A CROSS-SECTIONAL SURVEY OF SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES AMONG PEOPLE IN PROVINCIAL PRISONS FOR WOMEN IN ATLANTIC CANADA

FINAL REPORT

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TEAM MEMBERS

Our research team included people with lived experience of incarceration and community, clinical and policy knowledge users to co-create the project plan and steer the research questions, participant recruitment, data collection, analysis, and knowledge translation activities. Our team's expertise is interdisciplinary (nursing, family medicine, maternal-fetal obstetrics and gynecology) and includes people who identify as members of racialized, Indigenous, and queer communities. We live in four provinces and work across three academic institutions and four community organizations.

Martha Paynter is an Assistant Professor at the University of New Brunswick in the Faculty of Nursing. She has worked in prisons and reproductive health research since 2012 and is the founder, past chair and current Director of Research for Wellness Within: An Organization for Health and Justice (WW). Dr. Paynter has longstanding research collaborations with community organizations that support criminalized people. She is an Affiliate Scientist with the IWK Health Centre for maternity and pediatric care and a member of the Health Law Institute at Schulich School of Law at Dalhousie University.

Jessica Liauw is a Maternal Fetal Medicine clinician-scientist at BC Women's Hospital and Assistant Professor at the University of British Columbia. Dr. Liauw's expertise include fetal growth restriction, preterm birth, medical decision-making, and reproductive health needs of marginalized populations, including incarcerated populations.

Fiona Kouyoumdjian is Family Physician and an Assistant Professor in the Department of Family Medicine at McMaster University. Dr. Kouyoumdjian's research focuses on the health status and health care of people who experience incarceration.

Clare Heggie is a PhD student in Interdisciplinary Studies at UNB, supervised by Dr. Paynter. She worked as a Research Coordinator for several years and has extensive experience conducting research on the health needs and outcomes of incarcerated populations.

Anja McLeod is a staff member in the Faculty of Nursing at UNB working as Communications and Administrative coordinator for Dr. Paynter.

Rosann Edwards is an Assistant Professor at the University of New Brunswick Saint John Department of Nursing and Health Sciences. She has a background in public health, maternity nursing, and research with mothers experiencing surveillance.

Sara Tessier is the Director of Impact for Northpine Foundation where her portfolio focuses on supporting formerly incarcerated people. Tessier has lived experience expertise of the provincial and federal prisons systems in Canada.

Judy Murphy is the Executive Director of the Elizabeth Fry Society of New Brunswick.

EXECUTIVE SUMMARY

Women are a growing prison population in prisons in Canada. Despite this, there is a lack of evidence on the sexual and reproductive health experiences and needs of women and gender diverse people experiencing incarceration in Canada. This evidence is needed to understand disparities in health outcomes and healthcare access and to inform evidence-based programming. In response to this lack of evidence, we conducted a cross-sectional survey study of sexual and reproductive health outcomes among currently incarcerated people in all provincial prisons designated for women in New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. Across the four study sites, 89 people participated in this study. Results indicate disproportionate incarceration of Indigenous and 2SlGTBQ+ people, high rates of housing precarity and poverty prior to incarceration, low use of contraception, and low rates of cervical screening. By identifying the unique sexual and reproductive health care needs of incarcerated people, this study can contribute to the design of resources and approaches to support improved access to care.

BACKGROUND

Women are a growing prison population in prisons in Canada (Public Safety, 2020), and most incarcerated women are of “reproductive age” (ACOG, 2021), yet there is no systematic data collection for sexual and reproductive health outcomes among incarcerated people (Paynter et al., 2022a). Access to sexual and reproductive care for incarcerated people is under-researched and critical to address structural, and sex-, gender-, and race-based reproductive health inequities in Canada (Liauw et al., 2021; Kouyoumdjian et al., 2015). Barriers to sexual and reproductive care can inequitably restrict people from attaining education and employment opportunities, cause entrenchment in violent relationships, and prevent people from having children when they are ready and able (Foster et al., 2022; Roberts et al., 2014; Liauw et al., 2016). People in prison are disproportionately likely to have experienced poverty, unemployment, restricted educational attainment, and childhood and gender-based violence (Babchishin et al., 2021; Besney et al., 2018; Bodkin et al., 2019; Nowotny et al., 2016; Kajstura & Sawyer, 2024). Further, people in prison face significant barriers to parenting, routine separation from their children, and vulnerability to permanent loss of custody (Paynter et al., 2022b; Poehlmann et al., 2010; Shlafer & Poehlmann, 2010).

BACKGROUND

Prisons are a uniquely challenging environment for the delivery of sexual and reproductive health care. In addition to the challenges associated with health professional dual loyalty in prison environments, where clinicians may face competing requirements and directions from correctional services and obligations towards patients (Pont, Stover & Wolff, 2021), people who are incarcerated express feelings of being judged and coerced when seeking reproductive health care. Our research has found prisons in Canada may be up to 700+km from the nearest surgical/procedural abortion care service, and prisons are inhospitable for experiencing medication abortion (Paynter & Heggie, 2023). Frequent staffing shortages in prisons may prevent facilities from both providing non-urgent care in custody and escorting patients to off-site care as needed (The Canadian Press, 2022). Escort to external appointments may involve personal (internal, body cavity) searches for contraband, and the use of shackling and handcuffs (Hutchison, 2020; Paynter, 2021; Turnbull & Moore, 2024).

Incarcerated people experience numerous barriers to accessing sexual and reproductive healthcare, including access to information (Jones et al., 2024). Incarcerated people experience complex health histories and barriers to health information and services (Kouyoumdjian et al., 2016; Scallan, Lancaster & Kouyoumdjian, 2021). These issues may impact patient understanding of options and decision-making. If incarcerated people and prison staff lack knowledge about access pathways to care, patients may miss the window for care, particularly with regards to pregnancy when decisions and care is often time-sensitive (Sufrin, Creinen & Chang, 2009; Pendleton, Saunders & Shalfer, 2020). Stigma presents another barrier to care (Sorhaindo & Lavelanet, 2022). Fear of judgment, privacy, and confidentiality violations may be acute for people who are incarcerated (Edge et al., 2020, Pont 2012). Prisons may lack proactive policy governing access to sexual or reproductive healthcare, which could create further barriers to accessing care. (Paynter & Heggie, Forthcoming). Furthermore, data about common reproductive health experiences such as pregnancy, terminations and births are not routinely collected, making it difficult to understand health needs and gaps in access.

The need for reproductive health services may be higher among incarcerated people. Members of our team (JL and FK) have previously conducted sexual and reproductive health surveys in an Ontario provincial prison and found provincially incarcerated people experience a higher probability than others in the population of seeking abortion care in their lives: close to two-thirds (57%) of survey respondents among people currently incarcerated at an Ontario jail had experienced abortion, and 80% had unmet contraceptive needs (Liauw et al., 2016).

BACKGROUND

A 2018 survey of unmet health needs in a Canadian remand centre found that 13% of participants incarcerated women had an up-to-date Pap test as per regional guidelines, 12% had ever had an abnormal Pap test results, and 46% had ever been STI positive with chlamydia, gonorrhea, or syphilis (Besney et al., 2018). In a retrospective cohort study, Kouyoumdjian et al. (2018) found that 54% of women released from provincial prison in Ontario in 2010 were overdue for cervical cancer screening. Qualitative research has found women in Canadian prisons experience multiple barriers to accessing reproductive healthcare, including institutional and bureaucratic delays, stigma and discrimination from providers, and lack of on-site services (Liauw et al., 2021; Jones et al., 2024; Paynter et al., 2023; Paynter et al. Forthcoming).

OBJECTIVES

This study aimed to examine the sexual and reproductive health outcomes of people who are experiencing incarceration in Atlantic Canada (Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador). The specific objective of this study was to collect cross-sectional survey data regarding sexual and reproductive health outcomes and needs from currently incarcerated people in provincial prisons designated for women. This new knowledge can support the future design of evidence-informed policies and practices to improve equitable access to reproductive health services for incarcerated people.

METHODS

THEORETICAL FRAMEWORK

We considered sex, gender, and diversity in the research design, recognizing gender is both expressed by individuals and through socially constructed institutions. Prison is a gender binary-enforcing system (Pemberton, 2013). Research that aims to identify factors that influence access to reproductive care in prisons must use sex and gender based analysis + (SGBA+), and consider how oppressive and discriminatory structures including racism, colonialism, classism, and transphobia/ homophobia intersect to impact health in prison (Canada, 2021; Sax et al., 2021). Our SGBA+ approach incorporated the framework of reproductive justice, which expands the legal framework of reproductive rights to examine the intersectional human rights and equity implications of reproductive

THEORETICAL FRAMEWORK

decisions (Hayes, Sufrin & Perritt, 2020; Ross & Solinger, 2017; Ross, 2017). Reproductive justice recognizes that autonomy and "choice" are constrained by oppressive and discriminatory structures including racism, colonialism, classism, and transphobia/homophobia. Reproductive justice centres people experiencing oppression and demands practical action to advance health equity, and position individuals to parent the children they choose to have (Sufrin, Kolbi-Molinas & Roth, 2015; Grabe et al., 2020). Finally, we applied the theory of abolition feminism in health services, which recognizes the conflict inherent in providing health care provision in facilities intended for punishment, and seeks to identify policy solutions that decrease reliance on carceral functions (Paynter et al., 2022c).

SURVEY INSTRUMENT

To measure sexual and reproductive health outcomes among incarcerated people in provincial prisons for women, we adapted an existing written survey instrument developed by Liauw et al. (2016). The adapted survey is comprised of 50 questions across 10 sections: Basic Demographic Information; Time in Custody; Parenting; Breastfeeding; Pregnancy; Contraception; Menstrual History; Sexual Health and Sexually Transmitted and Blood Borne Infections; Cervical Screening and Vaccination; and Breast Health. The final section was followed by an open comment box for participants to add any additional comments about sexual and reproductive health. We used plain language where possible, for example using the term 'birth control' followed by contraception in brackets. The survey instrument was piloted with team members and with two people with lived experience of incarceration in provincial prisons for women, and translated into French. The survey instrument and study protocol was approved by the University of New Brunswick Research Ethics Board (UNB REB #2023-124).

See Appendix A: Survey Instrument

SITES

01. The New Brunswick Women's Correctional Centre

NBWCC is located in Miramichi, NB.. It is off Highway 117, in a heavily wooded area outside of the small city of Miramichi (Population 18,000). The facility is constructed of 8 living units arranged in a circle, with an administrative/main building at the front and a central grassed yard. Youth (ages 12-17) are co-located at the facility in specific units, held separately from the women/gender diverse adult population. NBWCC opened for women in 2012. There is capacity for 56 women/gender diverse people, and on average there are 72 women/gender diverse adults admitted to custody per month (Government of New Brunswick, 2023). Health care is provided by Horizon Health Network, the anglophone regional health authority. The nearest hospital with maternity services, the Miramichi Regional Hospital, is 8.5 km away. The nearest family planning (procedural abortion) centre is 145 km away at Moncton City Hospital. There is no specialized obstetrics or gynecological care available on site.

02. The Central Nova Scotia Correctional Facility

CNSCF is located in Dartmouth, NS. It is located in an industrial area of the Halifax Regional Municipality (Population 430,000). The facility includes three separate parts. The North and West Units each include seven 16-cell day rooms designated for men; and the East Unit consisting of four 12-cell day rooms, designated for women. Trans and gender diverse people may be located in any unit depending on their preferences and security specifications. There is also a separate forensic hospital on the campus. There is capacity for 322 in the North and West units 48 women/gender diverse people in the East Unit (Nova Scotia, 2021). The average daily count of adults in provincial custody in NS is approximately 470, of whom 15% are usually women (Nova Scotia Department of Justice, 2019). Health care is provided by Nova Scotia Health, the provincial health authority. The nearest hospital with maternity services, the IWK Health Centre, is 13 km away. The nearest family planning (procedural abortion) centre is 13 km away at the Victoria General Hospital ROSE Clinic. There is no specialized obstetrics or gynecological care available on site.

03. The Provincial Correctional Centre (PEI)

PCC is located in Milton Station, PE. It is located in a suburban area of Charlottetown. The facility includes separate units designated for women, men and youth. In total, there is capacity for 124 people, as well as temporary lockup capacity (police cells) (Prince Edward Island, 2022). While the centre opened in 1979, the unit for women was recently renovated. Health care is provided by the Department of Justice and Public Safety. The nearest hospital with maternity services, the Queen Elizabeth Hospital, is 12 km away. The nearest family planning (procedural abortion) centre is 57 km away at the Prince County Hospital SHORS Clinic. There is no specialized obstetrics or gynecological care available on site.

03.


04.

04. Newfoundland & Labrador Correctional Centre for Women

NLCCW is located in Clarenville, NL (Population 6,000). The facility was opened in 1982 and only holds women/gender diverse people in custody (Newfoundland and Labrador, n.d.). There is capacity for 26 women/gender diverse people (Miller, 2018). Health care is provided by NL Health Services, the provincial health authority. The nearest hospital with maternity services, the Dr. G. B. Cross Memorial Hospital is 0.7 km away. The nearest family planning (procedural abortion) centre is 190 km away at the Athena Clinic in downtown St John's. There is no specialized obstetrics or gynecological care available on site.

RECRUITMENT AND DATA COLLECTION

In each province, we liaised with prison staff to distribute posters with study details at each facility prior to our visits. Staff were informed about the survey so they could answer any inquiries related to the poster. In order to participate, participants had to be 18 years of age or older, able to complete a written survey in English or French, and be currently incarcerated at one of the four study sites.

In the days or weeks prior to survey administration, one or two study team members conducted an information session with potential participants to review the study aims, procedures, informed consent process, and survey questions and content. Upon returning for data collection, one or two team members reviewed the study information and consent form and administered the survey. The survey was available as a printed hard copy document in English or French. Participants were given the option of having the survey read aloud. Data collection was conducted in a private space (e.g. in a programming room). Team members were present for the entirety of the data collection process in order to answer questions about survey wording. Participants received fifty dollar gift-cards to a local grocery store chain as a thank-you for their participation. Facility staff supported the process of leaving gift cards with participants' personal effects to be available to them upon release. Participants received the team members' contact information and university ethics board contact information for follow up in the event of any issues or concerns with accessing compensation. After each data collection session, paper surveys were immediately taken back to the lead researcher's office and scanned. Scanned surveys were then entered into a password protected spreadsheet by a research assistant. After the data were entered into the spreadsheet, paper copies of surveys were destroyed. Data collection was conducted between November 2023 and May 2024.

ANALYSIS

We pooled and analyzed data as a group across all four sites. We summarized data using descriptive statistics in Microsoft Excel Analysis ToolPak. When participants did not provide a response to a question, we indicated "no answer provided." Categories with less than five responses were reported as <5 to protect participant anonymity. Qualitative comments written at the end of the survey in the blank text box were transcribed verbatim by the research assistant. Qualitative comments were not included in analysis but were used to contextualize and support key findings.

FEEDBACK PRESENTATIONS

At all but one site (NL), team members returned approximately three months after administering the survey to present initial findings to both people currently incarcerated and facility staff. Participants in these post-survey feedback sessions may not have participated in the survey; all were welcome. In each session, team members discussed the study aims and objectives, and summarized prior research in this area. Team members then provided an overview of initial results from the survey. Session participants were encouraged to ask questions and share thoughts and initial response to the findings. One team member took summary notes of each session which were used for data contextualization and validation and will inform the generation of future research and policy priorities. In NL, although due to distance and travel expense we could not return in person, we shared initial results via email which staff could share with individuals currently incarcerated in the facility.

RESULTS

PARTICIPANTS

Out of 104 eligible people in custody across all four sites on the day of survey administration, 89 people completed a survey across the four sites (NS n=35; NB n=30; PEI n=5; NL n=19), for an 86% participation rate. Thirty-nine percent of participants lived in a rural area prior to incarceration. Seventy-four percent of participants were living on an average annual income of $50,000 or less; and 55% of participants were living in deep income poverty, or below 75% of Canada's Official Poverty Line. (n=49). The majority of participants identified as women (n=80). Forty-three percent of participants identified as heterosexual (n= 39) and 40% as bisexual or lesbian (n=35) Sixty percent identified as white (n=60) and 27% identified as Indigenous (n=24). The median age of participants was 35 years old. Table 1 presents participant demographics.

TABLE 1. SELF-REPORTED DEMOGRAPHICS N = 89

Province of incarceration	**n (%)**
Nova Scotia	35 (39.3)
New Brunswick	30 (33.7)
Prince Edward Island	5 (5.6)
Newfoundland and Labrador	19 (21.3)
Urban versus rural residence prior to incarceration	
Urban	34 (38.2)
Rural	39 (43.8)
Unsure/Other	15 (16.8)
No answer provided	<5
Marital status	
Married/Common law	14 (15.7)
Single/Never married	55 (61.8)
Divorced	4 (4.5)
Separated	9 (10.1)
Widowed	5 (5.6)
Other	<5
Average annual income prior to incarceration	
Less than $20,000	49 (55.0)
$20,000 - $50,000	17 (19.1)
Greater than $50,000	11 (12.3)
Don't know/other/no answer	12 (13.5)

TABLE 1. SELF-REPORTED DEMOGRAPHICS N = 89

Gender identity	***n* (%)**
Woman	80 (89.9)
Trans	<5
Non-Binary	<5
Two-Spirit	<5
Other/no answer provided	<5
Sexual orientation	
Heterosexual	39 (43.8)
Bisexual	35 (39.3)
Lesbian	<5
Other/no answer provided	12 (13.5)
Racial and Indigenous identity	
Indigenous	24 (27.0)
Black	<5
White	60 (67.4)
Other/no answer provided	<5
Housing status prior to incarceration	
Had housing	53 (59.6)
Did not have housing	24 (27.0)
Unsure/ no answer provided	12 (13.5)
Housing status upon release	
Expects to have housing	45 (50.6)
Does not expect to have housing	17 (19.1)
Unsure/ no answer provided	27 (30.3)

TABLE 1. SELF-REPORTED DEMOGRAPHICS N = 89

Total lifetime months spent in custody	***n (%)***
0-6	28 (31.5)
7-12	17 (19.1)
13-18	5 (5.6)
19-24	7 (7.9)
Greater than 24	26 (29.2)
Unsure	7 (6.7)

PARENTING AND CHILDREN

Ninety-one percent of participants reported having children (n=81), with the majority (n=64) having had children between the ages of 6-17. Participants reported having a total number of 215 children among them, with a median of 2 children per participant. Prior to incarceration, 35% of participants with children were the primary caregiver for their children (n=29). Common caregiver arrangements while incarcerated included the other parent, grandparents or other family/kinship placements. Forty-five percent of participants with children had child protection involvement prior to incarceration (n=37). Table 2 presents children and parenting related data among participants with children.

TABLE 2. CHILDREN AND PARENTING AMONG PARTICIPANTS WITH CHILDREN, N=81

Parenting Status	**n (%)**
Has children	81 (91.0)
Has children under the age of 1	<5
Has children aged 1-5	26 (29.2)
Has children aged 6-17	64 (71.9)
Has children aged 18+	26 (29.2)
No answer provided	<5

TABLE 2. CHILDREN AND PARENTING AMONG PARTICIPANTS WITH CHILDREN, N=81

Respondent was primary caregiver prior to incarceration	***n (%)***
Yes	29 (35.8)
No	42 (51.8)
Other	10 (12.3)
Caregiver arrangements of children while incarcerated	
Other parent is primary caregiver	21 (25.9)
Grandparents are primary caregiver	19 (23.4)
Other family/kinship placement	23 (28.3)
Foster care placement	<5
Other/no answer provided	17 (20.9)
Any child protection involvement as a parent prior to incarceration	
Yes	37 (45.7)
No	44 (54.3)
Expected to have child protection involvement upon release	
Yes	19 (23.5)
No	47 (58.0)
Unsure/not applicable/no answer provided	15 (18.5)

PREGNANCY

Ninety-four percent of participants had ever been pregnant (n=84), and at the time of data collection, approximately 5% were either currently pregnant or unsure if they were currently pregnant (n=6). Among participants who had ever been pregnant, the median number of pregnancies was four (4). Fifty-one percent of participants who had ever been pregnant had had an abortion (n=43), and the median number of abortions per person was 1.6. Eighty-two percent reported having had an unintended pregnancy (n=69). Of participants that had ever been pregnant, 64% had ever breastfed (n=54) . See Table 3.

TABLE 3. PREGNANCY OUTCOMES AMONG PARTICIPANTS WHO HAD EVER BEEN PREGNANT, N=84

Unintended pregnancy history	**n (%)**
Has had an unintended pregnancy	69 (82.1)
Has never had an unintended pregnancy	14 (16.7)
No answer provided	<5
Pregnancy outcome history	
Live birth/child born alive	72 (85.7)
Stillbirth (a pregnancy that went beyond 20 weeks, but the baby died before being born)	5 (5.9)
Miscarriage or ectopic (a loss before 20 weeks)	36 (42.8)
Abortion (a pregnancy that was ended on purpose)	43 (51.2)
Other pregnancy outcome	<5
Current pregnancy status	
Currently pregnant	<5
Unsure if currently pregnant	<5
Not currently pregnant	80 (89.9)
Not applicable/No answer provided	<5

CONTRACEPTION

The most common methods of contraception ever used prior to incarceration were oral hormonal contraceptives (n=58), followed by male condom (n=54), withdrawal (n=44), injectable contraceptive (n=34) and hormonal intrauterine devices (n=26). In the three months prior to current incarceration, the most common methods were withdrawal (n=12) and male condom (12), with 29% of respondents reporting not using any contraceptive method (n=26). Withdrawal and male condoms are both classified as Tier 3 or 'least effective' contraceptive methods (Black et al., 2015). See Table 4 for contraceptive use. Approximately 30% of participants planned to use any contraceptive method upon release (n=27). Forty-eight percent did not plan on using any contraceptive methods upon release (n=43) and 21% were unsure (n=19). Forty-three percent of participants did not want information about contraceptive options provided to them while in custody (n=39).

CONTRACEPTION

Participants were also asked about preferred ways to learn about contraceptive options while in custody. The majority (n=56) would prefer to receive information from a healthcare provider.

TABLE 4. CONTRACEPTION USE, N=89

Contraceptive Method	Ever used method n (%)	Used method in three months prior to current admission to custody n (%)
Copper intrauterine device	7 (7.9)	<5
Hormonal intrauterine device	26 (29.2)	11 (12.3)
Hormonal implant	<5	<5
Tubal ligation	15 (16.8)	10 (11.2)
Hysterectomy	5 (5.6)	<5
Vasectomy	<5	<5
Oral contraceptive	58 (65.2)	6 (6.7)
Contraceptive patch	8 (9.0)	<5
Vaginal ring	12 (13.5)	<5
Injectable contraceptive	34 (38.2)	<5
Emergency contraception	12 (13.5)	<5
Male condom	54 (60.7)	12 (13.5)
Female condom	<5	<5
Contraceptive sponge	<5	<5
Diaphragm	<5	<5
Spermicide	<5	<5
Natural birth control methods	13 (14.6)	<5
Breastfeeding	<5	<5
Withdrawal	44 (49.4)	12 (13.5)
Non-vaginal intercourse	7 (7.9)	5 (5.6)
Abstinence	<5	7 (7.9)
Other	<5	<5
None	<5	26 (29.2)

TIER I

TIER II

TIER III

BREAST HEALTH

Twenty-two percent of participants had ever noticed breast abnormalities (n=20), and 20% (n=18) had ever discussed breast abnormalities with a healthcare provider. Guidelines for recommended breast cancer screening differ by province. Of the 21 people across four sites who would have been eligible for screening based on their age and local guidelines (Eastern Health, 2023; Government of New Brunswick, 2024; Health PEI, 2023a; Nova Scotia Health, 2024a), 38% (n=8) had ever had a mammogram.

GYNECOLOGICAL HEALTH

Forty percent of participants had ever experienced abnormal uterine bleeding (n=40), and approximately 47% had ever discussed any menstrual concerns with a healthcare provider (n=42). Sixty percent felt they had adequate access to menstrual products while in custody (n=59), with 27% reporting having to purchase menstrual products out of pocket while in custody (n=24).

We asked about the lifetime history of sexually transmitted infections and blood borne illnesses. Forty-percent had ever had a positive test for chlamydia (n=36) and 39% had ever had a positive test for Hepatitis C (n=35).

We also asked about HPV vaccination and screening history. Nineteen percent of all participants and 21% of participants aged 45 or less had ever received the HPV vaccine (n=17). Guidelines for HPV testing and screening differ by province. Of the 86 people across four sites who would have been eligible for screening based on their age and local provincial guidelines (Eastern Health, 2024; Health PEI, 2023b; New Brunswick Cancer Network, 2024; Nova Scotia Health, 2024b), 69% (n=60) had ever had a Pap test, and 41% reported ever having an abnormal Pap test result (n=36). Of survey respondents who had ever had a Pap test, 39% (n=34) had had a Pap test within the last three years. See Table 5 for gynecological health outcomes.

TABLE 5. GYNECOLOGICAL OUTCOMES, N=89

Ever experienced abnormal uterine bleeding	**n (%)**
Yes	40 (44.9)
No	35 (39.3)
Unsure	14 (15.7)

TABLE 5. GYNECOLOGICAL OUTCOMES, N=89

Has adequate access to menstrual products in custody	***n (%)***
Yes	59 (66.3)
No	19 (21.3)
Unsure/ no answer provided	11 (12.3)
STBBI testing history	
Has had a positive test for chlamydia	36 (40.4)
Has had a positive test for gonorrhea	12 (13.5)
Has had a positive test for syphilis	<5
Has had a positive test for HIV	<5
Has had a positive test for Hepatitis C	35 (39.3)
Received HPV vaccination	
Yes	17 (19.1)
No	50 (56.2)
Unsure	22 (24.7)
Has had a Pap test within the last three years	
Yes	34 (38.2)
No	28 (32.6)
Unsure	24 (29.2)
Has ever had an abnormal Pap test result	
Yes	36 (40.4)
No	34 (38.2)
Unsure	16 (18.0)
Not applicable	<5
No answer provided	<5

INTERPRETATION

The results of this cross-sectional survey highlight several demographic trends and unmet health needs among people in provincial prisons for women in Atlantic Canada. Twenty-seven percent of survey participants identified as Indigenous. In Canada, 5% of the general population identify as Indigenous (Statistics Canada, 2023). These findings are consistent with national data on the disproportionate incarceration of Indigenous women, who are incarcerated in provincial prisons at a rate 15.4 times higher than that of non-Indigenous women (Robinson et al., 2023).

Survey participants reported high income and housing precarity: 74% percent of survey participants were living below the poverty threshold; compared to approximately 9.9% of Canadians (Statistics Canada, 2024). Twenty-seven percent of participants did not have housing prior to entering custody.While national housing data varies, it is estimated that between 1.7 and 2.5 % of Canadians have have ever experienced homelessness (Dionne et al., 2023). These findings suggest people in provincial prisons for women in Atlantic Canada face challenges meeting material needs, and experience multiple intersecting social and structural determinants of health.

Forty-one percent of survey participants who had ever had a Pap smear reported ever having abnormal test results, compared to the Canadian estimate of 6.26 % (Canadian Partnership Against Cancer, 2016), potentially suggesting unmet cervical health screening needs. Eighty-two percent of survey participants had ever had an unintended pregnancy, and among survey participants who had ever been pregnant, the median number of pregnancies was 4. While national estimates vary, data suggest approximately 31% of pregnancies in Canada are unintended (Bearak et al. 2022), and the median number of children per pregnancy capable person is 1.33 (Provencher & Galbraith, 2024). The survey results may suggest an unmet need for contraception.

NEXT STEPS

SURVEY SITE EXPANSION

Based on our findings, and suggestions shared during data collection and during feedback sessions, we have made minor revisions to the survey instrument in anticipation of future data collection and research partnerships. Changes include adjusting language to be more easily understandable (e.g. using “city and country” instead of “rural and urban”), adding questions about bacterial vaginosis and yeast infections, and adding a validated measure of unintended pregnancy (Hall et al., 2017). We have plans to administer this updated survey of sexual and reproductive health outcomes at a provincial prison for women in British Columbia in Fall 2024. We are also in the process of developing research partnerships with international collaborators.

KNOWLEDGE TRANSLATION

We will disseminate this report to: 1) superintendents of the four survey sites, as well as other provincial and territorial correctional departments and federal department of Justice/Public Safety/Corrections; 2) correctional health managers for the health authorities serving the four survey sites and other provincial/territorial/federal correctional institutions across the country; and 3) Elizabeth Fry Societies in NB and NS and across the country, which are non-profit community organizations supporting women and gender diverse people experiencing criminalization.

Strategies to translate our survey findings to inform policy and practice recommendations will focus on regular knowledge brokering meetings that build and maintain relationships with stakeholders such as lived experience experts, prison health and administrative leaders. We will use findings to develop evidence-based recommendations for improving the sexual and reproductive healthcare access of people in prisons designated for women. These recommendations will be conveyed to knowledge user organizations including leaders of hospitals/health centres and health authorities in proximity to these and other prisons designated for women; health professional colleges and regional associations; and community organizations serving criminalized people.

FUTURE RESEARCH DIRECTIONS

This cross-sectional, inter-provincial survey presents a new understanding of the sexual and reproductive health needs and outcomes among people incarcerated in prisons for women, and our findings highlight significant health disparities and gaps in healthcare access. These findings continue to inform our ongoing investigation into abortion and contraception access in prisons designated for women. Other areas requiring further investigation include access to cervical health screening while in custody and development of correctional policies pertaining to sexual and reproductive healthcare.

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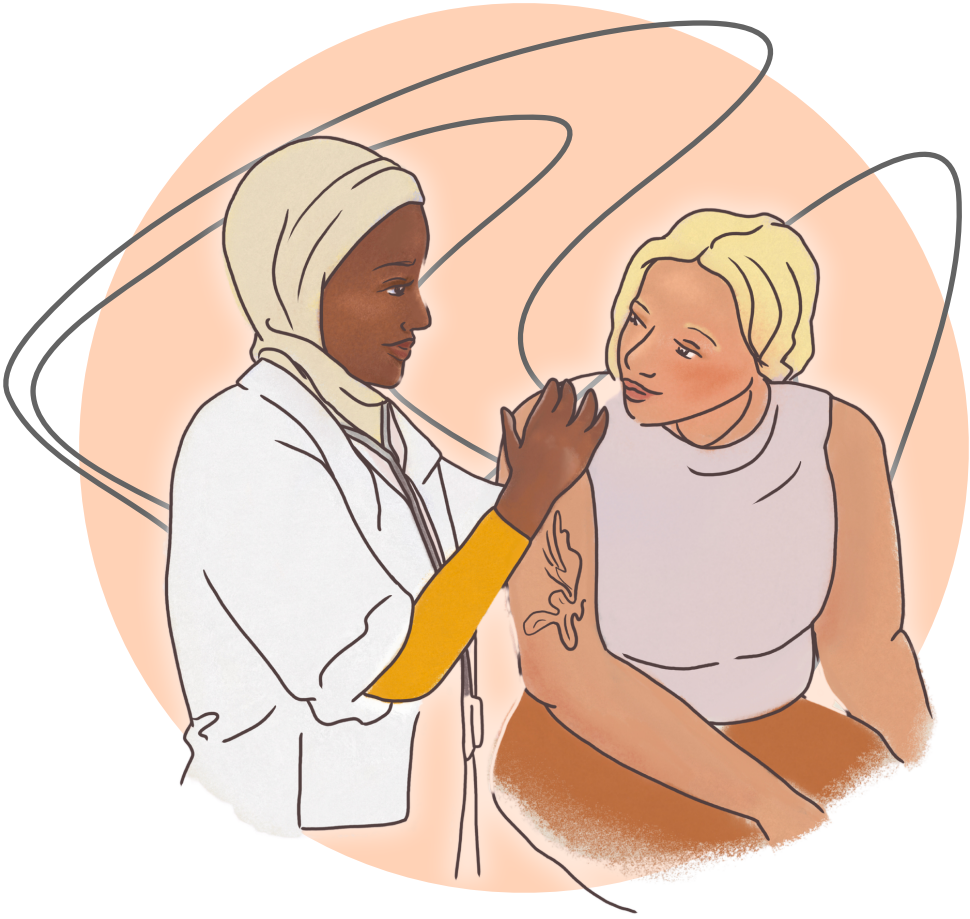
Reproductive Health in Prisons for Women Survey

M Paynter, J Liauw, F Kouyoumdjian, C Heggie, S Tessier, J Murphy, R Edwards



Appendix A: Survey

This project has been reviewed by the University of New Brunswick Research Ethics Board and is on file as REB2023-124

Please answer the following questions

Section A: Basic demographic information

1. How old are you? _____ (years old)

2. What is the highest level of education you have completed?

- ◯ No formal schooling
- ◯ Some primary school
- ◯ Primary school completed
- ◯ Some High school
- ◯ High school (or equivalent) completed
- ◯ Some college/pre-university/university
- ◯ College/pre-university/university completed
- ◯ Post graduate degree completed
- ◯ Other _____

3. What is your marital status?

◯ Married ◯ Living commonlaw ◯ Widowed ◯ Separated
◯ Divorced ◯ Single/never married ◯ Other _____

4. What is your best estimate of your total household income the year prior to your incarceration, before any taxes or deductions?

- ◯ Less than $10,000
- ◯ $10,000 - $14,999
- ◯ $15,000 - $19,999
- ◯ $20,000 - $29,999
- ◯ $30,000 - $39,999
- ◯ $40,000 - $49,999
- ◯ $60,000 - $79,999
- ◯ $80,000 - $99,999
- ◯ $100,000 - $149,999
- ◯ $150,000 - $199,999
- ◯ $200,000 or more
- ◯ Don't know/other

5. What is your gender identity?

◯ Woman ◯ Man ◯ Trans ◯ Non-binary ◯ Two-Spirit ◯ Other

6. What is your sexual orientation?

◯ Heterosexual ◯ Bisexual ◯ Lesbian ◯ Other

7. What is your racial identity?

◯ Black ◯ Indigenous (please specify) _____

◯ Hispanic ◯ Asian ◯ White ◯ Other

8. Did you have housing prior to incarceration?

◯ Yes ◯ No ◯ Other

9. Do you expect to have housing upon release?

◯ Yes ◯ No ◯ Unsure

10. Just prior to incarceration, did you live in a rural or urban place?

◯ Rural ◯ Urban ◯ Unsure/other

Section B: Time in custody

1. When were you taken into custody?

_____ (month/year)

2. How much time have you spent in custody in your life?

_____ (total number of months or years)

Section C: Parenting

1. How many children do you have? _____

2. Ages of children _____

3. Were you the primary caregiver for your children prior to incarceration?

◯ Yes ◯ No ◯ Other

If no, what were the primary caregiving arrangements for your children prior to incarceration?

◯ Other parent ◯ Other family/kinship ◯ Grandparents

◯ Foster care ◯ Other _____

4. Did you have child protection involvement prior to incarceration?

◯ Yes ◯ No

5. Will you have child protection involvement after incarceration?

◯ Yes ◯ No ◯ Unsure

6. What are the primary caregiving arrangements for your children while you are incarcerated?

◯ Other parent ◯ Other family/kinship ◯ Grandparents

◯ Foster care ◯ Other _____

Section D: Breastfeeding

1. Did you ever breastfeed?

◯ Yes ◯ No

2. How long did your child(ren) breastfeed? (# months/years per child)

_____

_____

_____

Section E: Pregnancy

1. Are you pregnant now?

◯ Yes ◯ No ◯ Unsure

2. Were you offered a pregnancy test when you were admitted to this institution?

◯ Yes ◯ No ◯ Unsure

3. How many times have you been pregnant? _____ (# of pregnancies including pregnancies that ended in miscarriage, ectopic pregnancy, abortion, live birth or stillbirth)

4. How many pregnancies ended in a:

	# of pregnancies
Live birth/ child born alive	
Still birth (a pregnancy that went beyond 20 weeks, but the baby died before being born)	
Miscarriage or ectopic (a loss before 20 weeks of pregnancy)	
Abortion (a pregnancy that was ended on purpose)	
Other	

5. Have you ever had an unintended pregnancy? This could be a pregnancy that you didn't want, didn't plan for, or happened at the wrong time.

◯ Yes

◯ No

6. When was your most recent pregnancy? _____ (year)

Or: ◯ check here if you are currently pregnant

Section F: Birth Control (Contraception)

1. Please answer questions a) to c) about your <u>most recent pregnancy</u>

a) In the month that I became pregnant...

(Please select the statement which most applies to you):

◯ I/we were not using birth control (contraception)

◯ I/we were using birth control (contraception), but not on every occasion

◯ I/we always used birth control (contraception), but knew that the method had failed (i.e. broke, moved, came off, came out, not worked, forgot to take etc.) at least once

◯ I/we always used birth control (contraception)

b) Before I became pregnant...

(Please select the statement which most applies to you):

◯ My partner and I had agreed that we would like me to be pregnant

◯ My partner and I had discussed having children together, but hadn't agreed for me to get pregnant

◯ We never discussed having children together

◯ I did not have a partner

c) Before you became pregnant, did you do anything to improve your health in preparation for pregnancy?

(Please select all that apply)

◯ took folic acid

◯ stopped or cut down smoking

◯ stopped or cut down drinking alcohol

◯ stopped or cut down on drugs

◯ ate more healthily

◯ sought medical/health advice

◯ took some other action, please describe: _____

Or:

◯ I did not do any of the above before my pregnancy

2. Please check the box for any type of birth control (contraception) that you have ever used:

◯ Copper IUD ◯ Hormonal IUD (e.g. Mirena, Kyleena, Jaydess) ◯ Hormonal Implant (Nexplanon) ◯ Tubal ligation/ "tube tying"/"fixed"/ "sterilization" ◯ Hysterectomy (removal of uterus) ◯ Vasectomy	◯ Oral contraceptive or "the pill" ◯ Contraceptive patch or "the patch" ◯ Vaginal ring (NuvaRing) or "the ring" ◯ Injection (Depo-Provera) or "the shot" ◯ Emergency contraception or "emergency birth control"	◯ Male condom ◯ Female condom ◯ Contraceptive sponge ◯ Cervical cap ◯ Diaphragm ◯ Spermicide (cream/gel/ foam/film/ suppository)	◯ Natural birth control (e.g. fertility awareness method, family planning, temperature method, rhythm/ calendar method) ◯ Breastfeeding to prevent pregnancy ◯ Withdrawal/ "pulling out" ◯ Non-vaginal intercourse to avoid pregnancy ◯ Abstinence ◯ Other

Or: ◯ I have never used any type of birth control (contraception)

3. Please check the box for any type of birth control (contraception) that you used in the three months before you were arrested:

◯ Copper IUD ◯ Hormonal IUD (e.g. Mirena, Kyleena, Jaydess) ◯ Hormonal Implant (Nexplanon) ◯ Tubal ligation/ "tube tying"/"fixed"/ "sterilization" ◯ Hysterectomy (removal of uterus) ◯ Vasectomy	◯ Oral contraceptive or "the pill" ◯ Contraceptive patch or "the patch" ◯ Vaginal ring (NuvaRing) or "the ring" ◯ Injection (Depo-Provera) or "the shot" ◯ Emergency contraception or "emergency birth control"	◯ Male condom ◯ Female condom ◯ Contraceptive sponge ◯ Cervical cap ◯ Diaphragm ◯ Spermicide (cream/gel/ foam/film/ suppository)	◯ Natural birth control (e.g. fertility awareness method, family planning, temperature method, rhythm/ calendar method) ◯ Breastfeeding to prevent pregnancy ◯ Withdrawal/ "pulling out" ◯ Non-vaginal intercourse to avoid pregnancy ◯ Abstinence ◯ Other

a) Are you continuing this birth control while you are in custody?

◯ Yes ◯ No ◯ Not applicable

Or: ◯ I did not use birth control (contraception) during the three months before I was arrested

4. Do you want to get pregnant in the 6 months after you are released from this facility?

◯ Yes

◯ No

◯ Unsure

5. Do you plan on using any method of birth control in the 6 months after you are released from this facility?

◯ Yes

◯ No

◯ Unsure

a) If yes (you do plan on using any method of birth control in the 6 months after you are released from this facility), which method(s) do you plan to use?

◯ Copper IUD ◯ Hormonal IUD (e.g. Mirena, Kyleena, Jaydess) ◯ Hormonal Implant (Nexplanon) ◯ Tubal ligation/ "tube tying"/"fixed"/ "sterilization" ◯ Hysterectomy (removal of uterus) ◯ Vasectomy	◯ Oral contraceptive or "the pill" ◯ Contraceptive patch or "the patch" ◯ Vaginal ring (NuvaRing) or "the ring" ◯ Injection (Depo-Provera) or "the shot" ◯ Emergency contraception or "emergency birth control"	◯ Male condom ◯ Female condom ◯ Contraceptive sponge ◯ Cervical cap ◯ Diaphragm ◯ Spermicide (cream/gel/ foam/film/ suppository)	◯ Natural birth control (e.g. fertility awareness method, family planning, temperature method, rhythm/ calendar method) ◯ Breastfeeding to prevent pregnancy ◯ Withdrawal/ "pulling out" ◯ Non-vaginal intercourse to avoid pregnancy ◯ Abstinence ◯ Other

6. Would you like to be able to get information about birth control (contraception) options while you are incarcerated?

◯ Yes ◯ No ◯ Not sure ◯ Other _____

7. How would you like to learn about birth control?

◯ Health care provider ◯ Videos ◯ Pamphlets ◯ Peer Support

Other (please describe) _____

_____

_____

Section G: Menstrual history

1. Have you ever experienced abnormal uterine bleeding?

○ Yes ○ No ○ Unsure

2. Have you ever discussed menstrual concerns with a community health care provider?

○ Yes ○ No ○ Unsure

3. Do you have adequate access to menstrual products now?

○ Yes ○ No ○ Unsure

4. How many pads and or tampons are you provided with?_____ (per cycle)

5. Do you ever have to purchase products out of pocket?

○ Yes ○ No ○ Unsure

Section H: Sexual health and Sexually Transmitted and Blood Borne Infections (STBBIs)

1. How old were you when you first had sex? _____ (years old)

2. Have you had an STI test in last 6 months?

○ Yes ○ No ○ Unsure

3. Do you currently want an STI test?

○ Yes ○ No ○ Unsure

4. Have you ever had a positive STI test for:

a) Chlamydia?	○ Yes	○ No	○ Unsure
b) Gonorrhea?	○ Yes	○ No	○ Unsure
c) Syphilis?	○ Yes	○ No	○ Unsure
d) HIV?	○ Yes	○ No	○ Unsure
e) Hepatitis C?	○ Yes	○ No	○ Unsure

If "yes" to any of the above, did you receive treatment?

○ Yes ○ No ○ Unsure

Section I: Cervical screening and vaccination

1. Did you ever receive the HPV vaccine (Gardasil) to prevent cervical cancer?

○ Yes ○ No ○ Unsure

2. When was your last Pap test? _____ (month/year)

Or: ◯ I have never had a Pap test ◯ Unsure

3. Have you ever had an abnormal Pap test?

◯ Yes ◯ No ◯ Unsure

If yes, did you receive treatment ?

◯ Yes ◯ No ◯ Unsure

Section J: Breast health

1. Have you ever had a mammogram?

◯ Yes ◯ No ◯ Unsure

When did you last have a mammogram? _____ (month/year)

Or: ◯ I have never had a mammogram ◯ Unsure

2. Have you ever noticed breast abnormalities?

◯ Yes ◯ No ◯ Unsure

3. Have you ever discussed breast abnormalities with a community health care provider?

◯ Yes ◯ No ◯ Unsure

Do you have any other comments about reproductive health?

_____

_____

_____

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This is the end of the survey. Thank you for participating.