

The Unmet Contraceptive Need of Incarcerated Women in Ontario

Jessica Liauw, MD,¹ Jessica Foran, MA,² Brigid Dineley, MD,¹ Dustin Costescu, MD,¹
Fiona G. Kouyoumdjian, MD, PhD³

¹Department of Obstetrics and Gynecology, McMaster University, Hamilton ON

²Department of Political Science, McMaster University, Hamilton ON

³Centre for Research on Inner City Health, St. Michael's Hospital, Toronto ON

Abstract

Objective: Studies from the United States have shown that women in correctional facilities have higher rates of unintended pregnancy and unmet need for contraception compared with the general population, and that the provision of family planning services in correctional facilities may improve access to contraception. No study has examined these issues in women in correctional facilities in Canada. We aimed to describe the rates of unintended pregnancy and contraceptive use for incarcerated women in Ontario.

Methods: Women in a provincial correctional facility in Ontario completed a written survey in 2014. We calculated the prevalence of prior unintended pregnancy, prior therapeutic abortion, and contraception use. We calculated the unmet need for contraception, defined as the proportion of women who were not using reliable contraception among women who were sexually active and were not trying to conceive.

Results: Of 85 participants, 82% had been pregnant, and of these women, 77% had experienced an unintended pregnancy and 57% reported having undergone a therapeutic abortion. Regarding the most recent pregnancy, 72% of women scored their pregnancy intention as unplanned or ambivalent. Of women who were at risk for unintended pregnancy prior to incarceration, 80% were not using a reliable form of contraception.

Conclusion: Incarcerated women in Ontario have higher rates of unintended pregnancy and unmet need for contraception than does the general population. The provision of family planning services during and after incarceration may improve the health of individuals and reduce costs for society overall.

Résumé

Objectif : Des études réalisées aux États-Unis ont démontré que les femmes en établissement correctionnel ont un plus haut taux de grossesses non désirées, que leurs besoins non satisfaits en contraception sont plus élevés que ceux de la population en général

et que la prestation de services de planification familiale dans les établissements correctionnels pourrait améliorer leur accès à la contraception. Aucune étude ne s'était encore penchée sur ces questions au Canada. Notre objectif était de déterminer quels sont les taux de grossesses non désirées et d'utilisation de contraceptifs chez les femmes incarcérées en Ontario.

Méthodes : Les détenues d'un établissement correctionnel provincial de l'Ontario ont répondu à un sondage par écrit en 2014. Nous avons calculé la prévalence des grossesses antérieures non désirées, des avortements thérapeutiques antérieurs et de l'utilisation de contraceptifs. Nous avons également calculé les besoins non satisfaits en matière de contraception, que nous avons définis comme la proportion de femmes n'utilisant pas de méthode de contraception fiable parmi les femmes sexuellement actives qui ne cherchent pas à tomber enceintes.

Résultats : Quatre-vingt-deux pour cent des 85 participantes (soit 70 répondantes) avaient déjà été enceintes. De ces 70 femmes, 77 pour cent avaient eu une grossesse non désirée et 57 pour cent avaient subi un avortement thérapeutique. Concernant leur plus récente grossesse, 72 pour cent de ces femmes l'ont qualifiée de non planifiée ou se sont déclarées indécises quant au fait d'avoir un enfant. En outre, 80 pour cent des femmes qui étaient à risque d'une grossesse non désirée avant leur incarcération n'utilisaient pas de méthode de contraception fiable.

Conclusion : Les femmes incarcérées en Ontario ont un plus haut taux de grossesses non désirées et leurs besoins non satisfaits en contraception sont plus élevés que ceux de la population en général. La prestation de services de planification familiale à ces femmes pendant et après leur incarcération contribuerait à améliorer leur santé et à réduire les coûts pour la société dans son ensemble.

Copyright © 2016 The Society of Obstetricians and Gynaecologists of Canada/La Société des obstétriciens et gynécologues du Canada. Published by Elsevier Inc. All rights reserved.

J Obstet Gynaecol Can 2016;38(9):820–826

Key Words: Contraception, vulnerable populations, prisons, prisoners, pregnancy

Competing Interests: None declared.

Accepted on March 23, 2016

Revised on January 6, 2016

<http://dx.doi.org/10.1016/j.jogc.2016.03.011>

INTRODUCTION

In North America, 42% to 51% of pregnancies are unintended,¹ and in the United States, 40% of women aged 15 to 44 years have experienced at least one unintended pregnancy.^{2,3} In Canada, there are no recent national

estimates of the prevalence of unintended pregnancy,⁴ but one study reported that 39% of pregnancies in 1985 were unintended.⁵ Unintended pregnancy is associated with a significant burden, including increased maternal morbidity, adverse perinatal and child health outcomes, and excess medical costs.^{6–8} Contraceptive services are an effective means to reduce unintended pregnancy and its associated costs.^{9–11}

Previous research from Rhode Island has shown that incarcerated women are disproportionately affected by unintended pregnancy, are underserved with respect to family planning services, and would benefit from counselling and appropriate initiation of contraception prior to release from custody.^{12–17} A 2006 survey found that 84% of incarcerated women reported having experienced an unplanned pregnancy and 72% of incarcerated women at risk for unintended pregnancy were not using reliable contraception.¹² These rates are much higher than those for the general population, in which 40% of women had experienced an unintended pregnancy and 35% of at-risk women were not using reliable contraception.^{2,10,12} Another survey identified that the majority of women leaving jail did not want to become pregnant and were interested in starting contraception, but only one third reported having used a contraceptive method before incarceration.¹³ A chart review found that the majority of women who entered jail pregnant had been recently incarcerated, suggesting that the provision of contraception in correctional facilities might reduce the number of women who enter jail pregnant.¹⁵ Finally, a comparison study revealed that women who had access to contraceptive services during incarceration were more likely to initiate and continue contraception use after release from custody compared with those who had access to contraception only after release.¹⁴ In this context, the American Public Health Association, the American College of Obstetricians and Gynecologists, and the World Health Organization have recommended the provision of contraceptive services for women in custody.^{18,19}

In Canada, provincial and territorial governments are responsible for persons who are admitted to custody prior to sentencing and those sentenced to less than two years, whereas the federal government is responsible for persons who are sentenced to two years or more.²⁰ In 2011–2012 there were 251 629 admissions to provincial or territorial custody, representing over 95% of all admissions to custody in Canada.¹⁹ Of these admissions, 89% were persons under 50 years of age and 13% were female.²¹

There are no Canadian studies on unintended pregnancy or contraception use among women in correctional facilities.

Perhaps associated with this lack of data, there are no national or provincial policies regarding the provision of contraceptive services in Canadian correctional facilities, and anecdotal evidence suggests that the initiation of contraception is uncommon in this context. In this study we aimed to identify the prevalence of unintended pregnancy and contraception use among women in a provincial correctional facility in Ontario.

METHODS

Between August and November 2014, we conducted a cross-sectional written survey of women at the Vanier Centre for Women. Vanier is the only dedicated provincial correctional facility for women in Ontario and houses women who are admitted into custody in Toronto and surrounding areas and most sentenced women from throughout Ontario (personal communication, Ms. Penny MacLean, BA, Vanier Centre for Women, via email correspondence, September 17, 2015). At the start of the study, there were 252 women in custody in the correctional facility (personal communication, Kathy Underhill, Ministry of Community Safety and Correctional Services, via email correspondence, March 2, 2016). Women were eligible to participate in the study if they were 18 to 49 years old and were able to read and write in English.

Our primary outcomes were prevalence of prior unintended pregnancy and unmet need for contraception. Prevalence of prior unintended pregnancy was defined as the proportion of participants who indicated that they had ever experienced a pregnancy that was not wanted, not planned, or was mistimed. Pregnancy intention of the most recent pregnancy was calculated using the London Measure of Unintended Pregnancy,²² a questionnaire that has been validated with diverse populations in the United Kingdom and the United States to assess intention of the most recent pregnancy.²³ Prevalence of unmet need for contraception was defined as the proportion of women who reported being sexually active with a male partner, were not trying to get pregnant, and were not using reliable contraception during the three months prior to incarceration.²⁴ We defined reliable contraception as consistent hormonal contraceptive use, consistent barrier contraception use, use of an IUD, or tubal ligation.

We calculated a sample size a priori of 88 participants based on the proportion of women with an unmet need for contraception among the general Canadian population (reported as 35% in a recent publication²⁵), a two-tailed alpha of 0.05, and a margin of error of 10%.²⁶ A study in the United States reported prior unintended pregnancy

Download English Version:

<https://daneshyari.com/en/article/3963052>

Download Persian Version:

<https://daneshyari.com/article/3963052>

[Daneshyari.com](https://daneshyari.com)