



## **Family Planning and Reproductive Needs of Incarcerated Women**

**Michelle Teasdale, MSN, APRN, FNP-C**

Reproductive healthcare for female inmates remains a controversial topic of increasing relevance in our carceral and public health systems. This marginalized population's gender-specific health care needs, including reproductive health and contraception, have been largely overlooked or seen as unnecessary expenditures. This issue is problematic for several reasons. Though the United States contains less than 5% of the world's population, it accounts for 20% of the world's incarcerated people. The female inmate population has increased from 26,378 in 1980 to 213,722 in 2016 (The Sentencing Project, 2019).

Unfortunately, the carceral system is often the only environment where women have access to reproductive care. This puts the corrections system in a unique position to address the reproductive care of this underserved population (Peart & Knittel, 2020). Studies and data are available to support inmates' desire to begin or continue contraception while incarcerated. For example, one study completed by Clarke et al., 2006 demonstrated that close to 80% of incarcerated women wish to initiate contraception while incarcerated. Additionally, it discovered that women were more likely to initiate contraception if it was provided while in jail. In addition to inmates wanting and needing access to reproductive health, evidence shows that a large percentage do not wish to become pregnant.

The degree of gender-specific care in jails also depends on the state and even the county in which inmates are incarcerated. In Utah, legislation was recently passed requiring previously prescribed contraception to be continued if the inmate wishes to do so. This new law is in the beginning stages, and data is unavailable to examine its benefit to the population. I think providing the continuation birth control is a step in the right direction but restrictive. As a provider, I do not believe it is reasonable to limit the type of family planning services offered. In my practice, I can prescribe birth control if it is medically indicated and not solely for pregnancy prevention. The right to have access and autonomy over one's reproductive health, should be available to all women regardless of incarceration status. This care is a medical necessity for women and benefits society as a whole.

Births from accidental pregnancies are linked with adult depression and inadequate parenting, subjecting the child to verbal or physical abuse. Direct costs associated with this problem are hospitalization, chronic health problems, mental health treatment, child welfare services, law enforcement, and judicial system expenses. Indirect costs include special education, juvenile delinquency, adult mental health, healthcare, lost productivity to society, and adult criminality. It is estimated that over 90 billion dollars are paid toward these expenses annually (2017). Offering reproductive services to incarcerated women is a small price to pay when faced with the alternative.

I have worked in corrections for over ten years as a Registered Nurse and now as an Advanced Practice Registered Nurse. An essential focus in my practice is providing the opportunity and resources for women to prevent unplanned pregnancies. I welcome any comments on how this controversial issue is handled in your state.