Incarcerated Women and Reproductive Health: A Survey of Contraception Services in Correctional Health Facilities

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3.2 million women arrested annually

Median age 32

Relevance of reproductive health care

Greenfeld L, Snell T. Women Offenders. US DOJ 1999:1-14.

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Unique public health opportunity

 Population w/ limited health care access
 Pre-release health care

Minimal attention to gender-specific health needs

National Commission on Correctional Health Care (NCCHC)

– Some guidelines, few requirements

– Prenatal care vs. contraception

27% of sexually active women using contraception upon incarceration<sup>1</sup>

67% likely to be sexually active upon release<sup>1</sup>

Women more likely to initiate contraception if accessible in facility (OR=14.6)<sup>2</sup>

> 1)Clarke JG, et al Am J Public Health 2006;96(5):834-9 2)Clarke JG, et al Am J Public Health 2006;96(5):840-5

## Objective

To describe current contraceptive services provided to female inmates in the US

*Hypothesis: Contraception services are not fully addressed in correctional facilities* 

### Methods

Cross-sectional survey
Correctional health providers
Self-administered
Written
Mailed

# Survey design

#### 29 questions

- Demographics
- Screening practices
- Birth control methods (BCM)
- Abortion
- Open-ended (3)
- Pretesting:
  - Piloted to 10 physicians & 5 nurses in correctional health

# Sampling

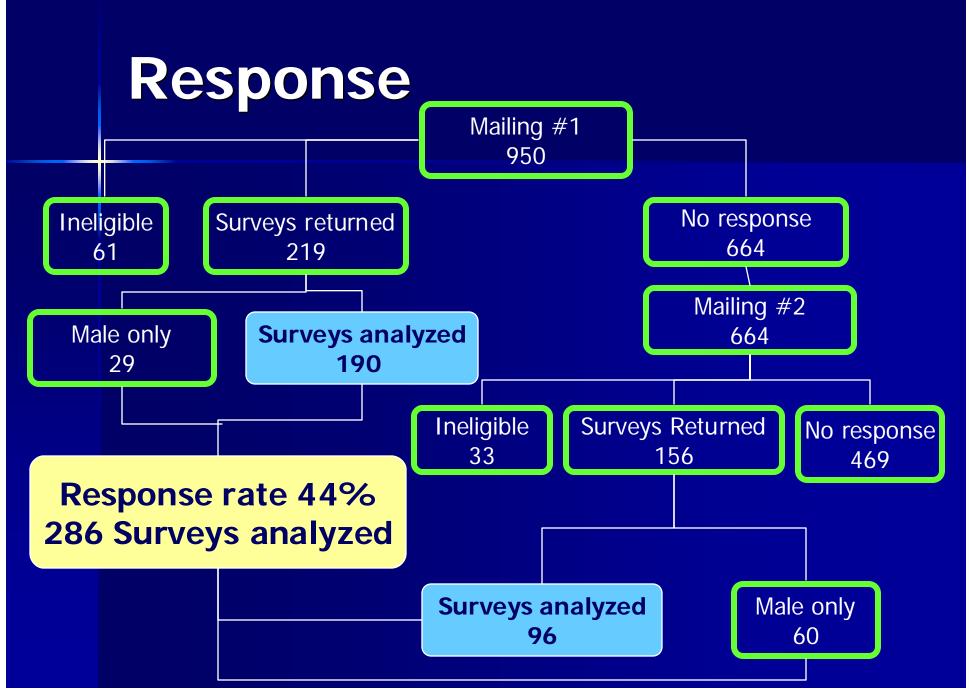
 Inclusion:
 Members of Academy of Correctional Health Providers (ACHP)

Exclusion:

Dentists, detention officers and wardens, pharmacists, attorneys, administrators

# Data analysis

Descriptive statistics
Chi-squared test
Multivariate logistic regression
Qualitative extraction of key themes



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# Demographics

Age		45 (29-75)	Type of facility	
Gen	der		Jail	64%
F	emale	73%	State	22%
N	<b>Nale</b>	27%	Federal	1%
Race	/Ethnicity		Juvenile	9%
F	AA	8%	Time in practice	
V	White	85%	5-10 yrs	19%
ŀ	lispanic	5%	>10 yrs	65%
Trai	ning		<b>,</b>	
F	RN	57%	Certified Corr.	
Ν	ND/DO	22%	health (CH)	68%
Γ	NP	11%		

#### **BCM assessment**

71% ask about BCM at some point

 44% at intake only
 1% release only
 8% intake and release
 20% some other time

#### 55% do not allow inmates to continue BCM

# **BCM counseling**

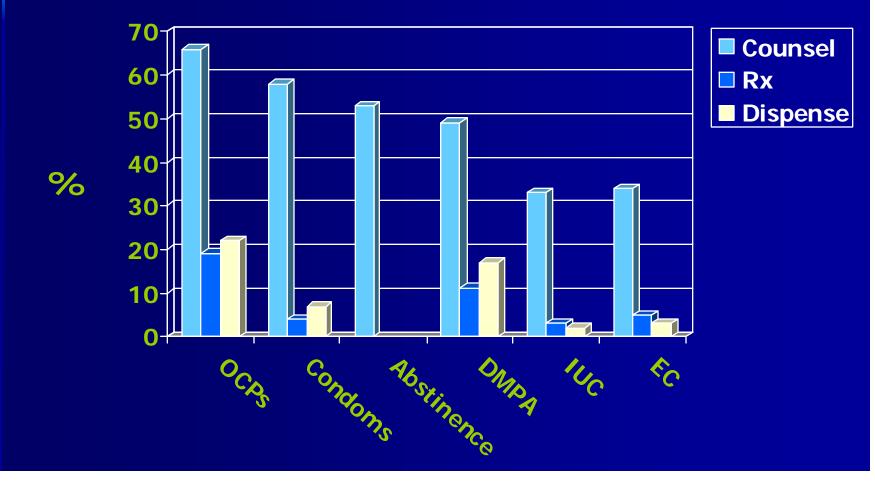
Formal policy on contraception counseling = 30%

Provision of counseling = 70%

- 19% on intake
- 11% immediately prior to release
- 40% upon request only

## Methods of contraception

#### 38% provide BCM



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### BCM Counseling & Provision Bivariate Analysis

	n	Counsel	p	n	Provide	p
		(%)			(%)	
Jail	179	64		177	31	
State Prison	60	82		60	52	
Fed prison	3	33	.001	2	0	► .007
Juvenile	25	96		24	63 🌙	
Female	204	73	.036	204	41	NS
Male	75	60		74	30	
Continue BCM	125	76	NS	124	57	<.001
BCM counseling				194	45	.001
Practice > 10vrs	181	71	NS	179	44	.039
Ab. Not allowed	88	61	.041	89	19	<.001
Democrat	113	76	– NS	112	53	<.001
Republican	69	67		69	26	

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#### BCM Counseling and Provision: Screening practices

Test	Screen & BCM Counsel (%)	No screen & BCM Counsel (%)	P	Screen & BCM Provided (%)	No Screen & BCM Provided (%)	P
GC	73	39	.001	40	22	NS
СТ	73	44	.003	40	24	NS
HIV	93	54	.052	39	19	.043
RPR	95	32	<.001	40	17	.016
Нер В	8 87	45	<.001	41	25	.026
Нер С	76	48	<.001	42	20	.003
Рар	77	33	<.001	45	15	<.001
PPD	71	40	.033	39	20	NS

# **Counseling BCM: multivariate analysis**

	OR	р	95% CI
Ask about BCM	1.8	.001	1.3-2.5
Desire BCM education materials	3.0	.013	1.3-7.3
Syphilis screening	16.5	.001	3.1-90

# Provision BCM: multivariate analysis

	OR	р	95% CI
Ask about BCM	1.1	.046	1.0-1.7
Allowed to continue BCM	5.4	<.001	2.7-10.6
Abortion allowed	2.6	.018	1.2-5.6
Pap screening	4.2	.017	1.3-13.4

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### **Text responses: themes**

Continue BCM for 'medical reasons' Perceive that women not interested Facilities not interested – Competing priorities Transient populations, high turnover Not enough time or staff Not enough money

## Limitations

Selection Bias

Convenience sampling
Non-responses

Self-reporting bias
Not trackable to facility to verify actual practices
Not powered to show SS differences

## Conclusions

- Contraception is addressed, but is inconsistently counseled and prescribed.
- Minimal counseling & provision occur prerelease.
- Providers who ask about BCM and screen for STIs are more likely to counsel incarcerated women on BCM.
- Providers who counsel women on BCM and who report that women can continue BCM or obtain an abortion are more likely to provide women w/ BCM.

### **Future Directions**

Inmates' perspectives

 Ethnography

 Program development
 Cost analysis

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# Extras...

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12B. If yes to question #12, under what circumstances does this counseling occur? (please check all that apply)

- During intake interview
- Upon request at any point in their incarceration
- Immediately prior to release
- Cone-on-one counseling sessions
- Group forums
- 2C. Do you or your facility provide women with information on any of the following methods in written and/or oral form? (please check all that apply)

	Written	Oral	None
Birth Control Pills	N	B	
Contraceptive Patch (Ortho Evra)		A	ā
Vaginal contraceptive ring (Nuva Ring)	8	M	ñ
Injectable methods (Depo Provera)	N	P	ñ
Intrauterine Device (Mirena or Paraguard)	B	8	ň
Tubal sterilization	R	N	ñ
Condoms	R	8	ä
Other barrier methods (eg diaphragm)	R		BOXY2 OT A
Abstinence	N	A	Ä
Emergency Contraception	0	8	ö

13. Do you provide women with the following forms of birth control, either in prescription form or dispensed as an actual method (eg pack of pills, shot of Depo Provera) prior to release? (please check all that apply)

	Prescription	Contraception	No
Birth Control Pills	B	P	α
Contraceptive Patch (Ortho Evra)	Ø	8	õ
Vaginal contraceptive ring (Nuva Ring)	0	aio 🗖deingr	0
Injectable methods (Depo Provera)	0	18, 01 Y 🗖 (201) B	0
Intrauterine Device (Mirena or Paraguard)	0	0	ā
Tubal sterilization		<b>O</b>	ā
Condoms	9	8	ā
Other barrier methods (eg diaphragm)		Q_	ō
Emergency Contraception		A ROTOM ST	ā

Description

-

 Rate your current ability in counseling women on the risks and benefits of v contraceptive methods:

Very Good	Good	Average
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	BI OID	3 🖸
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9	10 10	5 0
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ø	D	. 0
	Very Good 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a a

15. Where do your pregnant patients receive prenatal care?

	At correctional facility
	Outside facility
×	Both
- n	Me and a strate

No pregnant patients

16. Are women at your facility allowed to obtain an elective abortion if they req
□ No→SKIP TO QUESTION #17

Yes

16A. If yes to #16, do you provide a referral to an abortion provider or options c these patients (please check all that apply)?

No settle encoded by
Yes-refer to options counselor
Yes- give them a phone number for provider (e)
Parenthood)
Yes- help them arrange an appointment
Ves- other

16B. If yes to #16, do you provide transportation to an abortion facility for these No X Yes

Are you aware of any county, state or federal guidelines that prohibit or limi providing women with information on birth control?

A	No
	Yes

18. Are you aware of any county, state or federal guidelines that prohibit you fro women with information on abortion?

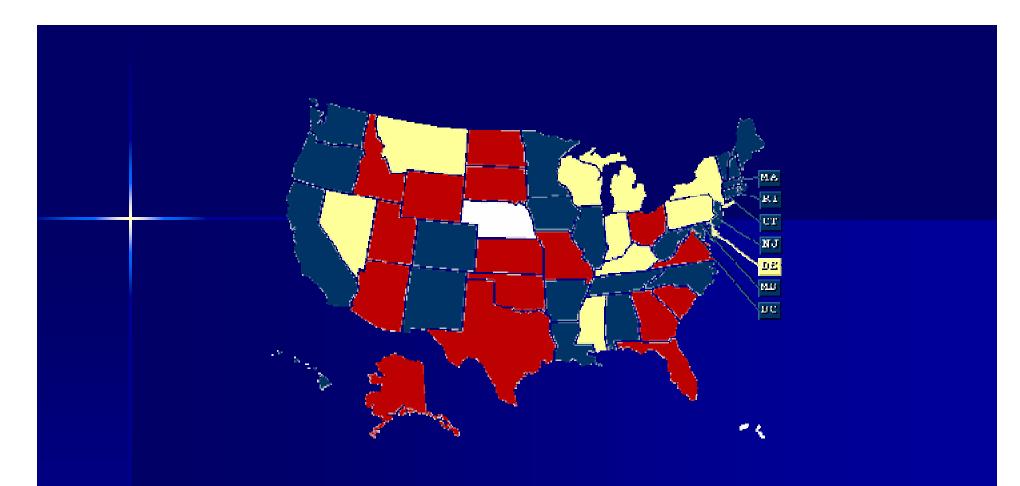
Yes

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# Abortion permitted: Bivariate

	n	Abortion <i>p</i>
		(%)
Jail	179	66
State Prison	59	73
Fed prison	2	50 <i>.853</i>
Juvenile	24	75
Female	202	69 .519
Male	74	62
Continue BCM	90	73 <i>.077</i>
BCM counseling	191	71 <i>.176</i>

NS: Years in practice, profession, certified in corr. Health



	n=88	n=116	n=69	р
Abortion allowed	4 <b>9</b> %	79%	72%	<.001
Arrange appt	40%	63%	50%	.040
Provide transport	79%	96%	87%	.010