

Original Research Article

Distance between institutions of incarceration and procedural abortion facilities in Canada^{☆,☆☆}Martha Paynter PhD^{a,*}, Clare Heggie^b^a Faculty of Nursing, University of New Brunswick, Fredericton, NB, Canada^b IWK Health, Halifax, NS, Canada

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ABSTRACT

Objectives: People incarcerated in facilities for women and girls face barriers to accessing abortion, including unclear legislation, operational procedures, and distance. While medication abortion could mitigate distance barriers, prison is not a hospitable environment for medication abortion. Considering this limitation, this paper aimed to identify the distance from institutions of incarceration designated for women and girls to procedural abortion facilities in Canada.

Study design: This study builds on an inventory of the 67 institutions of incarceration designated for women and girls across 13 provinces and territories in Canada, previously created by the authors. Procedural abortion facilities were identified using publicly available directories. Distances were calculated using Google Maps. The closest procedural abortion facility was identified for each institution, as well as the gestational age limit of each facility.

Results: Of the 67 institutions, 23 (34%) were located 0 to 10 km from a procedural abortion facility. Fourteen (21%) were located 10.1 to 20 km away. Ten (15%) were located 20.1 to 100 km away. Eleven were located 100.1 to 300 km away (16%). The remaining 9 (13%) were located between 300.1 and 738 km away. Distances ranged from 0.1 to 738 km. The greatest distances were among institutions in northern Canada.

Conclusions: This paper identified a large range of distances between institutions of incarceration and procedural abortion facilities in Canada. Physical distance is only one measure of accessibility of abortion services. For incarcerated people, contextual factors including carceral policies and procedures present barriers to care, with significant impact on health equity.

Implications: Distance between carceral institutions and procedural abortion facilities reduces equitable access to reproductive health services for incarcerated populations. Pregnant people should be protected from imprisonment to ensure reproductive autonomy.

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1. Introduction

People incarcerated in facilities for women are the fastest-growing population in Canadian prisons, with admissions to facilities for women more than tripling between 1990/91 and 2019/20 [1]. Similarly, in the US the rate of admission to facilities for women has greatly increased over the past 40 years [2]. This rapid growth heightens the need for reproductive health services for people in prison. Abortion is completely decriminalized in Canada, and both medication (pill) and procedural (surgical) abortion are publicly funded. Despite this, barriers to abortion persist, including informational barriers, indirect costs, exclusion of noncitizens, and burdensome travel to care [3].

These barriers may be particularly acute for people experiencing incarceration, as prisons are frequently located outside of large urban

centers, while a 2012 study found that in most provinces, procedural abortion facilities are concentrated in large urban centers [4–6].

Differences in travel distance to abortion may result in inequities among people reliant on state support for access to health care.

There is little research attention to the reproductive health of people in prison in Canada. Pregnancy rates and outcomes in Canadian prisons for women are not routinely collected or published and no data about abortion rates among incarcerated people are available. Please note prisons in Canada are designated along a gender binary as “for men” or “for women” by departments of justice, and trans and nonbinary people are incarcerated in both but there are no available statistics about their health. A study in an Ontario, Canada provincial jail designated for women found an estimated 82% of surveyed participants had ever been pregnant, 57% had experienced abortion in their lifetimes, and 77% currently had unmet contraceptive needs: these rates far exceed norms

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in Canada [7]. A recent international scoping review of abortion and contraception access for incarcerated people found evidence that contraceptive use is lower in the months prior to incarceration and incarcerated people are more likely to use lower-efficacy methods such as condoms. The review further found seeking contraceptive and abortion care in prison presents threats to privacy and exposure to judgment and coercion [8].

Self-referral for abortion is available in every province and territory in Canada, improving timeliness and protection of privacy. But self-referral is not available to incarcerated people, who are limited to dialing phone numbers only after they are vetted by prison administration. Phone calls are recorded and never private. Requests to access health care are made through institutional officers, who cannot appropriately triage these requests.

Health services in both federal and provincial institutions are funded by the government, however, how they are provided can differ. In federal institutions, health care providers and institutional officers are both employed by the Correctional Services Canada. In the provincial institutions, usually health care providers are employed by a health authority, while officers are employed by departments of justice.

Although medication abortion (mifepristone) was approved by Health Canada in 2015, is prescribed by primary care providers, and has met widespread, rapid uptake, it is arguably not appropriate for the prison environment. Prisoners lack access to over-the-counter pain medication, menstrual hygiene products, and showers [9–11]. They are under constant surveillance, experience isolation, and have limited access to a telephone or even emergency care in the event of complications such as hemorrhage.

Considering the limitations of medication abortion for incarcerated people, as well as the methodological challenges of locating medication abortion providers in a context of primary care availability in Canada, we sought to identify the physical distance from institutions of incarceration designated for women and girls to facilities (both hospitals and clinics) offering procedural abortion. While institutional policies and procedures, stigma, misinformation, staff availability, and other factors may present barriers to abortion access for incarcerated people, this paper focuses on travel distance.

2. Methods

2.1. Theoretical framework

This study uses a theoretical framework of abolition feminism [12]. Abolition feminism recognizes prisons amplify harms, through exacerbating health disparities faced by people who experience incarceration, increasing exposure to violence, injury, and risk of death, and causing intergenerational trauma through family separation. Abolition feminism considers how incarceration may disproportionately harm women, trans and nonbinary people. Rather than urge increases in investment in prisons to address social and health harms of the institutions, abolition feminism urges alternative approaches, including decriminalization, community investments, and social changes to enhance equity.

2.2. Data collection

This study builds on an inventory of the 67 institutions of incarceration designated for women and girls across the 13 provinces and territories in Canada, created by the authors in 2020 [4]. We created the inventory through a systematic environmental scan including website review and contacting every department of justice in the country. The purpose of building that inventory was to enable us to measure the distance from these institutions to maternity care hospitals. The inventory includes remand, where people are held in custody before trial, conviction or sentencing; immigration detention, where people seeking asy-

lum in Canada are held in custody until their applications for residency are processed; regional psychiatric (federal) prisons, where people with severe mental illness are held; youth centers, for children under the age of 18 who are remanded or sentenced; provincial institutions, for remand or sentences of up to 2 years less a day, and federal institutions, for sentences of 2 years or more.

The inventory does not include police lock-up facilities or involuntary mental health units in hospitals. In some places, such as New Brunswick, the youth institution and women’s institution are on the same campus; these are counted as two separate institutions. Ontario, the largest province in the country, has the most institutions, at 15.

We identified procedural abortion facilities across Canada using publicly available directory resources from the Abortion Rights Coalition of Canada, Wellness Within: An Organization for Health and Justice, and the Bottin des ressources en avortement au Quebec 2020 [13–15]. This is similar in number to the 94 facilities (medication and procedural) identified by Norman et al. [6].

After collating these resources into one inventory of procedural abortion facilities, we consulted with national experts in patient navigation of abortion care at National Abortion Federation Canada and Action Canada for Sexual and Reproductive Health and Rights. These experts validated the comprehensiveness of the list.

2.3. Analysis

We calculated the distances from each of the institutions of incarceration to all procedural abortion facilities (hospitals and free-standing clinics) using Google Maps. Outcomes measured included:

1. Closest procedural abortion facility for each institution, by type of institution. Please see Table 1.
2. Institutions in closest proximity to abortion services for each province and territory, which was farthest, and median distances for each province and territory.
3. Gestational age limits of each facility, where available. In Canada, these limits are determined by provider preference, training, and facility infrastructure, not by law.

Table 1
Distribution of correctional institutions, procedural abortion facilities, and distances in Canada (2023)

Province or territory	# of procedural abortion facilities	# of correctional institutions (all types)	Closest distance from correctional institution to abortion facility (km)	Farthest distance from correctional institution to closest abortion facility (km)	Max gestational age for care available in province
Newfoundland and Labrador	2	3	3.3	190	16
Prince Edward Island	1	2	3.4	56	14
Nova Scotia	4	4	1.5	319	16
New Brunswick	4	2	86	86	14
Quebec	49	6	2.1	11.6	24
Ontario	14	15	4.1	701	24+
Manitoba	3	5	0.7	536	20
Saskatchewan	2	4	6.2	381	19
Alberta	4	10	2.8	519	20+
British Columbia	7	7	10.2	679	24+
Yukon	1	2	0.1	4.1	15
Northwest Territories	1	2	1.4	738	20
Nunavut	1	2	2.3	2.3	13

4. Other relevant factors, such as if a referral was required by the facility, or if they applied any private fees.

To illustrate the findings, we enlisted the support of a geospatial specialist to create a Google Map identifying the institutions of incarceration (including federal, provincial, youth, psychiatric, and immigration) and the procedural abortion facilities (hospitals and free-standing clinics). Please see [Figure 1](#).

3. Results

We identified 92 procedural abortion facilities including 49 in Quebec. There are more procedural abortion providers in Quebec than any other province, including 12 in the city of Montreal alone. There is also a concentration of procedural abortion facilities in the cities of Toronto and Vancouver, with six and three each, respectively. Of the 13 provinces and territories in Canada, six have only one or two procedural abortion facilities (Newfoundland and Labrador, Prince Edward Island, Saskatchewan, Yukon, Northwest Territories, and Nunavut).

Of the 67 institutions of incarceration, 23 (34%) were located 0 to 10 km from a procedural abortion facility. Fourteen (21%) were located 10.1 to 20 km away. Ten (15%) were located 20.1 to 100 km away. Eleven were located 100.1 to 300 km away (16%) And the remaining nine (13%) were located between 300.1 and 738 km away. In some cases, the closest facility was in a different province.

Among the seven federal institutions, where sentences are for 2 years or more, the distance varied from 1.5 to 381 km. There is only one federal facility in all of the Atlantic Region and none in the territories or Manitoba. The median distance from a federal institution to a procedural abortion facility was 67.5 km.

Among the three immigration detention institutions, the distance varied from 7.7 to 13.2 km. The median distance was 10.4 km. The two

regional psychiatric institutions were both approximately 6 km from a procedural abortion provider. Among the 43 provincial institutions, the distance varied from 0.7 to 738 km. The median distance was 136.2 km. Among 13 youth institutions, the distance varied from 0.1 to 678 km. The median distance was 78.8 km. We observed the longest distances to care for people incarcerated in the northern parts of British Columbia, Alberta, Manitoba, Ontario, and Nova Scotia, with distances ranging from 319 to 678 km. Gestational age capacities in procedural abortion facilities varied from 12 to over 24 weeks.

Although one abortion facility may be geographically closest to an institution, it may have other barriers—such as user fees, which an institution of incarceration may not wish to pay, lower gestational ages, or referral requirements—that make it less convenient than another facility. For example, the Everywoman's Health Centre in Vancouver is the closest clinic to the Alouette Correctional Centre for Women (a BC provincial jail), but it has a gestational age limit of 13 weeks, while the CARE program at BC Women's Hospital, just a bit further away and also in Vancouver, has a limit of 24 weeks or beyond. While the Fort Saskatchewan Correctional Centre, an Alberta provincial jail, is closest to the Royal Alexandra Hospital procedural abortion facility in Edmonton, that hospital requires a referral, and the slightly-further-away Women's Health Clinic of Edmonton does not. The Toronto Immigration Holding Centre is closest to the Toronto Women's Care Clinic, but this clinic does charge user fees, and there are four other clinics in Toronto that do not. Remarkably, the small northern city of Sault Saint Marie, Ontario, has procedural services at the Sault Area Hospital, just 1.2 km from the Algoma Treatment and Remand Centre. However, those abortion services are only offered 1 day per month.

The distribution of institutions of incarceration, procedural abortion facilities, and distances between them is summarized in [Table 1](#); and the inventory of institutions of incarceration and identity of the nearest

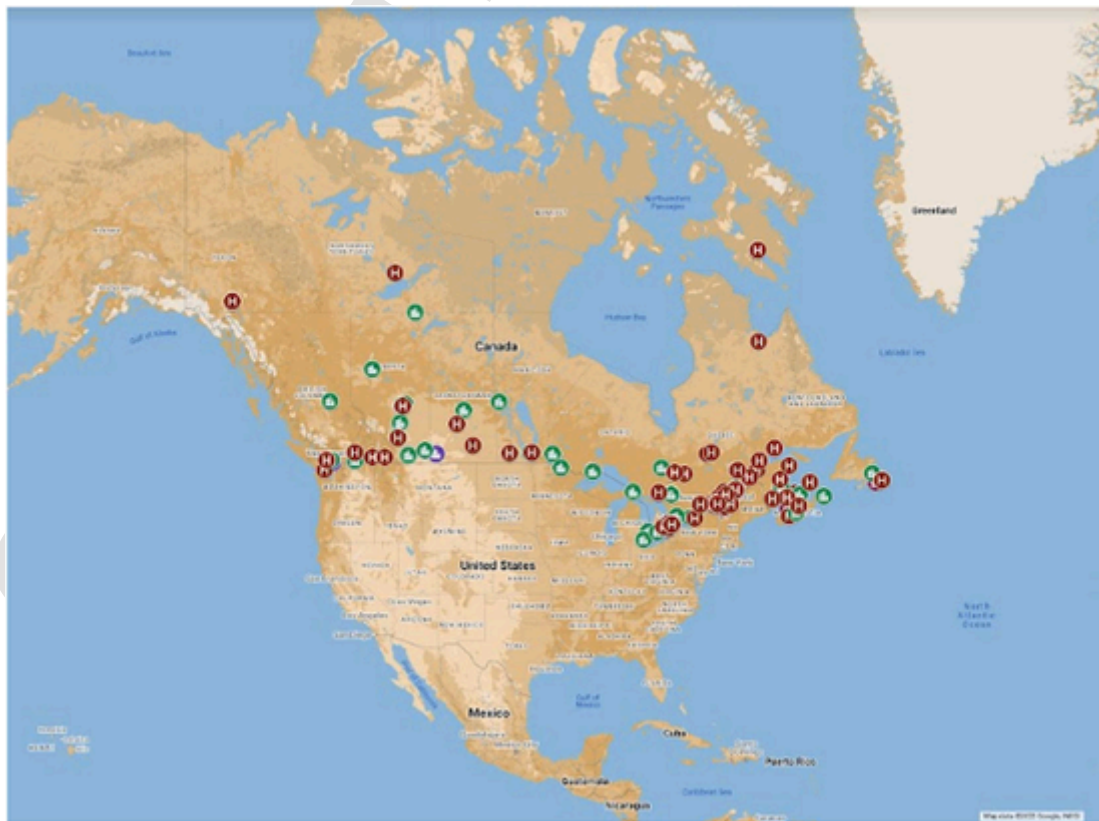


Fig. 1. Map of Procedural Abortion Facilities and Carceral Institutions in Canada. Interactive map: https://www.google.com/maps/d/u/0/viewer?mid=1K6z5wMhqU8tZ4GX1ht_IdZffhicGv38&ll=54.38643012704611%2C-93.89393319999999&z=3.

procedural abortion facility (hospital or free-standing clinic) is provided in [Appendix 1](#).

4. Discussion

This exploratory study demonstrates the distance between institutions of incarceration designated for women and girls and procedural abortion facilities ranges from less than 1 km to over 738 km. A US study estimated the distance from abortion clinics to institutions of incarceration varied from 2.2 to 383 miles, or 3.5 to 616 km [16]. Although Canada has vastly fewer institutions of incarceration and is a physically larger country, our results are not much different. Such vast differences in access present threats to equity in care [17].

For some institutions, the closest procedural abortion care facility was in another province or territory. As health services for people in provincial jail are funded by the province, crossing a provincial border may introduce issues with inter-provincial reciprocal billing [18]. Although some procedural abortion facilities (hospitals and free-standing clinics) offer later gestational-age care, these procedures take place over multiple days. For incarcerated patients, this may mean multiple trips back and forth, including multiple experiences of strip-searching and multiple opportunities for institutional staff shortages or other transportation issues to interfere with receiving care.

In comparison to our earlier analysis of distance to maternity services to give birth for people in prisons, on average the distances are greater to access procedural abortion [4]. This may affect the options available to incarcerated people. The Canadian Corrections and Conditional Release Act and provincial/territorial legislation governing corrections affirms prisoners' rights to essential health care [18]. None of this legislation mentions abortion. The absence of clear language supporting abortion access may result in barriers to care. We have located one provincial policy affirming access to care if an incarcerated person indicates a desire for abortion. The Alberta Correctional Services Health Services Obstetrical Services policy #20.00.14 states, "The center physician shall ensure medical services, counseling, and assistance is provided to an offender desiring an abortion. This may include a description of abortion alternatives and facilities" [19]. Language-centering physicians exclude the important role nurse practitioners play in referrals for procedures and in prescription of medication abortion [20].

Medication abortion could theoretically resolve travel access barriers. Available through primary care providers (family physicians, nurse practitioners, and midwives), it has much higher geographic availability than procedural care [21]. Further, telemedicine and low-touch approaches introduced in response to COVID-19 pandemic protections further improved access [22]. Avoiding external appointments for blood work and ultrasound would benefit people in prisons. Travel to an external facility relies on staff availability for escort, yet most institutions have reported high levels of staff vacancies since even before the pandemic [23]. Prisoners may be strip searched before and after appointments; be required to appear in shackles and conspicuous prison uniforms; and experience clinical interventions while under the surveillance of multiple officers. For those who travel long distances, or out of province, the arrangements become much more complex and daunting. However, the problems with medication abortion in prison settings, such as lack of access to emergency care, violations of privacy, isolation, and hygiene concerns present serious impediments to ethical, safe care.

This study has several limitations. There is no data available in Canada regarding the number of abortion procedures experienced by incarcerated people. We have excluded providers of medication abortion, under the assumption that medical abortion is made problematic by the constraints of the prison context, and because medication abortion is prescribed through primary care in Canada and as such is potentially available through thousands of family practice offices. The inven-

tory of institutions of incarceration was created in 2020, and there may have been new prisons built or older prisons closed in the intervening 2 years. Although we made efforts to validate our inventory of procedural abortion facilities (including hospitals and free-standing clinics) through in-depth consultation with Action Canada for Sexual Health and Rights, the National Abortion Federation Canada, and Abortion Rights Coalition of Canada, we may be inadvertently missing some facilities and/or relevant information about facilities. Further, LGTBQ+ people are over-represented in prisons, and yet no research to date has examined the abortion access experiences of trans and nonbinary people in prisons.

Given the challenges of accessing procedural abortion, including distance and institutional contextual factors such as escort policies and personal search protocols, there may be a temptation to call for improved access to medication abortion for people in prisons. However, conditions in prisons in Canada worsened during the COVID-19 pandemic, and there is no reason to believe conditions for medication abortion experience would be a priority area for improvement. It is also ethically problematic to call for increased use of medication abortion in prison when the dangers of spontaneous abortion (miscarriage) in prison have been demonstrated in recent news media [24].

Abolition feminism recognizes how prisons harm health; the inequitable access to abortion care for people in prison is but one example. Abolition feminism critiques the notion that the solutions to the harms of prisons lie in investing more in them, as these investments entrench and normalize incarceration. Abolition feminism instead calls for explorations of and investments in alternatives to incarceration [25]. Rather than attempt to sanitize medication abortion for prison settings, or arguing for building prisons closer to procedural abortion facilities, pregnant people should be protected from incarceration to ensure their reproductive autonomy. Providers of abortion care, champions for reproductive autonomy, require support to provide safe and ethical care for incarcerated patients. Future research can examine practices and procedures for abortion care for incarcerated people and offer recommendations for approaches that best support patient rights in the prison context.

Despite the complete decriminalization of abortion in Canada, barriers to care remain, including indirect private costs and travel distances. Physical distance to procedural abortion care from institutions of incarceration across Canada varies from less than 0.1 km to over 700 km. The greatest distances are for those people incarcerated in northern BC, the northern parts of the prairie provinces, and northern Ontario. Physical distance is but one measure of accessibility of abortion services in Canada. For incarcerated people, contextual factors including carceral policies and procedures present barriers to care, with significant impact on health equity.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.contraception.2023.110079](https://doi.org/10.1016/j.contraception.2023.110079).

References

- [1] Office of the Correctional Investigator. 2020–2021 Annual Report of the Office of the Correctional Investigator; 2022. (<https://www.oci-bec.gc.ca/cnt/comm/presentations/presentationsAR-RA2021info-eng.aspx>) (accessed January 10, 2023).
- [2] Sawyer W. The gender divide: tracking women's state prison growth. Prison Policy Initiative; 2018. (https://www.prisonpolicy.org/reports/women_overtime.html) (accessed January 10, 2023).

- [3] Shaw D, Norman W.V. When there are no abortion laws: a case study of Canada. *Best Pract Res Clin Obstet Gynaecol* 2020;62:49–62. <https://doi.org/10.1016/j.bpobgyn.2019.05.010>.
- [4] Paynter M.J, Bagg M.L, Heggie C. Invisible women: correctional facilities for women across Canada and proximity to maternity services. *Int J Prison Health* 2021;17:69–86. <https://doi.org/10.1108/IJPH-06-2020-0039>.
- [5] Sufrin C, Jones R.K, Beal L, Mosher W.D, Bell S. Abortion access for incarcerated people: incidence of abortion and policies at U.S. prisons and jails. *Obstet Gynecol* 2021;138:330–7. <https://doi.org/10.1097/AOG.0000000000004497>.
- [6] Norman W.V, Guilbert E.R, Okpaleke C, Hayden A.S, Steven Lichtenberg E, Paul M, et al. Abortion health services in Canada: results of a 2012 national survey. *Can Fam Physician* 2016;62:e209–17.
- [7] Liauw J, Foran J, Dineley B, Costescu D, Kouyoumdjian F.G. The unmet contraceptive need of incarcerated women in Ontario. *J Obstet Gynaecol Can* 2016;38:820–6. <https://doi.org/10.1016/j.jogc.2016.03.011>.
- [8] Paynter M, Pinzón Hernández P, Heggie C, McKibbin S, Munro S. Abortion and contraception for incarcerated people: a scoping review. *PLoS One* 2023;18:e0281481. <https://doi.org/10.1371/journal.pone.0281481>.
- [9] Schummers L, Darling E.K, Dunn S, McGrail K, Gayowsky A, Law M.R, et al. Abortion safety and use with normally prescribed Mifepristone in Canada. *N Engl J Med* 2022;386:57–67. <https://doi.org/10.1056/NEJMsa2109779>.
- [10] Senate of Canada. Life on the inside: human rights in Canada's prisons; 2017. (<https://sencanada.ca/en/senclapplus/news/life-on-the-inside-human-rights-in-canadas-prisons/>) (accessed November 14, 2022).
- [11] Andalo D. Prisoners hospitalised because of lack of access to medicines, MPs find; 2018. (<https://pharmaceutical-journal.com/article/news/prisoners-hospitalised-because-of-lack-of-access-to-medicines-mps-find>) (accessed November 14, 2022).
- [12] Davis A., Dent G., Meiners E.R., Richie B.E. *Abolition. Feminism. Now.* Chicago: Haymarket; 2022.
- [13] Abortion Rights Coalition of Canada. Abortion Clinics and Services in Canada; 2022. (<https://www.arcc-cdac.ca/media/2020/08/list-abortion-clinics-canada.pdf>) (accessed November 14, 2022).
- [14] Wellness Within. Accessing Abortion in Canada; 2022. (<https://static1.squarespace.com/static/5a17715d8dd04195b6708c76/t/62b9fa0be614e479268adcf4/1656355352734/Abortion+pamphlet.pdf>) (accessed November 14, 2022).
- [15] Fédération du Québec pour le planning des naissances. Ressources en avortement au Québec 2020; 2020. (<https://api.fqpn.staging.molotov.ca/wp-content/uploads/2021/01/Bottin-2020-Feuillet-Final.pdf>) (accessed November 14, 2022).
- [16] Gips J, Psoter K.J, Sufrin C. Does distance decrease healthcare options for pregnant, incarcerated people? Mapping the distance between abortion providers and prisons. *Contraception* 2020;101:266–72. <https://doi.org/10.1016/j.contraception.2020.01.005>.
- [17] World Health Organization. Abortion care guideline; 2022. (<https://www.who.int/publications/i/item/9789240039483>) (accessed November 14, 2022).
- [18] Canadian Corrections and Conditional Release Act 1992 (S.C. 1992, c. 20); 1992. (<https://laws-lois.justice.gc.ca/eng/acts/C-44.6/index.html>) (accessed November 14, 2022).
- [19] Alberta Solicitor General. Health Services Policy 20.00.14. 2015 (accessed November 14, 2022).
- [20] Renner R.M, Ennis M, Contandriopoulos D, Guilbert E, Dunn S, Kaczorowski J, et al. Abortion services and providers in Canada in 2019: results of a national survey. *CMAJ Open* 2022;5:E856–64. <https://doi.org/10.9778/cmajo.20210232>.
- [21] Carson A, Cameron E.S, Paynter M, Norman W.V, Munro S, Martin-Misener R. Nurse practitioners on 'the leading edge' of medication abortion care: a feminist qualitative approach. *J Adv Nurs* 2023;79:686–97. <https://doi.org/10.1111/jan.15487>.
- [22] Guilbert E, Costescu D, Wagner MS, Renner R, Norman WV, Dunn S, et al. Canadian protocol for the provision of medical abortion via telemedicine; 2022. (<https://www.sogc.org/common/Uploaded%20files/CANADIAN%20PROTOCOL%20FOR%20THE%20PROVISION%20OF%20MA%20VIA%20TELEMEDICINE.pdf>) (accessed November 14, 2022).
- [23] LeMasters K., Maner M., Peterson M., Brinkley-Rubinstein L. Staff shortages in prisons and jails highlight opportunities for decarceration; 2022. (<https://www.healthaffairs.org/doi/10.1377/forefront.20220119.329328/>) (accessed November 14, 2022).
- [24] Postmedia News. Ottawa inmate who had miscarriage in cell says her cries for help were ignored for up to 15 minutes. *National Post*; 2017. <https://nationalpost.com/news/canada/ottawa-inmate-who-had-miscarriage-in-cell-says-her-cries-for-help-were-ignored-for-up-to-15-minutes> (accessed November 14, 2022).
- [25] Paynter M, Jefferies K, Carrier L, Goshin L. Feminist abolitionist nursing. *ANS Adv Nurs Sci* 2022;45:53–68. <https://doi.org/10.1097/ANS.0000000000000385>.