four. (Female, 18, in a relationship, has children, Los Palos)

Early pregnancies were viewed negatively by most respondents. Reasons included interruption of the girls' education, the impact on their health, and the economic difficulties that having a child would bring. This view was expressed by the peers of young females, parents, key informants who worked with children, and even a grandfather in an FCS (who noted that the important thing is to 'continue studying', implying that child-bearing should come afterwards). Reasons for early pregnancies (according to study respondents) included having a carefree attitude to sex, not using contraception, and not having sex education (either at school or within the family). There was also a sense of peer pressure, of girls being easily taken in by boys and ending up pregnant, also because some boys refuse to use contraception.

I think they are losing their youth raising a child when it is not their moment/time ... The bad thing is that most of the time the young woman is going to assume the responsibility alone because she is too young, it can be that she was promiscuous and that the men do not want to be responsible, then they say – 'and might it be true that this

child is mine?' ... and she is wearing the clothes, the uniform from school ... 'Maybe it is not mine' – and she is left alone with her baby. (FGD with women, Jovellanos)

[girls get pregnant early] because they do not prevent that, they think that will not happen to them, that it only happens to the girl next door, to their friends, but they think that will never happen to them ... and that is the mistake. (Female, 17, single, no children, Cárdenas)

4.4 Norms and practices after having children

4.4.1 Living arrangements and returns to education and work

In terms of living arrangements after giving birth, the most common response from study respondents was that girls/young women continued to live with parents ('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', explained a 16-year-old pregnant girl from Jovellanos, who was in a relationship). This was confirmed by other study respondents (see also Section 3.1 and discussions around cohabitation). Others suggested that the father of the child did not want to take responsibility and/or left the woman during or shortly after pregnancy, which was a recurring theme:

... One of them continued to live with the mother, there in the mother's house, because the father did not take responsibility. (Teacher, Los Palos)

Most female study respondents who had children reported having left school or university during their pregnancy. A few stated that they intended to return later (one saying when the baby was one year old), with one saying her mother was going to help care for the child when she returned to school. One respondent spoke about returning to education but was in a lower level than her

peers, while another who managed to continue her education (also with the help of her mother) spoke about facing discrimination from teachers.

More generally, a large number of study respondents suggested that young women with children typically leave school. However, an equal number argued that some do return to or remain in school, but this usually depends on whether they receive any support (e.g. from parents or their partner) (note that many respondents referred to females ‘carrying on’ or ‘continuing’ with their studies, which we assume refers to interrupting school attendance for a short time, just before birth and when breastfeeding, but then returning the next term/session). It was suggested that girls from the countryside are less likely to have support and so more likely to be forced to leave school. Similarly, those from wealthier families were more able to help their daughters complete education. It appears that those attending pre-university were usually not allowed to continue studying if they were pregnant; similarly, others noted that having a child makes it difficult for a young person to progress onto the next stage of education both because of regulations but also because they could no longer afford to continue their education:

They have to drop school or take a year’s leave and then see if their families want to take care of the children so they can go back to school the following year ... but ... that depends on the family ... (Female, 17, single, no children, Cárdenas)

Of the five women who either had children already or were pregnant but were or had been working, three were currently on maternity leave but planning to return to work, and two reported having to stop work after having their child because there were no maternity benefits (cf the accompanying report on women’s economic empowerment).¹⁴ One woman also reported having to stop working because her partner did not approve of her continuing to work. Some respondents argued that women were more likely

to go back to work if they had family support, such as childcare (discussed in Section 4.4.2):

... I had to quit my job to take care of my children. Because my mother could not help me. The father of my child would provide the income ... The new guy I am seeing does not allow me to work... Because he is a bit traditional, he says that all the women are shameless. Because if you work in the poultry farm ... you have to be with someone inside ... So, to avoid any problems and to have a good relationship with him, I do not work. (Female, 26, consensual union, has children, Los Palos)

Some of them can carry on working because they have support. A lot of them have family support, they assume this responsibility and she can carry on ... there are others that have to stop studying or work and take care of nearly everything ... and there are others who’ve been lucky enough that their partner assumes their responsibilities with the child. (Female, 49, married, has children, Jovellanos)

In terms of partners/fathers, most female respondents (who had partners or partners who acknowledged the birth of the child) reported that their partners continued to work as usual after the birth; in one case a partner worked longer hours to support them while in another case, he looked for new work. More generally, however, respondents indicated that men tend to continue to live their lives as usual after their partner gives birth, though one noted that this was ‘machista and unfair’. However, a number also noted that this depends on the individual male’s commitment to caring for the child as well as his own family support network (see also Section 4.4.2). For example, a committed father may be willing to stop studying in order to find a job to support their female partner and child

14 Benefits in this case refers largely to the public nurseries, or ‘círculos infantiles’ that provide free childcare to certain cadres of public sector workers, and to the paid maternity leave that women working in the state sector receive.

(or as two respondents noted, they may be forced to by their parents):

... 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)

I think a father doesn't care. It doesn't affect him at all, he goes on with his life. There are some who do not, there are some who are concerned and think 'If I am studying, well I have to drop my studies because I have to look for a job to support my wife and my child'. But there are others that do not even stay with their partner ... We have had them, that they have been divorced before they get to the end of the pregnancy. They are not prepared, the youth, many are not prepared to face a new challenge in their lives. (Health professional, Los Palos)

4.4.2 Forms of support: childcare (formal and informal), financial and emotional support

Härkönen (2014) argues that childcare is generally considered women's realm, and women are expected to be 'loving nurturers', while men spend little time looking after children. According to another recent study (ENIG, 2018), opinions are divided: while 51% of those surveyed (51% of men and 50% of women) considered that a man cannot give the same care to a child as a woman, 48.2% of women and 46.9% of men disagreed with this statement.

In terms of childcare, most female respondents in our study who had children described support as mostly informal and from family members (usually the mother,

though grandmothers were also mentioned, as were sisters and in-laws). Only one of the female respondents with children stated that her partner provided childcare ('... there were times when he would wake up and change the boy's nappy so I could continue sleeping. Such a responsible dad ...' (25-year-old married woman, Cárdenas, has children and was pregnant at time of interview)). Other respondents also confirmed that the girl's mother and maternal grandmother are central to the provision of childcare support, especially if the mother-to-be is an adolescent, so that the girl can continue with her education (grandmothers sometimes reportedly step in if the girl's mother is herself working) (see also Section 4.4.1). These other respondents also noted that it was sometimes a burden for mothers to look after their grandchildren as well as their own children, which is also when grandmothers (great grandmothers of the child) step in. According to some respondents, the machista nature of Cuban society means that mothers and maternal family members are more associated with child support. However, some also noted that this depends on the willingness of the family; it was suggested that those from stable families from wealthier backgrounds were more likely to provide support; and where there is a stable relationship between a young couple, family members from the paternal side may also help:

... in fact the grandmothers look after their [great] grandchildren, so the teenage girls can go back to school ... if they are 14, 15 years old, imagine, their mother should be 35 years old, the mothers are also at a time when they find it difficult to look after her daughter and look after her granddaughter, because she has her house, her husband and the rest of her family. (Male, Jovellanos)

The mother of the girl is the one who should always be supporting her, helping her, advising her. But if it is

a stable couple, of a good family, the paternal family also helps. (Female, 20, married, no children, Jovellanos)

In terms of male partners providing childcare support, this was rarely mentioned, with the most common response being that men often abandoned their partners, leaving the mother to care for the child (one respondent even suggested 'it is her problem since she wanted to have children'). Similarly, a number of respondents suggested that boys would rather hang out with friends on 'the street' and spend money that should be going to support their child:

But I know many boys who, at a young age, already have children and sometimes do not take care of them. They prefer to go out on the street, go out for a walk and spend the money they should use to support their children or families. (Female, 20, married, no children, Jovellanos)

Men who have multiple sexual partners were thought more likely to abandon their partners and not care for their child, with some respondents suggesting this could lead to violence.

... it could be that he stays with her but it could also be that he is cheating on her, that after she gives birth, he does not want to give or provide anything for the child, that he starts to beat her. I do not know. (Female, 15, in a relationship, no children, Los Palos)

In terms of non-family and/or formal childcare support, a few of our adolescent and young female respondents were either currently using or hoping to use state childcare (particularly the círculo infantil (nursery) (cf women's economic empowerment report). Two respondents encountered barriers when attempting to access the nursery (in one case because the facility was still under construction). Two respondents paid for private childcare. Several others referenced both private and state-run nurseries as providing childcare support. However, it was noted that to

access the state-run nursery, a parent needs to be in work, and it was sometimes easier for parents to pay for a childminder than enrol at nursery, especially where there are not enough nursery places and/or they do not cater for very young babies or toddlers (as was the case in Los Palos).

Of the seven respondents who were asked directly about who provides financial support for themselves and their child, five who had children, as well as one mother (part of an FCS), reported that they received financial support from their male partner; of these five, two also received money from their family members. One stated that she only had economic support from her mother and mother-in-law. One young woman also noted how the father of her children continues to support them financially even though they are separated and she is in a relationship with another man.

Yes, he [the father] provides economic support ... He supports the two children [even though I am now with someone else]. (Female, 26, consensual union, has children, Los Palos)

Other respondents most frequently cited the maternal parents as the ones who provide financial support to the young mother. Also, as noted earlier, some fathers may quit their studies in order to take up work to support their partner and child (either out of choice or because their family force them to):

Usually her parents [support her financially] ... If she is very young and is studying, maybe the boyfriend's family helps her, but very rarely. Usually that is the responsibility of the girl's parents. (Female, 32, married, has children, Los Palos)

Two key informants described a benefit provided by the state to young mothers from low-income families.

... also Social Assistance gives a loan of 207 pesos. When they give birth, an assessment is done by the Ministry of Labour, and before giving birth too.

And if the family's income is very low, help is given to that pregnant woman of 57 pesos, and when the child is born of 167 pesos. The Ministry of Labour buys their clothes, footwear, towels, to avoid the problems of epidemics, and mosquitoes. (Health professional, Los Palos)

In terms of emotional support and dealing with problems/emergencies, four of the five adolescent and young female respondents stated that they turned to their family (usually the mother) even though on many occasions the respondents remain in a relationship; grandparents were also mentioned as a source of emotional support. Only two women said they relied on their partners for such support.

... To my mum, the first one [I go to] is my mum ... (Female, 22, in a relationship, has children, Jovellanos)

... Us, the elders. In this case, from me, from my wife, from her mother [provides assistance]. Assistance can be, I don't know, financial. I won't say financial but psychological and moral, which are also very important. (Male, 73, married, has children, Jovellanos)

Turning to prayer was also mentioned as a way of dealing with problems.

... when we have any problems the first thing we do is to pray ... My husband is very calm when making decisions ... but the first thing we do is to talk to each other, to pray, we hope in God and we talk to each other ... (Female, 25, has children and was pregnant at time of interview, Cárdenas)

5 Discussion and recommendations

5.1 Discussion

Many of the findings from this study echo the findings from the secondary literature, both adding to and providing further depth and nuance to existing knowledge on a range of SRH issues, but also, more broadly, on norms around family, marriage and gender relationships. Here (in no order of priority) we pull out a few strands that run through the findings, based on the secondary literature and on our recent fieldwork, which together portray a unique picture of modern-day Cuba. A note of caution is also important, however, as our study is based on evidence from a small number of sites and can in no way be considered representative of the whole of Cuba. Similarly, the kinds of respondents the study team had access to and the means through which they were recruited (i.e. through CCRD and its contacts) is likely to influence findings. Nevertheless, what we present here is still valid as a set of experiences narrated by a group of people living in present-day Cuba.

Religion – and particularly new forms of Christianity (largely evangelical, Pentecostal and neo-Pentecostal) – appears to be influencing attitudes and behaviours among younger and older Cubans alike. Perhaps what has become more apparent from our findings is the emergence of Christian values or morals that promote sexual abstinence before marriage, legal marriage unions and nuclear families – aspects which did not (and still do not) characterise or can be said to be representative of the whole of Cuban society. The fact that some girls reported feeling embarrassed to seek SRH services and products – possibly more so than one might have expected – may be linked to the influence

of new and changing moralities and expected behaviours with the arrival of these new forms of evangelism. At the same time, however, because of these strong moralistic values, a backlash is arguably in evidence, where some indicators of gender equality may be reversing among certain groups (e.g. early marriage may be on the rise because of notions of abstinence before marriage, and having children at an early age within a nuclear family environment may lead to earlier drop out of school/university because of limited extended family support). It would be useful to explore the role of these new forms of Christianity and their effects on social norms and gender dynamics in much more depth.

As the secondary literature notes, reinforced strongly by our findings, men's and women's expected behaviours are based on 'machista' perceptions of what it means to be a man or a woman. Hence men are supposed to be dominant and controlling of women; they are also supposed to be promiscuous to prove their manhood; and while there may be exceptions, it is generally accepted that raising children is the domain of women, with men playing only a minor role, if any. Interestingly (and most likely due to the country's socialist ethos), despite buying into this 'machista' culture, women do not come out in our study as the mirror opposite of men, in contrast to other contexts. Thus they do not appear to always accept men's control; rather, they appear to be strong, and are even able to choose to be single mothers (largely due to support from their maternal families as state support is very limited). What is also interesting from our findings is that men recognise that machismo is unfair towards women, and places too much burden on them. Similarly, men appear

to hold relatively egalitarian perceptions around abortion or single motherhood, for example, seeing them both as normal and accepted by society (but also possibly because they allow men to be ‘off the hook’ and to avoid taking responsibility as fathers). Hence, there appear to be some contradictions and/or tensions between a conservative, traditional and machista perspective versus one that is accepting of modernity and women’s freedoms and aspirations. These dynamics could be explored further through more interviews with boys and men.

Female relatives, especially mothers but also grandmothers, are central to adolescent girls’ and young women’s lives, and this is the case both for those in multi-generational households as well as nuclear households (including in Christian households). Their mother is still the person that girls turn to for advice and support in raising children. In many cases (for instance, where there is a dysfunctional family), a lack of support and guidance from parents (especially mothers) is considered a severe limitation, and often results in girls engaging in behaviour seen as damaging (e.g. having many sexual partners, having children early). Grandmothers also step in to give support in multi-generational households while their own daughter (the girl’s mother) may be out at work, still needing to support other members of the household. The role of grandmothers and indeed grandfathers could be explored further.

Although it was probed where possible, respondents rarely, if ever, noted differences in attitudes or perceptions based on skin colour. From personal communications and other observations, these differences do exist, and there is, for instance, a perception of relative status and expectations based on skin colour. However, regarding the issues explored in this study and among our study respondents, we found limited evidence of this. Further probing would be necessary to explore how present-day dynamics (including religion and economy) may affect this.

Though we found limited differences in attitudes and behaviours based on skin colour, many respondents perceived people in rural areas/living on farms and those from the ‘east’ as being less ‘advanced’ or ‘modern’ and adhering to more negative ways of life. People from the east are also largely associated with darker skin

colour. They were perceived as more likely to have many children and at a young age, less likely to have an abortion (in the main), less likely to have access to SRH information and services, more likely to drop out of school when they had children and not to continue education or have career aspirations, and more likely to come from dysfunctional and poorer families. If further study were possible it would be interesting to actively seek out people from these groups, or even to undertake fieldwork in the east, to explore whether these perceptions are borne out.

In keeping with the deteriorating economic situation in Cuba (see the accompanying report on women’s economic empowerment), there was a sense from older study respondents and from those in the FCS that ‘things were better’ some years ago. Among other things, in the past they saw that people married later and had children later, there was more commitment between partners, and education was more highly valued. Conversely, they see young people today as being less responsible, having many partners, and being less committed to relationships. This was also blamed on the lack of economic/job opportunities for young people nowadays compared with previous generations.

5.2 Recommendations

Some of these recommendations may already be in existence (cf Leon-Himmelstine et al., 2019), but either more interventions are needed or they were not available in the study sites, which also has implications for coverage and reach.

- Improve SRH service provision by the state, particularly those services targeting adolescent girls, by providing more contraceptive options, improving the supply and quality of contraception, and ensuring that there are sufficient specialists/doctors to carry out SRH-related services, including abortion.
- Target poorer families, those living on farms/ in rural areas and migrants from the east (in their places of origin as well as current areas of residence) with information and awareness-raising campaigns to increase their access to SRH information, services and products;

campaigns should also include the potentially harmful effects of marrying earlier, having more children and dropping out of school.

- Raise awareness among SRH service providers of adolescents' needs and help them understand the gendered norms that influence adolescent behaviour so that they can deal effectively with adolescent sexual health concerns.
- Establish safe places or spaces within communities where adolescents can get easier access to SRH-related information and services; such places could also host facilitated discussions around sexuality and could be places where adults/parents access information to support their adolescent children.
- Improve and increase provision of SRH information targeting different age groups and run through various fora/venues: schools,

churches, the media, workplaces, CDRs, FMC; sessions should be regular, provide practical information and include site visits; sessions should be run by professionals but also including peer-to-peer approaches.

- Work with parents and other family members to raise awareness of SRH issues, including through talks, workshops and other educational programmes, through various mechanisms (e.g. churches, workplaces, etc.); such approaches could also include parent-to-parent teaching as well as counselling sessions for parents.
- Provide increased opportunities for recreational activities for adolescents and expand education and career options open to them, especially in rural areas; such opportunities should be planned with adolescents to ensure that they are appropriate for their needs and priorities.

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Annex 1 Details of sample size and type

Table A1 Number of interviews conducted, by type and location

	Individual interviews with AG&YW	FCS	FGD	KII	Total participants
Los Palos	11	3 (total participants = 3)	2 (total participants = 9)	11	34
Jovellanos (+Cárdenas)	10	6 (total participants = 9)	2 (total participants = 12)	9	40
Totals	21	9 (12)	4 (21)	20	74

Note: AG&YW = adolescent girls and young women.

Table A2 Socio-demographic characteristics of study respondents

	Los Palos			Jovellanos (+Cárdenas)			Totals
	AG&YW	Other	Total	AG&YW	Other	Total	
Gender							
Female	11	7	18	10	6	16	34
Male	0	5	5	0	15	15	20
Age							
0–17	5	0	5	8	2	10	15
18–24	4	1	5	1	3	4	9
25–29	2	0	2	1	4	5	7
30–39	0	2	2	0	2	2	4
40–49	0	2	2	0	4	4	6
50–59	0	5	5	0	1	1	6
60+	0	2	2	0	3	3	5
Unknown	0	0	0	0	2	2	2
Household size							
2	2	1	3	1	0	1	4
3 to 4	5	2	7	7	1	8	15
5 to 6	4	0	4	0	2	2	6
7+	0	0	0	1	1	2	2
Unknown	0	9	9	1	17	18	27
Household composition							
Nuclear family	6	3	9	7	1	8	17
Multi-generational	4	0	4	2	3	5	9
Skipped-generation	1	0	1	1	0	1	2
Unknown	0	9	9	0	17	17	26
Marital status							
Single	4	0	4	7	1	8	12
In a relationship/consensual union	6	1	7	1	1	2	9
Married	1	3	4	2	5	7	11
Separated/divorced	0	1	1	0	0	0	1
Unknown	0	7	7	0	14	14	21
Whether has and number of children							
Does not have children	5	0	5	6	0	6	11
1 to 2 children	5	2	7	2	4	6	13
3 to 4 children	0	0	0	0	3	3	3
5 to 6 children	0	0	0	0	0	0	0
7+ children	0	0	0	0	0	0	0
Unknown	1	10	11	2	14	16	27

	Los Palos			Jovellanos (+Cárdenas)			Totals
	AG&YW	Other	Total	AG&YW	Other	Total	
Education							
In education (school up to grade 9)	0	1	1	0	1	1	2
In education (pre-university)	8	1	9	7	1	8	17
In education (training course)	0	0	0	0	0	0	0
University	0	0	0	2	3	5	5
Did not attend school	0	1	1	0	0	0	1
Unknown	3	9	12	1	16	17	29
Religion							
Christian	3	0	3	5	2	7	10
Saints/Santería	2	0	2	2	0	2	4
No religion	1	1	2	2	3	5	7
Other	0	2	2	0	1	1	3
Unknown	5	9	14	1	15	16	30
Employment							
Works	3	1	4	1	10	11	15
Does not work	1	0	1	0	1	1	2
Unknown	7	11	18	9	10	19	37

Annex 2 Interviewee perceptions about selected gender roles

Table A3 Attitudes and perceptions around parenthood

	It is important	It is not important		TOTAL
Whether it is important for a woman to be a mother	46	1		47
Whether it is important for a man to be a father	41	4		45
	Positive response	Negative response	Indifferent/neutral	TOTAL
How women who do not have children are perceived	7	23	22	52
How men who do not have children are perceived	4	10	12	26
	More important to be a mother/father	More important to be a wife/husband	Equally important	TOTAL
Whether it is more important for a woman to become a mother than a wife	32	0	12	44
Whether it is more important for a man to become a father than a husband	15	11	8	34
	Positive response	Negative response	Indifferent/neutral	TOTAL
How single mothers are perceived	7	9	9	25

Note: Responses summarised in the table are drawn from across IDIs and FCS of all ages and both genders, as well as KIIs.



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