

Unprepared release: Women's experiences of contraception in New South Wales prisons

So Bi Kim

**Nurse Practitioner, Justice Health NSW
PhD candidate, University of Sydney**



**Justice Health and
Forensic Mental Health Network**



**THE UNIVERSITY OF
SYDNEY**

**Edith
Collins
Centre**

Translational Research
Alcohol • Drugs • Toxicology



Acknowledgement of Country

I would like to acknowledge the Gadigal people of the Eora nation, who are the traditional custodians of the land we meet on today. I pay my respects to Elders past, present.



THE UNIVERSITY OF
SYDNEY

Celebrating 175 years

Acknowledgement of Lived Experience

We honour the lived and living experience of our community members. By respecting your unique journeys, we are able to learn, grow, and work collaboratively to achieve better outcomes and foster a more inclusive environment.



THE UNIVERSITY OF
SYDNEY

Celebrating 175 years

Co-authors and acknowledgements

Project team

Carolyn Day, Bethany White, and Maja Lindegaard Moensted, University of Sydney

Katerina Lagios, Justice Health and Forensic Mental Health Network

Jillian Roberts, Hunter New England Local Health District

Protocol Steering Committee

Lachlan McPhail, Elizabeth A Sullivan, Wilson Lai, and Finbarr O'Neill, Justice Health and Forensic Mental Health Network

Michael Doyle, University of Sydney

Acknowledgements

The women who participated in the project

Edith Collins Centre/ DACRIN Professional Development Scholarship

Why Contraception Care Matters in Prison?

Unplanned pregnancy

- 53% of pregnant women had pregnancy identified upon entering NSW prisons (*Kim et al 2023, IJDP*)
- 88% pregnancies were unplanned among pregnant women in NSW prisons

The negative consequences of an unplanned pregnancy

- Limited or delayed access to antenatal care and postnatal care, increasing the risk of pregnancy complications for both mother and child (*Ramirez et al 2020, JAMA Network Open*)
- Emotional and psychological distress due to isolation and uncertainty over child custody (*Sapkota, et al., 2022, Health & Justice*)

Rationale

- Access to contraception in prison is an efficient strategy for preventing unplanned pregnancies upon release *(Peart and Knittel 2020, Contraception and Reproductive Medicine)*
- Justice Health policy mandates contraception information and access at assessment, whenever appropriate
- Yet, contraception seems underused during imprisonment, and women's lived experiences of contraception use in NSW prisons are still unknown

Aim:

- To explore the underlying factors influencing contraception uptake among women while in NSW prisons

Methods

Setting and population

- In-depth interviews with incarcerated women (current or previously pregnant) in two of three women's correctional centres in NSW, Australia, in 2022

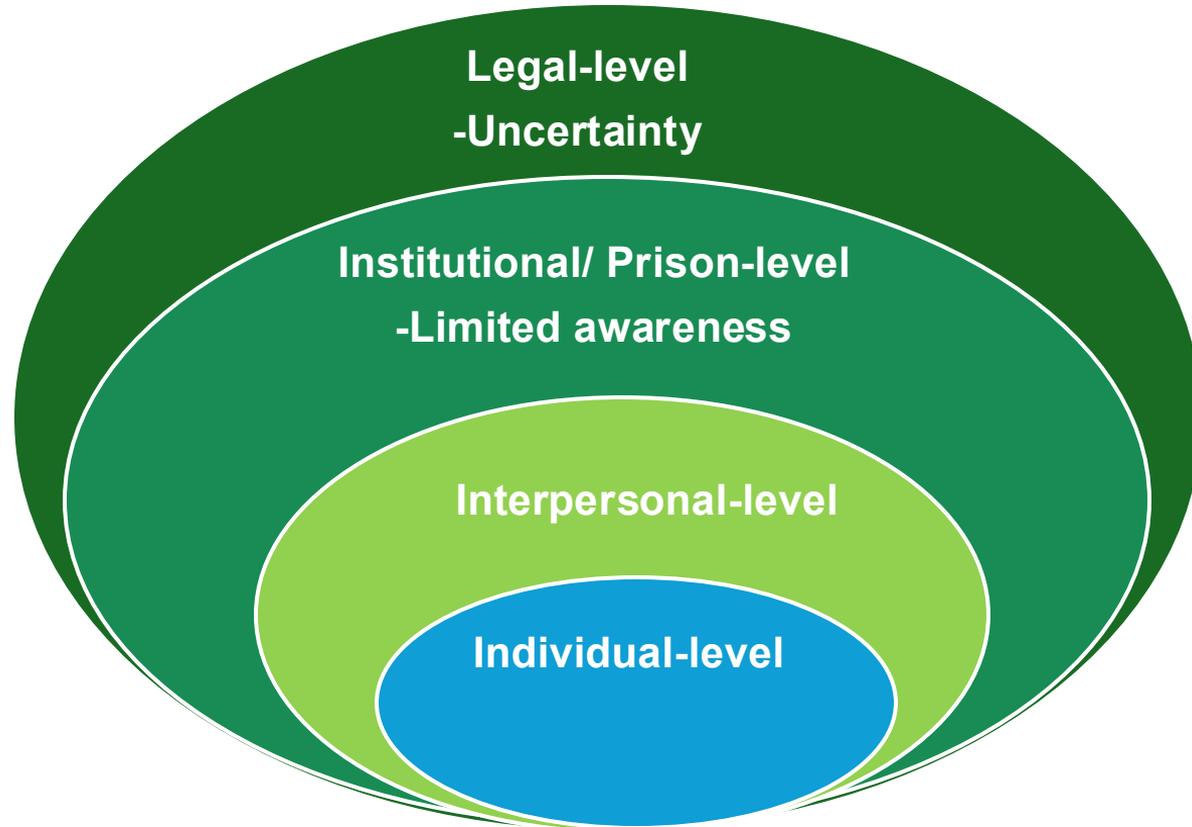
Data collection and analysis

- Thematic analysis using NVivo 12
- Framework: Socio-Ecological Model
- \$30 reimbursed into their prison account

Ethics

- Justice Health & Forensic Mental Health Network
- Corrective Services NSW
- Aboriginal Health and Medical Research Council of NSW

Key Findings- Influencing Factors



Key Findings: Institutional-level

Factors limiting contraception uptake during imprisonment

- *Limited awareness*

- *“ No, it’s not very advertised in here. No one tells you. I can tell other girls [peers].” (Vera, age 42, with 8 children, 1 termination, and 1 miscarriage)*
- *“I’ve heard through the girls that [contraception service] yeah, [but] I didn’t know that it was true. But you know it was great to find out that what I heard was true.” (Cindy, age 23, recently miscarried upon arrival at prison)*

Key Findings: Legal-level

Factors limiting contraception uptake during imprisonment

- *Uncertainty about prison stay*

- *“After I had the procedure [termination], they did ask me if I wanted to do anything. And I said, I have not been sentenced yet. So, I’m not sure how long I am going to be in custody or anything. [...] There’s no point really, because I’m in custody. When I get sentenced and it gets closer to my release date, I’ll [consider it].” (Dee, 31 years old, first time in custody, with 3 children and 2 terminations)*

Implications and Conclusions



Integrate contraception care into routine assessments and pre-release care pathways

Re-evaluation of clinical practices and improve continuity of contraception care beyond prison walls

Questions?



What are your thoughts?

So.kim1@health.nsw.gov.au



THE UNIVERSITY OF
SYDNEY

