**Article**

**Linking SRHR and the Prison Context**

High Unmet SRHR Needs in Prisons

Prison environments are not designed to meet women and girls’ sexual and reproductive health needs. Most female inmates — particularly those under 25 — enter custody with limited access to contraception, menstrual hygiene products, and knowledge of their SRHR rights. Once incarcerated, access to services like antenatal care, STI treatment, or trauma-informed psychosocial support is inconsistent or absent.

Disproportionate Impact on Young Mothers and Girls

In 2023, 38% of female inmates were girls under 25 or young mothers — many of them survivors of early marriage, sexual abuse, or poverty-driven transactional sex. Detention often cuts them off from ongoing healthcare, exacerbating existing SRHR vulnerabilities such as untreated infections, unwanted pregnancies, or lack of postnatal care.

Stigma and Neglect

Imprisoned women face double stigma — for their alleged offenses and for being sexually active or survivors of GBV. As a result, many are excluded from SRHR conversations, policies, and services even after release. This perpetuates cycles of poor health, repeat offenses, and gendered injustice.

SRHR as a Justice and Reintegration Issue

Providing SRHR education and support within prison settings is not just a health intervention — it is a human rights imperative. It also helps with rehabilitation and reintegration: empowered with knowledge, self-agency, and support, these women are better able to make safe choices, care for their families, and avoid repeat incarceration.