

Research at a glance

Relationships between Health Risk-Behaviours, Self-Perceived Risk for Infection, and Testing for Human Immunodeficiency Virus and Hepatitis C Virus Infections among Canadian Federal Inmates

KEY WORDS: illicit drug use, risky sexual behaviour, risk perception, HIV, HCV, testing, inmates

Why we did this study

Correctional Service Canada (CSC) conducted this study to obtain information about inmates' health risk-behaviours (e.g., drug use), use of health programs, and knowledge of human immunodeficiency virus (HIV) and hepatitis C virus (HCV). This report focusses on associations between health risk-behaviours, self-perceived risk for infection, and testing for HIV and HCV infections at CSC. This information will help CSC enhance its health education, and screening and testing programs.

What we did

In collaboration with inmates and the Public Health Agency of Canada, CSC developed a self-administered questionnaire. A random sample of men and all women were invited to complete the questionnaire. Inmate participation was voluntary. In total, 3,370 inmates across Canada completed the questionnaire in 2007.

What we found

More than 75% of offenders entering CSC have engaged in at least one drug- or sex-related risk-behaviour during their last six months in the community.

Offenders reporting risky behaviour during their last months in the community were not more likely to be tested for HIV and HCV at admission compared to offenders not reporting risk-behaviours.

Less than half of inmates reported drug- or sex-related risk-behaviour recently at CSC. Generally, recent in-penitentiary risk-behaviours were associated with greater testing since admission to CSC and greater perceived risk for HIV and HCV infection at CSC. Nonetheless, substantial proportions of inmates engaging in risk-behaviours do not perceive themselves to be at risk.

Among Aboriginal women, engaging in drug-related risk-behaviour did not increase the likelihood of being tested for HCV, and sexual risk-behaviours were not perceived as increasing the risk of HIV and HCV infection while in a penitentiary.

Among inmates who reported recently injecting illicit drugs in a penitentiary, previous testing was associated with continued testing; regional variation in testing suggested that the ability to adhere to testing policies in the day-to-day

operations of penitentiaries may have varied across regions at the time of the survey; and, among women, injecting with "bleach-cleaned" needles may decrease the likelihood of testing after admission, possibly due to a misperception that bleach eliminates the risk for infection.

Among inmates reporting recent sexual risk-behaviour in a penitentiary, there was one consistent finding: testing at admission increased the likelihood of testing after admission.

What it means

Since it is unlikely that a healthcare professional would not offer testing to an offender who reports risk-behaviours, the suggestion is that some offenders my not accurately report their risk-behaviours or may be unable to recall being offered tests. Taken as a whole, these findings suggest that offering testing to all offenders on entry, irrespective of reported risk-behaviours, would be appropriate considering the high rate of community risk-behaviours. Informed consent, however, would ensure inmates retain the right to decline testing. Further, since past testing is associated with future testing, offering testing to all offenders at admission may increase subsequent testing. More research is necessary to determine why some inmates who engage in high-risk behaviour do not perceive themselves to be at risk. Finally, Aboriginal women would benefit from additional education about the HCV risk associated with drug- and sex-related risk-behaviours.

For more information

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