



ISSUE

Incarcerated women in Canada are not provided sexually transmitted infections (STIs) and pregnancy screening upon intake, despite being a high-risk group.

PURPOSE

To reduce the STIs disease burden and provide appropriate pregnancy care for incarcerated individuals.

RECOMENDATION

- Health Canada and Corrections Service of Canada offer pregnancy tests and STIs screening when women are first admitted into federal correctional facilities.
- Health Canada provide guidelines for STIs screening in all (federal and provincial) correctional facilities.

RATIONALE

- Women in correctional facilities tend to have poor health compared with the general population (van den Bergh et al., 2011). They have unique needs that must be addressed to provide them with proper care and support.
 - The incarcerated female population represents one of the most high-risk groups for STIs (Spaulding et al., 2022 and Taylor et al., 2021).
 - This group of women has a high morbidity and an increased risk of adverse pregnancy outcomes (Knittel & Sufrin, 2020).
- There are currently no STI screening standards for correctional facilities in Canada (Government of Canada, 2023), while the U.S. Centers for Disease Control and Prevention (2021) does have guidelines.
- Failure to provide timely and adequate STI and pregnancy screens in correctional facilities leads to increase of the disease burden. In addition, the health care expenditures for the outcomes of failed early intervention in custody exponentially grow unless facilities take a preventative medicine approach to this vulnerable group.
- The available data indicates that current health care delivery in correctional facilities is lacking on antenatal care and challenges faced by pregnant women in prison effect generations ahead. Incarcerated women are left with no access to birth control options such as IUDs and no routine pregnancy screens. Antenatal care and STI screening programs in correctional facilities could modify pregnancy-related risks and diminish the burden of chronic diseases in the future and directly diminish health care budget expenditure.
- There is limited access to specialized female health clinics.
 - Women, like men, require access to timely and comprehensive healthcare services. However, female inmates often have unique healthcare needs, such as reproductive health care, prenatal and postnatal care, and menopausal support.
 - Correctional facilities should provide access to specialized medical professionals and appropriate facilities to cater to these specific needs. Ensuring regular health check-ups, access to contraception, treatment for sexually transmitted infections, and mental health services are all essential components of addressing the physical health needs of women in correctional facilities.

- The needs of women in correctional facilities are diverse and require a comprehensive approach that addresses their physical health, mental well-being, safety, education, and reintegration into society. By recognizing and responding to these needs, correctional facilities can help break the cycle of criminal behavior and guide female offenders toward a brighter future. Only through such initiatives can we truly foster rehabilitation, reduce recidivism rates, and promote a more just and equitable criminal justice system.

BACKGROUND

- The incarceration rate for federal programs in Canada is 39.96 per 100,000 adults and total population 12,394 in 2021/22 (Statistics Canada, 2023).
- In December 2021 there were 582 women incarcerated in federal programs (Major, 2021). 48% were Indigenous women.
- The Centers for Disease Control and Prevention (2021) guidelines recognizes addressing STI screening and treatment in correctional facilities is vital for addressing the overall STI impact among affected populations. It recommends:
 - chlamydia and gonorrhea screening for females less than 35-years-old and males less than 30 years at intake, offered as opt-out screening.
 - trichomonas screening for females less than 35-years-old at intake and offered as opt-out screening.
 - syphilis screening should be screened for based on prevalence of early syphilis in the location.
 - hepatitis b and c should be screened for all persons.
 - cervical cancer should be screened for in women and transgender men.
 - HIV infection should be screened for in all persons.

CONTACT

Edmonton Zone Medical Staff Association
12230 106 Ave NW, Edmonton, AB, T5N 3Z1
Bobbie Jo Hawkes, Manager
Bobbiejo.hawkes@albertadoctors.org
Phone: 780.408.9630 ext 5630

AUTHOR

Dr. Maryana Kravtzenyuk, MD

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