

A Cross-Sectional Survey of Reproductive, Gynecological, and Breast Health Outcomes Among People in Provincial Prisons for Women in Atlantic Canada

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ABSTRACT

Objectives: Previous quantitative research on reproductive health needs among women in prison in Canada has been limited to Ontario and Alberta. We conducted this cross-sectional survey of reproductive, gynecological, and breast health outcomes of people experiencing provincial incarceration in the 4 provinces of Atlantic Canada.

Methods: We adapted a survey instrument with consultation from lived experience experts. Fifty questions were asked about demographics and reproductive, gynecological, and breast health. The survey was administered on paper, in person at each of the 4 provincial prisons for women in Atlantic Canada. We analyzed data using descriptive statistics.

Results: Of 90 participants, 27% identified as Indigenous, 40% as bisexual or lesbian, with a median age of 35 years. Overall, 4 out of 5 participants reported having children under the age of 18 years. A total of 94% had ever been pregnant, 81% reported having had an unintended pregnancy and 50% who had ever been pregnant had had an abortion. The most used types of contraception included the male condom and birth control pill. Overall, 41% had ever had a positive test for chlamydia and 40% had ever had a positive test for hepatitis C. A total of 39% had a Pap test within the last 3 years. Of

those eligible for screening based on age and provincial guidelines, 38% had ever had a mammogram.

Conclusions: Findings from this survey among people in provincial prisons highlight health disparities and gaps in access compared with people in the community. These findings can inform future studies of access to health services within and outside of the prison setting.

RÉSUMÉ

Objectif : Les recherches quantitatives existantes sur les besoins en matière de santé reproductive des détenues au Canada se limitent à l'Ontario et à l'Alberta. Nous avons mené cette enquête transversale sur la santé reproductive, gynécologique et mammaire des personnes incarcérées dans les quatre provinces du Canada atlantique.

Méthodes : Nous avons adapté un instrument d'enquête en consultant des personnes expertes en expérience vécue. Le questionnaire de cinquante questions portait sur les caractéristiques démographiques et la santé reproductive, gynécologique et mammaire. L'enquête a été réalisée sur papier, en personne, dans chacune des quatre prisons provinciales pour femmes du Canada atlantique. Nous avons analysé les données à l'aide de statistiques descriptives.

Résultats : Des 90 participantes, 27 % se sont identifiées comme autochtones et 40 %, comme bisexuelles ou lesbiennes. L'âge médian était de 35 ans. Dans l'ensemble, 4 participantes sur 5 ont déclaré avoir des enfants de moins de 18 ans. Notons également que 94 % avaient déjà été enceintes, que 81 % ont déclaré avoir eu une grossesse non planifiée et que 50 % de celles ayant déjà été enceintes avaient subi un avortement. Les méthodes contraceptives les plus utilisées étaient le condom masculin et la pilule contraceptive. Au total, 41 % avaient déjà eu un résultat positif pour la chlamydia; 40 % avaient déjà eu un résultat positif pour l'hépatite C; et 39 % avaient eu un test Pap dans les 3 dernières années. Parmi les personnes admissibles au dépistage

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en fonction de l'âge et des recommandations provinciales, 38 % avaient déjà eu une mammographie.

Conclusion : Les résultats de cette enquête menée auprès des personnes incarcérées dans les prisons provinciales mettent en évidence les disparités en matière de santé et les lacunes dans l'accès par comparaison aux personnes vivant dans la collectivité. Ces résultats peuvent servir de base pour de futures études sur l'accès aux services de santé à l'intérieur et à l'extérieur du milieu carcéral.

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KEY POINTS

- This study is the first interprovincial survey of sexual and reproductive health outcomes among people incarcerated in provincial prisons designated for women in Canada.
- The survey found most respondents reported a lifetime experience of unintended pregnancy, half had had an abortion, and most had children under the age of 18 years.
- Respondents reported most frequently using lower-effectiveness types of contraception such as the male condom and birth control pill and reported high rates of sexually transmitted and blood-borne infections including chlamydia and hepatitis C virus.

CLINICAL APPLICATION

- Sexual and reproductive health care providers are likely at some point in their careers to encounter people who have experienced incarceration or are incarcerated. These patients are likely to experience higher needs for care and have had less access to services and information about options.
- While caring for people who are or have experienced incarceration, providers can improve reproductive health equity by providing patients with abundant information and supporting patient choices.

INTRODUCTION

Women are a growing population in Canadian prisons,¹ and most incarcerated women are of “reproductive age”.² Women who experience incarceration often have unmet needs for, and barriers to, sexual and reproductive health (SRH) care.^{3–5}

Previous quantitative research in Canada in this area has largely been limited to 2 provinces, Ontario^{6–9} and Alberta.¹⁰ Only 1 prior quantitative study in Canada⁸ directly surveyed women in prison about their

reproductive health needs. Small, qualitative studies throughout Canada have also indicated the need for increased services, but with limited scope of inquiry, such as a focus on prison nursery programs,¹¹ strip-searching,¹² or on care experiences at a single facility.^{4,13} A comprehensive survey across multiple jurisdictions is needed to understand the health needs of this population and to inform responsive policies and programs.

We conducted this study to examine the reproductive, gynecological, and breast health outcomes of people who are experiencing provincial incarceration in the 4 provinces of Atlantic Canada (Nova Scotia [NS], New Brunswick [NB], Prince Edward Island [PEI], and Newfoundland and Labrador [NL]) using a cross-sectional survey. In NS, NB and NL, health services in the provincial prisons are the responsibility of the provincial health authority. In PEI, the health staff are employed by the Department of Justice.

METHODS

Team

Our team included people with lived experience of incarceration and community, clinical and policy knowledge users. Our expertise is interdisciplinary (community organizations, nursing, family medicine, obstetrics and gynecology) and includes people who identify as members of racialized and queer communities.

Survey Instrument

We adapted a written survey instrument developed by Liauw et al.⁸ by (1) considering a scoping review of SRH of incarcerated women in Canada⁵; (2) consulting lived experience experts; (3) and through research team discussion. The adapted survey comprised 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. 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 2 people with lived experience of incarceration in provincial prisons for women and was available in English and French.

Ethical Considerations

The survey instrument and study protocol were approved by Blinded for Peer Review (#2023-124). All participants provided consent before participation.

Setting

The written survey was administered on paper, in person in each of the 4 provincial prisons designated for women in Atlantic Canada; 1 site in each province. In NS and PEI, the prison for women is co-located with a facility for men. In NB, the provincial prison for women is co-located with a youth facility that includes girls and boys. Across the 4 sites, institutional capacity is ~150 people (48 in NS; 56 in NB; 24 in PEI and 22 in NL).

Sample

We included people who were currently incarcerated in a provincial prison designated for women, over the age of 18 years, and able to communicate in English or French. Trans and gender-diverse people who were incarcerated in these facilities designated for women were welcome to participate. Both sentenced and remanded people were included.

Recruitment

At each facility, we liaised with prison staff to distribute posters with study details before our visits. Staff were informed about the survey so they could answer any inquiries related to the poster.

Data Collection Procedures

First, 1 or 2 study team members conducted an information session with potential participants at each site to review the study aims, procedures, informed consent process, and survey questions and content. We returned on a later date to administer the survey, obtaining informed consent and providing participants with a printed hard copy document of the survey 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). Study team members were present while participants filled out the survey to clarify survey questions as needed. Participants received a grocery store gift card as an honorarium, which was left in participants' personal effects to be available to them upon release. Data collection was conducted between November 2023 and May 2024.

Analysis

We summarized data across all 4 sites using descriptive statistics (counts and proportions) in Microsoft Excel Analysis ToolPak. Questions with less than 5 responses were reported as <5 to protect anonymity. We grouped income categories as above or below Canada's Official Poverty Line.¹⁴ 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 the analysis but were used to contextualize and support key findings.

Feedback Presentations

At all but 1 site (NL), we returned to present initial findings to persons currently incarcerated and facility staff. In each session, we discussed the study aims and objectives and summarized prior research in this area. We then provided an overview of the initial results of the survey. Session participants were encouraged to ask questions and share thoughts. We took summary notes of each session which were used for data contextualization and validation and will inform future research and policy priorities. In NL, due to distance and travel expenses, we could not return to share results at a later date. Instead, we conducted a sharing session in the afternoon after administering the survey in the morning. At that sharing session we shared the cumulative results from NB, PEI and NS. We then shared the final results (including NL) via email to facility staff to share with individuals currently incarcerated in the facility.

RESULTS

Participant Demographics

Out of 104 eligible people in custody across all 4 sites on the days of survey administration, 90 people completed the survey (Table 1 [NS n = 35; NB n = 31; PEI n = 5; NL n = 19]), for an 86% participation rate. A total of 39% of participants lived in a rural area before incarceration. A total of 74% of participants were living on an average annual income of \$50 000 (Canadian dollars) or less; 55% of participants were living in deep income poverty, or below 75% of Canada's Official Poverty Line (n = 49). Most participants identified as women (n = 81). A total of 43% of participants identified as heterosexual (n = 39) and 40% as bisexual or lesbian (n = 36). Overall, 67% identified as White (n = 61) and 27% identified as Indigenous (n = 24). The median age of participants was 35 years (Table 2).

SRH questions were organized into 5 topic areas: parenting and children, pregnancy, contraception, gynecological health, and breast health.

Table 1. Distribution of participants, N = 90

Province of incarceration	n (%)
Nova Scotia	35 (38.9)
New Brunswick	31 (34.4)
Prince Edward Island	5 (5.5)
Newfoundland and Labrador	19 (21.1)

Table 2. Self-reported demographics, N = 90

Individual-level variables	Number (%)
Age	
19–24	<5
25–29	17 (18.9)
30–34	21 (23.3)
35–39	20 (22.2)
40–44	17 (18.9)
45–49	8 (8.9)
50–54	<5
Urban vs. rural residence before incarceration	
Urban	34 (37.8)
Rural	40 (44.4)
Unsure/other	15 (16.7)
No answer provided	<5
Marital status	
Married/common law	15 (16.7)
Single/never married	55 (61.1)
Divorced	4 (4.4)
Separated	9 (10.0)
Widowed	5 (5.5)
Other	<5
Average annual income before incarceration	
<\$20 000	49 (54.4)
\$20 000–\$50 000	18 (20.0)
>\$50 000	11 (12.2)
Don't know/other/no answer	12 (13.3)
Gender identity	
Woman	81 (90.0)
Trans	<5
Nonbinary	<5
Two-spirit	<5
Other/no answer provided	<5
Sexual orientation	
Heterosexual	39 (43.3)
Bisexual	36 (40.0)
Lesbian	<5
Other/no answer provided	12 (13.3)
Racial and Indigenous identity	
Indigenous	24 (26.7)
Black	<5
White	61 (67.8)
Other/no answer provided	<5
Housing status before incarceration	
Had housing	53 (58.9)
Did not have housing	25 (27.8)
Unsure/ no answer provided	12 (13.3)
Anticipated housing status upon release	
Expects to have housing	45 (50.0)
Does not expect to have housing	18 (20.0)
Unsure/no answer provided	27 (30.0)

(continued)

Table 2. (Continued)

Individual-level variables	Number (%)
Total lifetime months spent in custody	
0–6	28 (31.1)
7–12	17 (18.9)
13–18	5 (5.5)
19–24	7 (7.8)
>24	27 (30.0)
Unsure	7 (7.8)

Parenting and Children

A total of 91% of participants reported having children ($n = 83$), with most ($n = 65$) having children aged 6–17 years (Table 3). Participants reported having a total of 224 children among them, with a median of 2 children per participant. Of the 224 children, 3 (1.3%) were under the age of 1 year, 35 (15.6%) were between 1 and 5 years of age, and 129 (57.6%) were between the ages of 6 to 17 years. A total of 47 of the children were aged ≥ 18 years, and 10 were identified without ages provided.

Overall, 82% of participants had children under the age of 18 years ($n = 74$), and of these 31% ($n = 23$) were the primary caregiver for their children before incarceration. Common caregiver arrangements during incarceration included the other parent, grandparents or other family/kinship placements. A total of 46% of participants with children under the age of 18 years had child protection involvement before incarceration ($n = 38$).

Pregnancy and Breastfeeding

A total of 94% of participants had ever been pregnant ($n = 85$), and at the time of data collection, $\sim 5\%$ were either currently pregnant or unsure if they were pregnant ($n = 6$). Participants who had ever been pregnant had a median of 4 pregnancies per person. A total of 50% of participants who had ever been pregnant had had an induced abortion ($n = 43$), and the median number of abortions per person was 1. Overall, 81% reported having had an unintended pregnancy ($n = 69$). Of participants who had ever been pregnant, 64% had ever breastfed ($n = 55$) (Table 4).

Contraception

Most participants reported having ever used methods of contraception that are generally considered tier II or III¹⁵ (i.e., medium or low) effectiveness, such as oral contraceptives ($n = 58$) and male condoms ($n = 55$). This was similar in the 3 months before incarceration (Table 5). In the 3 months before current incarceration, the most

Table 3. Children and parenting among participants with children

Individual-level variable	Number (%)
Parenting status	n = 83
Has children under the age of 1	<5
Has children aged 1–5	26 (31.7)
Has children aged 6–17	65 (79.3)
Has children aged 18+	26 (31.7)
No answer provided	<5
Respondent was primary caregiver for children before incarceration (children under 18)	n = 74
Yes	23 (31.1)
No	41 (55.4)
Other	10 (13.5)
Caregiver arrangements for children while incarcerated (children under 18)	n = 74
Other parent is primary caregiver	20 (27.0)
Grandparents are primary caregivers	20 (27.0)
Other family/kinship placement	23 (31.1)
Foster care placement	<5
Other/no answer provided	7 (9.5)
Any child protection involvement as a parent before incarceration (children under 18)	n = 74
Yes	38 (51.4)
No	35 (47.3)
No answer provided	<5
Expected to have child protection involvement upon release (children under 18)	n = 74
Yes	19 (25.7)
No	39 (52.7)
Unsure/no answer provided	16 (21.6)

common methods were withdrawal (n = 12) and male condoms (n = 12), and 29% of respondents reported not using any contraceptive method (n = 26).

Gynecological Health

A total of 45% of participants had ever experienced abnormal uterine bleeding (n = 41), and ~48% had ever discussed any menstrual concerns with a health care provider (n = 43). Only 65% felt they had adequate access to menstrual products while in custody (n = 59), and almost one-third had to pay for menstrual products out of pocket while in custody (n = 24). When we discussed this finding with participants, some explained that while low-quality/1-size products might be routinely available, they did not have access to panty liners to manage spotting, to overnight or larger pads, or required additional clothing or bedding. Some mentioned they required incontinence products.

Table 4. Self-reported pregnancy outcomes in people incarcerated in correctional facilities designated for women in Atlantic Canada

Individual-level variable	Number (%)
Unintended pregnancy history	n = 85
Has had an unintended pregnancy	69 (81.2)
Has never had an unintended pregnancy	15 (17.6)
No answer provided	<5
Pregnancy outcome history (total number of pregnancies)	n = 341
Live birth/child born alive	194 (56.9)
Stillbirth ^a	9 (2.6)
Miscarriage or ectopic ^b	70 (20.5)
Abortion ^c	73 (21.4)
Unclear	<5

^aDefined as a pregnancy that went beyond 20 weeks, but the baby died before being born.

^bDefined as a spontaneous loss before 20 weeks.

^cDefined as a pregnancy that was ended on purpose.

A total of 41% had ever had a positive test for chlamydia (n = 37) and 40% had ever had a positive test for hepatitis C (n = 36). Overall, 19% of all participants and 21% of participants aged ≤45 years had ever received the human papilloma virus (HPV) vaccine (n = 17). Of 87 people who would have been eligible for screening based on their age and local provincial guidelines,¹⁶ only 39% had a Pap test within the last 3 years. See Table 6 for gynecological health outcomes.

Breast Health

A total of 22% of participants had ever noticed breast abnormalities (n = 20), and 20% (n = 18) had ever discussed breast abnormalities with a health care provider. Of the 21 people across 4 sites who would have been eligible for screening based on their age and local guidelines,^{17–20} 38% (n = 8) had ever had a mammogram.

DISCUSSION

Previous studies assessing reproductive health needs of women in prison have found unmet needs for services such as contraception and cervical cancer screening, higher rates of sexually transmitted and blood-borne infections (STBBIs), unintended pregnancy and abortion than reported in the general population, and a high proportion of people identifying as Indigenous and lesbian, gay, trans, bisexual, queer/questioning.^{21,22} Our findings were consistent, and extend these by adding findings with

Table 5. Contraception use, N = 90

Contraceptive Method	Ever used method n (%)	Used method in 3 months before current admission to custody n (%)	Tier of effectiveness ^a
Copper intrauterine device	8 (8.9)	<5	I
Hormonal intrauterine device	26 (28.9)	11 (12.2)	I
Hormonal implant	<5	<5	I
Tubal ligation	15 (16.7)	10 (11.1)	I
Hysterectomy	5 (5.5)	<5	I
Vasectomy	<5	<5	I
Oral contraceptive	58 (64.4)	6 (6.7)	II
Contraceptive patch	8 (8.9)	<5	II
Vaginal ring	12 (13.3)	<5	II
Injectable contraceptive	34 (37.8)	<5	II
Emergency contraception	12 (13.3)	<5	II
Male condom	55 (61.1)	12 (13.3)	III
Female condom	<5	<5	III
Contraceptive sponge	<5	<5	III
Diaphragm	<5	<5	III
Spermicide	<5	<5	III
Natural birth control methods	13 (14.4)	<5	III
Breastfeeding	<5	<5	III
Withdrawal	44 (48.9)	12 (13.3)	III
Non-vaginal intercourse	7 (7.8)	5 (5.5)	III
Abstinence	<5	7 (7.8)	III
Other	<5	<5	
None	<5	26 (28.9)	

^aEffectiveness “refers to the number of pregnancies that are prevented during typical use of the method. Hence, effectiveness relies on both the inherent efficacy of the contraceptive method as well as how consistently and correctly it is used (adherence)”.¹⁵ Tier 1 is highest and Tier 3 is lowest.

respect to demographic details, pregnancies, parenting, menstrual health, and mammography.

Participant Demographics

In Canada overall, 17.8% of people live in areas designated by Statistics Canada as rural, with between 40% and 54% of people in each Atlantic Canadian province living rurally.²³ It is unsurprising in this Atlantic Canadian survey that 39% of our respondents self-identified as living rurally. Compared to the 74% of respondents who reported an income <\$50 000, the average (mean) income in Canada is \$57 100.²⁴ In our sample of 90 people, 81 identified as cisgender women, with the remaining 9 (10%) identifying as transgender, nonbinary, Two Spirit or providing no answer. In the 2021 Census, 1 in 300 (0.3%) of people over the age of 15 identified as transgender or nonbinary.²⁵ While the small sample in our survey is difficult to compare, it points to the disproportionate representation of gender-diverse people in provincial prisons. We are aware of no other surveys measuring

gender diversity in prisons in Canada. Additionally, 40% of survey respondents self-identified as bisexual or lesbian, while Statistics Canada reports that 4% of Canadians over the age of 15 years are members of the lesbian, gay, trans, bisexual, queer/questioning community.²⁶ At 27%, the portion of respondents identifying as Indigenous is far higher than Indigenous representation in the generation population in Canada at 5%.²⁷

Parenting and Children

A total of 82% of participants had children under the age of 18 years, higher than estimates from United States (US) research.²⁸ With 224 children reported from 90 participants, we could extrapolate that over 55 000 children may be affected by the incarceration of the 22 689 women admitted to provincial and territorial prisons every year in Canada.²⁹ Participants had a median number of 4 pregnancies and 2 children, compared to 1.26 in Canada,³⁰ suggesting higher fertility among this population. We found that 6% of participants had experienced stillbirth,

Table 6. Gynecological outcomes, N = 90

Individual-level variable	Number (%)
Ever experienced abnormal uterine bleeding	n (%)
Yes	41 (45.5)
No	35 (38.9)
Unsure	14 (15.5)
Has adequate access to menstrual products while in custody	
Yes	59 (65.5)
No	20 (22.2)
Unsure/ no answer provided	11 (12.2)
STBBI testing history	
Has had a positive test for chlamydia	37 (41.1)
Has had a positive test for gonorrhea	13 (14.4)
Has had a positive test for syphilis	<5
Has had a positive test for HIV	5 (5.5)
Has had a positive test for hepatitis C	36 (40.0)
Received HPV vaccination	
Yes	17 (18.9)
No	51 (56.7)
Unsure	22 (24.4)
Has had a Pap test within the last 3 years	
Yes	34 (37.8)
No	29 (32.2)
Unsure	24 (26.7)
No answer provided	<5
Has ever had an abnormal Pap test result	
Yes	37 (41.1)
No	34 (37.8)
Unsure	16 (17.8)
Not applicable	<5
No answer provided	<5

while the rate of stillbirth in Canada is fewer than 9 per 1000 births.³⁰ Compared to the 46% of respondents who reported child protection services involvement with their children, the Canadian Incidence Study of Reported Child Abuse and Neglect estimated that 4.8% of children have had investigations, with only 1.6% being substantiated and 0.2% placed in care outside the home.³¹ Most participants were not in a primary custody role for children before their incarceration. We are not aware of similar studies looking at who is caring for the children of incarcerated parents in Canada, however, US studies have found grandparents to play a key role.³²

Pregnancy and Breastfeeding

Approximately 5% of respondents indicated they were either currently pregnant or unsure if they were pregnant. The most recent US data (2003) identifies 0.5% of women

in federal and state prisons as pregnant³³; however, it is imprudent to compare that figure too closely to the survey, given the very small sample and that the data were self-reported. While in Canada it is estimated that 1 in 3 women will have an abortion in her lifetime,³⁴ 50% of survey participants had. Similarly, compared to national estimates that 40% of pregnancies are unintended,³⁵ 81% of survey respondents reported their most recent pregnancy as unintended. While nationally 91% of new mothers initiate breastfeeding,³⁶ only 64% of survey respondents had ever breastfed.

Contraception

Similarly to the general population in Canada, the most commonly used forms of contraception were oral contraceptives and the male condom.³⁷

Gynecological Health

We asked respondents if they had ever tested positive for STBBIs; comparisons to national estimates of the incidence are therefore imperfect but glaring: Compared to a national incidence of gonorrhea of 84 per 100 000 population, we found 14%; compared to the national incidence of chlamydia at 273 per 100 000, we found 41%³⁸; and compared to the national incidence of hepatitis C virus of 19.7 per 100 000, we found 40%.³⁹ In the Canadian population of 40 million people, an estimated 62 790 are living with HIV.⁴⁰ In our sample, 5% of respondents reported a positive HIV test.

By 2008, the HPV vaccine was available for all pre-adolescent girls in every province and territory,⁴¹ and pre-pandemic the uptake was estimated at between 57%–91%.⁴² Approximately 1 in 5 of our respondents aged 45 years or less reported ever having received the HPV vaccine; it is possible they did not remember. The Canadian Partnership Against Cancer reported that between 65%–71% of women aged 21 to 69 years in Atlantic Canada participated in cervical screening in the past 42 months⁴³; far higher than the 39% in our sample. We found 38% of eligible respondents had ever had a mammogram, compared to 2017 Statistics Canada found that 91.4% of women aged 50–74 years reported having had a mammogram in their lifetime.⁴⁴

Our findings point to the need for policy changes to require regular data collection about reproductive, gynecological and breast health outcomes to identify the needs and impact of responsive services. The United Nations Standards for the Minimum Treatment of Prisoners⁴⁵ stipulate “Prisoners should enjoy the same standards of health care that are available in the community and should

have access to necessary health care services free of charge without discrimination on the grounds of their legal status.” As such, prisoners should be informed about their rights to care. High rates of unintended pregnancy, potentially unmet contraceptive needs, low rates of cervical and breast cancer screening and high rates of STBBIs suggest the value of correctional health policies to proactively offer comprehensive services including pregnancy testing, abortion access, contraception education and access,⁴⁶ perinatal care, STBBI testing and treatment, HPV vaccination and cervical screening, mammography as per provincial guidelines, and support for parents and their children for contact and bonding.

Our study provides a quantitative assessment of the current state of health as reported by individuals incarcerated in prisons designated for women in Atlantic Canada and thus calls to action researchers and policymakers to push for more rigorous data collection regarding health needs and policy changes to address these needs.

STRENGTHS AND LIMITATIONS

The strengths of this study include that it is the first cross-sectional study of SRH among people in provincial prisons designated for women, with a high response rate and extensive engagement with participants through pre-survey information sessions and feedback meetings. There are several limitations to the study. Although the option to have the survey read was available, literacy limitations may have impeded understanding of the questions. The presence of correctional officers in the room during the completion of the survey may have affected willingness to participate and responses, even though officers were not able to see participant responses. We had a very high response rate, and it is likely the participants are representative of the population however it is possible that non-responders had worse access to health care and thus figures in the study could even be underestimated. As we did not ask about the intention to have sex that could result in pregnancy we face a limitation in our interpretation of the unmet need for contraception.

CONCLUSION

This cross-sectional, interprovincial survey presents a new understanding of the SRH needs and status among people incarcerated in prisons for women, and our findings highlight significant health disparities and gaps in health care access compared with people in the community. These findings can inform future studies that examine pathways to access SRH services within and outside of the

prison setting, as well as correctional health professionals' knowledge of and practices with respect to the provision of SRH services. Other areas requiring further investigation include access to cervical health and breast health screening while in custody and implementation study of evidence-informed correctional policies about SRH care.

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ETHICS

Approved by the University of New Brunswick Research Ethics Board, REB# 2023-124.

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