

Atlantic Centre
of Excellence for
Women's Health

www.acewh.dal.ca
acewh@dal.ca

RESEARCH PROJECT:

HEALTH STATUS AND HEALTH SERVICES USE OF FEMALE AND MALE PRISONERS IN PROVINCIAL JAIL

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The Physical and Mental Health Status of Prisoners in Provincial Jail and Their Use of Health Care Services During Incarceration

By Jennifer Bernier (jennifer.bernier@dal.ca)

What is the research project?

In 2010, Jennifer Bernier, a Researcher at the Atlantic Centre of Excellence for Women's Health (ACEWH) conducted a study that examined the overall health and well-being of provincially incarcerated women and men, including their use of and access to health care services, as well as the quality of services available during incarceration.

What are the key issues?

In recent years, Canada as well as many other countries around the world has seen a rapid rise in rates of imprisonment, especially among women and girls. While research has shed light on a number of different aspects of prisoners' experiences, one area that has not received a lot of attention has been the health of prisoners and the health care they receive during incarceration. Furthermore, in the Canadian context, the majority of prison research has focused on men and federally sentenced prisoners (those who serve two or more years), leaving much to be learned about women and those who are incarcerated in our provincial system (serving less than two years).

This study provides important insight into the health and well-being of female and male provincial prisoners, including their physical and mental health, as well as various aspects of correctional health care services using a gender and social determinants of health framework.



Illustration by Heather McKenzie

Who participated?

We surveyed 65 participants (43 men, 20 female, 2 undisclosed) incarcerated in a provincial correctional facility in Atlantic Canada. Twenty-two individuals who completed the health survey volunteered to also participate in one of four focus groups. Participants represented diverse socio-demographic backgrounds, including race and ethnicity, age, sexual orientation, education, income, family composition, and sentence lengths.

What did we find?

To determine the level of health among prisoners in provincial custody, we asked participants to rate their overall physical and mental health. We also asked survey respondents to report the number and type of health issues they had experienced in the previous 12 months. Participants also had the opportunity to discuss their health during the focus groups. While the majority of participants reported good overall health, they suffered from a number of physical and mental health issues. Females reported more physical and mental health issues and poorer overall health than males.

Physical Health

The most frequently reported physical health issues among all participants were those related to the brain and nervous system (68%), skin (63%), muscles and bones (61%), eating (60%), stomach and bowels (60%), mouth (63%), physical pain (60%), and injury (54%). Over one third (34%) of participants reported having one or more infectious disease within the past year. Whereas only 2% reported suffering from a chronic disease.

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Women and men reported markedly different levels of sexual and reproductive health issues, with female prisoners (80%) reporting more of these types of issues than males (10%). Sexual and reproductive health issues were discussed at length by female focus group participants. Women told us that they did not have access to birth control or regular sexual and reproductive health screening such as pap tests and mammograms during incarceration. In addition, little health care services were available for pregnant women. Female participants also told us they had difficulties obtaining personal hygiene needs such as sanitary pads, tampons and clean underwear.

Mental Health

In addition to physical health ailments, the majority of participants (79%) reported having mental health issues within the past year. Female participants were more than three times more likely than males to report poor mental health.

Included in our mental health category was alcohol and substance use. Similar rates were reported for both men (93%) and women (90%). However, male participants (57%) were more likely than females (40%) to have a history of alcohol use while females (85%) reported higher rates of tobacco use as compared with males (64%). Women also reported more drug use than men, including illicit and prescription drugs and were more than twice as likely to use intravenous drugs.

Changes in Health Status

Over two thirds of participants noticed an overall change in their

health during incarceration. Our study highlighted the importance of taking into account the health status of prisoners prior to incarceration when interpreting overall changes in health. While a number of participants reported a decrease in health, the majority (67%) of those surveyed thought their health had either remained stable or improved since coming to jail. What we learned from the focus group discussions was that improvements (or no change) in prisoners' health did not necessarily mean that their health was good. It simply meant that it was better than it had been before jail, which could still be relatively poor. The focus group findings showed that changes in health were largely measured by changes in weight. A number of factors were demonstrated to influence weight and perceived overall health, including nutrition, physical activity, substance use, and environmental conditions.

Health Services

Our research demonstrated that a large proportion of prisoners (67%) surveyed used health services during incarceration. Reasons for health service visits were largely due to services mandated by the jail, including admission assessments, urine collection, and prescriptions rather than treatment of illness or discomfort. One reason for this was that prisoners found it difficult to obtain health care through personal requests to correctional staff.

Overall, participants found health services difficult to access and were generally dissatisfied with the health care provided at the jail say-

ing that the level of care was not comparable to community-based health care services. We found that female prisoners were more likely than males to report that they did not receive the care they needed.

Barriers to health care identified in this study included a lack of services, feelings of discomfort disclosing health concerns to health professionals, as well as the lack of respect and confidentiality shown towards prisoners by correctional guards and health professionals.

What are the recommendations based on the findings?

A number of recommendations built on the study findings were suggested, including:

- Making sure standards of care are equivalent to health services available in the community
- Increased confidentiality and privacy for health-related issues
- Women-centred health care for female prisoners
- Culturally appropriate health services for Aboriginal prisoners
- Sanitary living spaces to prevent poor health and the spread of illness and disease
- Nutritious diets that meet the Canada Food Guide and safe drinking water
- Increased mental health and substance use services
- Better access to dental care and tools for good oral hygiene
- Improved access to over-the-counter medications

For a copy of the final report, please visit: www.acewh.dal.ca