

Family planning and reproductive and sexual health in Cuba

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The Cuban population began its demographic transition in the early twentieth century, earlier than most countries in Latin America. Within this process, the fall in fertility that began during the 30s, continued until the late fifties when the process of social change started to become established, which turned into the Cuban Revolution. Therefore, according to Hernandez (1986), the increase in the crude birth rate, occurred as a result of several factors associated with the new conditions. First, many Cuban doctors decided to leave the country, a situation that created a lack of healthcare personnel, causing increased maternal mortality associated with abortion, in risky conditions; as a consequence, the government implemented greater control over the practice of abortion, which began spreading illegally. Secondly, the start of the U.S. embargo prevented the purchase of contraceptives, resulting in an increase in unwanted pregnancies. Moreover, the increase in the number of births was also a consequence of the introduction of a popular revolution, as well as the immediate implementation of a set of measures that benefited people throughout the country.

This process went on for approximately five years and the situation immediately reverted to the downward trend that had been observed before the Revolution. From this point, the trend was characterized by a visible homogenization throughout the country, which accelerated the pace of decline in fertility rate levels. Since 1978, the total fertility rate has been below replacement level. The total fertility rate in 2008 was 1.59 children per woman. With regard to age structure, Cuban fertility began a process of rejuvenation in the 1960s that has lasted until recently and now there are signs of a slight increase in the average age at which women are giving birth, showing a possible fertility postponement. Nevertheless, Cuban fertility is still

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characterized by relatively high adolescent fertility (49.2 children per 1000 women, 15-19 years old in 2008).

Regarding family planning services, Cuba is a country which, over the last fifty years, has made great efforts to protect its population, especially women, providing family planning and reproductive health. With the objective of contextualizing the program implemented in this period, some elements of historical nature are presented in this brief account of Cuban family planning context.

The contextualization is started from issues related to abortion. In the mid-60s, Cuban government began to implement a policy liberation of abortions performed in health institutions under the appropriate medical conditions, establishing free access and imposing penalties for situations where abortions are performed outside of these conditions (UNICEF, CEDEM, ONE, MINSAP, UNFPA, 1995). In this way, abortion was institutionalized in order to reduce maternal mortality and to guarantee women the right to make decisions about their own reproduction (Gran, 2005). In 1979, a new Penal Code was drafted describing situations in which the practice of abortion constitutes a crime: 1) for profit; 2) when performed outside of the health institutions; 3) performed by non-specialized personnel; 4) when performed without the consent of the pregnant woman. Similarly, the Government established that all women, regardless of marital status and older than 18 years old, have the right to the abortion service up until the tenth week of the pregnancy, after prior evaluation by gynecological and obstetric experts. If the woman is younger than 18 years old, the parents' consent is mandatory. These procedures are still valid today, with the addition of the performance of more specific laboratory tests to show the women's state of health.

In 1968 a national healthcare program for women was implemented, which included a set of actions such as control over all pregnant women, the encouragement to birth delivery in the appropriate institutions and the creation of nursing homes in rural and remote areas. In addition, a better training of medical personnel was encouraged and the program guaranteed global medical care coverage (García, 1996). In 1968 also, the menstrual regulation service was established². This procedure can be performed up to four weeks of amenorrhea by non specific causes, and when the woman or couples have a suspicion of a pregnancy that could end in abortion. It is not necessary to have the pregnancy confirmed when the woman is over 18 years old (MINSAP, 2003). Nevertheless, this method is not free from risks. For this reason, since the practice began in Cuba, it has received the attention of health authorities,

² This procedure involves applying suction to the contents of the uterine cavity, the original aim of which was not the termination of pregnancy.

which have gradually increased control over its use. It is estimated that 2/3 of the menstrual regulations relate to a termination of the pregnancy.

The legalization of abortion occurred in 1979, when its practice could be recorded, and since the legalization, the incidence of this practice has remained at high levels. The practice is characterized by a social tolerance and the population puts its trust in the security offered by health system to perform it. The records for 2008 show that there were 60.7 abortions per 100 live births during the year. Another indicator, the abortion rate, showed that 23.0 abortions per 1,000 women aged 12 and 49 years old occurred in that year. Nonetheless, according to Rodríguez (2006), in the last few years, a decline has been noted in the abortion rate. However, at the same time, menstrual regulation has continued its tendency to rise, perhaps compensating for the decline in abortion as an alternative form of terminating unwanted pregnancies. It is important to emphasize, that this practice is not abortive in nature and that its use is not restricted to the termination of pregnancy. Nevertheless, in Cuba, there is a recognition that the majority of women that turn to this practice want to discontinue pregnancy (Gran, 2005).

Another important feature of Cuban family planning is related to modern contraception. In the 1960's, when the second contraceptive revolution took place with the spread of modern contraceptive methods, such as the pill, the IUD, and female sterilization that are more effective, Cuba was already a country with low fertility levels in contrast to other countries in the Latin-American region. Accordingly, the modern contraceptive methods enabled the homogenization of fertility levels across the whole country. Currently there is a family planning network based, essentially, on the primary healthcare with global coverage and free universal access. Although these services have been offered since the 1970s, the program, along with its proposal for implementation has been growing and it was approved at the beginnings of the 1990s.

Some years after the Revolution, the supply of the contraceptive methods that were most commonly used by the population was reestablished and extended at some point. In conjunction with this, other methods were gradually introduced (Álvarez, 1982). During the period from the 1960s to the mid-1980s, the use of a wide range of contraceptive methods was scarce and this practice was most limited to intrauterine devices such as the Zipper Ring, the LippesLoop and the Copper-T device. Since the 1980's, contraceptive practice in Cuba is considered to have been high (Gran, 2005). More importantly, over recent years, family planning services in the country have begun to offer a wider range of contraceptive methods. Nonetheless, the domestic production of contraceptives is limited and the internal market is the main source of supply of contraceptive methods or the raw material

for its manufacture. Moreover, this is a complex and expensive commercial activity concentrated in the North-American market. In this sense, the activity becomes more complicated due to the economic embargo to which Cuba has been submitted.

In 2008, data from the Public Health Ministry show that 77.6% of women between 12 and 49 years old were using some form of contraception. Contrasting this with other countries, we may observe that in Western Europe, the percentage of contraceptive use is between 70% and 80%, and Spain recorded the greatest coverage, with 81%.

The most widely used methods is the IUD, accounting for 52% of Cuban. In second place comes female sterilization, used by 19.8% of Cuban women, while the condom comes third in the list of methods used, at 12.6%. The pill (10.4%) is the fourth most used method for women in Cuba. There is occasionally some variance in the use of these methods, with the condom sometimes coming in third place. Emergency contraception is not very widely used or known by the Cuban population. In recent years, this method has been included in family planning consultations at the primary health level through international cooperation with UNFPA and other international NGOs. In these actions, the Cuban Society for Family Development (Sociedad Cubana para el Desarrollo de la Familia - SOCUDEF) has played an important role.

It is important to mention that the basic conception of family planning was transformed in the 1990s, with the incorporation of the reproductive health concept. Given this notion, a broader family planning and health services strategy has been introduced, associated with sexuality and reproduction. To sum up, although Cuba has never had a formal population policy, there has been from the middle of the twentieth century, a concerted effort on the part of the government, aimed at providing the population with access to contraception and safe health services. These measures caused a decline in fertility across the whole country and ensured global access to family planning services and favorable levels of population health. Since the nineties, these services have been extended using a more holistic approach, as part of the implementation of sexual health and reproductive services.

References

- Álvarez, L. (1982) *La tendencia de la fecundidad en Cuba*. La Habana: Instituto de desarrollo de la Salud, MINSAP.
- García, R. (1996) *La transición de la mortalidad en Cuba. Un estudio sociodemográfico*. La Habana: Centro de Estudios Demográficos.
- Gran, M. (2005) *Interrupción voluntaria de embarazo y anticoncepción. Dos métodos de regulación de la fecundidad*. Cuba, 1995 – 2000. Ministerio de Salud Pública. La Habana: Dirección Nacional de Estadísticas.

Hernández, R. (1986) *La revolución demográfica en Cuba*. La Habana: Editorial de Ciencias Sociales.

Rodríguez (2006) *La fecundidad cubana a partir de 1990. Las perspectivas sociales e individuales*. Ph.D. Dissertation, Ciencias Económicas. Centro de Estudios Demográficos, Universidad de La Habana.

CEDEM, ONE, MINSAP (1995) *Transición de la fecundidad, cambio social y conducta reproductiva*, 1995, La Habana: UNICEF- FNUAP.

