PROJECT DESCRIPTION

1. What

- Describe the goals of the study and the questions, topics, or issues the project will address.
- GLISPs are academic courses; be sure to highlight the broader scholarly context of the study in your description.
- The statement should describe previous study and experience that contributed to your perception of the problems involved in the study project abroad and qualifies you to undertake it.
- If the course does not follow a traditional format, be sure to include any additional information in your description that will help the committee evaluate the proposal. Proposals that emphasize creative self-expression in one form or another must make clearly evident the intellectual purposes to be served and indicate on the part of the student an awareness of other work that has been or is being done in the area.

This upcoming semester, I plan to study abroad in Havana, Cuba. In order to take advantage of the unique opportunity afforded to me to focus in on my own areas of interest while in Cuba, I am proposing to do a GLISP entitled, *The Context of Choice: Unpacking Reproductive Health and Family Planning in Cuba.*

I am a public health concentrator who is passionate about issues of reproductive health and justice as well as invested in the study of Latin American history and culture. Thus, this GLISP will give me the opportunity to use the tools and skills I’ve acquired through my interdisciplinary studies to generate an in-depth understanding of the way in which Cuba’s history, society, politics and relationship to the rest of Latin America and the United States has influenced reproductive health/family planning outcomes on the island and to also consider the discourses.

The overarching goal of this course is to understand the historical, social and political processes and factors that have influenced access to and shaped conceptions of reproductive healthcare and family planning in Cuba. Some questions I will consider in order to gain this understanding include: what has been/is the role of the state in shaping and influencing the reproductive health climate? How has Cuba’s robust healthcare system handled issues of reproductive health? How have notions of sexuality for different groups shaped understandings of, and access to sexual/reproductive health services and family planning? How does the history of choice and family planning in Cuba compare to experiences elsewhere in Latin America? What has been the history of abortion in Cuba? What factors influence the current climate surrounding abortion in Cuba? What are the health promotion strategies in place to educate about sexual/reproductive health and how do they influence understanding and access to reproductive health services? Finally, what are the limits of choice in Cuba and to whom do these limits apply? Underlying all of these questions will be the consideration of how knowledge on these subjects has been produced and who it has been produced for.

I will address these questions by reading a number of texts in both Spanish and English, some specifically about Cuba and others about reproductive health and sexuality more broadly. Additionally, in order to address the question of health promotion and how messages of reproductive health are disseminated to Cubans, I will take advantage of being in Havana and by conducting field visits to a number of sexual health/sexuality based institutions as well as draw on rich local publications and the national archives to ground my understanding of the culture around reproductive health in locally produced literature and documents. All of this work will culminate in an extensive term paper on a topic derived from questions that come up over the semester. The final paper will require approval from my faculty advisor, Professor Daniel Rodriguez, and require utilization of on the ground sources and resources.

I am qualified to undertake this GLISP for a number of reasons. The first being my understanding of the complexities surrounding questions of reproductive health. A good deal of my course work here at Brown has addressed issues of reproductive health, some, including *Health of Hispanics* and *Gender and Sexuality in the History of Modern Latin America*, have addressed questions of reproductive health in the context of Latin America. Additionally, this fall I attended a conference at the University of Washington Law School entitled, *The Human Right to Family Planning*. The three-day conference brought together a wide range of professionals to explore the relationship between the right to health and family planning and its application to improving universal access globally and locally. The conference both greatly expanded my understanding of family planning as a public health and human rights issue and, in part, inspired the creation of this GLISP. My strong background in public health will allow me to take an interdisciplinary approach to understanding health outcomes and evaluating methods of health promotion. Finally, my background in Spanish, which includes seven years of study, three classes at Brown and extensive travel in both Central and South America, will help me engage with texts produced in Cuba for Cubans and will be necessary when I conduct my own on the ground observations of the Cuban Health System.
II. Why

- Be sure to describe the ways in which this project helps you to meet your educational purposes at Brown.
- Your GLISP must not duplicate previous GLISPs or regular course offerings. If your project appears similar to another GLISP or a regular Brown course, please explain how it differs substantively from the course.

I chose to come to Brown largely because of the freedom this institution affords its students to “be the architects of their own education”. Thus far, this freedom has allowed me to explore the field of public health through a social justice lens, cultivate an appreciation for the influence of historical narratives on shaping our understanding of the present and develop an interest in the culture, history and language of Latin America. I believe pursuing a GLISP in Cuba gives me the unique opportunity to explore more deeply the intersections of, what have thus far, been my primary educational pursuits and that this experience will enrich my learning and help me meet a number of educational goals.

First, the process of designing my own course will (and in fact already has) encouraged me to recognize the value of approaching scholarly questions from diverse perspectives and the importance of considering where and how to access perspectives that might not appear to be readily available. Second, it will allow me to engage in the issue of choice and reproductive health access, an issue whose complexities I understand well in the United States, from a new standpoint. These fresh perspectives will encourage me to contemplate the ways in which different societies, histories and politics converge to influence social climates and governmental policies that then influence health access and outcomes in distinct ways. Third, by working with the guidance of Professor Daniel Rodriguez, I will have consistent, direct and individualized feedback about the ways in which I am approaching questions, sources and ideas that will push me to strengthen the depth of my analysis and polish the presentation of my findings. Finally, the individual research component of the course, where I will be engaging with sexual health professionals and primary sources will allow me to think about the way scholarship is mediated by and understood via individual’s lived experiences and archiving.

Overall, my GLISP will contribute greatly to my education here at Brown, pushing me outside of my comfort zone and forcing me to think of what I truly want to build with the educational tools I’ve gained here thus far.

III. How

Syllabus: Provide a detailed course syllabus.

Provide a tentative syllabus of the activities and the supportive investigation and study you will undertake, indicating how you plan to schedule them over the course of the semester calendar abroad. In particular, explain how the course will be enhanced by tapping into local in-country resources that would clearly be unavailable in Providence. These might include local archives, museums and historical sites; research organizations and recognized in-country experts in given disciplines; and/or hands-on participation in local cultural events (i.e., theater, arts, and music), interaction with local government, business and industry leaders, and access to non-governmental organizations.

We recommend you follow the format of existing course syllabi.

For each week include:
1. The analytical question that will frame the discussion for the week
2. Topics to be covered
3. Required readings
4. Total number of pages assigned for the week;
   Note: Social science and humanities GLISPs are expected to read 150-200 pages per week; other GLISPs should involve comparable workloads.
5. For each reading please write [A] a one-sentence summary or explanation of its relevance to the weekly topic [B] and the page numbers
6. Any supplementary materials you use (e.g. videos with the number of hours)
7. Assignments due that week, if any
Week 1: Gender, Reproduction and the State: Theoretical and Historiographical Perspectives

Key Question: How and why have narratives about science, gender and the body been constructed?

Description: I will begin my work unpacking the context of choice and reproductive health in Cuba by considering methodological questions about the scientific construction of medicine, gender and the body. I will consider how and why narratives about science, gender and the body have been constructed so as to later consider the ways in which these discourses have legitimized and shaped culture and policies surrounding reproduction and choice.

Readings: (Total: 278 Pages)

- Charles Rosenberg, “Framing Disease: Illness, Society and History” in Charles Rosenberg, Explaining Epidemics and Other Essays in the History of Medicine, pg. 305-318
  - Situated within Rosenberg’s larger work that places the creation of medicine as both entwined in and shaped by currents of intellectual and social change, this chapter will help me think about how medicine, and notions of pathology and the body, arise out of societal concerns.

  - This article will help me explore how ideas about the body, specifically the unborn body, has been shaped as much by culture as it has been by science and how quickly science adapts to the conventions of the time

- Suzanne J. Kessler, “The Medical Construction of Gender: Case Management of Intersexed Infants”, Signs ; pg. 3-26
  - Kessler’s article will help me understand the medical creation of gender categories and consider how these inscribed norms permeate understandings of reproductive and sexual health.

- Nancy Stephan, The Hour of Eugenics, Entire Book (224 pgs)
  - Kessler’s article will help me understand the medical creation of gender categories and consider how these inscribed norms permeate understandings of reproductive and sexual health.

Week 2: Family Planning and the State

Key Question: How have scientific discourse surrounding science, the body and reproduction historically been used by the state to stake a claim in the control and monitoring of reproduction?

Description: This week, I will move on to consider the history and reality of family planning and the state. I will consider how the scientific discourses I unpacked in the previous week have been utilized by states to exert control over reproductive outcomes. This week will frame my understanding of the ways in which the Cuban state has involved itself in the issue of reproduction.

Readings (Total: 173 Pages):

- Susan Martha Kahn, Reproducing Jews: A cultural account of Assisted Conception in Israel; Introduction (pg. 1-9), Chapter 1 (pg.67-70), Chapter 4 (pg. 125-140)
  - This overview of family planning in Israel addresses the way in which bodies, specifically female bodies, take on political significance in regard to reproduction. This book will thus ground my analysis of Cuba in an understanding of how the personal becomes political in regard to reproductive health, family planning and the state.

- Laura Briggs, Reproducing Empire: Race, Science and U.S Imperialism in Puerto Rico; Chapter 3-4 (pg. 74-142)
  - Briggs’s book explores the way in which women’s bodies and questions of reproduction became key battlegrounds for questions of imperialism and state control. This book will give me an understanding of how questions of reproduction are central foreign policy and international relations.

- Lynn M. Morgan, Elizabeth Roberts, “Reproductive Governance in Latin America, pg. 241-254
  - Morgan and Robert’s article explores the way legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements have been utilized to produce, monitor, and control reproductive behaviors and population practices within Latin America.
Week 3: Understanding the Practice and Politics of the Cuban Healthcare System

Key Question: How can the creation of the Cuban healthcare system be understood as part of a revolutionary socialist project and what implications does that understanding have for how Cubans interface with the system?

Description: This week, I will be shifting my focus to the Cuban healthcare system. I will focus on understanding the development of the system in the context of the revolution and considering how the structure of the system influences the way Cubans interface with it. By attaining this background knowledge, I will be able to place provision of reproductive and sexual healthcare within the broader context of the system/

Readings: (Total: 189 Pages)

- Sean Brotherton, *Revolutionary Medicine: Health and Body in Post-Soviet Cuba* (pg. 1-189)
  - *Revolutionary Medicine* will provide me with an examination of the ways that Cuba’s public health care system has changed during the past two decades and the meaning of those changes for the ordinary Cuban. This examination, and the examples of the way in which the state has addressed issues of health will give me the larger picture from which to understand how reproductive and sexual health fit into the picture.

Week 4: Conversations and Controversies in Maternal/Child Healthcare in Cuba

Key Question: How has the struggle against infant mortality and for maternal health relied upon certain gendered narratives and how have those narratives directed the healthcare system’s priorities when it comes to sexual/reproductive health?

Description: After considering the healthcare system more broadly, I will focus in on maternal health. I will unpack the way in which the healthcare system prioritizes and handles maternal/child health issues. I will also unpack how maternal and child health have relied upon gendered narratives about the woman and the family and how questions of reproductive and sexual health are integrated into other maternal and child health concerns.

Readings: (Total: 102 Pages)

- Christina Perez, *Caring For Them From Birth to Death: the Practice of Community-Based Cuban medicine*, Introduction (pg. xxiii-1), Chapter 5 (pg. 145-183)
  - Perez’s study uses first hand accounts from doctors and patients to tell the story of the healthcare delivery in Cuba. From Chapter 5, Reproductive Health and the Family Doctor, I will gain an understanding of what reproductive healthcare delivery looks like and how it conceptualized by patients and providers.

  - In this controversial article, Gonzalez contests that the low infant mortality rate in Cuba is misleading and belies the reality of maternal health in Cuba. This article will thus help me understand some of the controversies surrounding Cuban maternal health but also consider how narratives about the system’s treatment of women and children are constructed.

- Daniel Rodriguez “The Dangers that Surround the Child: Race, Gender and Infant Mortality in Post-Independence Havana” (pg. 1-22)
  - Professor Rodriguez’s newly published article will help me understand what sort of dangers confront the Cuban child and how the Cuban healthcare system has confronted these challenges.

Week 5: Sexual Health Part 1: Historical and Social Perspectives

Key Question: How have sexually transmitted diseases been understood and stigmatized socially and how have notions of disease shaped ideas about certain sexualities?

Description: Sexual and reproductive health goes hand in hand, and it is paramount to understand how issues of sexual health are addressed in order to understand complexities surrounding the provision of reproductive health services. Tied up in both sexual and reproductive health are questions of sexuality, health promotion and access. During this week, I will focus on the social history of venereal disease in the Americas from 1880-1920 to understand broadly the way in which venereal disease has been conceptualized and confronted. I will then focus in on the historical significance of prostitution in Cuba in attempt to understand how social issues such as prostitution and promiscuity have mediated questions of venereal disease and how stereotypes surrounding what type of individuals contract sexually transmitted infections has influenced the provision of sexual health care.

Readings: (Total: 144 pgs)

- *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*; Allen Brandt. Pgs. 3-51, 122-160-87
  - Brandt’s *No Magic Bullet* evaluates the way in which Americans’ tendency to view sexually transmitted diseases as both a punishment for sexual misconduct and in index of social decay

*Adapted from the CRC 3/15*
has impeded efforts to develop and disseminate effective treatments for a host of diseases, which will give me a broad understanding of the way in which sexual disease has been socialized and stigmatized and the way that has impacted the public health response to sexual health crises.

- *Prostitution, Modernity and the Making of the Cuban Republic;* Tiffany Sippial: Introduction (pg. 1-17), Chapter 5 (pgs. 148-190)
  - This reading will give me a narrow lens through which to understand the arguments in Brandt book and illustrate specifically how prostitution shaped notions surrounding and provision of sexual health care in Cuba. This understanding will allow me to consider the ways in which reproductive health care has and hasn’t been impacted by the same level of social stigma and how sexual health has shaped or altered the provision of reproductive health.

**Week 6: Sexual Health and Venereal Disease Pt. 2: Homosexuality**

*Key Question:* How does understanding the treatment of HIV infected Cuban homosexuals help us understand the role the state envisioned for itself in policing sexualities?

*Description:* Continuing my exploration of how sexual health informs and intersects with reproductive health, I will begin to consider the question of homosexuality. I will continue to consider how the stigmatization that specific populations experience impacts their ability to benefit from the Cuban healthcare system. In addition, this week will give me an understanding of the way in which sexualities were policed by the state and the healthcare system, important precedents to consider when discussing issues of reproductive freedom and choice.

*Readings:* (Total: 189 Pages)
  - Leiner’s book explores the complex relationships of HIV, AIDS, homosexuality, homophobia, socialism, the de-valuation of women, Catholicism and machismo. Additionally, it evaluates efforts to introduce sex education and change current attitudes surrounding sexuality, homosexuality in particular. This book will help me understand the atmosphere surrounding sex, sexuality and health in Cuba and the role the state has assumed in policing and circumscribing the boundaries of acceptable sexual behavior.

**Week 7: Forced Sterilization and Family Planning: Comparative Perspectives**

*Key Question:* How has the history of coercive family planning measures marred the legacy of choice in Latin America and to what extent have those histories impacted and informed family planning in Cuba?

*Description:* During this week, I will consider coercive family planning measures as a historical issue that has complicated the legacy of choice in the United States and Puerto Rico, two countries that struggled with coercive family planning practices. I will consider the way in which American imperialism has influenced access to choice and reproductive health. In doing so, I will consider why Cuba was not subject to this specific brand of imperialism and how the lack of government imposed forced sterilization programs impacted the reproductive health environment in the country.

*Readings:* (Total: 178 Pages)
  - Schoen’s book evaluates how the availability of contraceptive methods can both expand and limit women’s reproductive choices. Additionally, she evaluates the tactics the United States has used to influence reproductive policies abroad. Thus, it will help me produce questions surrounding how the United States and Cuba’s complicated imperial relationship has historically restricted choice and the impact those restrictions continue to have on reproductive health today.

- *Reproducing Empire: Race, Sex, Science and U.S. Imperialism*, Laura Briggs; Chapter 5-6 (pg.109-161)
  - I will return to Briggs’s book to further examine the legacy of coercive family planning and consider the motivations the state has historically cited in trying to control populations and the impact these historical legacies have left on reproductive health today.
Week 8: Engaging with Primary Sources

Key Question: How can primary sources found in the National Archives in Cuba refute, confirm or elaborate on the gender, sexuality and reproductive histories constructed thus far in the course? What kind of new questions do they generate?

Description: This week will involve extensive research conducted in the archivo nacional de Cuba, which I am fortunate to have access to via my affiliation with CASA. In anticipation for my midterm project proposal due next week, I will be expected to locate a number of sources and consider how they can alter or further inform my understanding of the landscape of reproduction in Cuba thus far. It is expected that I will generate at least 60 pages of material, written in Spanish, to read and evaluate for the week.

Week 9: Birth Control, Abortion and the State: A History

Key Question: How can the practice of abortion be understood historically in Cuba?

Description: In week nine, I will begin to delve into the issue of abortion in Cuba. The topic of abortion is one of the most hotly contested aspects of reproductive and family health and has bound up within it questions of life, religion, freedom and human rights. Understanding a state and society’s views on abortion in relationship to other birth control efforts and the state is fundamental to obtaining a full understanding of the reproductive health climate.

Readings: (Total: 386 pgs.)

- Natalidad, mortalidad, maternidad y aborto, Jose Chelala
  - Jose Chelala was a prominent physician, public health personal and eugenicist in the early 20th century in Cuba. Thus, his book provides a first hand account and understanding of abortion in the early 20th century that is shaped greatly by the social and political climate of the time. It will give me a historical grounding in the issue of abortion in Cuba at the turn of the century. I will consider the way in which this history influences present day abortion realities and freedom of choice in Cuba.

*Midterm Paper/Proposal Due*

Week 10: Understanding the Current Climate of Abortion in Cuba

Key Question: What is the current climate surrounding abortion in Cuba and how is it informed by the histories of gender and sexuality that we have unearthed thus far in the course?

Description: Throughout this week, I will consider the issue of abortion from a more contemporary standpoint. I will consider the current social and political climate around abortion as well as the prevalence of and reasons for abortions in Cuba. Additionally, I will consider if a culture that widely endorses abortion restricts choice in its own right.

Readings: (Total: 66 Pages)

- "The Persistence of Induced Abortion in Cuba", Danièle Belanger, and Andrea Flynn; (pg. 13-26)
  - According to Belanger and Flynn, Cuba persistently ranks among the countries with the highest induced abortion rates in the world. In this article, the authors explore the culture that supports such high rates of induced abortions and what distinguishes it from other cultures that are far less accepting of induced abortions.

- "Abortion in Latin America: Changes in Practice, Growing Conflict, and Recent Policy Developments." Andrzej Kulczycki (pg.199-220)
  - Kulczycki’s article will help situate policies and practices in Cuba within the larger scope or Latin America, allowing me to understand the way in which Cuba’s abortion policies and culture aligns with or differs from others in Latin America.

- "Abortion among Adolescents in Cuba", Jorge Mendoz; (pg. 59-62)
  - Mendoz’s article will provide a snapshot of abortion prevalence and use in adolescent populations, illustrating the ways in which one of the most vulnerable population groups interacts with the reproductive healthcare system in Cuba.

- "Safety, Efficacy, and Acceptability of Medical Abortion in China, Cuba, and India: A Comparative Trial of Mifepristone-Misoprostol versus Surgical Abortion; (pg. 73-89)
  - This article offers more of a straightforward medical understanding to the issue of abortion and Cuba and compares the safety and efficacy of abortion procedures in Cuba to those in China and India. This article will give me an understanding of what type of abortions Cubans are receiving and how the medical field performs when delivering these services.

- "Recent Trends in Fertility, Abortion and Contraception in Cuba"; Paula E. Hollerbach (pg. 97-106)
Week 11: Women's Organizing with Regards to Family Planning in Revolutionary Cuba

Key Question: How has women's organizing influenced the politics and culture of choice and reproductive health in Cuba?

Description: This week, I will be shifting gears to consider the role of women's organizing and activism around issues of reproductive health. I will consider to what extent reproductive policies and the availability of reproductive health services have been driven by activism. This section will help me understand how the demands of the individuals seeking reproductive health services have influenced policies and culture.

Readings: (Total: 143 pages)
- Hidden Histories of Gender and the State in Latin America, State, Gender, and Institutional Change: The Federación de Mujeres Cubanas, Maxine Molyneux (pg. 291-322)
  - This case study of women's activism in Cuba documents how one organization influenced a host of institutional changes in Cuba and will give me grounding in what women's activism in Cuba has traditionally looked like.
- Women in Cuba: Twenty Years Later, Margaret Randall, Chapters 3-4 (pg. 67-107), 6 (pg. 123-137)
  - Randall's book surveys specific issues in Cuba and women's involvement in activism surrounding such issues. I will be reading the sections on reproductive and maternal/child health,
- Cuban Women Now, Margaret Randall, Chapter 9 (pg. 117-137), 17 (pg. 237-259), 21 (pg. 291-307)
  - In Randall's second book, she provides stories of individual women and their role in activism. It will give me a snapshot of the experiences of these women and help me understand how they envisioned their role in the reproductive health landscape.

Week 12: Understanding Methods of Health Promotion

Key Question: In the context of all the history and culture that surrounds the topic of reproductive health in Cuba, how have public health and healthcare personal utilized health promotion techniques and public health campaigns to promote reproductive and sexual wellness in Cuba?

Description: This week I will be engaging directly with a number of sexual health and sexuality organizations in Cuba as well as making an effort to reach out to health care practitioners in order to understand how all of the history and culture surrounding reproductive health in Cuba has been navigated in efforts to improve reproductive health outcomes and encourage healthy sexualities. In order to do this, I will be doing fieldwork at Cenesex, a research institute devoted to the investigation of human sexuality in Havana. Additionally, I plan to contact health centers in Cuba to see if it is possible to come in to the center to evaluate health promotion techniques.

Week 13: Reading Period

During this week, I will go back to the archives as I work to complete my final research paper. I will be expected to utilize and properly contextualize more than one primary source for my final paper.

Week 14: Final Paper Due

Meeting Times

*The minimum meeting time per week is 2 hours, 20 minutes.* Provide a timeline for periodic electronic communication with the faculty supervisor. Faculty sponsors must participate in at least ten weekly meetings for a GLISP, via email, Skype, etc.

Timeline for Communication:
In addition to the bi-weekly Skype sessions and reflections, I will also communicate and convey my progress more informally to Professor Rodriguez via weekly email updates.
- Week 1: Email Check-in; Content to include checking in about being in Havana and starting the course work
- Week 2: Submit weekly reflection; Skype meeting (1 Hour)
- Week 3: Submit weekly reflection. Email check in.
- Week 4: Submit weekly reflection. Skype meeting (1 Hour)
- Week 5: Submit weekly reflection. Email check in.
- Week 6: Submit weekly reflection. Skype meeting (1 hour, discuss midterm)
- Week 7: Submit weekly reflection. Email check in.

*Adapted from the CRC 3/15*
Week 8: No weekly Reflection, midterm due. Skype (1 hour, discuss midterm)
Week 9: Submit weekly reflection. Email check in.
Week 10: Submit weekly reflection. Skype (1 hour, discuss independent research)
Week 11: Submit weekly reflection. Email check in.
Week 12: Submit weekly reflection. Skype (1 hour, discuss final project)
Week 13: Submit weekly reflection. Email check in.
Week 14: Final Due. Skype (1 hour, wrap-up)

Evaluation:
Final grade will be based on:
Weekly 2 page Reading Reflections 20%
Project Proposal 15%
Primary Source Analysis 25%
Final Paper 40%

Grading Scale:
90-100 A
80-90  B
70-80  C
70-Below No Credit

Weekly Reflections:
Two page weekly reflections will be turned into Professor Rodriguez via email by a specified day and time weekly. These reflections will give me a space to engage more deeply with the texts and provide Professor Rodriguez with an understanding of how I’m conceptualizing and understanding what I’m learning every week. They will also provide a starting point for Professor Rodriguez and I’s bi-weekly Skype discussion sections. They will be graded on depth, quality of and presentation of thoughts and findings from the reading.

Midterm Project Proposal:
Mid-semesters I will be expected to turn in a comprehensive proposal for my final paper. In my proposal I will consider my readings as I come up with a well-defined research question to tackle with my final paper. I will include my rationale for addressing said question as well as the methodology I intend to use in addressing the question. In order to take advantage of the unique resources available in Havana, my research paper will require engagement with primary sources. Thus, my proposal will also include considerations of which sources I will be using and why. The proposal is expected to be 5 pages in length.

Primary Source Analysis:
In my primary source analysis I will delve deeply into one of the primary sources I have identified for my paper. I will consider the source’s production, audience and intended impact as well as what the source cannot tell me or what it can not communicate about the topic I have selected.

Final Paper:
For my final paper, I will narrow my focus in order to consider more closely a specific aspect of reproductive health in Cuba while allowing the development and exploration of this question to be informed by the diverse perspectives I engaged with in my readings throughout the course. The paper is expected to be 20+ in length and incorporate both primary sources available in Havana and may, depending on the question developed, include findings from my fieldwork.
Bibliography


*Adapted from the CRC 3/15*