

**The Cuban Mother –Child Attention Program aiming at fulfil the  
ambition of the Comprehensive Concept of Health**

A study through the practice of the community policlinic “Héroes de  
Girón” in Havana City

**Master in comparative social work**

**Department of Social Sciences**

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**2006**

*To my mother, as always, to whom I owe everything I am,  
...but now more than ever*

## ABSTRACTS

The present thesis is a study about the development experience at the community level of the Cuban national program addressed to the attention to mothers and children: The Mother Child Attention Program. This program is a very over- holding because it is responsible for the whole process of women's reproductive health, from their teenage to adulthood, and for the care-taking of the health of the children until they are 14 years old, but pregnancy and babies care taking stands out as one of the most important and jealousy cared concern.

A qualitative methodology, based on interviews and observation, was used to accomplish the objective of give an accurate description about the Mother- Child Attention Program at a policlinic level and to correlate the outcome of the program with its educational actions, aiming at the improvement of a comprehensive health.

It is shown throughout the thesis that a lot of conditions are given to the health system and consequently to the policlinic so as to make their work more successful. Because of the good relationship existing between doctors and patients, the positive atmosphere during the consultation and because of the possibility doctors and nurses have been provided with to visit the patients and their families home settings, that allows the health professionals to assess the environment and the emotional atmosphere pregnant women live in, paving way to further interactions with other institutions and organizations within the community which may help and cooperate as full participants in health care decision making. Another important element is the role of the Mass Medias. In Cuba, these institutions are education-oriented. And it is also indispensable to emphasize the role of some social institutions as the Cuban family; which has traditionally played a predominant role towards our cultural insights, like collectivism as the model of life-style.

In the policlinic studied here the conditions for the different specialists to coordinate and share their work and assistance as a team are favourable, so that they can be able to assess the cases from a multidisciplinary perspective. But actually, the fact is that the multi or interdisciplinary perspective is confused with that of an integral and comprehensive perspective and the educational function is almost always identified as an informative function. The procedure being used is really far from being comprehensive or family oriented. In fact, their aim is to achieve the health indicators as the main goal; it is not properly realized that it is necessary to attend many other aspects in a relational way for these indicators to be accomplished.

## CONTENTS

ABSTRACTS.....	i
CONTENTS.....	ii
ACKNOWLEDGEMENTS.....	iv
<b>Chapter I: <u>INTRODUCTION</u></b> .....	1
1.1- General Overview.....	1
1.2- The Cuban Health System.....	1
1.3- The Mother- Child Attention Program.....	2
1.4- The educational elements of the program.....	3
1.5- Why is this theme interesting and important.....	4
1.6- The Research Question and Design.....	5
<b>Chapter II: <u>THEORETICAL FRAMEWORK</u></b> .....	6
2.1- The Comprehensive Health Concept.....	6
2.2- Health Education.....	7
2.3- Other important concepts.....	8
<b>Chapter III: <u>PUBLIC HEALTH</u></b> .....	9
3.1- Health System History in Cuba.....	9
3.2- The impact of the Revolutionary process in The Health System.....	10
3.3- The community based Polyclinic.....	12
3.4- The Family Doctor Program.....	13
3.5- The Health System facing the crisis of the 1990's.....	14
3.6- What is happening in the Public Health System nowadays.....	15
<b>Chapter IV: <u>APPROACHING TO THE DATA</u></b> .....	17
4.1- Methodology, Design and Methods.....	17
4.2- The sample.....	21
<b>Chapter V: <u>THE MOTHER AND CHILD HEALTH</u></b> .....	25
5.1- The Mother-Child Attention Program.....	25
5.1.1- <u>Specific Objectives of The Mother-Child Attention Program</u> .....	26
5.1.2- <u>Achievements of The Mother - Child Attention Program</u> .....	27
<b>Chapter VI: <u>ROLE OF THE NGOs IN THE HEALTH SYSTEM, THE CASE OF THE CUBAN WOMEN FEDERATION</u></b> .....	28
6.1- The Cuban Women Federation.....	28
6.2- The role of The Cuban Women Federation in Public Health issues.....	29
6.3- The Responsible Motherhood and Fatherhood Program.....	32
<b>Chapter VII: <u>WHAT IS HAPPENING IN THE POLICLINIC “HÉROES DE GIRÓN”</u></b> .....	34
7.1- The Scheduled Consultations.....	34
7.1.1- <u>The “Regular” Consultations</u> .....	34
7.1.2- <u>The Consultations with Specialists</u> .....	36
7.1.2.1- The dynamic of the consultations with the whole team of doctors and specialists.....	37
7.1.3- <u>How do pregnant women themselves get involved in the scheduled consultations</u> .....	38

<b>7.2- Doctors-Patients relationship.....</b>	<b>40</b>
<b>7.3- Conditions that are given in the policlinic for the fulfilment of the program's aims.....</b>	<b>41</b>
7.3.1- <u>The Available and not available Services.....</u>	41
7.3.2- <u>The structure of The Head Team in charge of The Mother-Child Attention Program in the policlinic.....</u>	42
7.3.3- <u>What does the body in charge of the program do to accomplished the responsibility they had .....</u>	43
7.3.3.1- The doctor's approach to those weekly meetings.....	45
<b>7.4- The fact of the program's approach in the policlinic .....</b>	<b>46</b>
7.4.1- <u>To whom and to what is the program focussed?.....</u>	46
7.4.2- <u>Are they really taking care of the whole process?.....</u>	48
<b>7.5- Educational Issues.....</b>	<b>49</b>
7.5.1- <u>The National Department of Health Promotion and Health Education.....</u>	49
7.5.1.1- The Strategy planned by The National Department of Health Promotion and Health Education.....	50
7.5.2- <u>Education vs. Information.....</u>	51
7.5.3- <u>The Face to Face Approach in The Educational Process .....</u>	52
7.5.4- <u>Information Boards and The Educational Process .....</u>	53
7.5.5- <u>The role of The Family in The Educational Process .....</u>	55
<b>7.6- The role of other institutions enrolled in Health Promotion and Health Education.....</b>	<b>55</b>
 <b>Chapter VII: CONCLUDING REMARKS.....</b>	 <b>58</b>
 <b>REFERENCES.....</b>	 <b>61</b>
 <b>APPENDIXES.....</b>	 <b>65</b>

## Acknowledgements

I am greatly indebted to many peoples I meet here in Bodø, they make my staying here much easier, and their shoulders made shorter the long distance to my home. I just hope to have enough opportunities to show my love and high gratitude to all of them, but anyway through this I want to thank them once again. Those peoples are my friends now and they will be forever: Eduardo, Arne Martin, Ester, Viviana, Roxana, Felicidad.

Among them, there are some special people; they are special because they are, but also because of the way they were with me, and I want to give myself the opportunity to write some word to them:

- ❖ To Sebastian, the best part of every Bodø's days, and also nights.
- ❖ To Lupita, because of her happiness, love, support, and for being everything she knows she is, I don't have word for that, not even in Spanish.
- ❖ To Mirna and Rudy, for being so supportive, kind and for the hospitality and care ever lent.

I am grateful to my thesis supervisor Håkan T. Sandersen for all his comments and help while conducting this thesis, and for being so patient with my English language among every others things.

Through this, I also thank all the staff of *Høgskolen i Bodø*: The International Office and The Social Science Department, and specially every one who was involved with me: Monica Brobakk, Siv Oltedal, Carina Fjellidal, and the lectures involved in the course.

I would like to thank each one of the people who kindly share their experience with me, making this study possible.

And finally, but not least, to my family and friends, they know they ever (that also means always) have a special place. I do appreciate the encouragement while being so far, you never let my feel alone.

- ❖ To my father and brother
- ❖ To Tia Sonia, Mayli, Gilbert (por todo, todo; pero con sus llamadas, que era como tenerlos en la ciudad de al lado)
- ❖ To Tio Richard, Abuela y Papaúl, Mara, Niuris and Nancy
- ❖ To Mima and Chirre
- ❖ To Tere, Teresita and the "Havana Family"
- ❖ To Mario, because I know you are there
- ❖ To the best friends ever had
  - Yaneisy and Klency, I am so sorry to have lost such a long time together
  - Silvia, Liván, Angie, Levis and Alhajadis

I can't finish this acknowledgement without saying thank, once and thousands more times, to the ever best roommate: Ailec; she was placed here as an unexpected present for my. Thank you for everything, but mainly for being my friend, my company, my support, my personal nurse, and even my eyes sometimes.

Mariana Muñoz  
Bodø, May 2006

## **Chapter I: INTRODUCTION**

### **1.1- General Overview**

Cuba is an island in the Caribbean Sea, inhabited by 11 million people. In order to understand the current situation in the Cuban society it is important to start with the beginning of the revolutionary process, which took place in January 1959. Since then, the social policy is a result of socialism as a political system, which means, there are not private companies and the policy is focussed on equality and social justice as the main goal. During the 60's the Cuban government had to face a lot of big problems in a polarized and poor society, problems such as high level of poverty, poor health, illiteracy, racial discrimination and unemployment.

The democracy concept and the social program of the new government have their roots in a central program designed for popular participation, supported by a legal body. This social policy is also based on the full citizenship rights, the universal coverage for all programs, education for all, health and social benefits. The exclusive participation of the public sector of the social expenditure, and the state as the exclusive provider, is very important in order to understand the Cuban welfare system. The government assumes responsibility for financing all the social programs and for providing all social benefits. This social policy has also improved the development of equity for everybody.

### **1.2- The Cuban Health System**

One of the programs provided by the government which benefit the Cuban society is that of public health. Health Care was nationalized in 1961 and the Ministry of Public Health was founded with the aim of managing the activities of the health system, which includes specialized medical research and treatment institutions as well as a highly decentralized system of health care. The system is characterized by its universality, accessibility and orientation toward the primary care and primary prevention.

The socialist system of health in Cuba bases its activities on the following principles: Health is a right of the population; The services of health reach equally to all parts of the population; The medical practice ought to have a solid scientific base; The actions in health will have a preventive orientation; The social participation is important in health services; The international solidarity ought to be practiced in all the health services.

As a result, a lot of indicators of health have been improved since 1959. Infectious diseases have been eradicated by means of immunizations campaigns, country wide control of vectors, and

widespread health education. Cuba has eradicated measles, rubella, typhus fever, diphtheria and has significantly lowered the incidence of tetanus and tuberculosis. Today, Cuba has the same kind of diseases that cause death in developed nations, heart diseases, cancer, and strokes. The Cubans' life expectancy of Cubans has increased and today it is 77 years for women and 74 years for men. In the same way the infant mortality rate 5.8 deaths per 1000 babies born alive (Oficina Nacional de Estadísticas, 2005).

The health system has different levels of care, the national institution, the specialized hospitals the community policlinic and more recently the family doctor. The entrance to the health care system was traditionally the local policlinic located in every neighbourhood, with the mission of providing accessible primary health care. From the policlinic, Cubans, depending on their needs, have access to specialists, from them patients can be transferred to hospitals where a higher and sophisticated treatment is provided.

Beginning in 1984, primary care was transformed by the arrival of "the family doctor", a primary care physician who lives and works in the community. The doctor is provided with a home, an equipped medical office, and the assistance of a nurse. He or she attends to about 150 families located in the area near the clinic. Family doctors provide primary care in their office and conduct home visits, and follow up all pregnant women and newborns, children with chronic illnesses, the elderly, and those recently released from hospital. Family doctors are linked to neighbourhood polyclinics, which provide more sophisticated care and access to specialists. Family doctors conduct primary care and primary prevention activities in rural and in urban areas as well. With the family doctor every person in Cuba has his clinical history, and is linked to one clinic and one physician. The doctor is the responsible for all the health problems of the people he or she should care about. Through the practices of these structures peoples are provided with a holistic care.

Cuban Public Health System has put in the first place the vulnerable groups in the society; among them, women and children. One of the most important programs in the health system is referred to women and especially to pregnant women as the first step of a comprehensive system which takes care of people from birth to death.

### **1.3- The Mother- Child Attention Program**

In Cuba different programs for different kinds of illnesses and for different kinds of clients are developed with the aim of covering and guarantying the health of all the population. One of

them, linked to pregnant women and the newborns is called The Mother- Child Attention Program. This Program has a comprehensive approach involving early pregnancy, risks of pregnancy, infant mortality, morbidity and maternal mortality, low-birth weight, caesarean section, arterial hypertension in pregnant women, abortion, attention to family history and diseases (pathologies), congenital anomalies, reproductive, pre-conception risks, acute respiratory infections, Hypoxia and illnesses due to Hialina Membrane, breast cancer, uterine cancer and specially breastfeeding. Women go through different medical specialities such as gynecology, genetics, nutrition, dentistry and psychology, managed and monitored by the family doctor, who is responsible for this comprehensive approach (MINSAP, 2005).

When a woman gets pregnant, she automatically gets integrated in the Mother- Child Attention Program. Every pregnant woman should attend scheduled appointments during pregnancy; in which they learn about pregnancy, the moment of the delivery and baby's related issues.

#### **1.4- The educational elements of the program**

Due to the universal coverage of the services based on the full citizenship rights, and because of the exclusive participation in health of the public sector, this Mother- Child Attention Program has national covertures and is the only program in charge of all the issues regarding women reproductive health. That is why the educative part of the motherhood in Cuba is also part of this program, which is very ambitious due to its comprehensive vision.

Nevertheless, the importance of education has apparently been disregarded, and the central objective of the program is to look at, in the first instance, the health indicators, but those health indicators are related to biological issues. Even when in current days this program has had an effective impact on a lot of health indexes such as child and mother mortality rate, low-birth weight among others, and this impact also means progress in the quality of life of mothers and children, the program is still mainly focused on the biological and physical health issues, even when social education has not been taken into account as an important part, but is one of the expected results.

The fact is that even if women often feel they know a lot of things about motherhood, their understanding of the program is not a comprehensive one, and many are still thinking they are just getting involved in different specialities of health care because of their pregnancies. The importance of this thesis comes from the fact of being centred in one of the program's goal: the educational goal, which is the less monitored by the body in charge: The Public Health Ministry.

### **1.5- Why is this theme interesting and important**

This research is socially important because of the fact that the Health Ministry is the institution which designs and also monitors the program, and for them, the most important issue is that of biological health, instead of the efficacy of the part of the program focused on social behaviour. Due to this, the investigations they are developing are, as well as the program, only focussed on the same issue and as a result there is no research in Cuba with this specific aim. One can find a lot of reports about the efficacy or the difficulties or the handicaps of the program, but none of them refers to the educational issues. Other institutions, such as The Cuban Women Federation also study the program, but from the gender perspective and about the design of the program, but none of them focussed on the health institutions practice and procedure. From this perspective comes up another argument in favour of the practicality of this study, which made it become not just a case study, but a reflection upon the policlinic practices.

Something similar happens concerning the social sciences perspectives in Cuba, most of the research on health issues has had a theoretical approach or they are centred towards looking at how the services are distributed so that they are equally offered to everyone, and with no differences between urban and rural areas, or gender differences. In fact none of the studies are about procedures. The Mother-Child Attention Program concerns has already proved to have very good results, and has always been centred in the women attention, therefore, it is not very much attractive for gender studies within the Cuban social sciences.

This program is not just one among others, The Mother-Child Attention Program is really important in the Cuban society, not because it aims at protecting such an important issue as pregnancy and the newborns, but also because it constitutes a symbol of how much a Public Health Ministry of a developing country can accomplish through the will of the government. And for Cuba as a country, it is also an important symbol to show what can be done within the socialist system.

This study is important, on the other hand, because of the transformation that the health concept has gone through so far. The health concept nowadays does not only refer to the fact of being healthy or sick; indeed, it is not anymore just a biological dimension, but a comprehensive concept as well. Actually it is more concerned about the biological, psychological and social dimensions. The health concept is linked to the quality of life. Therefore the educative branch of a health program becomes even more important as it is the part of the program which should improve all the peoples' social resources in order to guarantee a better and healthy way of life.

Then, the Cuban experience could be taken as an example of how to develop a comprehensive attention towards people's health in a developing country with a socialist political system.

### **1.6- The Research Question and Design**

The Research Question of this study is the following:

How are the practices of The Mother-Child Attention Program in The Community Policlinic "Héroes de Girón" located in Havana City correlated to the holistic and educative functions they are carrying out and thereby fulfil the ambition of the comprehensive concept of Health promoted by the international organization and put into practice in Cuba?

The General aim of this work is then:

To give a description of the Mother- Child Attention Program practices in the policlinic and to correlate them with the educational actions and the program's outcomes, aiming at the improvement of a comprehensive health.

The Specific Aims are:

1. To describe The National Mother-Child Attention Program and its educative and holistic aspects.
2. To characterize the practices through which the different parts of the Mother-Child Attention Program are carried out in this Policlinic.

To fulfil the above objectives, this thesis firstly presents a chapter devoted to the concepts that were reviewed in the scientific literature to form the theoretical framework of the study. After that, readers will find chapters to provide them with the sufficient background so that they are able to understand the Cuban current social situation in health issues. One Chapter dedicated to the methodology, in which is described the followed procedure and the sample. The thesis continues with a chapter devoted to the background of the Program, everything written in this chapter are the results of the first step of this investigation, because none of the information stated there can be found so systematized in any other document. After that it is found a chapter where the social institutions that are involved in Health Services and which play the fundamental role are described, that is the case of The Cuban Women Federation. After that come the chapters devoted to explain how The Mother-Child Attention Program is being carried out in this policlinic.

## **Chapter II: THEORETICAL FRAMEWORK**

### **2.1- The Comprehensive Health Concept**

The health concept we know today as the comprehensive health concept started at the First International Conference on Primary Health Care (PHC) which took place in 1978, in Alma-Ata, Kazakhstan<sup>1</sup>. (PAHO, 2003) The second step in the development of the Health concept Cuba apply today is the first International Conference on Health Promotion, which took place in Ottawa in November 1986 (WHO, 2005). This conference was primarily a response to the growing expectations for a new public health movement around the world. The discussions focused on the needs in industrialized countries, but also took into account similar concerns in other regions. The comprehensive health concept is also built on the base of the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectional actions for health. After that, the concept of health has been transformed and it has become an important issue.

**Health** is a positive concept emphasizing social and personal resources, as well as physical capacities. Health is a more comprehensive concept and it is the equilibrium among the biological, psychological and social dimension in which a lot of factors are included and, it is not narrowly concerned with sickness, instead it is more linked to the quality of life. Health is a major resource for social, economic and personal development and an important dimension of the quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can either favour health or be harmful to it. Health is, therefore, seen as a resource for everyday life, not just the objective of living (WHO, 2005).

Therefore, health policies are not just oriented to caring sickness; they are more concerned with prevention and health education for everybody, including healthy people. Health promotion has

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<sup>1</sup> The First International Conference on Primary Health Care which took place in 1978, in Alma-Ata, Kazakhstan defined and granted international recognition to the concept of PHC as a strategy to reach the goal of "Health for All in 2000". The original definition of PHC proposed that it works implicitly as a strategy for health development as well as a level of care for health services. According to the Declaration of Alma Ata, primary health care, is "essential health care based on practical, scientifically sound and socially acceptable methods and a technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination"

become a key concept, it goes beyond health care, it is not just the responsibility of the health sector, but reach from healthy life-styles to well-being.

## **2.2- Health Education**

The prerequisites and prospects for health cannot be ensured by the health sector alone. Health promotion requires coordinated actions by all the involved parties: the governments, the health and other social and economic sectors, nongovernmental and voluntary organizations, local authorities, industry and the media. People at any age of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between different interests in society for the pursuit of health.

With this aim The Ministry of Public Health in Cuba, after The Alma Alta Conference, began to introduce the concept of Health Promotion and Education for Health and founded the National Centre for Health Promotion and Education, which is the body in charge of establishing the norms, procedures and general methodology for the fulfilment of the educative objectives of the different programs of the Cuban health system, in correspondence with the comprehensive concept of health developed by the World Health Organization. This department, and consequently The Public Health Ministry, and all their institutions, base their work on the concept defined by the World Health Organization, which is the following:

**Health promotion** is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize their aspirations, to satisfy needs, and to change or cope with the environment. Health promotion actions aim at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities to make healthy choices. People cannot achieve their fullest health potential unless they are able to take control of the things that determine their health. This must apply equally to women and men (WHO, 2005).

The Cuban Public Health Ministry bases its work on the Health and Health Promotion concepts defined by the World Health Organization. Those definitions are set by the Ministry, and the different programs and institutions as well as the interrelation among the different levels and institutions are seeking to fulfil these objectives within a comprehensive approach. As a socialist system, all the social institutions in Cuba are aimed to supply all the social needs of the

population, and the health needs are every time more socially caused, legitimized and rooted in the national culture.

### **2.3- Other important concepts**

Other relevant concepts from the social theory will be presented here in order to complete the analytical framework and to be able to establish the tools for facing the challenge of the present purpose. Thus, inevitably, for so many obvious reasons, not considered necessary to discuss here, Parsons' Theory and specifically its contribution to the medical research science, founded mostly in the Chapters "Social Structure and Dynamic process, The Case of Modern Medical Practice" "The Social System" (Parsons, 1991) was taken into account and referred to here so as to define concepts such as illness, medical practice and doctor-patient relationship.

**Illness** "is a state of disturbance in the normal functioning of the total human individual, including both the state of the organism as a biological system and of his personal and social adjustments. It is thus partly biologically and partly socially defined. Participation in the social system is always potentially relevant to the state of illness, to its etiology and to the conditions of successful therapy, as well as to other things." (Parsons, 1991: 431).

**Medical practice** "is a mechanism in the social system for coping with the illness of its members. It involves a set of institutionalized relation to certain aspects of general cultural tradition of modern society. Modern medical practice is organized around the application of scientific knowledge to the problems of illness and health, to the control of disease (...)" (Parsons, 1991: 431).

**Doctor-patient relationship<sup>2</sup>** is a relational- interactional process in which both doctor and patient give knowledge to and socialize each other, and exchange values and attitudes. This relationship becomes true and is carried out through direct contacts among the subjects (doctor and patient) while playing their roles respectively; roles that are influenced by each one's culture, social environment and position in this scenery. (Parsons, 1991)

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<sup>2</sup> The operacionalization of these two concepts was the base for designing the guides for interviewing doctors and pregnant women as well as the guide for observing the consultations.

### **Chapter III: PUBLIC HEALTH**

Public Health is the art and science of preventing illnesses and disabilities, of prolonging people's life and fomenting health, both physically and mentally. The term Public Health comprises organized efforts of the whole community in order to preserve a clean environment and take under control infectious diseases, as well as other health problems. Health services also need to be organized and efficient at diagnosing, rehabilitating as well as developing and improving social mechanisms which guaranty for all the community an adequate life quality level to provide good health. Therefore, Health Promotion and Education are of paramount importance to accomplish the goal in public health. (Fleitas, 1990)

Public Health in Cuba plays the central role in the medical sciences and it works really hard to achieve all the necessary changes. Actually the Public Health System shows vital improvements. Among their goals we can find Primary Care which is run by family doctors and family nurses within a community and its policlinic. All these professionals work as an interdisciplinary team, and Secondary Cares or special cares which include emergencies and direct medical attention in hospitals.

The study of Public Health is part of the history of medicine as a science. How and why people needed to organize and build institutions to address their health problems in their own social environments is an explanation of what The Cuban Public Health Systems has become.

#### **3.1- Health System History in Cuba**

The history of The Cuban Health System has been influenced by the different political and historical moments that Cuba as a country has been through;. From 1492 to 1898 Cuba was one of the Spanish colonies in America, actually the most appreciated one, which explain why our history is different to the rest of the countries on the continent, and why our situation wasn't as bad as the other Latin-American Spanish colonies.

During the colonial period the municipalities and the church were the institutions in charge of health protections until the first "*Public Health Institution*" was founded. The first hospital was founded in 1525, then, between 1538 and 1544 other hospitals were built in the main cities or villages; and in 1634 the first organization for public health was established. But we can not talk about a Public Health Organization in Cuba until 1833. (López, 1985)

The Cuban liberation war against Spain started in 1868; as a result, Spain was obliged to subordinate the Colonial Health System to the army sanitary system during these ten years of war (Portuondo, 1965). By the end of 1898 Spain lost the war and Cuba was intervened and governed by the United States of America until 1902. During this period, the first School of Nurses and The Dental Surgery School were founded respectively. In 1909 Cuba got established the first Public Health Ministry in the world (López, 1985).

During the first half of the XIX century the Cuban Health System was deeply depressed. The services were not enough to cover the whole population and they were not accessible to all. In the 50's a private health system and a dualist one were operating simultaneously. The number of units was 242, including all the hospitals and other health institutions, 96 of them were located in the capital. The lower classes had access to a public system in only 92 hospitals in the whole country, all of them in urban areas. They were not well equipped and with insufficient resources for the medical assistance and the preventive expenditures (López, 1985).

Even worse was the situation for people living in the rural areas where they could not even count with these minimal services, and the rural population was 2.5 million, this represented 34% of the population. The situation was also characterized by the existence of only 6300 doctors, 65% of them in the capital. The rather miserable picture is finally spoiled with the high rate of maternal and infantile mortality; only 20% of childbirths were institutional. No attention was given to the physical, intellectual or spiritual development (López, 1985).

Health conditions were also affected negatively by the critical social situation of a larger fraction of the population. Employment was precarious, half million of peasants got jobs just four months a year. There was a low educational level. Around one million of illiterates was estimated and more than one million of people who could hardly read or write. Around 600 000 children did not have access to schools (López, 1985).

### **3.2- The impact of the Revolutionary process in The Health System**

Then with the revolution in 1959, deep political, social and economic changes took place and this improved the population's general life quality level and therefore they were rebounding in their health situation. Among the most important laws passed by the revolutionary government was the promulgation of The Reformulation of the Agrarian Law in May, 1959 and in the same year the law for The Educational Reform. During 1961 more than 700 000 people were

alphabetized and Cuba was declared free of illiteracy; the school drop out also disappeared. This fact together with other quite important measures showed an improvement in the population's quality of life. (Rodríguez, 1979)

Activities and programs carried out to improve the health situation were also established in 1959. In 1960, the law number 723 established the Social Medical Service. The national medical covering was enlarged and rural hospitals were built. Another measure of paramount significance was the institutionalization of vaccination national campaigns (Ministerio de Salud Pública, 1969).

When the Revolutionary government came to power in 1959, three systems for the health care existed: the public, the private and the dualist<sup>3</sup>. The public was the only one which immediately followed the revolutionary government and its policy and some changes were made. Then, a new Ministry in charge of the Social Assistance was founded and the one in charge of health was called Ministry for Sanitation and Hospital Assistance. But in 1960 it became the Ministry for Public Health. In this same year, The Rural Medical Social Service was created taking medical assistance to every corner of the country, even the most remote and non-accessible places (López, 1985).

The law number 959, written in 1961 acknowledged The Ministry of Public Health the management of all the activities concerned with health in the country, including the private and dual units. In 1962 most of the privates and the dual services were transformed into hospitals or other public institutions (Rojas, 1973).

The 60's were marked by the university reformation including Dentistry, and the massive qualification of professionals, doctors, nurses and technicians, was restarted. These measures accompanied others which guaranteed an infrastructure that allowed a full covering of the services with a high level of quality, one of the most important measures in this respect was the training of the medical and paramedical personnel, and the specialization in epidemiology, hygiene and others, to respond to the exodus of more than 3000 doctors after 1959. The human resources became then one of the fundamental challenges of the sector. In 1964 the health areas and some policlinics were structures and the first programs are developed in order to control the main transmissible diseases (López, 1985).

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<sup>3</sup> The "Dualist Units" were health institutions where people could find both public and private services.

The 1970's was a decade characterized by quantitative and qualitative improvement. Programs for the integral protection of different groups of the Cuban population began. In these programs the active participation of an organized community was fundamental, mainly, in regards with the programs on environmental hygiene, the vaccination campaigns and health education. This close work relationship among the mass organizations and the system of health created in the initial phase remains until today; there is no task of the health sector in which the masses organizations don't participate actively in (Rojas, 1988).

The accessibility to the services of health is a basic principle of the Cuban System of Public Health and has remained all these years. This accessibility has been materialized with free medical services and with the development of transport and communication roads even in the most remote places, as well as with the construction of units of health assistance inside the areas where people inhabit, including the rural areas. The intensive Care Units were also created in most of the hospitals of the main cities. In 1974 the health sector became decentralized and the management of the health services was transferred to the local governments. The community policlinics were built and community based primary care was established (López, 1985).

The 1980's was a decade devoted to strengthen the net of hospitals services and to the introduction and extension of the use of high technologies as well as the development of the medical specialties in the whole country. New Medical Schools were opened in all the provinces. Research Institutions, Pediatric Intensive Therapy Units and Coronary care units were established as well. The Genetic Engineering and Biotechnology Centre and The Immunoassay Centre were also built as good examples of this technological progress (López, 1985).

### **3.3- The community based Policlinic**

The current health system has different levels of care, the national institution, the specialized hospitals, the community policlinic and the family doctors. The entrance to the health care system was traditionally through the community policlinic located in every neighbourhood, through the policlinic, Cubans, depending on their needs, have access to specialists.

As mentioned above, in 1974, the community policlinics were built, which meant the institutionalization of primary care at the community level. The general objective of the communitarian policlinic is to improve the status of the population's health by means of comprehensive actions directed to the individual, the family, the community and the

environment, through the linking with the masses (Rojas, 2004). Among the main tasks that these institutions should attend are:

- To promote health through positive changes concerning people's knowledge about nutritional habits, sanitation and hygiene, that is, their life-style in general.
- To prevent illnesses and health damages.
- To guarantee the precocious diagnosis and the opportune and integral ambulatory medical attention.
- To develop rehabilitation in community areas.
- To reach positive changes in the environment and the hygienic conditions of the zone they are in charge of.
- To achieve positive changes in the social integration of the family and the community.
- To promote highly qualified specialists in general integral medicine who must also be willing to serve the humanity wherever it is necessary
- To develop investigations in correspondence with the health necessities of the population.

### **3.4- The Family Doctor Program**

In 1984 the "Family Doctor Program" came up as a new model of Primary Health Care. The Family Doctor is a primary care physician who lives and works in the community with the assistance of a nurse; they integrate the basic work team. But Family doctors are linked to the neighbourhood polyclinics. This program allows the completion of the goals of "Health for All in 2000" a lot of time before it was planned. (Mas, 1998)

This doctor is provided with a two-storage house located within the geographic area they should attend. An equipped medical office and the nurse house are on the ground floor, and the doctor's home on the second floor. All these factors: the proximity of the clinic as well as the fact that the doctor and nurse live there with their families guarantees the possibility for the inhabitants of the neighbourhood to be assisted at any time of the day. Both the doctor and nurse should attend to about 150 families in the area near the clinic. Family doctors provide primary care in their office and conduct home visits, follow up all pregnant women and newborns, children, those with chronic illnesses, the elderly, those recently discharged from hospital and anyone who needs medical attention (Rojas, 2003).

Family doctors conduct primary care and primary prevention activities in rural and in urban areas as well. The family doctor is the guaranty each Cuban has, regarding his health, just a few meters away from his house; this means that the first contact with the health system is easily accessible.

Another achievement of this program comes from the fact that doctors can get to know well the community and the people in their natural environments. They can meet the people in their house, the street and any other informal places. The fact that doctors and patients live in the same community and commute the same places, triggers the development of a comprehensive attention, and offers each one the care they require depending on their particular needs.

Likewise this program accomplishes and gives relevance to a more deep relationship between doctors and patients. A relationship based on the feeling of a doctor as a person close to you is essential, so the doctor can overview other spheres relevant to the patient's health situation. Identifying all their health needs can set off actions to bring about a solution in an integrated and holistic way.

The family doctor is responsible for all the health problems of the people and families he or she are supposed to care about. The doctor is a specialist in General Integral Medicine, who goes through a training in three basic fields: Pediatrics, Gynaecology and Internal Medicine. Through this kind of attention people are provided with a comprehensive care with a high level of solutions. They should assist people with ailments that have not been previously diagnosed and 80% to 90% of people's health problems are usually solved at this level.

The Program of the Family Nurse and Doctor has become the most efficient way of the Cuban System of Public Health to guarantee the geographical, cultural and organizational accessibility. Currently the program covered 98.2% of the Cuban population. The number of physicians employed on it are 29 648, the 50% of them are first-degree specialists in "General Integral Medicine. About 1 378 physicians are working in mountainous and remote areas and 100% of the rural areas are covered (Dirección Nacional de Servicios Ambulatorios, 2005).

### **3.5- The Health System facing the crisis of the 1990's**

The 1990's were very difficult years for Cuba; the economy was suddenly affected by the collapse of the socialist block in East Europe. This meant the loss of more than 85% of the international market. The policy of USA reinforced the blockade imposed on the island with the hope of finishing the communist system in Cuba. Besides these external factors, inadequacies of the internal economy led Cuba to a deep crisis which characterized the decade.

The Cuban health system has unquestionably reached achievements in the population's health, with an important potential of human resources, of infrastructures and of experiences. Anyway, it

is necessary to point out the critical situation it had to face. The economic crisis led difficulties to obtain medication, equipment and other materials to the national health system. All these shortcomings stopped plans and investments. However, more than 20 000 new doctors, nurses and dentists jobs were guaranteed. All the health units and institutions remained working in this period due to the political will to protect the social achievements, even in the deepest economic crisis. Throughout those years, thousands of Family Doctor's clinics were built and equipped in accordance with the aim of extending the model to the entire island.

A governmental economic transformation process began in 1995 in order to face the crisis. Among other governmental institutions the health system was also involved. The sanitary planning has always been the basic strategy of the public health system. The Ministry started from identifying the population's health problems, their needs and difficulties; their causes have been scientifically studied. The distribution of the medical services and resources has always been studied too, as well as the population's satisfaction in this respect. At this critical moment all the strategies, policies and procedures were thoroughly analyzed as well as evolution of possible alternatives. It was necessary to put on a scale the health's needs and the concrete amount of resources. It was impossible to afford an ideal health state, so, the answer to these limitations in resources was to make priorities. (Delgado, 1996)

The priorities were established taking into account the dimensions, the importance, the vulnerability of the issue, and the feasibility of its solution. Among the crucial strategies to follow up it is the improvement and invigoration of the Primary Health Care (PHC) (WHO,2005); and the prioritised programs were The Mother- Child - Attention Program, The Transmissible Diseases Control Program, Non-transmissible Diseases Control Program, and The Program for the Attention to Elderly.

### **3.6- What is happening in the Public Health System nowadays**

As previously stated, the community policlinic was first designed to be the basic structure of the health system, but due to the improvements that have taken place inside the system and especially as a result of the structuring of the family doctor as an institution, the community policlinic became the second step in the health system, since the communities have been provided with specialized services. The role of the policlinic in the health system becomes less protagonist each time, because the policlinics did transfer to the family doctors institution the personalized attention function, and because they never provide services of high technology like hospitals do. They were, then, the intermediate structure to cover the basic urgency services,

structures for analysing exams and some specialized services, but only those that don't require a very sophisticated technology. Nevertheless the policlinic continues to be an important element in the community work for health services because they direct and monitor all the functions of the family doctors as well as other institutions like pharmacies and other services that are provided at the primary care level.

Nowadays, the health system is being restructured, with the intention of bringing most of the services as close to the population as possible, which means to be offered at community level. So, the policlinics are recovering power and importance and they have become important actors since they have been restored to assume many of the specialized services that were previously found only in hospitals.

All these transformations are a result of political and economic covertures as much national as international. The Cuban economy has begun to leave the deep crisis. Cuba is also submerged in a political process with many investments in the social order addressed to elevate the cultural level and the living conditions of the population. This process has been called "Battle of Ideas".

In the health system, these transformations are translated into wide investments to revive and to restructure policlinics and hospitals, besides, educational transformations. Currently, the first three academic years of the medical and nursing studies have been moved from the medical universities to classrooms in the community policlinics where the students, besides taking the usual lessons with high and updated scientific level and the most advanced technological devices can also be in direct contact with the population and also learn something is fundamental in the formation of a health professional: the humanitarian vocation.

The international situation, the political transformations in Latin America, as well as the frequent natural disasters in dissimilar latitudes have revitalized a very important principle of the Cuban health system: the international solidarity; for this reason, Cuba has sent its personnel to satisfy necessities in many places of the world, to Latin American countries, to Pakistan or Sri-Lanka. The Cuban medical collaboration is present today in 69 countries, with more than 24 thousand voluntary doctors (Dirección Nacional de Servicios Ambulatorios, 2005). This fact has also influenced upon the deep process of transformations of the health system, which has had to readjust its structures concerning the number of human resources and at the same time it has transformed itself so as to face the each time bigger challenges in offering services of great quality to other countries.

## **Chapter IV: APPROACHING TO THE DATA**

### **4.1- Methodology, Design and Methods**

Qualitative methodology, in its widest sense, refers to a model of investigation that produces and uses descriptive data. It can refer to research about persons' lives, stories, taken from people's own words, perceptions, and behaviours; that is, their discourse, no matter if it is written or spoken; but also about organizational functioning, social movement or interactional relationships (García, 1993).

This model to face the empirical world is suitable due to its inductive character, and its flexible design with basic questions. This model permits the formulation of concepts and the interpretation of the obtained data. Without neglecting the usefulness of the hypothesis because of the flexible design, the concepts or variables can be adapted and used only as tools through which we can obtain accurate data. In fact, models, hypothesis or theories are not intended to be evaluated; instead they are going to be described, understood and analyzed (Rubio, 1997).

Besides being inductive, this methodology approximates to the object of investigation from a holistic perspective; it is not only interested in the variables, but in the context as a whole, that is, the evaluation of the environment as well as the object inside its frame of reference. Nevertheless, this general interpretation, which is the final aim of the investigation, will not be possible without taking into account the particular aspects expressed in the variables (Ragin, 1987).

On the other hand, we, the users of this methodology, while involved in the research, become sensitive to the effects caused by our presence not only in the scenery but in the subjects to be studied, we should take into account that it is not the truth that is sought but an interpretation of the subjects' view. Anyway this fact will never hinder this method's practicality. That is why as researchers we should not give our appraisal before hand, and we should take things as if they happened for the first time.

To avoid bias a qualitative researcher requires theoretical and social sensitivity, the ability to maintain analytical distance while at the same time drawing upon past experience and theoretical knowledge to interpret what is seen, astute powers of observation, and good interpretational skills (Strauss and Corving, 1990).

We would also like to say that this demanding methodology, although not yet standardized, is flexible enough so as to let the researcher makes his own tools in order to adapt it, as much as possible, to the specific characteristics of the object of investigation.

Due to the exploratory character of this research and the required data, the author of this study considers there are many valid reasons for using qualitative methodology. Qualitative methodology is the most suitable for the fulfilment of the intended objectives, mainly for this study that has the following Research question:

How are the practices of The Mother-Child Attention Program in The Community Polyclinic “Héroes de Girón” located in Havana City correlated to the holistic and educative functions they are carrying out and thereby fulfil the ambition of the comprehensive concept of Health promoted by the international organization and put into practice in Cuba?

The General aim of this work is then:

To give a description of the Mother- Child Attention Program practices in the polyclinic and to correlate them with the educational actions and the program’s outcomes, aiming at the improvement of a comprehensive health.

The Specific Aims are:

3. To describe The National Mother-Child Attention Program and its educative and holistic aspects.
4. To characterize the practices through which the different parts of the Mother-Child Attention Program are carried out in this Polyclinic.

Taking into account the exploratory nature of this work, the use of the observation technique as well as the in-depth interview and a combination of both, becomes of paramount importance for the data gathering. The observation technique is useful as the data gathering takes place in the natural scenery with real events. Through this technique it is also possible to observe everything that happens during the consultation period. For this particular investigation, the possibility to observe everything that happens during the consultation period is essential to get a full comprehension of this moment which is basic for the Mother-Child Attention Program, and it is useful to evaluate the role of both doctor and patient. Another advantage of the observation is that it allows the interviewer to learn about the language used by the subjects, that is, the register, the verbal and non verbal language which is essential for the interpretation of how the communicative and educative process takes place.

Nevertheless, observation has also disadvantages which can not be disregarded. One of them is time limitation; actually, the period of time scheduled for the consultation is very short and people need time to get used to our presence. Another negative factor is the fact that these consultations are scheduled once a month and this does not facilitate a favourable atmosphere in the very first moment. Nevertheless the fact that doctors follow a semi-standardized history-taking enables the researcher to get the regularity of these consultations.

With the combination of both; the field of observation, and the in-depth interview, the results can be much more relevant. The latter is based on verbal description of the events and takes place in a face to face situation in which the interviewee is guided by the interviewer towards a comprehension of their own perspectives about their own lives and experiences expressed with their own words. Besides the interview lets us go backwards and find out about situations that took place before and which can be essential to understand the present situation. And on the other hand through the observation we can get to know how events take place in the natural settings. (Taylor and Bogdan, 1987).

It is important to say that experience and skills on the part of the researchers are crucial for these procedures to be effective. This means an intelligent and thorough management of the interview. In this respect, the investigator is not only interested in the data collection but in the way and order the issues are answered; the same happens with the observation, in which we have to be very careful about while taking down what is relevant and leaving out what is not.

The differences between these two techniques are what make the combination of both a good procedure for the data collection. Whereas the observation permits an accurate description of the natural setting, the in- depth interview enables the researcher to learn about people's perceptions about the same events (Strauss and Corving, 1990). It is the comparison between people's perception and the concrete event what leads us to important data by which we can analyze and explain the development of any phenomenon or situation.

However, the complexity of the social subject can make a disadvantage for any of these techniques and even the combination of them. The performance of the researcher is part of this disadvantage too, since we are full of pre-conceptions and individual differences we can not get rid of in spite of our intention to be objective. That is why we, as investigators, have the challenge to understand the event and their descriptions objectively, even though we know there may be falsifications or distortions of the reality, nevertheless, investigators should base their

theories on the saying that “if men describe a situation as a real one, it is real in its consequences” (Strauss and Corving, 1990).

Time is an important factor for the users of these techniques to be able to understand human experience, people’s needs and their motives to act out. Doing observation is essential to learn about the regularity of happenings and so is doing in-depth interview to help people feel at ease and confide to express what they really think and feel.

Guidelines for observing pre-natal checkups as well as for developing an in-depth interview with pregnant women and physicians were used for the data collection, (See Appendixes #1, #2, #3) these guidelines never were a force shirt to be followed up, instead, they were an useful tool in trying not leave topics, that could be essential, out. The building of these guidelines was based on concepts considered important from the theoretical framework and on those that would help to clarify the objectives. The operacionalization of two main concepts, Health Promotion and Doctor-patient relationship, were the bases for designing the guides.

### **Health promotion**

- |           |  |
|-----------|--|
| Actors    | - Political and Administrative institutions at all levels or ranks (national, provincial and municipalities) |
|           | - Civil Society  |
|           | - Private Sector   |
|           | - International Organizations  |
|           | - Health Workers Community   |
| Actions   | - Political  |
|           | - Legal (Cannons and lows)   |
|           | - Administrative (Priority given to education and prevention)  |
| Resources | - Personnel  |
|           | - Investigation  |
|           | - Infrastructure   |
|           | - Technological  |
|           | - Institutional relationship (integration and cooperation)   |

## **Doctor-patient relationship**

Functional Dimension: the technical control over the physical examination, performed by the doctor in the checkups

- Information obtained in the history taking
- Information registered in the patient's record
- Physical examination
- Kind of diagnosis and conclusions
- Doctor's attitude towards compliance or non-compliance

Informative Dimension: the knowledge transmitted with the purpose of satisfying the patient's cognitive needs.

- Quality and simplicity of the information that is given
- Doctor's concern on what has been explained

Affective Dimension: Manners, tone and language used by the doctor to show affection.

- Manners used by the doctor
- Interest paid to the patient questions
- Level of confidence
- Language register (technical and/or lay words) used to explain what is going on during the consultation

### **4.2- The sample**

One Community-teaching Policlinic has been selected; this is a very suitable structure in the organization of the Cuban Health System to fulfil the objectives of this study. In a policlinic, almost all the health services that are offered in Cuba are represented at a community scale and in them, almost the whole attention process occurs, since they have the objective to offer an comprehensive attention to the community. A study of this type with such a short period of time could not be carried out in a bigger scale. On the other hand, the policlinic is not the smallest structure within the system. It is divided in different working groups within the family doctor clinics which provide a personalized attention to a heterogeneous and large number of people whose health they are responsible for.

The study was carried out in a policlinic located in Havana City. The choice was made due to the characteristics of the services it offers as well as the characteristics of the community it provides health care to. Both the policlinic's services and the area it is located in portray the typical situation of the current Cuban situation concerning health care. For this reason the policlinic

"Héroes de Girón" was chosen, which is located in the centre of the Cuban capital, an area that has always been inhabited by workers and plain people.

This policlinic offers the following services: Ophthalmology, Optometry, Dermatology, Allergy, Gastroenterology, Neurology, Orthopaedics, Angiology, Internal Medicine, Endocrine, Asthma, and Respiratory Diseases, Genetics, Mental Health, Nourishment, Obesity and Hyperlipidemias, Logopedia, Phoniatry, Dentistry, Nephrology, Oncology. There are departments for special attention, such as STI and HIV Advice, Family Planning, , X-Rays and Ultrasound, Clinical Laboratories. About 135 doctors are in charge of these services, 14 dentists, 160 health technicians, and 105 workers for other services. 7 pharmacists and 2 Optic's complete the medical service.

The geographic area corresponds to the policlinic "Héroes de Girón" comprises an area of 3.5km<sup>2</sup>, which is inhabited by 9 132 families which means 34 307 people. 52.7% of this population is female; 52.4 of the women are in their fertile age. Concerning their educational level, 68.8% of this population are workers or technicians, and only 7.9% have a profession. 6.2% of the whole population is between 0 and 4 years of age, 22.2% are over 60. This population is assisted by 56 family doctor's offices, each of them assists 613 people. To accomplish this task, 4 basic working groups were created according to the geographic area they have to work with.

The objective of this study is to describe how The Mother-Child Attention Program is carried out in this policlinic, but the attention is really carried out at the family doctor level, therefore it was necessary to select some of the family doctor clinics linked to this policlinic. One clinic of each one of the working groups was selected. The clinics were also chosen with regard to the criteria of the characteristics of the doctors and the nurses, their working experiences and the responsibilities that each of them have within this program and also keeping in mind the number of pregnant women that they took care of in the period of time this study was carried out.

The family doctor sample was:

➤ Family Doctor Clinic A.

The nurse of that clinic is the head of The Mother-Child Attention Program in the policlinic

➤ Family Doctor Clinic B

The doctor is the responsible for a Basic Work Group

➤ Family Doctor Clinic C

The doctor is the youngest family doctor of the policlinic

➤ Family Doctor Clinic D

The population of that clinic had the highest fecundity index in the previous year.

The clinics that should be studied were selected upon these approaches. In this study the doctor's approach wasn't the only important criteria, but the clients' considerations about the services: for instance, pregnant women's opinions were vital. One per clinic was picked. To select them we asked each of the four doctors about the most complicated cases and the most typical among the women that had already given birth within one or two last months. Through this way, we guaranteed that they had recently gone through all the steps of the attention process. The first purpose was to work with those cases considered "special" but the total amount of women that had given birth at that time in those clinics were just 10. Then we finally selected 4 cases out of the 10, one per clinic. This figure was also chosen because even if each one had particular characteristics, some of the symptoms were repeated. The cases that were chosen for the study were:

➤ Case A

A 37 year-old woman, mother of a 14 year-old daughter, married to the baby's father for 3 years and a half, and who lives with her husband, one brother, her daughter, and the baby. Her pregnancy course was with difficulties. In the first period she presented abortion threat, and after the 20th week, she was at risk of premature birth and amniotic liquid reduction. Due to those reasons, she was sent to a Maternal Home for one month, and later, one week before the delivery, she was admitted to the maternity hospital.

➤ Case B

A 21 year-old woman, without any previous childbirth; married to the baby's father for 5 years and 2 months, is living with her mother-in law, her husband and the baby. Her pregnancy course was without difficulties until the 38<sup>th</sup> week, when she began to suffer from hypertension. She was admitted to hospital three times for her Blood Pressure to be stabilized, and finally her delivery was induced.

➤ Case C

A 29 year-old woman, whose previous pregnancy 3 years ago was multiple (3) and who finally gave birth to three stillborn babies. She has been married to the baby's father for 3 years and lives with her husband and child. Her full pregnancy course was under medical supervision because of her previous pregnancy failure and because she had

uterus dilation since the very first 6 weeks, when she began to complain about pain. All this made her spend 6 months under bed rest.

➤ Case D

A 16 year-old woman; without any previous childbirth; married to the baby's father for 1 year and 3 months and who lives with her mother, her stepfather, her husband and daughter, she requires special cares for her precocious pregnancy but didn't present any complications.

11 consultations in those clinics were observed during the two months time span of the field work (in that moment they were attending 7, 5, 6 and 4 pregnant women in each clinic respectively, each of them had a monthly consultation schedule). All the staff meets once a week in the policlinic to discuss The Mother-Child Attention Program issues, 7 of the meetings were observed.

Once in the field the task consisted of collecting all the information that could be important to describe how the program is taking place in the policlinic, but another task of paramount importance was to describe the program and to explain its transformations and objectives in order to understand why the program is the way it is today. In the policlinic, they didn't have this information. Then it was necessary to make a bibliographical review in the Library of the Ministry of Public Health and the School of Public Health, but there weren't any document that responded to this aim. That is why an interview with the people working at the Mother-Child Attention Department of the Public Health Ministry was requested. Due to the objectives presented in the application I was attended by the only doctor who was at the department since 1961. Putting together the information gathered from the interview and from the documents that he gave me a chapter dedicated to The Mother- Child Attention Program has been produced. This chapter reveals one of the findings of this investigation.

Through the working sections with this key informant, we got to know that, what The Mother-Child Attention Program shows today, is not only due to The Public Health Ministry work, but also to what the Cuban Women Federation has done for this program. Therefore, an interview with the people responsible for the health issues in this organization was performed.

## **Chapter V: THE MOTHER AND CHILD HEALTH<sup>4</sup>**

Mother and child health in Cuba is a concept which was first spoken about after the revolution and the remarkable changes that took place concerning social services. Many and important arrangements were made which permitted the health system to take care of women and children. Before 1959 infectious diseases were very frequent, and maternal-infant mortality, due to avoidable illnesses, was really high and statistically hardly controlled. Medical assistance to pregnant women, to their labour, as well as to the newborn was very limited.

In the year 1965 the department in charge of mothers and children started actions to promote the importance of breastfeeding, to avoid acute diarrhea, acute respiratory infections, as well as infections of the central nervous system. This department also organised consultations and follow up for paediatrics. Since then they started health programs intended for an holistic medical assistance for children and women which can be considered the antecedent of the so called mother-child- attention program

In 1970, another program addressed to reduce maternal- infant mortality was started, and in 1977 The Ministry of Public Health created the department in charge of mother-child medical attention, one department inside the Ministry and also one in all the provinces and municipalities. In 1980 the mother-child attention program was officially begun.

This program was added other issues such as to reduce the incidence of newborns with low weight in 1989. Then in 1992 other arrangements were made all over the country with the aim of following up the agreements of the World Conference in Favour of Children. In 1996, The Mother-Child Department was encouraged and their further concern was to manage national methodological guidelines which stated and systematised all the procedures and topics to be dealt with by the specialists in charge.

### **5.1- The Mother-Child Attention Program**

The mother-child attention program constitutes a task of primary importance for the Cuban health system and its indicators and results are substantial. The goal of this program is aiming at improving the quality of women's sexual health and reproduction together with their partner, so

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<sup>4</sup> Everything that is written in this chapter was possible due to the guidance, the knowledge and documents provided by Dr Francisco Valdés Lazo, who is Dr in Medical Sciences, 2nd Grade Specialist in Paediatrics and Health Administration, and is the only person who has been conducting The Mother-Child Attention Department since 1961. For writing this chapter a lot of personal documents offered by him were used, most of them have never been published but they constitute basic bibliography for the people who work at this department. That is why this chapter constitutes one of the main findings of this thesis.

as to achieve a pregnancy with the most suitable conditions. This comprehensive aim makes the program cover a wide spectrum of health issues and facilitates a holistic attention since the very first moment of conception, since this will certainly favour a safe maternal period.

Due to the comprehensive approach this program comprises early pregnancy, risks of pregnancy, infant mortality, morbidity and maternal mortality, low-birth weight, caesarean section, arterial hypertension in pregnant women, abortion, attention to family history and diseases (pathologies), congenital anomalies, reproductive, pre-gestational risks, acute respiratory infections, Hypoxia and illnesses caused by the Hialina Membrane, breast cancer, uterine cancer and specially breastfeeding.

Another goal is to integrate within the health actions the aspects of prevention and direct medical assistance, the biological and social aspects, as well as the personal and the environmental aspects, having the health care team involved with the patient and his or her family so as to achieve a higher level of public satisfaction.

#### 5.1.1- Specific Objectives of The Mother-Child Attention Program

- Provide integral medical attention to the mother and newborn, breastfed or bottle-fed babies, preschoolers, school children, and teenagers, with special care to those children at high risks.
- Lower the mortality, morbidity rate; either maternal, prenatal, preschool children, school children, or teenagers.
- Reduce the incidence of low weight at birth (below 2500g), which are 4 times at higher risks to die.
- Promote breast feeding.
- Achieve appropriate levels of immunization (13 diseases).
- Promote concrete actions to prevent the main causes of infants, preschool children, school children and teenagers morbidity, and mortality; causes such as prenatal infections, sepsis, congenital anomalies, acute respiratory infection, diarrhea, malnutrition, as well as infections of the central nervous system.
- Promote health education for the whole family, and the community so as to improve their life-style.
- Provide pediatric patients rehabilitation as well as sort out pregnant women's limitations.
- Provide specialised attention to physically disabled children.

- Achieve medical services with higher quality in all of the health care centres.
- Improve the nutritional state of children and mothers in general.
- Impulse and develop a more advanced technological program for early diagnosis of congenital malformations and metabolic anomalies.
- Provide accurate statistical information.
- Promote the development of more research on maternal and infantile health care, and about genetic diseases.
- Expand a more coordinated medical assistance among gynecologists, obstetricians, pediatricians and family doctors.
- Provide higher qualifications to teaching doctors in charge of the mother-child attention program.

#### 5.1.2- Achievements of The Mother - Child Attention Program

The achievements of The Mother Child Attention Program (See Appendix # 4) are possible because of the efforts made to provide higher qualification to the health professionals, the application of new guidelines for the pediatric and gynecobstetric attention and the foundation of the Mother-Child-Attention-Program since 1980. Efforts were also made to ensure and improve primary care for all, to open and run homes for nutritional recovery, homes for pregnant women with medical problems, and resorts for asthmatic, obese and diabetic children. Other factors of no less importance are the up-dating of techniques for the assistance of the pregnancy period and delivery. The introduction of techniques for the early diagnosis of congenital anomalies such as Down Syndrome, Phenylketonuria, Depranocytic anaemia, Congenital Hypothyroidism, and Congenital mistakes of Metabolism. We can also mention the very much scientific research carried out by health professionals which led to the development of some specialties such as cardiology in paediatrics, the creation of the intensive care units in the pediatric hospitals and the opening of about 200 wards for physical rehabilitation.

## **Chapter VI: ROLE OF THE NGOs IN THE HEALTH SYSTEM, THE CASE OF THE CUBAN WOMEN FEDERATION**

### **6.1- The Cuban Women Federation**

People's participation and particularly women participation in all the Programs is a feature that has marked the whole process after 1959. This process places in the centre of its strategy for social development the participation and integration of men and women, trying to guaranteeing the same rights, conditions, treatment and opportunities to both.

Women, as social subjects, and after having played an active role in the revolution also became in active members in this changing process, and this fact gave birth, in 1959, to the gestation of what was later officially founded as The Cuban Women Federation (CWF) on August 23rd, in 1960. Since the very beginning, this movement incorporated housewives, peasants, and different sectors employees.

The CWF is a Non Government Organization with the aim of inserting the women, together with the rest of the Cuban people, inside the revolution process. Through this organization, Cuban women materialized their longings for having their own space through which they could be able to carry out their initiatives, express their worries and let their disposition to participate become true. This mass organization comprising more than 3 millions 896 thousand women from all the social sectors, the 84, 46% of all Cuban women over 14 years old. (FMC, 2006) Age and will are the only required conditions to be a member.

Their wide basic work, prestige and authority won since the very first years, due to their performances as loudspeakers of women's affairs within the government, let this organization became and be acknowledged as the national mechanism to improve women's situation.

In spite of the results, there is still a lot to do, because changes that depend on the social consciousness are not automatically articulated as the transformations on the economic and legal structure, although these are a decisive step. The stereotypes, prejudices, behaviours and sexist values are rooted in the traditions of the patriarchal culture. To modify them means a complex re-conceptualization process in which the political will, the legislation, the Mass Medias, the schools, families and each individual's subjectivity as well as the whole society have to be actively involved.

## **6.2- The role of The Cuban Women Federation in Public Health issues**

The CWF did incorporate to tasks of first order, since the very first moment, especially those tasks related with health and education as well as to the prevention and social attention programs. An important aspect within the process of improving the concept health was the feminine participation in health community programs and among them; those concerned with the popular education were the fundamental action lines.

The organization has had a very active participation in the design and implementation of the health programs at both, the community and the institutional level. The Cuban Women Federation has always been taken into account for the decision makings about women's needs, and priorities. The CWF is a member of the National Health Council in which their opinions are regarded as important ones and where they also take part of its working commissions.

The CWF began to develop actions at the community level with women and their family; activities that were very elementary, such as teaching how to boil water and milk, the hygiene of the home, the care of the children, how to diminish the prevalence of infectious illnesses that were the main causes of death in those years.

The sanitary activists became main actors of these actions at community level; this is a movement that began in 1961. They are voluntary promoters of health that have worked for distribution of information and acknowledgement about how to preserve women and families' health. Now the sanitary activists are not just one group, they exist all over the country, in all the provinces, municipalities and communities, and they made and they still make all kinds of activities in the communities; educational actions, they give injections, they take people's blood pressure, and other basic services, mostly during the first years when the number of doctors and nurses was not enough. Preventive medicine in our country strained from the work of these sanitary activists.

The Sanitary Activists assumed important tasks for the sanitary education, the attention to pregnant women at homes and in hospitals as well as in Mother Homes later on; also in the vaccination campaigns, which were some of the first opportunities for the community participation in paramount topics of the health situation for the whole nation.

At the community level, a woman is appointed and given the responsibility of conduct the tasks at that level. They relay their work on a characterization of all the women of the delegation,

which permits the main problems to be identified and strategies are then traced based on the specific needs; the characteristics of the families are also kept in mind because the work is also focused towards men's and the families needs.

The Federation also worked for publishing topics of interests for women. The objective was to increase information and to offer an orientation with an integral focus. To accomplish this aim, the organization created two periodic publications: "WOMEN" magazine, for the feminine sector, and the magazine "GIRLS", with a less formal discourse addressed to the youngest groups. Since 1962 the pages of the magazine WOMEN were written to promote articles of important health topics and to debate upon what was oriented to all the delegations. Then the same topic was discussed by all women in the island. The topics were varied and selected according to the current needs, for instance, women's self-responsibility for their health, sexuality, the reproductive health, family planning, the stereotypes and taboos, accidents, hygienic measures and any other topic that improve self prevention.

The continuous work on sexual education developed by the organization, directed to parents, teachers, health specialists and to women in general; paved the way for The Cuban Women Federation to propose the creation of the National Centre of Sexual Education that assumed the responsibility to devise policies and programs for training, orientating health personnel, and enhancing the development of research on sexual therapies in the country. This centre has an interdisciplinary and multi sector focus to which are linked the Public Health Ministry, The Ministry of Education and the CWF.

The prevention of accidents, mainly at homes, has always been one of the important issues the organization has had to face. The Sanitary Activists through home visits persuaded parents to be more careful about the places that can be dangerous for the babies or smaller children: seats near windows, switches at the reach of children, the dangers of hot water, or having the babies sleep with them in the same bed. In 2005 one week was devoted to the prevention of home accidents, all the municipalities worked hard searching for what had been done in each of the municipalities and a lot of strategies resulted from this.

Another important activity was the promotion of breastfeeding as the only alternative during the first 4 months. Through the years, breastfeeding has been extended to 6 months and nowadays actions are developed to achieve a complementary breastfeeding until the 2 years.

In the early years of the revolution, the organization participated in the elaboration of the first breastfeeding promotion program. Later on, the importance of this feeding modality began to diminish for about some years, but around the 90's an international movement came up and struggled to rescue this practice. In these moments, the participation of the organization concerning this topic is at the community level. The objective is to achieve that women get ready for breastfeeding since the very beginning of the pregnancy; all they should know about is explained. With this objective The Breast Feeding Supportive Groups were created, these groups are integrated by neighbouring women that have breastfed or are breastfeeding and get involved with pregnant women or to those who have recently given birth. Their experiences are narrated and are shared; as a result, they can clear up possible doubts in an informal atmosphere.

Another of the topics of vital importance for this organization, related to health and especially to the mother and child attention was the creation of the "Motherhood Homes". Firstly, it was an answering strategy to the necessity of guaranteeing the possibility to cover institutionally, 100% of childbirths. A high percent of women who lived in intricate rural areas didn't arrive on time to the obstetric hospitals. "Mother Homes" were devised firstly with the objective of bringing those women near to the obstetric Hospitals. Women who lived very far began to come to these institutions and at the time of delivery, they were close to the hospitals where the professional attention is guaranteed. The Federation through its sanitary activists guaranteed the attention and whole preparation women received in the Mother Homes.

As women remained in the "Mother Homes" all day long, instructive courses on different topics were offered. Nowadays those institutions are not only for women who live far away or in rural areas, and their objective has become a broader one: They give accommodation for pregnant women with some health problems, and need professional surveillance and those women don't need to go into a hospital.

The "Mother Homes" opened another modality during the 1990's when the nutritional situation was so poor: they admitted women half day time. This modality consisted on pregnant women coming in, in the morning and returning to their houses in the evening. They had lunch and diner in the institution. Another developed strategy was to link pregnant women to school, or working centres canteen<sup>5</sup>, to guarantee a proper feeding for them.

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<sup>5</sup> The school or working centres' canteens provide meals at very low expenses for the people who work there, and free for pregnant women linked to them.

The organization also counts on another structure that has been used to develop the educational work: Women and Family's Orientation Houses that are spaces for the community work; there is one in each municipality of the country. The actions carried out by these 176 houses have made an important contribution to pregnant women and their families' education when they are expecting a baby. Different institutions participate in this project: Public Health Ministry, the CWF, as well as The National Centre for Sexual Education. Courses about responsible parenthood are lectured there and educational and interesting topics are related to the whole pregnancy process, childbirth and baby care are debated with women and family members

### **6.3- The Responsible Motherhood and Fatherhood Program**

The attention Cuban women receive during pregnancy, childbirth and the one babies receive have unquestionably a high level, The Mother-Child Attention Program has wide objectives zealously followed to achieve positive results in the mother's and the baby's health. Nevertheless, it was known that during the gestation process women received scarce information and orientation concerning this important moment of life, process in which she is the main actor. On the other hand, either the man or the family participated in this act. The future dad's concerns were not taken into account, nor his conflicts and anxieties about the motherhood, fatherhood or the new born care taking (Ortega, 2003). In many cases, the psychological training for the childbirth was disregarded; something that generated fear, insecurity and distrust; the psychological preparation was not carried out systematically and when offered, it took place in hospitals at the end of pregnancy

Due to this, in 1992, the CWF proposed to the Public Health Ministry "The Responsible Motherhood and Fatherhood Program". This program has the objective to improve women's, men's and the family's comprehensive health, through a protagonist and active participation in the parenthood process. Besides, it prepares them to face the responsibility for the health care, illnesses prevention and their children's education. This objective would be fulfilled through prevention, promotion, attention and rehabilitation actions, developed by the national health system in coordination with other state institutions and the collaboration of the CWF and the community. This would favour the relationship among parents and children and it would rebound in the baby's psychic, motor and intellectual development.

The application of the proposed program is conceived for all the attention levels: primary, secondary and third including the participation of The Woman's and Family's Orientation Houses. It is developed in the primary attention in the family doctor's clinics, where pregnant

women receive the assistance attention since the first weeks. The activities are carried out according to the characteristics of the area, using the policlinic therapeutic gyms, The Woman's and Family's Orientation Houses and the support of the National Sport and Recreation Institute.

Actions were developed in the obstetric hospitals with the participation of the baby's father or some relatives. In the Mother Homes, the preparation of pregnant women and their family is carried out by doctors and nurses and with the participation of the sanitary activists. This preparation includes the main characteristics of the first, second and third trimester of pregnancy in connection with the embryonic development, the hygiene, nutrition and pregnancy care, the emotional changes during the pregnancy, the father and older brothers and sisters as well as other relative's roles.

It is also offered to the mother, tools for the prenatal stimulation, options that can contribute to their comfort during the childbirth work with the participation of the baby's father or another relative that the woman has decided, the maternal nursing, as well as the immediate cares of the newly born, cares for the postpartum period, stimulation to the baby's development, birth-control methods and other topics.

## **Chapter VII: WHAT IS HAPPENING IN THE POLICLINIC “HÉROES DE GIRÓN”**

The policlinic “Héroes de Girón” is located in the centre of the Cuban capital and in an area that has always been inhabited by workers and plain people. As one of the preventive actions in this policlinic in order to minimize risk factors concerned with the mother-child attention program they have an accurate control over all women living in the area and who are in their reproductive age. Another important factor taken into consideration by them is to show the main risk factors (before and during pregnancy) that statistically have affected these women over the last few years. Out of the total female population of the area, 8 504 were registered as fertile in 2005, and 7.7% of them are considered to have symptoms or risk factors for pregnancy. 100% of them are under specialized control as well as followed up by their family doctors<sup>6</sup>. Among the most worrisome factors affecting this area, we can mention hypertension, bronchial asthma, anaemia, vaginal sepsis, diabetes, sexually transmitted infections, low-weight and some obstetric previous history.

One of the objectives of the Mother-Child Attention program is to enroll pregnant women and have them involved in this program within the first 14 weeks of pregnancy. This strategy facilitates monitoring the whole pregnancy process and makes it possible to assess the woman’s full history and family history so as to prevent any complication at an early stage. That is why, one of the basic principles of the program is to accomplish an early diagnosis of pregnancy, and this is not difficult to do in Cuba provided that all the medical services are public and run by the state. And this fact enables all women to get specialised medical assistance, either at the community policlinic or with their family doctor, to confirm or disconfirm their pregnancy at an early stage.

### **7.1- The Scheduled Consultations.**

#### **7.1.1- The “Regular” Consultations**

After the confirmation that a woman is pregnant, she is scheduled and provided with an average of 8 check- ups before the 40<sup>th</sup> week of gestation, these consultations are performed by a gynecologist or the family doctor. These scheduled check-ups are performed in the family doctor’s office, which means that it is the specialist who moves to the community. The family doctor must also pay home visits once a month, so that he

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<sup>6</sup> From the Statistics Record Book of the policlinic’s Statistic Department.

or she can talk to the whole family. Through this way, both family doctors and specialists can exchange and discuss their assessment of each case.

Since the very first consultation, pregnant women are sent for routine studies, for dental assistance, and are given a tetanus booster as well. Among the most important lab studies are complete blood count, blood type, glycaemia, serology, HIV (both mother and father), HV-sag, vaginal culture, stools, urinalysis, alpha-fetus protein.

The second check up is scheduled within the 14 days after the first consultation, that is, between week 14<sup>th</sup> and 15<sup>th</sup>. Here the results of the lab tests are assessed and a gynaecological exam is performed to evaluate the uterine growth and height, weight and tension curve, then a treatment to prevent anaemia is indicated, the date of birth is predicted as well as the period of maternity leave, general guidelines concerning the pregnancy process are also given. These guidelines include advice about nutritional issues, and the hygienic measures important to pregnant women. Other pieces of advice are concerned with dressing, physical posture to sit, walk, and about sexual intercourse. Other important issues are related to childbirth and breastfeeding.

Over the weeks 18<sup>th</sup> and 24<sup>th</sup>, the 3<sup>rd</sup> and 4<sup>th</sup> check-ups are carried out. But it is in the 5<sup>th</sup> when the complete medical team meets to evaluate the patient's general state. For this appraisal, the same routine laboratory tests are repeated and the term of gestation is re-valued, any risk of abortion is discarded and it is discussed if the patient should continuously be followed up by any other specialist.

The consultations 6<sup>th</sup> and 7<sup>th</sup> should be carried out within the weeks 34 and 37, these are also routine consultations, and if no problem is detected, they don't have special indications. During the week 40 the last programmed check-up is carried out, in which it is required to make a general evaluation of the patient by the entire medical team so as to close the case because she must be referred to the nearest maternity hospital for a full-term pregnancy consultation. In the cases in which symptoms of labour haven't shown up during the 42<sup>nd</sup> week, the patient is admitted to the maternity hospital.

### 7.1.2- The Consultations with Specialists

For the attention (to pregnant women) to be comprehensive, it should cover different specialties such as genetics, gynaecology, nourishment, internal medicine and psychology. Each of them has a particular importance.

The Genetist's Consultation is of primary importance to detect any risk on the part of the patient's previous history or family history, which will provide any valuable information about exogenous or endogenous factors such as medications or radiation that certainly could modify the genetic evaluation. In case any congenital malformation was detected, it must be discussed with the patient and family to evaluate the possibility of interrupting the pregnancy.

Gynaecological Assessment is as well important because this kind of malignancies represent 13% of cancer affecting women that is why during pregnancies, women should be screened from cervical cytology, and carefully examined so as to rule out any abnormality in their reproductive system that may later complicate the delivery process.

Nutritional assessment is an integral part of pregnancy care. By means of this consultation, the existence of any nutritional deficiency state is detected. And prevention can also be of the doctor's concern. In this respect, patient's education provides the mother with a correct diet to maintain a balanced food intake in order to gain or lose weight accordingly. The final objective of this consultation is to avoid children with low-birth weight and to ensure a healthy mother for both, the delivery process and breastfeeding.

Internal medicine is another specialty which is compulsory for every pregnant woman, and mainly for those who suffer from chronic affections. If these pathologies are under control during pregnancy, any complication which may affect the mother or the baby can be avoided.

The Psychology Consultations allow the team to guide the new family about the acceptance of the pregnancy and to help the family face some of the different psychological processes each member will go through, but mainly the mother to be. Women are provided with tools to ease the moment of delivery as well as the difficult

situations that daily life may bring. An important goal of this consultation is to encourage every member of the family to assume their roles as father, mother, siblings, etc.

#### 7.1.2.1- The dynamic of the consultations with the whole team of doctors and specialists

As it was explained above, in some of the consultations the whole team is participating, and all the doctors and specialist that are attending the case. The consultations are always carried out in the family doctor's office, for this reason, the specialists have to go to the clinics to see women when the consultations are due or when the family doctor requests it. This makes possible to exchange approaches by the different specialists. These consultations have their peculiar characteristics, not because of the way doctors get along with patients but because of the dynamic that they bring about. In this type of consultations the doctor-patient relationship goes to a second place, because the professional discussion on the case becomes the most important fact, that is, it is doctor-doctor appraisals and exchange of knowledge what prevails as the most important elements.

The doctors are usually trying to elucidate some matters and giving their academic contribution for the discussions to be accurate. There are times when the topic is not well explicit and it is easy to detect certain kind of rivalry among them, each one wants to contribute with knowledge about their field. In this case the family doctors do not take part or led the discussion, in spite of being the one who better know the patients' health and social situation.

Another reason that makes this consultation something different to the normal consultations is the fact that family doctors feel they are being supervised, as although the specialists are not their managers administratively, due to their knowledge and experience, they are generally more acknowledged and respected. Among the doctors, hierarchies are settled down on base of each one status, this status is given taken into account each one's prestige or experience, which is given to the specialists a high degree of primacy in regard to the family doctors. So family doctors transfer their own power and assume an almost passive role. This is also due to, in most of the cases, because those specialists were their professors at the medical school. Accordantly, their attitude continues to be like a student's attitude, whose role is to learn and somehow to cooperate with some elements when they can contribute, but in the power relationship, generated by this dynamics, they place themselves in an inferior status.

“Specialists know best, I may have a general overview, but concerning knowledge of each specialty, I can’t put myself at their level”. (Family Doctor B)

### 7.1.3- How do pregnant women themselves get involved in the scheduled consultations

It is important to point out that even when the family doctor has the greatest responsibility, these specialised consultations play an essential role for the mother-child attention program. These specialists’ help and guidance are valued as quite useful for this program to achieve its final goal. Nevertheless, for pregnant women the story doesn’t go this way. Their understanding level concerning the need of being assisted periodically by specialist professionals depends on each woman’s maturity, responsibility, and culture related to maternity and pregnancy.

On the other hand in Cuba it is well known that doctors have a big responsibility for the population’s health state, and that they are evaluated accordingly. This fact leads to a misunderstanding on the part of the public concerning their responsibility in regards with their self-care, so they leave their health problems in the physicians’ hands. As for pregnant women, this issue is often misunderstood, provided the priorities the mother-child attention program have been given on the part of the government to avoid maternal or child mortality.

“Very often we doctors have to be very attentive for pregnant women to fulfill all the doctor’s instructions, and sometimes they are found in the street dressed with inappropriate clothes or shoes , and some other times they only come to the consultations they want to, as if their health situation was mine and not theirs”(family Doctor D)

Besides that, pregnant women trust their family doctors and their therapeutic relationships flows, provided that they know each others very well and the rest of the family, not only for their medical assistance but for many other professional and mutually satisfied needs. All this makes many pregnant women feel confident and committed.

“I’m very satisfied, firstly, because I had to be under bed rest, and the doctor had to, and in fact came to my house for my check ups, when they were due”. (Case C)

But on the other hand they feel doctors themselves are the only ones who must take control over them, just because they are assigned this task and also because they are allowed to visit them in their homes. For pregnant women, it is the family doctor who

must involve the family as well as the whole community to feel committed with their pregnancy. All these factors have important implications in the way pregnant women approach the program.

For pregnant women attending the family doctor's consultation is compulsory, whereas their attendance to the specialist's consultation is optional. Their decision depends on several factors, such as the knowledge they think they have about the matter that will be dealt with in a given consultation. Another factor has to do with their low educational level, which may make them unable to value the importance of the specialist advice or assessment. That is why; it is common that they do not miss the gynaecologist or the genetics consultation and sometimes the internist or clinician check up, mainly if they suffer from or are suffering from any affection, whereas they rarely present themselves to the psychology or nutritional consultation, since they do not consider them as important ones.

“I didn't request much attention because this is not my first pregnancy”. (Case A)

The decision about which consultation to go to is in some cases not based on any obvious reasons, but it is, in most of the cases, dependant on the mother's maturity and level of responsibility towards pregnancy and maternity. There are other cases, in which the mother is afraid of facing a peculiar situation in their lives. An example of this is the adolescent mother who at the time of interview report she doesn't attend the psychologist consultation because “they will question many things about my private life and I don't feel like talking about that” (Case D). She feels she doesn't have to give any explanation to anybody about her being pregnant at 16 years of age. Something similar happens with the obese women who come to the first nutritional consultation, and fail to go to the rest because she doesn't like the idea of going on a diet.

“I'm satisfied because all the consultations were really good, except the nutrition consultation, because they wanted to sent me to the maternal home for my overweight”. (Case B)

However there were two other pregnant women who attended all the consultations and were most cooperative and concerned about the whole process and the implications of every stages of their pregnancy as well as the steps of the program. These women considered the specialists' consultations as very useful for their knowledge about the

process of pregnancy and particularly for their own health. They all reported to be satisfied by the service offered with the specialists at any of these consultations.

“All the consultations were very useful, through them, I learned everything, even how to eat, I didn't know. I always wanted to know more about each happening, I wanted to know what was normal or what was a symptom of a problem”. (Case C)

## **7.2- Doctor - Patient Relationship**

The general atmosphere of the consultations is positive, it generally demonstrates that good relationship exists between doctors and patients; they always dedicate some time for a warming up and before entering properly into their matters they talk about other topics related to their relatives or about events that have happened in the neighbourhood. It is frequent to see doctors and nurses laughing and sharing nice facts of the daily life with the patient. Familiarity and trust characterise the atmosphere among them. The familiar style is also the prevailing atmosphere when specialists come for their regular check ups. Patients are still taken into account and are even explained about the matter that has been discussed.

The atmosphere is very intimate, and both the family doctors and the nurses participate, but the latter are hardly ever inside the rooms where the consultation is taking place, only when their attendance is requested. This intimacy permits the pregnant women to ask much more, mainly about those issues they don't understand well or they are worried about.

“I asked about every thing I wondered, sometimes I felt embarrassed, I get on well with the doctor”. (Case D)

It is also very common to see the doctor answering the patient's questions by using examples about what happened in other consultations and comparing the behaviour of the patients, although they never mention the name of the implied people. They also explain with more clarification, and relate the scientific knowledge with the traditions, customs or the popular wisdom and they offer advice and recommendations referring particular cases as examples, either their own experiences while being pregnant or expecting a baby, or with their children.

It is also important to highlight that the language used was different and it was dependant of the characteristics and needs of each patient. Each one was treated in a different way,

the youngest, the first childbirth woman, those who need more specific cares, and those that have previous children and do not need much explanation.

“One explains issues depending on the patient you are assisting, her age, her religious beliefs, and as one knows them very well and has always assisted them and their family as well, you know how to deal with them ”. (Family Doctor A)

As for the family nurse, their role is to assist the doctor; in the specific case of the Mother-Child Attention Program they are very useful particularly during the physical exam. Among their main functions, according to the program, is to visit families with a newborn child once a week during the first month and teach the mother to bath the babies as well as other practical tasks. But the visits are mostly formal because all those things are already taught. So, in fact these visits real functions is to check if everything is under control and if family customs are not hindering the mother or child's health.

### **7.3- Conditions that are given in the policlinic for the fulfilment of the program's aims**

#### **7.3.1- The Available and not available Services**

In this community policlinic, the conditions are given to develop all the services related to The Mother-Child Attention Program. This program counts with the priorities all over the country. Human resources are fully covered as well as they have good material conditions to offer services of high quality, that is, family doctors and specialists are provided with the most advanced technology to undertake a medical practice of excellence for all, but particularly to pregnant women. All these previously explained specialists' consultations services are completed in the policlinic, and although one of the functions of these specialists is to assist the whole population of the policlinic, the assistance service for the attention to pregnant women is given priority and doctors lend a lot of devotion to it.

Psycho-prophylaxis for childbirth is the only service which is not offered in the policlinic. In this consultation, women are explained how the process of labour takes place and specialised psychological and physiological training is given to face this moment. The manager of the policlinic as well as the staff in charge of the mother-child attention program, when asked about this service, pointed out that officially they don't have a vacancy available for a specialised nurse in this field, that they sometimes have borrowed this service from a maternity hospital, and a nurse from there was sent once a

week. In fact they haven't made the necessary arrangements to institute this important service because they do not consider the educational aspects as an important issue.

### 7.3.2- The structure of The Head Team in charge of The Mother-Child Attention Program in the policlinic

The Mother-Child Attention Program is managed by a team at the policlinic level. This team consists of a doctor and a nurse. The main function of this working duet is the control, the pursuit and monitoring of each of the objectives of The Mother-Child Attention Program. The manager of the program in this particular policlinic is a female doctor, but it happens that she has many other responsibilities such as the co-director of the policlinic, and the head doctor of the teaching unit of this community-relationship-centre. All this means she is seldom found in her office due to the very many and very different tasks she has to do which also includes to be on duty in an emergency unit sometimes at night or at week-ends.

This fact speaks, in its own way, of how The Mother-Child Attention Program works, because although the leader is the doctor, most of the executive actions are performed by the nurse. The way it is structured has a lot to do with the medical hierarchy. In deed, it is supposed to be designed so that it is a head team, however, when you ask the manager of the policlinic or any other doctor about who has the responsibility for The Mother-Child Attention Program, they right away answer that it is the doctor, but they suggest you contact the nurse who is also in charge and who can really be very "useful".

The formal leader of the program is the doctor, and her office is also the place that anyone goes to, for any matter related to The Mother-Child Attention Program. All the documents are placed there, the records of meetings and the statistics of the program. But the nurse in charge has other working tasks; she also work together with a family doctor, in fact, she doesn't share the office assigned for the program she not even has a desk there, so she has to carry all the papers and folders concerning her two jobs at any time and anywhere. The arrangements and distribution of tasks and responsibilities as well as the fact of not sharing an office or having to perform different jobs at different working places reduce the efficiency of the program, because although they counsel their tasks concerned with the program they don't feel they work as a team and are not always communicating well.

The nurse has to gather and register all the cases referred by each family doctor's, to the maternity hospital. Every day, she must also call and contact the maternity and paediatric hospitals where children or pregnant women, from the community were admitted, as well as establish the connection with maternity homes for them to admit the pregnant women who need special care. Another of her main task is to keep in touch with the mass organizations within the community to tell them about the most serious cases, how they are managing them, and to ask for appointments in case it is necessary to discuss about the strategy to follow.

### 7.3.3- What does the body in charge of the program do to accomplished the responsibility they had

A weekly meeting is carried out at the polyclinic level. In this meeting, the entire head team is supposed to participate, the leader of Primary care, all those that are in charge of the Basic Group of Work, the chief of the nursing service, the specialists involved in the program, gynaecologists, paediatricians, obstetricians, genetists, psychologists, nutritionist, as well as those responsible of other sub programs or sub areas like medications area or those who belong in the health education department. Some other people must attend this meeting, such as those in charge of the health sphere at the political and mass organizations in the area.

In these meetings, every one of the cases of pregnant women and children under 1 year are analysed as well as the actions and strategies to be followed in difficult or complicated cases. Cases which concern children older than 1 year, those with delicate health situation, are also discussed and assessed. A chronogram for childbirth is also made, which includes all the estimated dates of labour of each of the pregnant women. This chronogram is upgraded weekly. They weekly check which women are full-termed, which of them should be referred to the maternal hospitals, which ones need to be followed -up, etc. An upgraded copy of this chronogram is sent to The Cuban Women Federation at the municipality level and to the government.

These meetings were observed on a weekly basis for two months. There was not a single week in this period in which the meeting was not made. Some weeks, it was necessary to change the date because there were other activities more important due to some emergent reason, or because the settled day was a holiday. But they were always made. The number of participants in each meeting was from 15 to 18 people.

These meetings are regularly attended by the doctors, specialists and the nurses involved. This activity is one of the most important in their schedule, and their participation is compulsory. Most of the meetings were attended by all of them and when some of the members were absent, the reason was always explained. If someone was not able to attend, he or she should previously communicate so, and report if any of their patients were not doing well, or were developing any complication. However, no one of the people representing the mass organizations was present at any of the meetings, only on very few occasions and due to emergency or troublesome situation. The head of the program said that these organizations knew the dates of the meetings in advance, but they hardly ever came. Nevertheless, when the program needs their help, they are always willing to help and they have never failed to show up on such occasions, then, in the polyclinic they feel the program supported.

The meetings never started on time, and doctors also complained about the indiscipline of some members. Even some times when all of them were on time, the meeting didn't begin because the head was in another activity or attending other functions. In many cases the meeting was also interrupted and she had to leave the room for a while. However the time the doctors spend in the waiting room before meetings becomes a socialization space where difficult cases and experiences are discussed as well as other topics related to their daily work. It is common to see them wondering how things are going on, and even some of the cases are shared by some of them.

The meetings always start with the debate about the cases which regard children under 1 year old. Family doctors had been told that babies who present problems have to be seen twice a week by their family doctors, the rest of the babies are appointed to a consultation once a month. In that monthly consultation they are also seen by the paediatrician. So that in the meetings each family doctor presents the situation of each of the cases he or she has been dealing with during the week. And a lot of emphasis is given to the most difficult cases or those who are in hospitals.

The cases are well known by their names, and all the doctors demonstrate knowledge about them, not just by knowing their names but also because sometimes another doctor makes a suggestion for the doctor in charge of the case to follow, always taking into account the patients' specific problem and the similarity to some other cases that they

have already had to assist and that had the same situation. The pregnant women are equally referred to by their names and all the doctors know the complete record of those that have been through a difficult health situation.

#### 7.3.3.1- The doctor's approach to those weekly meetings

For the doctors these meetings are very important because by means of them they have the possibility to consult with other specialists some of the issues that they would consider important and difficult to handle. But also because this is the moment in which they can unload all the pressure they have to cope with when managing a conflict case.

“the people life's in is our hands, and even more when it is concerned with babies, it is very sad if the end is not the one expected”. (Family Doctor C)

Since childbirth is considered an important moment for every body, The Mother-Child Attention Program becomes of paramount importance all over the country. That is why the results are very well monitored and controlled statistically. And when there is a case, in which the mother does not complete her pregnancy or gives birth to a dead child, or the baby dies before he or she reaches 1 year of age, the program assesses the whole process and all the members involved in such a case. In fact, doctors and specialists take advantage of these meetings to share their experiences and consult and unload all the pressure they have build up.

When the difficulties or complications are overcome by the team of doctors, the cases continues to be monitored for a while. These cases are commonly complicate for two main reasons: one is of biological nature and the other is of social nature. Usually, a social problem becomes a health problem and they are often due to the parents' irresponsible behaviours, which are viewed as social indiscipline of the parents. To sort out these problems, there is often a need to call the municipality or the Cuban Women Federation for help and cooperation. Whenever problems occur, the strategies to follow are agreed upon by these organizations and the team of doctors of the program, who later inform about this in the weekly developed meeting.

The complicated cases are discussed by doctors explaining what has been done, the actions they carried out. They never regard themselves as the responsible ones for the troublesome happenings, they always blame on the patients or family members who never follow their instructions, or don't take the possibilities they offer, but, indeed, new

strategies are not planned, they just inform about the problems that are likely to appear due to the family misbehaviour, and not less important, they show themselves impotent to solve the problem.

“She already has a bed in the hospital, because her problem can be risky, but she doesn't want to be admitted because she has another child she has to take care of. I talked to her husband and mother and explained to them the complications she is likely to develop. There isn't anything else I can do, it is their own responsibility”.

(Family Doctor C)

#### **7.4- The fact of the program's approach in the policlinic**

The way services are organized and how they approach The Mother- Child Attention Program shows that the central objective is to look after, in the first instance, the health indicators, but these health indicators are closely related to the biological issues. Although in their speech many of the doctors and managers of the policlinic state that through this program they offer a comprehensive attention and that they, as an institution, practice the comprehensive health concept. However, it is important to say that, indeed, the procedure they are following is far from being integral or family oriented. In fact, their aim is to achieve the health indicators as the main goal; they don't realize that it is strictly necessary to attend many other aspects in a relational way for these indicators to be accomplished.

##### 7.4.1- To whom and to what is the program focussed?

In this policlinic the conditions for the different specialists to coordinate and share their work and assistance as a group are present, so that they can be able to assess the cases from a multidisciplinary perspective. However, in their practice they seem to confuse the multi or interdisciplinary perspective with that of an integral and comprehensive perspective. Only for a very complicated case, they gather together with the rest of the social and mass organizations to deal with the problem as a whole, and to plan the strategies in which all the community actors are involved in the act of looking for a final solution.

The first element of this lack of integration in their perspective is the fact that the attention is only one-side centred: that is, only women are taken into account, only on few occasions are the family or the couple attended as a unit. Even when the health actions are concerned with prevention, or guaranteeing a healthy reproductive population,

the rest of the family members are not considered or included in the process. The statistics show that all the documented reproductive risks antecedents registered in this policlinic are only related to women. There isn't a single data which makes reference to male patients' problems. All this reveals that men in their reproductive age are not taken into account in the program.

The fathers are only called on to take the HIV/AIDS test and later in the genetics consultation. The rest of the issues concerning them are dealt with just by asking the pregnant women about, for example, if there has been any genetic problem in his family. But men are not even asked to attend any appointment to value this situation thoroughly. Actually, doctors say that women know more about the health situation of their partners than themselves. As for the rest of the consultations, it is always said that fathers are welcome there but they are personally never invited to participate.

For women, the participation in the consultations is compulsory and that is easily understandable without too much explanation, without any doubts, they have the baby inside and most of what may happen depend on the measures they take. But the fact that doctors do not make any effort to have the fathers involved illustrate how they are not regarded as important or necessary. In this process all this means that for the program, the social affairs and the families as a unit where pregnant women are involved are not taken into account as a central matter for the accomplishment of the health indicators, which I see as a shortcoming on part of the Mother-Child Attention program.

In this respect, laws have a lot to do with, as well as the standard norms shared by the society. Doctors say that they just give fathers' the possibility to participate in the consultations, and they do not push further because it is really very difficult for men to attend the consultations, even when they want to, as the consultations take place during their working hours. In this case, it may be understood and supported by the managers in the working centres that women take a day off to attend the consultations, but it is very different in the case of men. It is very likely that this fact can also be understood too, but this is not part of the common way of thinking in our society, it is not going to be understood as "normal", not even within the families.

#### 7.4.2- Are they really taking care of the whole process?

Another important issue which has been disregarded by the program is the one related to the moment of childbirth, as it can be seen by searching in the different specialties. None of them is particularly concerned with pregnant women education and training to face the delivery process. There is another fact that disregards the moment of childbirth and that is that full-termed pregnant women are assisted by the doctors on duty at the maternity hospital in that moment, but it is not established that she should be accompanied by the doctor that has followed her through the whole pregnancy period. All this means that childbirth is “nobody’s land” in the whole attention process. None of the doctors that have had to do with the pregnant woman are directly responsible at this exact moment, mostly, when women go to the hospitals with a controlled health situation.

The policlinic has been equipped with the most advanced tools to provide good physiotherapy to pregnant women and there is also a gym that could be used for them to get some types of exercises and get ready for childbirth. But although doctors suggest this can be done, the current situation is that they are not being used for these functions. This is another example of the lack of creativity and poor management in the policlinic. Besides, because the team of doctors leading this program are mostly centred around what is established and in accomplishing the indicators through which they are going to be evaluated, and are not much aware of other important issues like the ones mention above.

But the aim of the program does not end with the delivery. To support the families in the coming stage after the childbirth, is why the participation of the mass organizations is required, especially the Cuban Women Federation. Actually, the department of health promotion, as well as CWF have been instituted to create, together with the family doctor and the structure of the base of this feminine organization, a supportive network to guarantee that everything at home works so as to help women take care of their babies and breastfeed them in a proper way. This network is called the pro-breastfeeding group.

However, these pro-breastfeeding groups have not yet been created. Even less, are they included as members of an interdisciplinary group in the policlinic; what really happens is that doctors, aware of the characteristics of each family, figure that some of the members will help the woman. And if they had to demonstrate that they actually created the pro-breastfeeding groups, they would say that they are integrated by different family

members they know, are able to help. Although in the moment of the field work there wasn't a single case of a pregnant woman with critical family problems that would support the need to take more extreme measures, the total amount of interviewed doctors said that only in extremely serious situations they work together with the CWF and the rest of the institutions to look for solutions.

## **7.5- Educational Issues**

### **7.5.1- The National Department of Health Promotion and Health Education**

It is necessary to state that The Mother-Child Attention Department is not in charge of promoting and designing the educational activities as part of their business. These activities are planned and carried out by The Health Promotion and Health Education Department, which designs and performs all the actions regarding health education for all the health programs developed in the country. This, in some respects, is positive because the only concern of this department, as the only one inside the national health system, is to elaborate and coordinate the educational issues with other ministries and companies as well as with the mass media so that the actions and strategies are more integrated and connected to the rest of the health programs. But it, likewise, has some disadvantages too.

This fact is of paramount importance given the deep influence of the Mass Medias in the daily life of the Cuban people and given the characteristics of the Mass Medias in Cuba. All the Mass Medias in Cuba are education-oriented, as much the television as the radio and the written press which is the most accessible to the inhabitants of the island. All the television channels and radio broadcastings are nationally invoiced and the information and foreign programs are inserted in that programming. In Cuba, it is not legal to have parabolic antennas in private houses and the internet service is accessible mainly at institutions or educational centres. And although internet service to private clients is offered, it is quite expensive and therefore accessible only by a minority. Under these conditions of Mass Medias managed by the state and with clear educational objectives, it is easy to estimate the deep influence that educational messages have on the Cubans population way of living. The picture can be completed just guessing all the propaganda and commercials that have been omitted and substituted by educational spots of all type of nature in which those making reference to health issues take a special place. There are also many programs specially dedicated to health education in television and radio broadcastings which set in prime time.

For the above explained reasons, it would be very positive for the Ministry that the promotion and educational topics is organized in one single department. Although , this can be a disadvantage for each program, since this promotion department although working in close connection with those departments which elaborate the health objectives and strategies for every period does not work as a health department as such, and therefore, the educational strategies come out as annexes to the health programs.

The main difficulty of this way of organizing the work at the ministry level is that, as a result of this separation, the Mother-Child Attention Program does not have the educational activities included organically in the body of the program. For the practitioners at the base level, is like speaking in different languages. Doctors give priorities to what they consider most important: the health indicators; this is also what they were prepared and trained for; to look after those health indicators.

#### 7.5.1.1- The Strategy planned by The National Department of Health Promotion and Health Education

The National Department of Health Promotion and Health Education it is also intending to strengthen the educative actions to contribute to improve the Mother-Child Attention Program Indicators. The educational activities they are carrying out are directed to the Basic Work Group, the family doctors and other professionals and health workers as well as to the maternity, paediatric hospitals and maternal homes for them all to contribute to the improvement of the health indicators expected by the program. These activities are mainly concerned with the most risky affections.

Among the main actions established by this department, is the professional training, and the elaboration of educational messages to improve the interpersonal communication as well as among groups. For an efficient accomplishment of this matter, they have requested the participation of the Mass Media with educational messages about preconception risks, about illnesses associated to pregnancy, about breastfeeding, about the prevention and accidents control. All these activities are designed by institutions either at national or provincial level.

As part of their strategy they include activities that implicate a bigger unfolding of the health institutions and therefore they are not very well developed, particularly activities which advocate:

- To strengthen the educational activities among different sectors, directed to the family (with emphasis on pregnant, and women who are breastfeeding their babies).
- To train the sanitary activists and community health providers.
- To reinforce the pro- breastfeeding groups.
- To systematically assess the problems of the Mother-child Attention Program in The Health Meetings (In The Health Meetings should participate all the community institutions, as well as the governmental and voluntary organizations).

Among the activities mentioned above, the last one is best carried out. This is due to the effectiveness with which this activity has been oriented. The health meetings were designed how to work, who must participate, which is every one's role and task, how often they must be developed; whereas the rest of the activities were designed to be developed and managed in the policlinics basing their development on the specific characteristics of the community and the real possibilities of the policlinic. And here lies a weakness of the strategy, provided that everything, in this respect, depends on the will, the competence and the priority given, by the people responsible for this kind of activities. In fact, this priority is always subordinated because the actors are doctors who are used to a traditional way of assisting patients.

#### 7.5.2- Education vs. Information

It is in the second consultation, in which the patient (pregnant woman) is holistically evaluated and treated as a case to be followed and assessed by the program, when the patient really integrates to the mother-child attention program. Here an official document is started where doctors register and record all the findings, and will start talking about what the process of pregnancy means, as well as the measures the patients should take in order to improve health. Other important topics they are informed about are that of food and how they can be mixed, as well as the position they must adopt to walk and for sex, the way they should dress and about hygienic measures. At the subsequent consultation recommendations for the moment of childbirth and for the maternal nursing cares are given.

Not only family doctors but also the rest of the specialists must carry out and promote health education among these patients and their family members, and it is during the consultation and home visits that this must be accomplished. According to the health professionals who were interviewed, the time they devote to patients' education is an

essential part of their work, they even say “we give a lot of importance to explain clearly every issue” (family Doctor A), however, when they were asked to describe the concrete activities undertaken to fulfil this function the answer was “I usually explain them”. Concerning pregnant women, the answers were just the same “they always explain every thing”.

The educational function is almost always identified as an informative function in this policlinic. This identification is not a characteristic of this particular policlinic, but of the whole Public Health Ministry. In the program, as well as in the indications given for health promotion and education, the mayor ambition is that everything should be explained, and they demand doctors to register in the patient's clinical history even the chats that are given. This constitutes the only tool to supervise this activity: reading what was registered in the clinical histories.

These findings indicate that the health system is far from providing a true health education or health promotion. Although people are helped to improve their control over their own health and their well-being through information and therefore knowledge, this is not the only possible way to reach the educational goal. The communication process as documented here was just in one way, from the doctor or the medias to the patients and true education is a two way process. There is no feedback to improve the result. In fact, there aren't any guidelines to instruct the doctors about the strategies they must follow to accomplish the important educative function. Education implies, among other issues, actual changes in customs, values, morals and therefore, life-style, which is in the very end the target goal. Actually, helping people to expand their knowledge is the starting point, but just that. Health education is much more ambitious than giving information, particularly in Cuba where the health system has created conditions to accomplish such a task.

#### 7.5.3- The Face to Face Approach in The Educational Process

The possibility to visit and interact with the patients' family in their own houses, allows the health professionals to assess the environment and the emotional atmosphere pregnant women live in, giving way to further interactions with other institutions and organizations within the community that may help and cooperate as full participants in the health care decision making, since they even have legal and financial support available.

Another issue that hinders the educative elements in health promotion is that of communication. For instance, doctors in general are not usually very concerned about the kind of language that should be used when explaining the process of pregnancy, the causes or consequences of any irregularity in its course. They are so concerned about trying to avoid the occurrence of any problem or complication that they often forget about the patient's understanding of the matter. In fact a lot of technical language is used and many times patients require clarification and repetition of the topic. The confirmation of these shortcomings was possible through the observation of consultations. Women often argued that every thing was explained but sometimes they needed "translation" so that they were able to understand.

We assume there are two main causes behind this behaviour, firstly, the doctors' desire to be viewed as a professional, aiming at generating confidence on the part of the patient and secondly, their believing in the Cubans high cultural and educational level, which is not referred to literacy but, to the increasing level in health knowledge. This knowledge is due to the accessibility to health services, but also to the important role played by the mass media and the socialization process within the family that has been taking place so far. Anyway apparently doctors are overestimating the general health knowledge in the population.

#### 7.5.4- Information Boards and The Educational Process

Anyway, the procedures followed by the policlinic and family doctors' offices studied here, reveal a total lacking of creativity and practicality; one reason can be the little attention given to the educational activities, because they are not considered important and because they take for granted that people know about these topics or they certainly will learn what is required through other institutions. The real facts is that either the policlinic as an institution, nor doctors or specialists, are evidently involved in generating or planning educational actions, neither are they concerned with implementing those already designed.

A clear example of this are the bulletin-boards we can find hung on the walls not only in the policlinics but at family doctors' consultation offices as well, in which a lot of notices, advertisements, and pictures promote the consumption of healthy food, herbal medicine; they also exhibit hygienic measures etc. The topics related to the reproductive process cover an important area but are only limited to promote the use of condoms to

prevent Sexually Transmitted Infections, and breastfeeding. A lot of information about the latter is placed there, from how to prepare the breast for breastfeeding, to the food which the mother should eat, as well as the benefits for the breastfed babies, the mother and the family. All the posters were nationally manufactured and none was made locally.

Nevertheless during the consultations none of this information was used. During the chats, neither doctors nor specialists ever used any of the posters or referred to what has been shown on television or said on the radio. In none of the observed consultations these materials were used and when pregnant women asked about the use of these materials, the answer was negative, doctors were never able to explain nor didn't they know how to explain why they didn't use it, the only answer was: "I just don't". But they nevertheless recognised that it could be very useful in achieving better results.

The fact that these posters are not properly used constitute another shortcoming of the program, firstly because they are resources that have been invested in and should have a better use, but secondly and more important, because that information is really good. It is made by The National Department of Health Promotion and Education. The messages are well encoded and always upgraded both in terms of content and illustration. Those messages are made by a highly qualified team of specialists who make a big effort for these messages to grasp people's attention and reflection. For example they always use famous characters and actors' faces as well as famous musicians the people enjoy watching and acknowledge. They also present topics related to popular television and radio audience. Good papers and print quality material is always used to print out this information.

Nevertheless the lack of creativity also influences the patients and the general publics approach to this information. Most peoples regards it as something already well known and repeated, clients just allege that they look at the boards and read them just for the sake of spending time while waiting for the consultation. On the other hand, after the economic crisis of the 1990's, it happened that the habit of making any modalities of a more individual or personalized information was lost and there is still a total lack of creativity related to the use of the use broads and the whole information, not only among the health workers of the policlinic but among the family doctors as well.

#### 7.5.5- The role of The Family in The Educational Process

It is also indispensable to emphasize the important role that the Cuban family has traditionally played in the spreading of information, knowledge and values accumulation. A family relationship in Cuba are very strong and although children are grown up and they have already formed their own families, their parents, and the rest of the family's influence is deep, strong and undeniable, and so is the feeling of dependence on the part of children. It doesn't matter how old the children are. A pregnant woman is a receptor of all the knowledge on the matter accumulated by other members and previous generations in her family. This knowledge is acquired through story-telling or through their daily acting and examples that can be given to one another in similar situation as when expecting a baby.

Even when the Cuban Health System enjoy a high level of prestige among the population, people are very tied to traditions, and many times the way the activities and domestic works are carried out is more linked to norms settled down by the popular wisdom than to the doctors' instructions and scientific factstions. As for the information and knowledge given about maternity issues and how to take care of the children, it is possible to say that the role played by the family is more accepted by the patients than that offered by the health professional. That is why despite all that is explained to women in the consultations and even when they are acknowledging that all this information is necessary for them, they still have a strong perception that nothing provided by the health professionals is something they do not already know.

#### **7.6- The role of the different institutions enrolled in Health Promotion and Health Education**

On the part of the Public Health Ministry, as previously explained, there is a lot of interest in making the Mother-Child Attention Program a more functional one, capable of obtaining better results. That is why, they have made a lot of effort and have devised and implemented many strategies to improve all the details. The concrete task outlined for the latest period is to diminish the Infantile Mortality Rate to figures to lees than 5 per 1000 in the two coming years. For this reason, it is necessary to reinforce all the elements and among those elements the educational actions, aiming at improving the community quality of life and primary care and secondary attention, professionals and health workers at different levels provide.

Taking a look at the mass organizations' perspective concerning health within their community, it is viewed as a field The Health System have to include in their functions, and within health education is seen as a minor topic, as something that may contribute to the results, but is not considered to be a key point. Therefore, health education has become a topic of secondary importance to these organizations as well. During the first years of the revolution a more active and transcendental role was given to the activities performed by the different mass organizations. The current situation differs a lot from the one existing at that time. Now their participation in the social affairs has neither the same magnitude nor importance at the base and community level than in those early times. During the 1960's, as it was said in above chapters, it was necessary to involve a lot of people and institutions to be able to improve the population's health situation. Those times were characterized by a revolutionary feeling and everybody perceived themselves as vital actors in the changing and transformation process. Everybody felt their contribution was of great importance, because each of the efforts were really necessary.

Nowadays there is a level in the social and health situation that, although it is not optimal, already has been improved a lot, and the population's living conditions are much better. The reduced participation of the mass organizations may be explained by that the reached level is regarded as good enough; a few further points may be made about that. It has become increasingly clear that the lack of activism is due to fundamental reasons. One of this is the role that the specialization as a process have been taking place in the Cuban society on the part of the different institutions; each one has its functions very well and narrowly defined. At present, this fact represents the mayor challenge, that is, to achieve an interdisciplinary and coordinated relationship between the different spheres and institutions.

The current role of these organizations is far from complete without the analysis of these institutions themselves. Most of these organizations were created in the early years of the revolution. Then, their structures were build so that they answered those times' requirements by involving a lot of people and facing a lot of basic needs, even a lot of quite sophisticated tasks were performed by them, and this, is definitely, not the current fact. Nowadays, those organizations actions and their influence upon the Cuban society way of life are still vital, but mainly, at the highest level, mostly at legal, ministerial and governmental level. There are many kinds of evidence supporting this, but for the current purposes, it is sufficient to cite how much involved the National Head of the Cuban

Women Federation is with the Head of the Mother-Child Attention Program in the Public Health Ministry, and how large is the influence of this organization on designing programs, such as the program which promotes a Responsible Parenthood, which was previously explained in detail.

But again there are some discrepancies between how things are planned to be and how they really are. The way they are, depends on how process routines are organizationally structured in policlinics, hospitals and family doctors clinics, and also, of course, on the peoples customs, beliefs which are still greatly influenced by previous times.

## **Chapter VIII: CONCLUDING REMARKS**

The Mother Child Attention Program is very broad reaching, as has been previously explained, and is responsible for the whole process of women's reproductive health, from their teenage to adulthood and for the care-taking of the health of the children until they are 14 years old. Everybody relates the program mainly to maternity and the care of the babies. But in spite of being a broad reaching approach, The Mother-Child Attention Department is not in charge of promoting and designing the educational activities as part of their business. These activities are planned and carried out by another department which designs and performs all the actions regarding health education for all the health programs developed in the country, and therefore, the educational strategies come out as annexes to the health programs.

With the aim of giving a description of the Mother- Child Attention Program practices in the policlinic and to correlate them with the educational actions and the program's outcomes, aiming at the improvement of a comprehensive health it is necessary to emphasize, firstly, that the general atmosphere of the consultations is positive; it shows that good relationships exist between doctors and patients. It is also important to highlight that the language used was different and it was dependant on the characteristics and necessities of each patient.

For the attention to pregnant women to be comprehensive, the program covers different specialties such as Genetics, Gynaecology, Nourishment, Internal Medicine and Psychology. Each of them has a particular importance. All the consultations are always carried out in the family doctor's office; this makes it possible for the different specialists to exchange approaches and opinions. So that, in this policlinic the conditions for the different specialists to coordinate and share their work and assistance as a group are present, and they are able to approach the cases from a multidisciplinary perspective. But actually, the fact is that for the program the multi or interdisciplinary perspective is confused with that of an integral and comprehensive perspective.

Another important characteristic of this program, as in many others concerned with health, is that doctors generally give priorities to what they consider most important: the physical and biological indicators. This is also in what they were prepared and trained for; to look after those health indicators. However not only family doctors but also the rest of the specialists are expected to carry out and promote health education among these patients and their family members, and it is during the consultation and home visits that this must be accomplished. Another feature of the lack of comprehensiveness in their perspectives is the fact that the

attention is only one-side centred: that is, only women are taken into account. Men are left out from the process.

The way how services are organized and how the health system focus the approach towards the Mother- Child Attention Program shows that the central objective is to look after, in the first instance, the health indicators, but these health indicators are closely related to the biological issues. Although in their speech many of the doctors and managers of the policlinic express that through this program they offer a comprehensive and holistic attention and that as an institution, they follow a comprehensive health concept. However, it is important to say that, indeed, the procedure they are following is far from being comprehensive or family oriented. In fact, their aim is to achieve the health indicators as the main goal. They don't realize that it is necessary to attend many other aspects in a relational way for these indicators to be accomplished. In the policlinic there is a lack of management, the team of doctors leading this program are mostly centred about what is established and the accomplishment of the indicators through which they are going to be evaluated, and are not aware of other important issues.

The educational function is almost identified and understood as an informative function and in this policlinic the mayor ambition is that everything should be explained. Through this way, their procedure is far from providing a true health education or health promotion, because, although through information giving and therefore knowledge, people are helped to improve their control over their own health and therefore their well-being; this is not the only possible way to accomplish this, it is required the vision of a comprehensive health approach.

The procedures followed by the policlinic and family doctors' offices reveal a lack of creativity and practicality. One reason can be the little attention given to the educational activities, because they are not considered important and because they take for granted that people know about these topics or they certainly will through other social institutions. The real facts is that neither the policlinic as an institution, nor doctors or specialists, are evidently involved in generating or planning educational actions, neither are they concerned with implementing those actions already designed. Nevertheless the lack of creativity also influences the patients and the general public approaching this information. Everybody regards it as something already known and repeated.

On the other hand in Cuba, it is very well known that doctors have a big responsibility over the population's health, and that they are even evaluated accordingly, This fact leads to a misunderstanding on the part of the public concerning their responsibility in regards with their

self-care, so they leave their health problems in the physicians' hands. As for pregnant women is concerned, this issue is over-misunderstood as well, provided the priorities The Mother-Child Attention Program have been given on the part of the government to avoid maternal or infantile mortality. Pregnant women understanding level concerning the need of being assisted periodically by specialist professionals depends on each woman's maturity, responsibility, and culture towards maternity and pregnancy.

Another important fact in order to understand the functions and outcomes of the Mother-Child Attention Program are the Mass Medias role. In Cuba, this institutions are education-oriented, as much the television as the radio and the written press which are the most accessible to every one of the inhabitants in the island. All the television channels and radio broadcastings are nationally invoiced and the information and foreign programs are inserted in that programming. Under these conditions of Mass Medias managed by the state and with clear educational objectives, it is easy to estimate the deep influence that educational messages have in the Cuban population way of living.

It is also indispensable to stand out the important role of some social institutions, first of all, the Cuban family; this institution has traditionally played a large role towards our cultural insights, like a collectivist life-style. A pregnant woman is a receptor of all the knowledge on the matter accumulated by previous generations in her family. Even when the Cuban Health System enjoy a high level of prestige among the population, people are very tied to traditions, and many times the way the activities and domestic works are carried out is more linked to norms settled down by the popular wisdom than to the doctors' indications.

But a lot of conditions are given to the health system and consequently to the policlinic so as to develop educational actions more successfully, such as the possibility they are provided with to visit and interact with the patients' family in their home, that allows the health professionals to assess the environment and the emotional atmosphere pregnant women live in, a fact that can certainly pave the way to further interactions with other institutions and organizations within the community which may help and cooperate as full participants in health care decision making, since they even have legal and financial support available.

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## APPENDIX # 1

### Guide for observing pre-natal checkups

- How often they are scheduled.
- Who are the participants (physician, specialists, nurses, patients, family members)
- Available resources
  - equipment and technological devices
  - equipment and non-technological devices
  - other sources used for educational purposes and promotional know ledges
- Doctors- Patients relationships

#### Functional Dimension:

- Information obtained in the history taking
- Information registered in the patient's record
- Physical examination
- Kind of diagnosis and conclusions
- Doctor's attitude towards compliance or non-compliance

#### Informative Dimension:

- Quality and simplicity of the information that is given
- Doctor's concern on what has been explained

#### Affective Dimension:

- Manners used by the doctor
- Interest paid to the patient questions
- Level of confidence
- Language register (technical and/or lay words) used to explain what is going on during the consultation

## APPENDIX # 2

### Guide for an in-depth interview to the pregnant women.

1. General data
  - How old are you?
  - How many children do you have?
  - Do you have any partner? How long have you been together?
  - Is he your previous child's father?
  - How do you live with?
2. Could you field me in on your pregnancy period?
3. Did you attend the scheduled consultations?
4. Are you satisfied with the assistance you received during the pre-natal checkups?
5. How important are these pre-natal checkups? Are they advantageous?
6. Were you well informed about the course of your pregnancy and the different events you have to go through?
  - About the changes in your body?
  - About the fetus' doing well until birth?
  - Did you ask to be informed or were you given the information?
7. From whom have you get the most knowledge about your pregnancy and motherhood?
8. Did the doctor ever give you any information,, recommendation or advice you could have got from other or did he just repeat what everybody already knows?
9. Did the doctor's explanations were clear enough for you or did you have to ask for clarification?
10. Did the atmosphere of the checkups let you feel at ease so that you dared asking any kind of questions?
11. Did you end up this period with questions about some things or issues you were not fully thought?
12. Do you think the Mother-Child Attention Program gives relevance to the educational issues?
13. Would you like the Mother-Child Attention Program to have had other issues included?

## **APPENDIX # 3**

### **Guide for Interviewing Physicians**

1. Years of experience
  - working experiences in this policlinic
2. Could you comment on:
  - Educative actions or activities related to the Mother-Child Attention Program, either nationally/provincially programmed or the ones performed by the policlinic as their own initiative.
  - Institutions which are linked nationally or within the community.
  - The community participation in planning and carrying out these activities.
3. How important is the educational approach for the Mother-Child Attention Program
4. What is the relationship between health promotion and education for health?
5. Who are in charge of developing the educational activities?
6. What are consultations scheduled for?
7. How is patient's education supposed to be performed?
8. What topics are more often taking in account?
9. What is supposed to be taught? Biological or practical issues?
10. What is done in order to make a patient conscious, responsible and active of his own health care instead of giving specialized knowledge?
11. How do you manage to link the pregnant women's family to her pregnancy? Are the characteristics acknowledged when planning the strategies in each case?
12. Do you consider this program to contribute to the maternity knowledge, the labour time and the fact of becoming mothers?
13. Is the educational approach functioning evaluated as a part of this program?
  - How?
  - How do you personally know if the established strategies are working?
14. Have you studies of medicine and your post graduate studies trained you to face your patients' educational problems concerning their health?
  - Were you at anytime trained to develop communicational abilities so as to promote health?
15. Is the patients' health treated under a perspective of an integral health? Avoiding illness is considered as the most important issue, how is this issue approached in the Mother-Child attention Program?

16. As a specialist what, in your opinion, is your role to achieve patients' education in regards to their health and life-style?
17. Do you think family doctors are likely to become effective communicators so that they manage to improve the whole family quality of life?
18. Concerning the educational approach, what are the main issues that are to be sorted out by the Mother-Child Attention Program?

## APPENDIX # 4

### Achievements of The Mother - Child Attention Program

- ✓ 22.5 follow-ups were given to children under 1 during 2004.
- ✓ 16 post-natal check-ups were also given in the same period.
- ✓ About 12 check-ups were given to each pregnant woman.
- ✓ More than 95% of pregnant women were vaccinated against tetanus.
- ✓ Low-weight-newborns were reduced to only 5.5% in 2004, out of 10, 8% in 1976.
- ✓ More than 95% of children under 2 were vaccinated against all infectious diseases
- ✓ Children infectious diseases like Diphteria, Polimelitis, hucking cough, Measles, Rubella, and Mumps were eliminated.
- ✓ Neonatal Tetanus and Meningoencephalitis considered as clinically severe infections were eradicated.
- ✓ Two serious complications were also eradicated: Congenital Rubella and Post-Parotitis Meningoencephalitis.
- ✓ Reduction of children mortality rate<sup>7</sup>.

Rates		1970	2004	Difference	Disminshment
Children Mortality	Full Amount	9173	736	-8437	12.5 times
	Rate	38.7	5.8	-32.9	7 times
Mortality among children under 5	Full Amount	10378	983	-9395	10.6 times
	Rate	43.7	7.7	-36.0	5.7 times
Maternal Mortality	Full Amount	167	27	-140	6.2 times
	Rate	70.5	21.2	-49.3	3.3 times
Pre-school children mortality	Full Amount	1205	247	-958	4.9 times
	Rate	1.3	0.4	-0.9	3.2 times
School children mortality	Full Amount	895	332	-563	2.7 times
	Rate	0.5	0.2	-0.3	2.5 times
Teenagers mortality	Full Amount	728	384	-344	1.9 times

<sup>7</sup> Taken from The National Statistics Office, the report of the years 1970 and 2004

✓ Expenditures and available amount of money per year per inhabitant<sup>8</sup>

<b>Year</b>	<b>Available Amount of Money per Year</b>	<b>Expenditures per Each Inhabitants</b>
1959	25 690 200	3.72
1970	216 443 200	25.25
1990	1 045 094 100	98.56
2004	2 269 380 300	201.99

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<sup>8</sup> Taken from the records of The Public Health Ministry